

The Experiences of Therapeutic Recreation Student Interns

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Abstract

Internships are used as an educational tool to allow students to learn and understand the daily practices of a profession they are studying in university. To become a Certified Recreation Therapist Specialist (CTRS), students must complete an internship in a clinical setting under the supervision of a CTRS. The majority of studies that have examined internship outcomes have focused on the perspectives of professionals and educators. This qualitative study investigated the therapeutic recreation (TR) internship from the perspective of students. Participants of this study were seven graduates from Memorial University of Newfoundland (MUN) Bachelor of Recreation program who had completed their TR internships. Through semi-structured interviews, the main themes identified included; growth as a professional, meaningful relationships, and perceptions of learning. The results of this study suggest the need for further examination of higher education in therapeutic recreation.

Keywords: experiential learning, internship, therapeutic recreation, qualitative

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As an aboriginal student, I would like to start this thesis with the St. John's Campus Land Acknowledgement:

“We respectfully acknowledge the territory in which we gather as the ancestral homelands of the Beothuk, and the island of Newfoundland as the ancestral homelands of the Mi'kmaq and Beothuk. We would also like to recognize the Inuit of Nunatsiavut and NunatuKavut and the Innu of Nitassinan, and their ancestors, as the original people of Labrador. We strive for respectful relationships with all the peoples of this province as we search for collective healing and true reconciliation and honour this beautiful land together.”

(Office of Indigenous Affairs, 2020)

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Chapter 1: Introduction

1.1 Introduction

Many studies have been conducted on internship processes (Brasile, 1992; Craig & Sable, 2011; Harris et al. 2019; McGhee & Skalko, 2001; Sasnett et al. 2018; Stumbo & Carter, 1999; Stumbo et al., 2004; Zabriskie & McCormick, 2000). However, the majority of these studies examined the perspective of the professionals in the field or the therapeutic recreation (TR) educators. This study approaches the student's perspective of the TR internship.

Internships are used in a variety of disciplines as an integrative approach to learning. The internship process provides students with an opportunity to learn about the standards of practice and professionalism in their disciplinary area, which promotes collaborative communication and learning in the field (Sasnett et al. 2018). Benefits from participating in internships have been highlighted in many disciplines such as education (Harfitt, 2017), business administration (Khalil, 2015), and nursing (Haydon et al. 2017). Alpert et al. (2009) promoted that students gained personal skills, employability, professionalism, and increased practical and fundamental knowledge through internships. Gaining skills and competencies related to academia during internships has been shown to have a significant impact on the students' growth and professional development (Kuh, 2008).

1.2 Therapeutic Recreation

TR has gained momentum in the healthcare system with the move towards a more holistic client-centered approach (Robertson & Long, 2008). Evidence of this growth can be seen in the increase of 652 Certified Therapeutic Recreation Specialists (CTRS) in Canadian health organizations in the last ten years, with only 128 in 2008 (Roussel et al. 2019). One of the bigger studies completed to date was by Stumbo and Carter in 1999. They found that most CTRS

graduates were employed in mental health services, physical rehabilitation, and long-term care facilities (1999b). In this study, the main focus of TR professionals was providing recreation activities to help clients overcome barriers impacting their quality of life and wellbeing (Reid et al. 2013). Before a person can work as a CTRS, they must meet the certification requirements of the National Council of Therapeutic Recreation Certification (NCTRC). These criteria will be further described below.

TR has been part of Newfoundland and Labrador's diverse health care system for close to 50 years and is rapidly growing (Sullivan, 2014). Initially these services were more diversional in nature and were primarily offered in long term care settings. TR services continue to be provided in long term care and are also offered in physical rehabilitation, mental health and addictions, pediatric care, and facilities for those living with chronic pain and disability. As TR has grown in health care, educational institutions have also developed specialized programs to prepare graduates for employment in TR (Reid et al. 2013).

The TR profession uses recreation as a rehabilitation technique to help restore and enhance many aspects of a person's life such as mental and physical health, independence, social skills, and wellness (Canadian Therapeutic Recreation Association, 2020). With its broad range of services, TR uses different techniques, such as leisure education and motivational interviewing, to help increase the client's motivation and adherence to using leisure in their daily lives (Sylvester et al. 2001). CTRSs provide a variety of programs and services for their clientele. Some attributes a CTRS must display while in practice include ethical decision making, education, advocacy, and ensuring safety (Craig & Oja, 2012). Furthermore, they must provide client-centered care that utilizes appropriate goal setting to promote self-efficacy within clients (Wozencroft et al. 2019) and they are expected to be able to make quick ethical decisions,

document verbal and non-verbal cues, and provide support to clients (Carter & Van Andel, 2020). While these topics are taught during a student's undergraduate career in a classroom setting, being able to apply these concepts in practical experiences, can help students learn (Williamson & Hudson, 2001). If the student returns to the university after their internship, they can then share the knowledge gained on the internship in the classroom. This reflective process can help both the person who lived the experience at the students who are listening as learning reciprocal process (Trede & Jackson, 2019). Additionally, an internship provides opportunities for in-depth personal and professional learning experiences that can be advantageous for both the student and the preceptor. The preceptor is a professional in the field who takes responsibility of their interns' actions and responsibilities and helps to teach them about the field and how to work in a professional environment (Bedini & Anderson, 2003). The internship process can benefit students, workplaces, clinical preceptors, and academic supervisors. Benefits include increased job satisfaction, increased training for students, skilled entry level employees, and improved reputations for workplaces (Sylvester, 2003).

While in school, students learn many theories and models that guide the profession (NCTRC, 2020). They learn the TR process, which includes four elements: assessment, planning, intervention and evaluation (Austin, 2004b). This multidimensional process allows for the client and the practitioner to identify strengths and weaknesses of the client and their recovery to facilitate the proper support and growth that the client needs (Anderson & Heyne, 2013). Students learn how to apply these techniques, such as identifying client strengths, and conducting accurate observations and assessments of the clients during the internship. These observations allow the practitioner and student to gain insight into the client's leisure abilities (Austin, 2004b). It is very difficult to gain these observational skills in a classroom setting so the

internship provides opportunity to develop such skills that cannot be taught adequately in the classroom. Austin (2004b) noted TR practitioners need to be skilled in communications, active listening, and creative problem solving. These skills are practiced during the internship. Many of the clients that TR professionals interact with daily may not be able to communicate effectively through language or speech or have a positive mindset (Purtilo & Haddad, 2002). Interacting with clients may be difficult for students at the beginning of their internship as they may have had limited opportunities to practice these skills in the classroom setting.

1.3 TR at Memorial University (MUN)

The Bachelor of Recreation at Memorial University of Newfoundland (MUN) currently follows the NCTRC guidelines for coursework and the internship, allowing students completing the Bachelor of Recreation program to meet the criteria for NCTRC certification upon graduation. This study focused on the internship experiences as part of the certification requirements. The TR internship provides an environment for interns to learn about integrity, ethical reasoning, and patient-focused practice. For the academic pathway, NCTRC requires a minimum 14-consecutive week (minimum 560 hours) internship to be completed under the supervision of a CTRS. The first student to complete the TR internship at MUN graduated in 2008 and approximately 79 students have completed the internship since that time. No formal research has been completed to examine the internship experience at MUN.

The Bachelor of Recreation was introduced in the School of Human Kinetics and Recreation (SHKR) at MUN in 1997 (Memorial University, 1997). In 2002, Dr. Anne-Marie Sullivan joined SHKR and wanted to introduce a TR program. She offered the first TR course as an independent study in the fall of 2003 (Dr. Sullivan, Personal Communication). This course was added as a regular elective (HKR 2585: Foundations in Therapeutic Recreation) in the

spring semester of 2004 and became a required course in 2006 (Memorial University, 2006). Six additional TR courses and the TR internship followed soon after and continue to be offered annually (Memorial University, 2020a).

Students are admitted to the recreation degree at MUN in three main ways: by direct entry from high school; by transfer from a college diploma program; and by transfer from other university programs. Co-operative education had been offered within the SHKR for many years and before 2017, students could choose to complete the Bachelor of Recreation as a co-operative education degree or as a regular degree option (Memorial University of Newfoundland, 2017). The School now offers a Bachelor of Human Kinetics & Recreation Co-operative (BHKRC), with a TR pathway. All of the participants in this study graduated with either a Bachelor of Recreation (BREC) or a Bachelor of Recreation Co-operative (BRC).

The TR option in the BREC/BRC, and now BHKRC, enables students to graduate meeting the certification requirements set by the NCTRC. Presently, NCTRC requires five TR courses, supplemental courses including three credit hours in each of the following areas: (1) anatomy and physiology, (2) human growth and development, and (3) abnormal psychology, and a 560-hour internship (NCTRC, 2020). The majority of graduates from MUN who meet the certification eligibility write the NCTRC examination and become CTRs.

1.4 Purpose of the Study

The purpose of this study was to gain a deeper understanding of the TR student internship experience from the perspective of the student. This study aimed to determine how the TR internship impacted a student's learning, career path, and professionalism. This study focused on graduates from MUN. This can further student learning and curriculum development at MUN by capturing the students' perceptions and thoughts about their learning experiences. While the

findings may not be representative of graduates from other academic programs, they can guide TR educators as they engage in program evaluation in their own institutions.

1.5 Research Questions

The main research question that guided the research was:

What was the experience of the TR internship of graduates from the Bachelor of Recreation at Memorial University?

From the research question, these sub-questions were also explored:

1. How did the coursework prepare students for the internship?
2. What was the role of the internship in student learning?
3. Was the student prepared to enter the workforce following the completion of their program?

These questions were designed to gather information from the student perspective instead of a curriculum review from professionals. Understanding the student's perspective can help to develop resources for them prior to, during, and after the internship to ensure the quality and uniformity of their learning.

1.6 Thesis Format

This thesis is formatted in a manuscript style and organized into five chapters. This style of formatting results in a manuscript ready to submit for potential publication. Chapter one provides an introduction to the study and its rationale. Chapter two is a review of key concepts that are related to the study being presented. This includes an overview of the study's key concepts including an overview of TR as a professional discipline, experiential learning and its opportunities, internship experiences, TR role in the field, and the need for the research. Chapter three outlines the methodology including the research design. Chapter four is a manuscript that

will be extracted from the thesis and submitted to the *Therapeutic Recreation Journal*. Chapter five consists of recommendations and concluding remarks.

Chapter 2: Literature Review

2.1 Introduction

The internship component of a TR program is an essential aspect of learning and gaining professionalism, however, there is little research highlighting the student's perspective of their own growth and development and how they perceived the internship (Craig & Sable, 2011). Reiman and Oja (2006) believed that using an experience-based learning would help recreation interns learn more about professionalism, which in turn, would help them in their transition into a career. This chapter reviews literature that is related to TR. It will give an introduction to TR, experiential learning, experiential learning opportunities and the internship experience. The internship experience section will cover many topics such as student learning, preceptor relationship, negative experiences, and the potential benefits of the internship, followed by the TR role in the field, and the need for research.

2.2 Defining of Key Terms

Co-operative education – this term has been used to explain placements that students go on during their educational program that help finance their education (Thiel & Hartley, 1997).

Internship – this term is used to describe placements that are a requirement for the students to complete in order to graduate (Thiel & Hartley, 1997), they can be paid or unpaid (DiLorenze-Aiss & Mathisen, 1996)

Academic supervisor – A CTRS who is working in academia who is responsible for the communication between the preceptor and the university (NCTRC, 2020).

Preceptor – A CTRS practitioner in the field who takes responsibility of the intern during their internship and teaches them how to work in the field (Stumbo, Carter, & Kim, 2004).

Work-integrated learning – Is an over-arching educational experience that provides students with an opportunity to learn in the workplace (Reinhard et al. 2016).

2.3 Therapeutic Recreation

TR has been documented throughout history, dating back to ancient Egypt, as a way to help people with an illness or disability gain their independence and quality of life (Frye & Peters, 1972). Sylvester and colleagues (2001) stated that TR was used as an educational and interventional tool to promote health and well-being in those with illness or disability to increase inclusivity in activities and society. The pivotal era that distinguished TR as a profession was post-World War II, when healthcare professionals began using recreation interventions as a form of treatment for military veterans (Austin, 2004a). The American Therapeutic Recreation Association (ATRA) was officially created in 1984. They wanted to distinguish themselves from community-based recreation councils (Austin, 2004a). Canada followed soon after, and by 1993, there was an international conference about TR held in Ontario and this conference had a session about creating a plan for the future of the TR program universities (Reddick, n.d.). In 1996, the ATRA committee started to work on practice standards and ethics while in Canada the Canadian Therapeutic Recreation Association (CTRA) was established (Booth & Comitz, 1996). Evidence-based practice soon followed, and TR services were more widely implemented in various facilities throughout Canada (Stumbo & Pegg, 2010).

TR uses leisure and recreation services to enhance a person's well-being and quality of life (Robertson & Long, 2008). The majority of TR services in Newfoundland and Labrador are implemented in health care settings including geriatrics, mental health, veteran's affairs, pediatrics, and women's health (Eastern Health, 2019). In Canada, TR is growing exponentially, and TR departments are broadening the services that are being delivered (Reid et al. 2013).

However, recreation professionals often face conflict to be recognized as equals to their healthcare colleagues (Reid, et al. 2013). TR professionals often work in interdisciplinary teams alongside a variety of other healthcare professions such as social workers, occupational and physical therapists, nurses, and physicians to create a holistic client-centered care approach (Eastern Health, 2019). A major role of a TR professional is to incorporate recreation into their clients' lives as part of rehabilitation and prevention (Hawkins et al., 2011).

2.4 CTRS Certification

For a person to obtain certification to become a CTRS they can follow the academic pathway or one of two equivalency pathways¹. All three pathways require the completion of a bachelor's degree. The academic pathway requires a major in recreation or TR (NCTRC, 2020). Stumbo and Carter completed a two-part study that investigated the TR curriculum in the United States (1999a, b). To date, this is one of the bigger studies conducted on TR curriculum and students. They found that most universities had small department sizes with many of them (40.35%) stating that the department had the potential for growth within the next five years (1999b). The departments were responsible for ensuring the quality of the content for student learning. These findings are similar to those that have been found in Canada. One instance where discrepancies were found throughout the profession was the use of language. In British Columbia, Reid et al. (2013) found that the inconsistency of professional language was creating a divide in the TR community and its role in healthcare because the term specialist was often used when a person did not have the qualifications to use that title. The qualification discrepancy led to a divide for those associated with TR (both CTRS's and recreation therapy workers) as there was not a transparent clarification of roles within the field (Reid et al. 2013). This issue was

¹ This thesis will focus on the academic pathway, but readers interested in the equivalency pathways may review the eligibility requirements at www.nctrc.org

reported by Adams et al. (2008) when they found differing workplace duties, policies, and job descriptions depending on location and region. The national organization, as well as professionals and professors, should strive to lessen the gap between the provinces so the values and missions of the TR process can be more standardized (Reid et al. 2013).

In addition to language discrepancies across provinces, there were also major differences in various aspects of the internship. Stumbo and Carter (1999a) noted that many universities had different internship requirements. For example, there were varying credit hours assigned to the internship from three credit hours to fifteen credit hours making the evaluation and expectations of students vary drastically. Generally speaking, the internship is a student placement that focuses on applying classroom concepts in a clinical setting (NCTRC, 2020). As the student progresses, the preceptor allows the student to complete more independent work with the clients and the interdisciplinary team. The progression of the student's workload is up to the discrepancy of the preceptor and the readiness of the student. However, the NCTRC made some changes to make the internship more consistent in 2013. These changes included (1) the clinical preceptor could not also be the academic advisor of the student; (2) the minimum length of time for the internship increased from a minimum of 480 to 560 hours and from 12 to 14-consecutive weeks; (3) the clinical supervisor must have their CTRS certification for at least one year; and (4) the number of required TR courses increased from four to five (Richard, 2016). While there have been studies completed to ensure that the internship is becoming more equivalent in terms of student and preceptor expectations and roles, there is still a great deal of discrepancy in terms of credit earned. Further, little research has been collected from students – a major population – specifically focused on the experience of all aspects of the internship.

2.5 TR Role in the Field

Recreation professionals must be proactive in their service delivery. They must be prepared to adapt and modify their practices and service delivery to provide an optimal experience for participants (Craig & Sable, 2011). Due to the perceptions, behaviours, demographics, and personalities of the clients the recreational experiences can change (Craig & Oja, 2012). Therefore, the recreational experience is continually being evaluated to ensure that it is being provided effectively and efficiently (Ross et al. 2011). Safety and ethical decision making are a significant aspect of recreation services (Baird, 2002). If an activity or facility becomes unsafe for the clientele participating, the recreational provider must make quick and ethical decisions to ensure the participants are not at risk for injury or harm and that the providers are not negligent in their attempt to provide a safe option (Peterson & Hronek, 2003). The harm-reduction mindset is needed among all recreation providers, regardless of the occupational placement being in the public or private sector. Baird (2002) mentioned that recreation professionals are expected to “promote the welfare of the people they serve, avoid harming their clients/consumers, maintain their professional competence, protect confidentiality and privacy, avoid exploitations or conflict of interest, and uphold the integrity of the profession” (p.29).

It is essential for those who are in the TR industry to have these insights and skills in harm reduction and ethical dilemma resolution as they are faced with these issues daily (Jacobson & James, 2001; Jamieson & Wolter, 1999; McLean & Yoder, 2005). The internship portion of TR is fundamental to the student’s education because it provides hands-on experience for managing these situations that are only discussed at a theoretical level within a classroom setting. This is why the internship has such benefits to the students, where they can learn about

how to use and develop these types of skills. Most constructivist theorists believe that using an active learning strategy is more beneficial than a passive approach because the active approach causes the mind to shift from absorbing the information to forming abstract thoughts (Schwandt, 2001).

Evidence-based practice is “the process of applying the results of outcome research to improve the day-to-day TR service to clients” and is commonly used by the NCTRC (Stumbo & Peterson, 2009, p.229). Evidence-based practice originated in the medical field to develop more efficient clinical skills (Sackett & Rosenberg, 1995). Specifically, for TR, evidence-based practice can help show the students how TR is implemented in healthcare. Currently, evidence-based practice is limited due to the specificity in the demographics that publish their findings (Kirmayer, 2012). The more reliable research published about the practice could increase resources, funding, and jobs (Paterson et al., 2013).

2.6 Experiential Learning

Experiential learning is an active process that allows for dynamic learning and reflecting (Reardon & Saiji, 2014). This allows students to develop new perspectives by revisiting and analyzing their actions and previous knowledge (Chow & Harfitt, 2017). Reardon and Saiji (2014) noted that goal setting is a major contributor to the process of experiential learning as a whole. They stated that by having goals the integration of learning and reflecting can be understood efficiently. Thus, claiming that goal setting allowed for a student-centered education approach which promoted advocacy, assessment, and self-directed learning. This type of approach has been shown to have positive outcomes when the students have an active role in their education, where they can make decisions about what they learn and how they learn it (Smart & Csapo, 2007). The active role can help them apply what they’ve learned to future

practices (Fewster-Thuente & Batteson, 2018). The main mindset behind experiential learning is students' development of professional skillsets and knowledge (Canboy et al., 2016).

There are many researchers who helped develop the experiential learning model. Kolb (1984), Freire (1970), and Dewey (1916), all promoted the use of experiential learning to increase knowledge and reflection in the process of learning. Kolb (1984) defined the model as a “process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experiences” (p.41). Kolb (1992) emphasized the importance of the reflection portion of the theory as it allows for the learner to understand their own connection to the learning process, as the center of the learning process is influenced by the learner's cognitive abilities (Fewster-Thuente & Batteson, 2018).

Dewey (1963) also argued that using life experiences allowed for endless educational opportunities for students to develop their skills and critical thinking. By having learning opportunities that allow students to engage in work-integrated experiences, they often find it more relevant and are more committed to their learning (Boud & Miller, 1997). Dewey's model incorporated the importance of using experiences in curriculum learning. There are four elements of education at Dewey's model highlighted: pre-experience knowledge, participation in experience, integration of knowledge, and reflection (Dewey, 1938; Dewey, 1986). Students start their learning in a classroom setting, which stimulates the desire to learn more; in the context of the current study, the students desire to learn is initiated through the internship experience. In the internship setting, students are able to learn new knowledge, which they can connect to the knowledge learned in the classroom. This pattern of connection can promote a reflective process of their overall (Quay, 2013). Dewey (1938) emphasized that there is a circular process of learning that allows experience and reflection to develop to increase knowledge. Freire (1970)

believed that educational practices needed two components, action and reflection, to be successful. Especially with their emotional responses, if a person has a negative experience and are given time to reflect, they may be able to change how they felt about their experience (Kolb & Kolb, 2005).

Brown et al. (2018) used this theory when examining internships for their sport management program to focus on the learning experiences of the students. They divided Dewey's theory of experiential learning into four phases, which included (1) the teacher's role, (2) the preparation, (3) the internship, and (4) post-internship (Brown et al., 2018). They found that students benefited from having reflection and experience as part of their education. Within these phases, they also found that students gain personal and academic growth.

This process of learning can be applied to the current study. Dewey (1938) believed that there was a pre-inquiry stage of learning that started the learning process. This stage in the current study would be the classroom portion where students knew they wanted to learn more about the TR field and be motivated to join the TR pathway at the university. This cue to inquiry then flourishes into the desire to participate in the internship, which promotes the student to want to be part of the experience (Dewey, 1938). At this stage (phase two), students would be starting to think about their classwork and how it could be applied to their internship. Dewey (1933) stated that without "conceptualization or intellectualizing, nothing is gained that can be carried over to the better understanding of new experiences" (p.157). This phrase is important in phase three, the internship, because the internship is where students gain a lot of skills and education about the TR profession. Phase three is a critical portion of Dewey's theory. He claimed that being submerged in an environment where you can learn was the best method of learning

(Dewey, 1916). This is where the students would learn how to implement processes in recreation and how to apply their knowledge when interacting with clients.

Dewey (1946) believed that people received more knowledge from an experience when they were able to reflect and notice that their thoughts and behaviours had changed due to the experience. This created the fourth phase of the process of learning. The reflection – the fourth phase – connects back to the original TR theory learned in the classroom, which helps students to develop their own pedagogy and expand their knowledge. In the current study, some participants went back to university after their internship and completed a capstone TR course. This course allowed them to connect with one another and reflect on their experiences.

Experiential learning is often used in the training of healthcare professionals (Fewester-Thuente & Batteson, 2018). Quite often it is used to aid in students demonstrating their knowledge, application of skills, and abilities (Leininger & Adams, 2017). Due to the complexity of the healthcare field, using this type of model allows students to understand the ethics of the profession because it allows them to practice skills in a practical setting (Patton & Higgs, 2014) and how to act as a professional (Rouse, 2007). For example, professionals in the recreation field are taught to engage in critical thinking for planning, organizing, facilitating, and evaluating the programs they are delivering (Craig & Oja, 2012). Their activities and programs are often designed to be easily adaptable for different groups of people who want to participate. Due to the diverse nature of their clients, CTRSs learn how to support and motivate their clients in multiple settings (Ross et al. 2011). The clientele must feel that they have the freedom of choice, as well as a connection with the activity (Walker et al. 2019).

Healthcare educators can promote and demonstrate many skills that their students can learn (Grace et al. 2017). Evidence throughout healthcare education has promoted the benefits

and positive attributes of this type of learning (Cronin & Connolly, 2007), as a lot of the knowledge needed for healthcare professionalism is learned through practice (Kemmis, 2012). Furthermore, by having the students engage as the practitioner, they become more familiar with this dynamic role (Grace et al. 2017). Grace et al. (2007) stated that the diversity of learning opportunities found in the classroom is limited compared to that in practice. Having experiential learning opportunities has led to successful graduates because they have learned crucial aspects of practical etiquette (Canboy et al. 2016; Craig & Oja, 2013).

2.7 Co-operative and Internship Opportunities

Work-integrated learning is a collaboration that provides students to learn more about the field they are studying in university (Reinhard et al. 2016). This type of learning has been used in universities to expand types of educational methods. Two types that are mentioned in the current study are co-operative and internship. The terms co-operative education work-terms and internships are often used interchangeably; however, co-operative education programs usually have more than one paid work period compared to internships which are usually singular and unpaid (Khalil, 2015). Many undergraduates who have the opportunity to work in a position, such as an internship, that is directly related to their field, have been shown to have increased academic performance and efficacy (Dundes & Marx, 2006). These opportunities can help students develop their skills, motivation, and develop their learning (Gilbert et al., 2014). By working and thinking like a professional in the field, experiential learning allows students to expand their views and critical thinking (Seymour et al., 2004) and can help promote the growth of their career (Silberman, 2007). It is beneficial for students to have an opportunity to practice using the knowledge they gained from their academic studies and observe a preceptor work in the field (Fewster-Thuente & Bateson, 2018).

MUN was one of the founding universities of co-operative education programs in Canada (Memorial University of Newfoundland, 2020b). MUN currently offers a co-operative program as an option for students in 15 of their programs, such as business and engineering (Memorial University of Newfoundland, 2020b). The programs offer local, national, and international placements where students are given the opportunity to learn in a work-integrated learning environment. The students interview for positions by employers and then are job matched and work for the employer they chose for a semester (SHKR, 2016). By offering a vast selection of opportunities for their students, MUN upholds its mission statement of developing and maintaining a high-quality environment for learning (Memorial University of Newfoundland, 2020b). Due to the constant dynamic changes within society and the workplace, universities are under pressure to educate students who have developed professional skills that would be an asset to the workplace (Binder et al. 2015). MUN can withhold their professional appearance and monetary stability by keeping their programs and education relevant to the employment market's needs (Cannon & Arnolds, 1998). Weible (2009) found that students were more likely to enroll in an institute that offered internship programs in different disciplines.

Co-operative education, work-integrated learning, and internships are forms of experiential learning and are used by universities to enhance learning for their students (Gault et al. 2000). These frameworks provide students with the ability to be exposed to the many roles and challenges professionals confront on a daily basis (Franek, 2005; Rothman, 2007). These temporary positions can be used as academic credit for students as they enhance their practical knowledge in their field of study (Aggett & Busby, 2011). Many students believe that they can gain more insight and a more in-depth understanding of the field when they are in a formal workplace setting (Sasnett et al., 2018). Both types of placements allow students to apply their

knowledge from the classroom setting and learn about how to participate in a professional environment (Sasnett et al., 2018). They also allow students to gain competencies to be successful in a career while still being in a student position (Hurd & Schlatter, 2007).

Organizations and businesses providing therapeutic recreation internship opportunities also benefit greatly from having a student in the workplace. During the placement, organizations will have an extra person who is capable of doing work that can help the workplace develop. Some employers will assign students special projects to work on, while others have students to work on small jobs that employees do not have time to complete. This is a mutually beneficial system as it allows the employer to have more work completed while also giving the student hands-on experience in the field. In general, students found that the problem-solving skills that their preceptors taught while they worked, made their experience unique and memorable as they learned different approaches to conflict and barrier management (Sasnett et al., 2018).

Students in any work-integrated learning (co-operative, placements, internship) often have a lot of questions, which can lead to a constant flow of communication. This allows for networking opportunities for the intern as well as adds a new perspective to the workplace, which can lead to further research and development ideas (Knemeyer & Murphy, 2002; Thiel & Hartley, 1997). Furthermore, if the intern impressed their employer during their placement, the employer may want to know about the student's post-graduate plans. The employer may try to prepare the student to be a full-time employee (Coco, 2000). The quality of the student's resume can increase with each work placement experience. A strong resume is more attractive to recruiters (Taylor, 1988) which will help graduates secure employment.

The university has to be diligent and thorough when campaigning for local, national, and international agreements with organizations for the student placements. It is important that the

university ensures that the companies are reputable, safe, and willing to meet the academic guidelines set by the university (Weible, 2009). If they do not meet the guidelines established, the university and the organization can lose their reputation for student placements; this can have negative impacts on both the employer and academic institution. However, most internship experiences have been mutually beneficial for all parties involved (the student, employer, and university) (Stirling et al. 2014). Internships have evolved to include many different academic departments and scopes of practice.

The university also benefits from offering experiential learning opportunities, such as cooperative and internship programs. If their programs are well known compared to another university, it can improve both the school's reputation (Divine et al., 2007; Thiel & Hartley, 1997) and student recruitment (Divine et al., 2007). Gault et al. (2000) and Burkholder et al. (2013) also reported that universities that offer these programs would have smarter students, increased networking throughout the community, and more sources of funding. With an increase in funding and networking, the university is also more likely to have practitioners that could provide input on the development of the curriculum (Thiel & Hartley, 1997). By having professionals in the field help delegate the material taught in the classroom setting, the quality and consistency of the materials taught would be targeted for both the students and the field. Kuh (2008) noted that the stronger the connection between the theoretical framework of learning to the practical experiences through meaningful workplaces is significant in the development of a student and therefore, reflects positively on the University.

2.8 Internship Experience

2.8.1 Student Learning

Generally, when students are in their therapeutic recreation internship placement they have completed most, if not all, of the prerequisite course work. By the time they complete the internship, they will be prepared to transition into the workforce (Hurd & Schlatter, 2007). The professional internship experience creates an extended learning environment in which students can apply their theoretical learnings in practice. Darling (1998) completed a study on sociology students and suggested that students in her study found that observing a professional provided insight about the profession they were studying. They learned about daily tasks, how to manage caseloads, and about working in a health facility. Furthering this, Alpert et al., (2009) analyzed and organized the benefits of the internship for students into four categories. These categories included professionalism, post-graduate employability, increased professional and personal skills, and increased connection between the classroom and the workforce. Most students who gain professional skills and have relevant work experience from the internship can transition into the workforce successfully (Alpert et al. 2009; Clark, 2003). Woods (1996) believed that working in settings that are ‘natural laboratories’ such as in the community or hospitals, could help students learn more about social life and interaction. Working in these settings allowed students to be immersed in a setting in which they can explore and learn how clients will interact (Darling, 1998).

Internships in the healthcare field have become more prominent in programs throughout universities (Tucciarone, 2014). The main goal of these healthcare internship opportunities is for students to learn about ethics, values, and standards of care in a professional setting (Sasnett et al., 2018). Students learn how to work in a team, collaborate with other healthcare professionals,

and understand how team functioning is based on the management of conflict and organization. The student intern also obtains hands-on experience with documentation and learning about how to use specific systems and databases (Sasnett, et al. 2018). The opportunities arising from internships allow for students to learn more about the field and their career goals (Hall, 1976; Kane et al. 1992). Even when a student did not have a goal for what they would like to do post-graduation many researchers have found that internships helped them decide. The students stated that the internship provide increased learning which enables students to better understand the populations they are working with and a deeper understanding of the job (Miller, 1990; Ostrower, 1998; Selig & Perlstadt, 1985; Taub, 1991; Thomas, 1995). Once involved in the internship process, many students reported that they felt that their internship experience helped them make career-oriented decisions for post-graduation (Miller, 1990).

To ensure that the internship is progressing, the preceptor and intern can create this environment by defining subjective and objective goals, discussing relevant material on the job and the career as a whole. Interns need to be challenged and given some independence, as well as, have an outlet for open communication for feedback about progress and performance (“How to cultivate a successful internship program”, 2014). Holdaway and their colleagues (1994) commented on how post-internship students need a course that focuses on reflecting on what they had learned, which is part of the experiential learning model described by Dewey (1938).

Prior to completing an internship, the student must display knowledgeability in their discipline. They must be able to think critically and inquire about the propositions made by themselves, their peers, and society. The classroom setting is an excellent place for this process to begin. First, students learn to absorb the material, then they will learn how to critically assess and analyze the materials that are taught to them, and then learn how to apply the knowledge

outside the classroom during the internship (Khalil, 2015). Craig & Sable (2011) stated that “the professional internship experience offers an ideal opportunity to practice ethical decision making as students grapple with moral issues when they assume the role of a pre-professional” (p. 3). Oja and Reiman (2007) furthered this notion by stating that moral development is not something that is instinctive but needs to be taught and practiced before it can exist naturally in a professional atmosphere. By having the internship as a training module, students can be immersed in an environment that promotes and challenges their social interaction with patients and provides receiving constructive feedback from their supervisors. They also have the opportunity to understand how agencies and healthcare industries function which can teach the individual about the workplace environment.

TR Interns should be emotionally prepared to encounter a lot of situations that they are not used to handling while on their internship. These include being able to consult and educate their clients, research and advocate for their wellbeing, plan and implement programs, and communicate with the client, their families, and their health care team (Craig & Sable, 2011). In the internship setting, the student intern will learn how to report client’s behaviour towards another client, intrusive or aggressive thoughts and feelings that the participant communicated to the intern and relaying information to and from family and practitioners. Interns would have been taught how to use ethical principles in the classroom, such as confidentiality, privacy, compliance, informed consent (American Therapeutic Recreation Association, 2009). However, when facing these issues in a clinical setting, their automatic reaction may be different than what they had been taught. To ensure the students competencies in ethical decision making, there is usually a one-to-one ratio of students to supervising practitioner as it allows for the student to be able to learn closely and observe how their supervisor handles those types of situations (Craig &

Sable, 2011). Students are in a vulnerable situation because they are new to this form of working environment, which is why internships are beneficial for this career pathway. The internship allows students to have a place where they are able to use trial-and-error to learn about their own strategies and work ethic with help and guidance. As TR practitioners have such a wide and varied role in their department, they need to develop or possess the skills to be able to make quick informed decisions in daily practice and service delivery for many groups of clients (Craig & Oja, 2012).

Stier (2002) determined that academic preparation is a crucial aspect determining the quality of an internship, followed by intrinsic motivation, competency levels, and finally, the actual site in which the internship would take place. Klitzing (2011) suggested it would be beneficial to allow TR students to choose a program that they would like to implement in the group of clients of their choice. They stated that it could help them make more connections between the implementation process and the research that is needed for the program. Whereas, by adding an internship component, the internship is able to provide students with the hands-on experience that allows them to learn about their own working strategies, the clients they are working with, and the functions of a team in a healthcare setting.

While the internship process is unpaid, it has been found that those who partake in an internship experience have higher starting salaries when they are hired as an employee (Coco, 2000; Taylor, 1988), which, in time, results in an increase in monetary gain (Knemeyer & Murphy, 2002). Hence, the short-term monetary loss may be more beneficial to students in the long-term as it can make them more employable. In a study completed by Holdaway et al. (1994), they asked teacher interns if they could earn money during their internship, how much did they think they should they make? The majority stating that they should make 75% of what

their supervisors were making. The respondents understood that while they were not taking the full professional role during their internship, they felt that they did have as close to a fully immersive experience as possible, which they believed should incorporate all aspects of the profession, including payment. However, the skills learned from connecting theory to environment, metacognition, and social immersion were noted as priceless learning moments (Colton & Sparks-Langer, 1992). Students who use the internship route develop practical skills such as communication, creative thinking, networking, skills related to the field (such as assessment and documentation), and overall preparedness for the career (Gault et al. 2000). Additionally, many of these skills are often transferable to other occupations if they decide to pursue a different career post-graduation.

2.8.2 Preceptor Relationship

With clear communication, interns and their preceptor can create a professional relationship that can help the intern with employment post-graduation (“How to cultivate a successful internship program”, 2014). Furthermore, proper communication allows conflict to be managed and allows the intern to have a space to discuss concerns (Hurd & Schlatter, 2007).

In addition to the preceptor – intern relationship, it is critical that the academic supervisor be in contact with the clinical preceptor and the intern to monitor progress and provide guidance and ensure that they intern will be able to earn academic credit for the experience (Craig & Sable, 2011). Additionally, if either the intern or the clinical preceptor had any concerns, they may need a third party involved to identify a reasonable resolution. The academic supervisor could act as a liaison between the intern and the clinical preceptor to ensure that the internship is progressing appropriately (Hunt, 1976). Furthermore, the academic supervisor plays a critical role in the internship as they have knowledge about the academic preparation of the interns and

the expectations of the internship (Craig & Sable, 2011). Stier (2002) stated that having a cooperative relationship between the three parties enhanced the internship process for everyone as the university and the employer could ensure that academic requirements were met and that the internship goals were clear.

Williamson and Hudson (2001) found that the key to a good internship was correlated with having a good mentor. The more experience the clinical supervisor had within the field and their ability to provide a quality mentorship for their students was a vital component for the student to gain professional skills (Binder et al. 2015). Furthermore, favourable outcomes are seen when the commitment that the preceptor applies not only to teaching but also to advocating for both the intern within the workplace and the field, created a favourable outcome (Bedini & Anderson, 2003). The role of the preceptor is a major undertaking. They must be able to guide the intern through the processes of the facility and teach them protocols, techniques, and skills. They must also be patient with the intern while the intern learns and adapts to the workplace environment. Bedini and Anderson (2003) found that preceptors also benefit from having interns. Preceptors often reported increased job satisfaction and felt competent about their work when supervising an intern.

Preceptors must be able to teach professional objectives to the student and uphold them in daily practice. One integrated method to facilitate this is a process called reflective coaching, in which the supervisor presents the intern with more tasks as they progress and has shown to be an effective learning style (Craig & Sable, 2011). Dewey (1929) believed that this method helped to create a connection between learning and experience because adding unfamiliarity starts the reflection process. He stated that the best learning occurs when there is doubt and unknown because it forces the person to think critically in using their knowledge (Dewey, 1929). By

having a preceptor that both supported and encouraged their experiences, interns can learn more efficiently and be given constructive feedback (Oja & Reiman, 1998). The support from the preceptor allows interns to gain meaningful communication skills from working with preceptors who encourages them to ask questions about the facilities operations and why they occur. This communication can improve the intern's ability to offer a quality of care to their clients. From having the opportunity to work with a preceptor that is supportive yet challenging, interns can adopt other valuable transferable skills, such as leadership and communication (Sasnett et al, 2018).

Deluga (1994) highlighted the characteristics that preceptors should have to create a trusting relationship between themselves and their interns. The list included openness, commitment, receptivity, competence, fairness, availability, and consistency. These characteristics are valued in the TR field because preceptors have a dual job of being both a preceptor and a teacher to interns. Therefore, as suggested by Kerka (1998) the quality of the relationship between the intern and their preceptor had a notable role in the process and overall experience that the intern will have.

2.8.3 Negative Experiences

Student experiences are encouraged by organizations having “well-organized and carefully supervised programs [that] enhance the student's ability to integrate academic knowledge with practical application, improve job/career opportunities after graduation, [and] create relevance for past and future classroom learning” (Beard, 2006, p.208). However, regardless of the excellence of the organization, the intern may not have a positive experience during their internship. A negative experience during a person's internship can stem from many different factors. For example, the personalities of both the intern and the preceptor may not be

compatible or the intern may not be comfortable with the clientele they are working with. Bedini & Anderson (2003) completed a study on the benefits of mentors in TR and commented that “unsuccessful pairs did not share the same perspective of the goals of the relations, protégés were not encouraged by the mentors, there was a lack of communication, little rapport, and less commitment to help protégée get ahead” (p.243). They proposed that preceptors who commit a large amount of their time to aid in the student’s success were more likely to have a positive interpersonal relationship with the student. Having a positive preceptor was especially important for advocating for the intern’s role in the interprofessional team (Bedini & Anderson, 2003). Often within organizations, there is a hierarchical system and interns are usually placed on the bottom. This hierarchical structure can cause a bias towards the intern, which can lead to them being met with resistance from staff to be included in decisions for client’s treatment plans and other decisions made by the interprofessional team (Sasnett et al. 2018). Also, many staff may not view the benefits of having an intern and believe that the intern would slow productivity rates when they first arrive at the placement (Sasnett et al. 2018). If the interprofessional team views the intern as inferior, the workload that students are given could be unjust or inadequate, which can have an impact on the intern’s ability to learn from their experiences as their opportunities could be limited.

Several other factors may negatively impact the internship experience. Interns may be given too much work or work that they feel is out of their skill set. It is important that interns be challenged but supervisors need to consider their stage of readiness (Sasnett et al., 2018). Every intern will develop their skills and comfort levels at different rates; while their supervisors may want to give interns more projects to work on, they may not be prepared to manage the tasks appropriately and responsibly. Krohn (1986) further noted that there were concerns about interns

not being professional in the work environment. One possible explanation of this unprofessional behaviour is the grading for the internship. If it is a pass or fail grading option, students may believe they do not need to work as hard (Krohn, 1986). Another major issue for student involvement is the cost of the internship. Many students rely on student loans and work other jobs to pay for school. The internship is generally fulltime hours without pay; some students may have to work extra hours at a second job (Krohn, 1986; Weible, 2009). An unpaid internship also means that the students will not have benefits or workplace protection so students may have to continue working to support their education, meaning they can easily become overwhelmed and unable to complete the internship (Schwartz, 2013). Some reasons why internships have continued to go unpaid include the following: the internship should be similar to an educational environment, the experience is beneficial for the intern, the immediate work of the intern does not increase the productivity of the employer, and the intern is not replacing an employee but shadowing (Cooper, 2018). Another reason is the primary goal of the internship is for the intern to gain knowledge about the field and develop their interests and skills (Maertz et al. 2014). Steve (2010) furthered this notion by stating that the workplace should not directly benefit from the labour of the intern.

2.8.4 National Council for Therapeutic Recreation Certification

The NCTRC was established in 1981 as a non-profit organization that strived to maintain a professional distinction of TR in North America (NCTRC, 2020). The process of becoming a CTRS starts with enrolling in a bachelor's degree (or higher) (NCTRC, 2020). The council requires the degree to have a concentration in TR, but it does not need to formally be called a recreation therapy degree (recreation or leisure studies is accepted). Currently, they require the student to enroll in a minimum of 18 credit hours that are TR based, with two of the courses

taught by a full-time educator (NCTRC, 2020). Some specific coursework that the Council recommended for the student to complete includes those that focus on various clinical skills including assessment, the TR process, and advancement of the profession. A study conducted by Stumbo and colleagues (2004) evaluated the curriculum for TR studies and found that curriculum can be influenced to change based on insights the professionals in the field provided, what the faculty at the university was capable of, and NCTRC standards. Therefore, as the policies and procedures in the field change, the curriculum in the university would change to mirror practice. In addition, courses such as abnormal psychology, anatomy, physiology, and human development are required supplemental courses.

If the 14 weeks are interrupted for longer than a week, the internship will not be accepted, and the student must restart the placement (NCTRC, 2020). A student can apply to do their internship placement before they have completed their bachelor's degree if they are able to meet the standards that have been set by the NCTRC. This includes having a minimum of 90 credit hours completed and completion of the required coursework.

To receive the CTRS status, the student must complete the degree requirements, receive academic credit for the internship and pass the certification exam. As a CTRS, there is an annual fee that must be paid to keep their membership active. Furthermore, every five years, the CTRS must recertify. Recertification requires the CTRS to provide evidence of "480 hours of professional work experience in therapeutic recreation and a minimum of 50 hours of continuing education credits related to the NCTRC Job Analysis" (NCTRC, 2020). Failure to provide evidence of structured learning will result in the CTRS needing to rewrite the certification exam and pass or have their certification revoked.

2.9 The Need for Research

Research on the student experiences throughout their internship in TR is important because most of the previous studies analyze business schools and their employability rates post-graduation (Narayanan et al., 2010) and healthcare internships in general (Cronin & Connolly, 2007; Sasnett et al. 2018). With the majority of allied health professionals offering an internship experience for their students to learn in a fast-paced clinical environment, it is critical to have more research to support that system (Rogers et al. 2010). TR would benefit from having more research to reinforce that the internship presents beneficial attributes to the students and the university. Anderson et al. (2012) stated there needs to be a standard of learning that is concrete enough to provide a stable foundation for learning, but also dynamic enough to allow the variation in the roles. Furthermore, Darling (1998) suggested that research in the area is mutually beneficial for the field and the academic program, as there would be an increase in career awareness, more critical thinking-based skills that are developed, and the growth of diversity of work-integrated programs.

Throughout the literature, it has been highlighted that there is a need for understanding how students are prepared for the internship and workplace (Brasile, 1992; Craig & Sable, 2011; McGhee & Skalko, 2001; Harris et al. 2019; Sasnett et al. 2018; Stumbo & Carter, 1999; Stumbo et al., 2004; Zabriskie & McCormick, 2000). Klitzing (2011) stated that the documentation concerning the quality of personal and professional preparation is minimal. Klitzing (2011) continued to mention that due to this disconnect, other issues arise such as assessing that the learning outcomes are meeting the needs of the students and if the practices performed during the internship are beneficial. Stumbo and Carter (1999b) previously mentioned that “therapeutic recreation faculty clearly are responsible for the quality, consistency, and student outcomes of

their courses and curricula” (p.249). They recommended having more research analyzing curriculum across the country to increase knowledge on the professional outcomes that are offered by both the university and the professionals in the field. Reid et al. (2013) furthered this notion by suggesting that there needs to be a broad perspective in this type of research to display the strengths of practice-based collaboration. Furthermore, if we are to include more formal approaches to the internship goals and failures, we can understand how the interns found the internship to be beneficial (Bedini & Anderson, 2003).

Chapter 3: Methods

3.1 Introduction and Purpose

This study utilized a qualitative approach to explore TR students' perceptions of their internship experiences, specifically, relating to their professional development and the relationship between theoretical learning in a university classroom setting versus the interprofessional workplace. From a social constructivism perspective, people learn by interaction which allows them to acquire new knowledge (Maturana, 1978). Jones and Brader-Araje (2002) believe that the learning was an active process. Which is what lead this study to focus on graduates recruited from the TR stream in the Bachelor of Recreation at MUN. The primary purpose of this study was to focus on a major stakeholder in the TR community – the students. Several older studies that have been conducted thus far (Stumbo & Carter, 1999a; Stumbo et al., 2004; Zabriskie & McCormick, 2000). These studies have highlighted issues, trends, and benefits of the curriculum from the viewpoint of practitioners and educators; however, they either did not include the students' views or had only a small section from their perspectives. Thus, our knowledge and understanding of the TR internship is limited. Internships consist of three equal roles – students, practitioners/preceptors, and educators. Students can play a major role in curriculum development by having their experiences and opinions highlighted.

The information found from this study can have value in other settings. Faculty members in the School of Human Kinetics and Recreation could use the information collected to review and implement any changes in the program to address any identified gaps that could benefit students in their learning processes. Furthermore, the information could be reviewed by TR educators in other universities to consider whether their students had similar results. Finally, the information collected can also be reviewed by the National Council for Therapeutic Recreation

Certification (NCTRC). They are responsible for dictating course work and the requirements for certification, this study could provide in-depth information that could be beneficial for their research of continuity of practice.

3.2 Rationale for Chosen Methods

This study used a qualitative method because the data collected needed to be rich in detail to fully understand the student experience (Baxter & Jack, 2008). This type of method allowed the participants to discuss their opinions and knowledge of the subject clearly. The advantages of using this type of research also included gaining an additional perspective of the TR internship (i.e., students rather than practitioners or educators) can help to create a holistic understanding of the field and capture specific details that will be beneficial for stakeholders of the internship (Noor, 2008). Zainal (2007) reported that qualitative studies are being used more frequently when researching issues that relate to education. This study's goal was to increase evidence to support the inclusion of an internship component in TR curriculum and provide informational insight on the student perspective and the values they perceive. Yin (2003) furthered this notion by stating that qualitative methods should be utilized when the primary goal is to uncover the 'how' and 'why' questions related to the field.

3.3 Research Question

As noted previously, the following questions that directed the study were as followed:
What was the experience of the TR internship of graduates from the Bachelor of Recreation at Memorial University?

From the research question, these sub-questions were also explored.

1. How did the coursework prepare students for the internship?
2. What was the role of the internship in student learning?

3. Was the student prepared to enter the workforce following completion of their program?

These questions were designed to better understand the learning experiences in both the classroom and the clinical setting from the perspective of graduates. It was important to research this area as the development of education is always progressing and by having proper evidence to support the student experience, it can promote student-oriented changes.

The goal of this research was to better understand graduates' perceptions of the internship to understand if the curriculum was adequately preparing students for the placement and whether the program, as a whole, prepared graduates for employment. A specific aim was to determine differences and similarities in the internship experience among the different academic pathways of completing the TR internship at MUN. As previously discussed, students at MUN come to their internship from three different pathways (i.e., as a third co-op placement, near the end of a non-co-op degree, and as part of non-co-op degree having previously completed a diploma).

3.4 Phenomenology

Phenomenology is used when the researcher is exploring the experiences of an individual (Smith, 2008). This type of method explores the processes and development of a person's daily life (Giorgi, 1985). The approach allows participants the ability to reflect and discuss their thoughts and feelings towards a specific phenomenon (Morse & Field, 1995). Qutoshi (2018) stated that it is not a limited method but is "rather an intellectual engagement in the interpretations and meaning-making that is used to understand the lived world of human beings at a conscious level" (p.215). From the data collected, the researcher can then try to find inferences and common relations between the experiences of participants (Sadala, 2002). This type of research does not aim to explain the reasoning for the experience but to describe and understand the phenomena that have connected the participants (Rodriguez & Smith, 2018). One

objective would be to provide rich descriptions of the experience to encompass the phenomena (Finlay, 2009).

This qualitative method allows researchers to determine how the experiences of individuals can impact their lives (Morse & Field, 1995). The current research used a phenomenological approach to understand the students' perceptions of their TR internship. The goal of the research was to understand the insight of students by having the participants reflect on their experiences. I completed their internship in 2018, could relate to the participants because they shared similar experiences. Relatedness is an important concept from the phenomenological stance as it allowed the participants to connect with me, which aided in the open and honest conversation with the participants (Sadala, 2002). This research is important to the field of TR as it tried to better understand the student's perspective. As the use of qualitative methods in health sciences is increasing, it can help create a critical approach to analyzing knowledge (Davidsen, 2013).

3.5 Social Constructivism

Social Constructivism promotes the importance of learning outside of the normal context (Voss et al. 1995). This theory places the students educational experience at the forefront of their learning experiences (Prawat, 1992). In this position, not only does the student take more responsibility for their learning but allows the student to build and transform their experiences into knowledge that is connected to the field they will be working in (Applefield et al. 2000). Therefore, the student is an active participant in their learning process. In relation to this study, the students are placed on their internship to learn about the profession in a purely active role. The students were no longer learning about different conditions and how to implement treatment plans, but now learning how to apply them in the healthcare setting. The social constructivism

theory highlights the important of the social aspect of learning, highlighting that it increases the perception of the environment and the knowledge of the experience as a whole (Amineh & Asl, 2015). Thus, this study's phenomenological approach follows the internship from the social constructivist theory that promotes social learning as a vital component of a students education.

3.6 Researcher's Position

I graduated from the Bachelor of Recreation Co-operative program at MUN in 2019 and am now a CTRS. I completed my internship in the fall of 2018 working in the area of mental health and addiction. I found it fascinating to share my experiences with my peers while we were completing our placements and again in our senior seminar course, scheduled in the semester immediately following our internships. I found this class allowed me to reflect on my own experiences and share stories with others who also had an internship experience. Because I completed an internship, I could relate to the study participants' experiences. It was my own experience and my interest in exploring the experiences of other students that led me to want to complete research in this area. I believed that I would have an advantage in relating with the participants experiences as an insider, which would help them to share more openly. My biases, as a result of being a recent internship participant myself, were managed by asking follow-up questions to the participants to ensure their voices were accurately represented, member checking, discussing topics with my supervisor, and coding line-by-line to ensure accuracy and limiting my assumptions. This is done throughout phenomenological research through the term "bracketing" (Gearing, 2004).

3.7 Study Recruitment and Participants

As the inclusion criteria for the current research were very specific, recruitment focused on two TR organizations in the province of Newfoundland and Labrador. The recruitment letter

was sent to the Newfoundland and Labrador Therapeutic Recreation Association (NLTRA) and Recreation NL (Rec NL) and was then distributed to members of the two associations.

Additionally, a recruitment flyer was posted to various Facebook groups including the MUN TR Students Facebook page, and NLTRA Facebook page. Members of these groups were also encouraged to reach out to anybody they know who fit the inclusion criterion to increase participation. When a potential participant contacted me, they received a copy of the consent form via email. They were made aware that Dr. Sullivan, was the academic supervisor of this research and that she would review the transcripts. Participants were also told that they would be assigned pseudonyms and identifying factors removed. Once an individual agreed to participate, an agreed upon time for the interview was scheduled. The decision to stop data collection was made when no further participants reached out. With COVID-19 changing TR service delivery, the CTRSs were tasked with having to pivot to virtual programming which resulted in them becoming busier with practice issues and unable to commit to participating in this research.

The participants in the study have graduated with a Bachelor of Recreation degree at MUN and completed a TR internship. Nine people reached out with interest in participating in the study, however, seven responded to my emails.

Participants were selected based on the following criteria:

- Graduated from MUN with a Bachelors of Recreation with the TR specialization
- Completed their NCTRC required internship

The criteria for this study was established prior to the recruitment and data collection process. To help protect the identity of participants, pseudonyms were assigned and the specific year they completed the internship was not identified, instead a range of years is given for each participant. The majority of the participants were in similar cohorts when they completed their

internship. It is worth noting that all students in this study completed: (1) HKR2585: Foundations in TR; (2) HKR 3785: Community Development and Recreation in TR Settings; and (3) HKR 4685: Professional Issues in TR. The remaining TR courses are offered as electives: (1) HKR 3485: TR Service Delivery; (2) HKR 3515: Inclusive and Therapeutic Recreation in Outdoor Settings; (3) HKR 3685: Assessment and Documentation in TR; and (4) HKR 4485: Leisure Education in TR Settings.

Joanna completed her internship in conjunction with her third work-term placement in 2018-2020. Her internship was in mental health, working with children and older adults. She acknowledges the internship as a great learning experience.

Clea also completed her internship in 2018-2020 as part of her BREC in geriatric psychiatry where she learned a great deal about a population that she was not familiar with.

Taylor was in the Bachelor of Recreation stream and moved away for her internship in 2015-2017 to work in mental health with youth. Moving away for her internship did not hinder her experience and she found that it provided great insights about herself and the profession.

Lydia came to MUN as a transfer student and completed her internship in 2018-2020 working in pediatrics. She had hands-on experience from her college recreation program which aided in her communication skills throughout her internship.

Like Joanna, Anne was in the co-operative program and completed her internship in 2018-2020 as her third work-term placement. Anne moved away for her internship and worked with adults on an acute mental health unit.

Alice did her internship in 2015-2017. This internship was completed in long-term care after having completed two work-terms prior to the internship. She had a positive experience

throughout her internship and found that the co-operative degree helped her with teamwork and communication.

Reagan completed her internship within long-term care. She had a good experience from her internship and found that the courses she had learned at the college before transferring over, helped with client interaction throughout the internship. She completed her internship in 2008-2010.

3.8 Data Collection

This research was approved by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) #20201868-HK at Memorial University. During the time of data collection, the COVID-19 pandemic was occurring (Appendix D). Therefore, the interviews were completed over the phone or via video call instead of in person. Five of the participants chose to do a telephone call interview and two chose a video call interview. These interviews were recorded with a recording device. The primary method of data collection was a semi-structured interview. Qualitative interviewing uses recording, listening, expressing interest, and probing questions as ways to actively promote participants to reflect on their personal experiences, emotions, and insights on the subject matter (Neuman & Robson, 2012). The first part of the interview process was designed to collect demographic information, such as when and where participants completed their internship. This part of the interview helped organize and explain some of their perceptions related to the internship. Also, the interviews were semi-structured that allowed participants to reflect on their experiences and expand on the points that they felt were important to them. COVID-19 resulted in significant changes to TR service delivery, and the CTRSs were tasked with having to pivot to virtual programming which resulted in them becoming busier with practice issues and unable to commit to participating in this research.

Because further recruitment was not possible and the desire to complete my graduate program in a timely fashion, the decision was made to cease further participant recruitment.

These interviews were 30-60 minutes in length and were designed to encourage the participants to reflect on their experiences throughout their education, internship, and professional careers. The main questions were framed to gather the perception of learning from the four phases from Dewey's theory of experiential learning. These questions gathered information about the students learning prior to the internship, the experiences on the internship, the ability to connect the learning, and the reflection aspect. Furthermore, using interviews allowed for the richest detailed data collections (Turner, 2010) which helped create a comprehensive data collection and analysis.

3.9 Data Analysis

The interviews were recorded and transcribed verbatim directly after each interview concluded by the interviewer. A copy of the transcript and primary analysis was sent to the participants for member checking. This increased the transparency and trustworthiness of the data (Birt et al., 2016) allowing for more accurate representation of the graduates' experiences of their internship and reducing any of the influence of my bias (Tongs et al., 2007). One participant made minor changes to their transcript. The interviews were first read to find the participants names which were changed to pseudonyms and any identifying factors were removed. Because Dr. Sullivan was the academic supervisor for all the participants during their internships, the transcripts were sent to the committee members to ensure anonymity before Dr. Sullivan was allowed to see them. In the second reading of the transcripts, I became more familiar with the data. The third reading was used to start coding. Coding is used for "Extracting concepts from raw data and developing them in terms of their properties and dimensions"

(Corbin & Strauss, 2008, p.2). The types of coding in this analysis were open, axial, and selective coding. Open coding was used to take the raw data and separate relevant topics (Corbin & Strauss, 2008). During this phase, I coded anything that related to the internship and the student's description of their experience. Then Dr. Sullivan and I coded two transcripts to compare codes. We then compared codes to ensure that my bias as a graduate who completed my internship was minimized. This is known as phenomenological bracketing which allows for the bias and judgement to be limited (Gearing, 2004). Following a discussion of the codes, I reread the transcripts and applied axial coding. The axial coding involved finding concepts and comments that were related to one another (Corbin & Strauss, 2008). I compared the open codes of all the transcripts to find connections between the participants and their experiences throughout their internships. In this phase, I found ten codes that were present in all of the participants interviews. Before the final coding, member checking was completed again, and a follow up question was sent to the participants. This question was about the participants experience throughout their entire recreation degree. The question was "can you please describe your overall learning experience from your degree at MUN? Think about if you were chatting to a young person who was interested in doing the TR degree at MUN, what would you tell them about your experience?". This additional question provided me with more information about their perceptions of their internship and academic work. Finally, selective coding was used to highlight the main themes that were apparent throughout the codes found (Corbin & Strauss, 2008).

3.10 Data Storage

Only I, as the primary researcher, had direct access to the raw data during the study and I assumed the responsibility for data storage. All of the data collected was deemed confidential

material. All electronic files (i.e., digital audio recordings, transcripts, consent forms, and researchers notes) were password protected and stored on my personal computer. The digital recordings and transcripts were stored separately from the master sheet that contained the participant names, pseudonyms, and identifying factors. Paper copies of the data will be shredded after the completion of my final thesis for submission to the School of Graduate Studies. As we did not want compromise anonymity of the participants, electronic data will be kept for five years in Dr. Loucks-Atkinson's office, PE 2005, by the researcher as required by MUN's policy for Integrity in Scholarly Research.

3.11 Ethical Considerations

To abide by the guidelines stated by the Tri-Council Policy for the Ethical Conduct for Research Involving Humans, the current research was approved by Interdisciplinary Committee on Ethics in Human Research (ICEHR #20201868-HK; Appendix: A). Participants who contacted me after viewing a recruitment letter received a copy of the consent form. Before the interview, the researcher reviewed the letter and the consent form to acknowledge that participants understood their rights related to the study. If participants had any questions, they were addressed at the beginning of the interview. Participants were informed that they could withdraw from the study at any time without repercussions. Due to the sample size, the participants were also informed that any information shared will not be identified with any detail that might compromise their anonymity and privacy.

Chapter Four: Manuscript

4.1 Abstract

Overview: The therapeutic recreation (TR) internship is an educational learning experience. It provides students with an opportunity to be immerse in a professional role. In this environment, students can understand, learn, and practice their skills and knowledge from the university classroom. *Purpose:* The purpose of this study was to understand the student's perception of their internship experience. *Methods:* Seven women who graduated from Memorial University of Newfoundland Bachelor of Recreation program (BREC or BRC) were interviewed about their experiences of their internship. The interviews were recorded, transcribed in verbatim, and analyzed for themes. *Findings:* Three themes were identified, all of which had subthemes: (1) Growth as a professional (i) professional development, (ii) personal development, (iii) internship preparedness, and (iv) perception of TR as a part of interprofessional care. (2) Meaningful relationships (i) preceptor and academic relationship, (ii) client interaction, and (iii) networking. (3) Perception of learning (i) reflection, and (ii) disconnection. *Conclusion:* This study explored how students perceive the internship and that the experiences throughout were beneficial for their growth and development as a professional in the TR occupation.

Keywords: experiential learning, internship, therapeutic recreation, qualitative

4.2 Introduction

In Canada, the profession of TR is continuously developing resources to expand the populations served and programs offered (Reid et al., 2013). The role of a Certified Therapeutic Recreation Specialist (CTRS) is to increase their client's quality of life and wellbeing by using recreation and activities that meet the client's needs (NCTRC, 2020). In Newfoundland and Labrador, TR has been expanding since its introduction into healthcare in the 1970s (Sullivan,

2014). Currently, the majority of TR programs and services offered are offered in long term care, mental health and addictions, veterans affairs, women's health, and pediatrics (Eastern Health, 2019). A CTRS must promote self-efficacy in their clients while making ethical decisions, ensuring safety, and advocating and educating (Craig & Oja, 2012). While these skills can be taught in a classroom setting, having professional experience has been shown to enhance student's practical knowledge (Aggett & Busby, 2011) and allows them to gain skills for successful employment (Hurd & Schlatter, 2007). Those who want to become a CTRS must complete the required coursework and an internship to be eligible to write the certification exam which is governed by the National Council for TR Certification (NCTRC) (NCTRC, 2020). The NCTRC is a non-profit organization that was created in 1981 to regulate and certify clinicians in the TR industry (NCTRC, 2020). To become a CTRS, individuals must possess a bachelor's degree with a major in recreation that includes significant coursework in TR, additional courses such as abnormal psychology, human growth and development, and anatomy and physiology, and completion of a 14-consecutive week internship, consisting of at least 560-hours internship (NCTRC, 2020). The internship is designed to allow students to learn in a practical setting.

Most existing literature is from the point of view of professionals and professors (Stumbo & Carter, 1999a, 1999b; Stumbo et al., 2004; Zabriskie & McCormick, 2000). This study focused on the students' perspectives of their learning experiences surrounding the TR internship at Memorial University of Newfoundland (MUN). This study focused on students' perspectives of their learning experiences surrounding the internship at MUN as most existing literature is from the point of view of professionals and professors (Stumbo & Carter, 1999; Stumbo et al., 2004; Zabriskie & McCormick, 2000). To ensure that there is quality and consistency in TR student outcomes, it is important to have more research on the student perspective to demonstrate that

the student outcomes are being met (Stumbo & Carter, 1999b). The purpose of this study was to better understand the student perception of the internship.

MUN has offered TR courses since 2003. In 2007, the first student completed the internship. Seventy-nine students have completed an internship to date. The School of Human Kinetics and Recreation (SHKR) previously offered two different options in Recreation, a Bachelor of Recreation (BREC) and a Bachelor of Recreation Co-operative (BRC). Students entered these programs from either high school, following first year university, or as a transfer student having completed a diploma in recreation. The co-operative program required three work placements and students interested in becoming certified with NCTRC completed their internship (HKR 4785) as a co-requisite to their third work term placement (HKR 499W). Students pursuing the BREC typically complete their internship near the end of their degree or immediately following their completion of all other academic requirements for the program. Today, the BRC has been replaced by the Bachelor of Human Kinetics & Recreation Co-operative degree program (BHKRC).

4.2.1 Experiential Learning

Dewey (1916) believed that learning through experiences was the best method of learning. Experiential learning is a dynamic process that uses an active approach for learning and reflecting (Reardon & Saiji, 2014). There are many theorists who have discussed the notion of experiential learning; however, Dewey's model of experiential learning was used in the current study. He emphasized that life experiences are very important in learning (Dewey, 1963) which can be connected to the current study of the internship. He specifically highlighted the importance of the cyclic process of reflection and knowledge integration throughout participation (Dewey, 1938). The current study used four phases (1) classroom, (2) preparation, (3) internship,

(4) reflection. The model used in the current study, was also used in a study conducted on sport management interns (Brown et al., 2018). The current study's interview questions were shaped around this theory to understand more about the process throughout these phases. Studies of experiential learning in the healthcare education curriculum have promoted the benefits of internships as educational experience (Cronin & Connolly, 2007; Grace et al., 2017).

Having experiential learning opportunities can increase student efficacy and their academic performance (Dundes & Marx, 2006), which can lead to personal and professional growth (Silberman, 2007). Students often learn better when their learning opportunities are accurate reflections of the profession (Smart & Csapo, 2007). Having students involved in dynamic environments can provide them with the opportunity to learn how they personally react in those situations and how to engage with the people around them (Grace et al., 2017).

4.2.2 Internships

Internships are one common form of experiential learning. Many disciplines use an internship component to provide hands-on learning opportunities for their students. It has been suggested that students learn a lot about the profession they are studying by being immersed into the experience (Darling, 1998). In this environment, students can learn practical skills such as standards of care, ethical decision making, team collaboration, and conflict management (Sasnett et al., 2018), which are skills and assets that can help them prepare for their careers (Gault et al., 2000). Some of these skills include, harm reduction and ethical resolution (Jacobson & James, 2001; Jamieson & Wolter, 1999; McLean & Yoder, 2005), how to advocate for their clients, how to plan and implement programs, and how to communicate efficiently with the health care team (Craig & Sable, 2011).

Internships provide students with opportunities to gain professional experience in their intended career (Hurd & Schlatter, 2007). These unique learning experiences allow students to learn in a different setting and develop skills beyond the traditional classroom environment (Sasnett et al., 2018). Furthermore, it allows students and professionals in the field to interact, which can lead to new ideas and development in the field (Knemeyer & Murphy, 2002; Thiel & Hartley, 1997). Student learning that occurs in an environment that connects the theoretical component of their learning to the workforce has been shown to significantly benefit the student (Kuh, 2008), as it provides insight on how to function as a professional in the workplace (Darling, 1998) which allows for a more efficient transition post-university (Alpert et al., 2009; Clark, 2003).

4.2.3 Preceptor Relationship

Having a preceptor who is dedicated to furthering their intern's education and support, has a major impact on the student's experience (Beard, 2006). Bedini and Anderson (2003) suggested that the more positive the interpersonal relationship between the preceptor and the intern, the better the experience the intern reported having on their internship. Williamson and Hudson (2001) furthered this notion by stating that having a positive internship experience was often linked with having a good mentor. Having a supervisor with experience in clinical supervision can aid the intern gain professional skills such as teaching them techniques and protocols (Binder et al., 2015).

It is important that the student's knowledge and ability matches the expectations of the internship preceptor; otherwise it is more likely that the students and/or the preceptor will have a negative experience. Therefore, the preceptor and the intern must be communicating about the intern's stages of readiness to ensure the student can handle the workload (Sasnett et al., 2018).

Students need to be in an environment that they feel confident learning in, so they can gain knowledge and skills about the professional workplace (Maertz et al., 2014).

Having an open communication with their supervisor can help with the students' progress and performance ("How to cultivate a successful internship program", 2014) because it allowed them to work together to ensure that the students' needs were being met. Holdaway et al., (1994) furthered this notion by explaining the importance of having a space where students could reflect on what they had learned. Craig and Sable (2011) mentioned that using the method of reflective coaching has been shown to be effective. This method involves the supervisor helping the intern progress by adding more tasks to their workload and providing them with opportunities to reflect and gain insight, which can increase their critical thinking and evaluation skills.

4.3 Methods

The focus of the present research was the internship experience of TR students in the Bachelor of Recreation offered by the School of Human Kinetics and Recreation (SHKR) at MUN from the perspective of graduates from that program.

4.3.1 Role of Researcher

It is important to note that I (EK) completed my internship in the fall of 2018, so the first author came to the study being able to relate to my participants. This shared experience enabled me to be empathetic towards the participants and gave me an insider perspective. I (EK) completed the co-operative pathway and did my internship during my third work-term placement. Because I came from a specific pathway, I was aware that my lens on this subject could be biased. I took steps to minimize this bias by discussing my concerns with my supervisor (AMS) and by asking follow-up questions to the participants to ensure that we fully understood what they were trying to relay to increase trustworthiness of the data. Additionally, to increase

trustworthiness and transparency, member checking (Birt et al., 2016) was completed. The participants received their transcripts and initial analysis via email and were given two weeks to review the material. They were asked to confirm the accuracy of the transcript and the initial analysis. One participant requested minor changes. Member checking confirmed that their perspectives of the internship were not influenced by the researcher (Tong et al., 2007). Furthermore, we reviewed the findings carefully to confirm that the findings presented were representative of the participants experiences stemming directly from the data.

To start the semi-structured interviews about their internship experiences, I (EK) talked with the participants about non-interview related topics to allow participants to become comfortable. The interviews were 30-60 minutes in length and conducted between May and June 2020. Due to the COVID-19 pandemic, were conducted via an online video chat or phone call depending on participant preference and technology capability. Two participants chose a video call while the remaining five were completed over the phone. Only oral consent was obtained at the beginning of the interviews.

The interviews were transcribed in verbatim and all identifying information was removed immediately because my research supervisor (AMS) was the academic supervisor for all of the participants. Participants were made aware before the interview that Dr. Sullivan would only have access to the anonymized transcripts. Transcripts were reviewed by the other supervisory committee members to confirm that all identifying information had been removed. When I (EK) was confident that no identifiers remained, I selected two transcripts to start the analysis. We completed open coding and then met to discuss the codes. We used open, axial, and selective coding to extract the concepts and develop themes (Corbin & Strauss, 2008). Once the thirteen codes were agreed upon, I completed open coding for the remaining five transcripts. We met

again to discuss relationships that were arising between the codes and I completed axial coding which resulted in ten codes. Upon completion of the analysis, we identified three themes that were identified in all the transcripts.

4.3.2 Research participants

Participants were recruited primarily through social media platforms such as Facebook pages dedicated to TR including Recreation Newfoundland and Labrador (Rec NL), Newfoundland and Labrador TR Association (NLTRA), and MUN TR. The participants were seven females who graduated between 2008-2019. They completed their internships in either mental health and addictions, or long-term care. Four of the participants were currently working as CTRs, two participants pursued certification but were working in other professions, and one did not write the exam. Three of the participants graduated from the BRC (co-operative) while the remaining four completed the BREC (non-cooperative). Two of these were transferred from a college program to complete their BREC.

Participant Pseudonym	Year Internship Was Completed	Population Served During Internship	Type of Degree
Joanna	2018 – 2020	Mental Health	BRC
Clea	2018 – 2020	Geriatric Psychiatry	BREC
Taylor	2015 – 2017	Mental Health	BREC
Lydia	2018 – 2020	Pediatrics	BREC (College Transfer)
Anne	2018 – 2020	Mental Health	BRC
Alice	2015 – 2017	Long-Term Care	BRC
Reagan	2008 – 2010	Long-Term Care	BREC (College Transfer)

4.4 Findings

The participants spoke about their experiences throughout the internship and their classroom learning. While aspects of their internships were unique to the situations they were in, the main experiences and issues the participants discussed were remarkably similar. The issues identified by the participants were then organized into three themes, (1) *growth as a professional*, (2) *meaningful connections* and (3) *perceptions of learning*. Each of these themes and the associated subthemes will be described in the following sections.

4.4.1 Growth as a Professional

The internship was a major learning component for the TR graduates in this study. In this environment, they applied how to apply the skills and knowledge they learned in a classroom setting in a professional workplace. This study found many experiences participants discussed that highlighted the intern's growth as a professional. These moments were defined through their internship preparedness, internship experience, professional development, personal growth, and perception of the TR discipline.

4.4.1.1 Internship Preparedness. There were varying responses when the participants were asked to discuss whether they felt prepared for the internship. Three participants felt that the classroom had not adequately prepared them, while the others thought they were ready for the internship. Joanna and Anne highlighted that they did not feel prepared for the assessment and documentation. In contrast, when asked about her classroom experience and what she expected the internship to be, Clea stated,

You know, like the class that we learned, medical abbreviations and you have to write down goals and interventions and stuff and pretend that we had actual clients on a caseload. Like those classes were the ones that you could actually take into your

internship and into the workplace. But I feel like the rest, the rest of it, the rest of the degree, didn't explain as well as it should have and it didn't equip you for the internship (interview, May 28th, 2020).

She said that a few classes, that were TR specific, were beneficial, but overall, felt that the rest of the degree didn't prepare her. However, some participants felt that their schooling was adequate for their experience. Taylor reported "*I was able to go in saying that I had a base knowledge*" (Taylor, interview, May 29th, 2020). Some students found that the classroom knowledge helped them with understanding and planning throughout the internship. Alice explained, "*my classroom experience helps in terms of like my planning and knowing and understanding certain aspects of the theoretical part of the job*" (interview, June 15th, 2020) and Reagan stated "*I definitely think that I definitely did feel that I was prepared um from classwork and actually see it, see what you learn, what you've been taught actually be put into action*" (interview, June 16th, 2020). Lydia had a similar experience and claimed that "*Knowing how to like evaluate evaluations and stuff like all that came from my understanding through my TR courses at Memorial so like yeah, I do feel like Memorial did prepare me to do it*" (Interview, June 1st, 2020). There were no differences noted related to internship preparedness based on which academic pathway the participants completed. All of the participants reported that having some form of work experience prior to the internship was beneficial, but it did not have to be through the co-operative program. They discussed that gaining transferable skills in other workplaces, such as communication and leadership did aid their internship.

4.4.1.2 Overall Internship Experience. As is often the case with new experiences, the participants all discussed about feeling nervous at the beginning of their internships. They worried about being unprepared and were unsure how to interact with the clients. However, once

they became more comfortable in their surroundings, all seven of the participants found that, overall, their internship was a positive experience. Joanna stated that she was nervous for the internship but when asked about what her expectations were for the internship, she claimed, “*I think it actually surpassed my expectation because I had a good relationship with my preceptor and all of my patients*” (Interview, May 28th, 2020). Furthering with, “*I had a lot of good bonds and actually felt like every day I left, like every day was rewarding*” (Interview, May 28th, 2020). Taylor felt that while it was an intense environment, overall, it was critical in her learning by stating, “*I wouldn’t have traded my experience for the world, it was so invaluable to me*” (interview, May 29th, 2020). Reagan recalled that, “*I remember just kind of settling in and having just you know... I think it was one of the best internships*” (Interview, June 16th, 2020). Similarly, Alice concluded, “*[the internship] was a really good experience*” (interview, June 15th, 2020). Lydia truly felt that the internship experience was amazing, she said “*I guess another word I would use to describe my internship was, like, inspiring I guess because I guess it seemed like just how great it is and what our profession does and how amazing we are at what we do*” (Interview, June 1st, 2020). Most students spoke about the positive experiences they had. But, while Clea enjoyed her internship, she frequently commented on how it was also exhausting. Joanna also mentioned the tiring aspects of the internship, expressing that she felt a lot of “*compassion fatigue*” (Joanna, interview May 28th, 2020).

4.4.1.3 Professional Development. The internship provided participants with an opportunity to learn skills and apply classroom material. Some of these opportunities included delivering intervention-based group sessions (Joanna, interview, May 28th, 2020), developing program plans (Taylor, interview, May 29th, 2020), and researching and creating comprehensive program plans to guide practice for their unit (Reagan, interview, June 16th, 2020). In addition to

learning how to create professional documents, students felt that they were gaining confidence in their abilities to manage tasks, conduct programs, and communicate with clients. Clea claimed that, *“I felt that I could go do programs or... do certain things and write sentences and stuff [in the charts]”* and felt independent doing it (interview, May 20th, 2020). Similarly, Lydia spoke about motivational interviewing, an intervention technique that she learned during the internship. She said, *“I never heard about motivational interviewing until I went in and worked with a team”* (Interview, June 1st) This technique allowed her to practice assessing clients and planning interventions for their treatment. The internship allowed participants to experience the role of a CTRS in a professional setting. Taylor reported *“I really felt like I was part of the team that was administering help to these children and developing plans to help them progress through life”* (Interview, May 29th, 2020). She was surprised about being in that position because she *“didn’t expect to be in such an authoritative role at the end of it, once I really got like my feet on the ground and understood how the unit works and everything”* (Interview, May 29th, 2020). She was happy to be in a position where she was able to help make decisions for client’s treatment plans. She found that because of that experience she was able to understand how the profession worked through a professional lens.

By the end of their internships, the participants felt more confident in their abilities to work in a CTRS role and manage a case load of their own. Some still felt very nervous about entering the workforce but felt that the internship did help their learning and skill development. Anne, who described herself at the beginning of her internship as a *“nervous wreck”*, ended the internship feeling confident, *“I felt like I had just learned everything I needed to learn and was ready to go out in the workforce”* (Interview, June 15th, 2020). Alice described a similar experience, explaining that *“I felt like I started my career”* (Interview, June 15th, 2020). They all

spoke about the various ways the internship had a positive impact on their professional preparation for the workplace. Five of the participants currently have positions in the TR field and Reagan explained that what she learned in the internship, now feels like “*second nature*” (Interview, June 16th, 2020) to her. Joanna, who is now working as a CTRS in NL, reported that she “*definitely felt better overall by the end of my internship*” (Interview, May 28th, 2020). Joanna started her career in the same area where she did her internship and claimed that it helped a lot because she “*kind of just walked into the [location] like it was home*” (Interview, May 28th, 2020). This helped with her confidence starting as a new CTRS in the field. The two participants who are not currently working as a CTRS commented that the internship did motivate them to work in other fields. Anne stated that, “*Although I’m not working as a TR, I am working in the mental health and addictions sector right now and I do think that’s because of my internship*” (Interview, June 15th, 2020). Taylor also explained that the internship helped her understand what she wanted to do and “*kind of knowing what passions were going forward into [her] career and getting all these new experiences and insights*” (Interview, May 29th, 2020).

4.4.1.4 Personal Growth. In addition to professional development, the participants felt that the internship provided them with opportunities for personal growth. Alice and Anne commented that they enjoyed the internship so much because they were given the opportunity to learn through “*trial and error*” (Anne, interview, June 15th, 2020) and learned how to apply the knowledge from the classroom effectively. They reported that their preceptor let them try to solve problems her own way first. Alice said that her preceptor, “*She gave me a chance to come to conclusions or answers on my own, so she didn’t just tell me like it is this, like she allowed me to work through problem solving*” (Interview, June 15th, 2020). This structure of mentoring allowed the interns to learn how to develop their own styles of problem solving. Joanna further

connected these experiences by stating, *“Yes, I think the internship played the biggest role in my learning and I think it was the most effective way of learning because you’re embracing everything and you, you’re in it and you’re like in real time doing it. So, you kind of have to learn as you’re going and if you make mistakes, you can fix them. Where in school you don’t even really know if you’re going to make a mistake and you don’t know how to fix it because you haven’t lived through it yet”* (Interview, May 28th, 2020). This ‘real time’ learning is different compared to the classroom where one does know if they made mistakes in their learning until after the lesson in the form of an evaluation. Thus, the participants stated that they felt more comfortable making mistakes in their internships because they learned from them, which provided opportunities for personal growth, conflict management, and professionalism.

In addition to learning from mistakes, some of the participants described about learning new things about themselves. For example, neither Clea nor Taylor saw themselves working with the client population they were assigned to for their internship. Clea said *“I didn’t see myself working with the elderly...but [I] ended up loving working with elderly people”* (Interview, May 28th, 2020). Being exposed to this population completely changed her views of what client group she would like to work with; her internship inspired her to work with the geriatric population post-graduation. Taylor had a similar experience working in children’s mental health, as she was initially hesitant to work in this population. She concluded that *“Getting all these new experiences and insights into a department that I previously would have thought would have been too hard for me”* (Taylor, interview, May 29th, 2020) was incredible for her confidence and motivation. Reagan also highlighted how she felt how she developed on the internship saying, *“I feel like I actually grew a lot as a person as a whole”* (Interview, June 16th, 2020).

4.4.1.5 Perception of TR as part of interprofessional care. The participants reported mixed feelings about how others appeared to view the TR discipline and it was evident that participants experience with interprofessional teams impacted the participants' perceptions of TR. Some felt as though their position on the team was not as valued as other disciplines. Joanna commented on her insecurities of her documentation and assessment skills. When probed about why she felt bad about it, Joanna commented that on her internship she was disappointed that not many other team members read her documentation and she described the sentiment this way, "*It just overall gives you a feeling like no one else really appreciates your profession I guess*" (Interview, May 28th, 2020). Clea reported similar disappointment reporting that she was often referred to as a nurse instead of a recreation professional. She stated that "*I wish that TR was highlighted more and maybe that's why I was also upset because, you know, our progression isn't advocated enough that people would say, 'oh, you're a nurse'*" (Interview, May 28th, 2020)

Some participants had very different experiences. Lydia had the opposite experience and reported that the interprofessional team was advocating for her by asking her questions and allowing her to work collaboratively with them on different cases. Reagan also felt valued when she attended team meetings or patient rounds with her supervisor expressing, "*You know we're kind of important, I kind of like being in rounds with all the other professionals, it's really eye opening to see*" (Interview, June 16th, 2020). These perceptions were important to the experience because while TR is relatively new in the healthcare profession, compared to other professions, it is worth noting that interprofessional team members can play can impact the experience, directly and indirectly. Lydia had great direct experiences with her interprofessional team members because they would ask her to collaborate on cases. Whereas, Joanna noted that when the team members did not read her notes, it impacted her indirectly.

4.4.2 Relationships

As previously noted, to meet NCTRC eligibility, the internship component must be a minimum of 560 hours and 14 consecutive weeks in length (NCTRC, 2020). During this time period, the student has many opportunities to create relationships with those around them. The participants of this study highlighted three types of relationships that developed throughout the internship, including: with their clinical supervisor and academic supervisor, clients, and networking.

4.4.2.1 Preceptor relationships (clinical and academic). The relationship the students had with their clinical preceptor played a major role in their experiences throughout their internship. All but one participant reported a positive relationship with their clinical preceptor; however, all stated that they had learned a lot from their preceptors, regardless of the relationship. The relationships are key in this learning situation because the clinical preceptor helps the student apply their classroom knowledge to the profession. By having a positive relationship with their clinical preceptors, students were able to grasp concepts and gain confidence in the competencies needed to work in the profession. Clear and concise feedback was critical for learning. Taylor claimed that she needed a preceptor who would tell her if she was doing something wrong or how to improve what she was doing right. She appreciated that her preceptor was constantly giving her positive feedback and she felt, *“It was so huge for my learning experience to have someone who was so supportive”* (Interview, May 29th, 2020). She also commented about how the feedback was delivered being very important to her, by having a preceptor who would give critical feedback in a constructive and polite manner, she felt comfortable to continue to make mistakes and learn from them. Lydia also had a similar experience with her preceptor. She said that, *“We got really close, I mean, you would if you’re*

working with someone for four months next to them, like, I was her shadow” (Interview, June 1st, 2020).

Taylor’s relationship with her preceptor expanded beyond the internship as well. She was invited to play on a floor hockey league with her preceptor. She said that this was also great for her because it allowed for her to gain another form of connection with her preceptor. These relationships that the interns make with their preceptors often continue past the internship. Reagan stated that even though she completed her internship years earlier, she could still contact her supervisor claiming *“when I get stuck I’m just gonna call [supervisor] and so they’ve definitely proven to be someone, you know, [who was] important then and still important [and] continued to be important in my work career”* (Interview, June 16th, 2020). This relationship highlights how the preceptor and the intern can become colleagues and work together in the future.

Furthermore, throughout the interviews it was evident that even though all of the participants had graduated from the program they still had a relationship with their academic supervisor, Dr. Sullivan. Dr. Sullivan taught many of the TR courses that the participants would have completed before their internships. Many commented throughout their interview when they said something about coursework or something that happened in their internship that they would often say things like *“Dr. Sullivan will like this”*. While nobody commented specifically on Dr. Sullivan’s involvement in their internship, they were able to speak about concepts she covered in class that they encountered in the internship. These reflections suggested they still valued their previous relationships with the academic supervisor as well.

4.4.2.2 Client relationship. Another type of relationship that was frequently discussed was the relationship participants had with one or more clients. Many of their most memorable

moments during their internships involved client interaction. Taylor's fondest memory was when the clients wanted her to read them bedtime stories. These relationships had such an impact on Taylor's internship; she discovered that she wanted to work with this population following graduation. Lydia also enjoyed working with clients and getting to know them on a personal level. She found it difficult at times because a lot of her clients were so unwell, but she loved seeing the clients grow and develop through the recreation intervention, claiming *"so there were changes that needed to be made [in the client's lives] but they almost came up with the feeling of like guilt, and I am working with them 1-1 and learning to use those skills like through motivational interviewing... to show them that you are here to help"* (Interview, June 1st, 2020). Alice specifically mentioned about enjoying the one on one opportunities she had working with the clients explaining that, *"I was just able to target what they needed better"* (Interview, June 15th, 2020). Alice learned that she was able to create an environment that she was able to connect with the client to produce meaningful leisure. Joanna appreciated being part of a team that focused on client growth so the client could graduate from the program. Connecting with the clients had a positive effect on how she felt about her involvement and demonstrated to her that having a good relationship with the clients was rewarding. Anne commented that she *"got to see people grow and get better and that brought a lot of happiness"* (Interview, June 15th, 2020). The meaningful connection with clients and being part of their recovery was an important aspect of the internship experience.

4.4.2.3 Networking relationships. While networking is not about specific relationships, the opportunity to develop professional relationships with potential colleagues contributed to the internship experience. Lydia reported *"I have met a lot of people and made a lot of professional relationships since my internship and now going in [to the profession], this helps a lot"*

(Interview, June 1st, 2020). She later stated that due to those professional relationships, she was able to join groups and committees after her internship that were relevant to the field. Alice reported that many of the staff were very welcoming. If she had any questions, they answered her and often included her in the decision-making for clients and program delivery. This allowed her to learn how to interact in a meaningful way with other professionals. Furthermore, Clea also experienced positive relationships with other professional stating it was *“insightful seeing different interdisciplinary teams... and getting to know them as well was really good”*

(Interview, May 28th, 2020). Alice liked that the staff was so welcoming, *“If I was on the unit and my preceptor was staying in the office and I had a question like even the nursing staff and the different people on the unit were really great, was like answering whatever I needed”*

(Interview, June 15th, 2020). These interactions helped her develop during her internship and helped her understand how to interact with other professionals once she was in the field.

4.4.3 Perception of Learning

Learning happens in many ways and the interviews highlighted various aspects of learning that occurred throughout their internships. While participants were able to identify a number of connections between the classroom and the field, there was also evidence of a disconnect. When participants spoke about their education before the internship, some participants felt that not all portions of their degree were necessary. Therefore, the sub-themes of the perception of learning were reflection and disconnect.

4.4.3.1 Reflection. There were many times throughout the interviews when participants reflected on their experiences and the educational opportunities that they had throughout the internship. Joanna highlighted two major reflections throughout her interview. The first was about a client program that did not go as planned. She explained that at the time of the program,

she felt overwhelmed but looking back she now views it in a positive way because it was her first session and she was still learning (Interview, May 28th, 2020). She further explained that she thought that being put into a situation where she had to manage conflict and adapt was effective for her learning. Joanna reported that returning to class after the internship to be very beneficial for her. It is important to note that she completed a course in professional issues post internship, while some of the other participants completed it before their internship. So, Joanna appreciated the space to reflect on her experiences as well as hearing from others about their internships, specifically, more challenging situations (Joanna, interview, May 28th, 2020). This opportunity to share with her academic supervisor and peers helped to further validate her experience and her learning. Anne, who also returned to classes post-internship, stated that she enjoyed going back in the classroom because she felt that she could apply her newly gained knowledge to her coursework (Interview, June 15th, 2020). Only two participants who had TR coursework left to completed found the return to university beneficial. Five of the participants did not have a TR course left to do when they returned to MUN after their internship. They did not have the same opportunities to reflect on learning that occurred in their internship as those who did have a TR course left to complete.

When asked about her degree, Anne thought that the *“Hands-on experience was the best part”* of it (Interview, June 15th, 2020). Clea furthered this notion saying, *“I just feel so strongly that the internship is really what showed you what the profession was and what you were expected to do”* (Interview, May 28th, 2020). Alice also had a similar experience to Clea; she found the internship very eye-opening and claimed that, *“You’re learning something in school but then when you actually get into the work environment it’s different”* (Alice, interview, June 15th, 2020). Reagan felt like she learned a lot and that it was inspiring to be able to apply her

classroom knowledge. Looking back on her internship, Lydia reflected on her experiences at the college and MUN and felt confident that she “*would encourage anyone to continue on to Memorial because you do learn so much more in depth [about] certain things*” (Interview, June 1st, 2020).

4.4.3.2 Disconnection. When the participants were asked to reflect on their internship and MUN experiences, there were a lot of disconnections. Some of the participants did not see a connection between some of the concepts covered in the recreation degree and their clinical experience during the internship. Clea stated that during her internship she was “*really questioning what I had learned from MUN because nothing that I had learned was correlating with the job*” (Interview, May 28th, 2020) and felt that the degree did not teach her enough about what the job itself was going to be like. She furthered this by stating that she felt that students only needed a few courses and the internship to become a CTRS. Claiming that the degree “*could easily be made into only two years or less if your aim was to work as a Recreation Therapist*” (Clea, Member check, July 22nd, 2020). Some also claimed that the connection between class and the internship was not strong enough and that “*I don’t think school prepared me, at least not the coursework*” (Anne, interview, June 15th, 2020). Furthermore, those who did co-op also commented on how since their work terms were not in the health care sector, there was only so much that the co-op education opportunities did for their preparation. They stated that they did learn some transferable skills from the co-op placements but overall, they did not feel that they learned TR specific tasks.

When member checking, I shared the initial analysis and asked participants for clarification about their overall impression and in the follow-up, some were able to connect their learning experiences in a reflective manner. For example, in her interview, Anne stated that she

did not think that school prepared her for the internship, but in the follow-up, she restated to say that, *“Going into my internship, I did not feel prepared or confident in [assessment and documentation]. I was taught and then practices within my internship and now feel comfortable doing so, but without this hands-on experience, I don’t think I would have graduated fully understanding how to do this”* (Member checking, July 17th, 2020). Anne was able to reflect on her experiences in her internship and understand that some protocols are best learned in an experiential environment.

4.5 Discussion

Overall, students reported a positive internship experience and found their learning during the internship was beneficial. The students reported various aspects of growth as key to their professional preparation resulting from the internship experience. These findings are similar to those found by De Groot and colleagues (2015) with their examination of experiential learning for kinesiology students in a service-learning course. Their results indicated that students had both personal and professional experiences, social interactions, and met program outcomes. Participants in the current study discussed their experiences in a similar manner. Furthermore, Coetzee et al. (2011) also found that the students in human sciences had many opportunities for the attainment of personal and professional goals in a service-learning setting. The internship opportunity allowed students to learn a lot about themselves and the profession in a fast-paced environment. Alice found that this experience allowed her to “kind of connect that missing piece from textbook to real life” (Alice, interview, June 15th, 2020). Allowing them to understand how a CTRS assessed, planned, implemented, and evaluated the clients and programs enabled participants to consider whether they wanted to continue in TR or move forward in a new professional direction (Roberson & Long, 2008).

Using experiential learning in curriculums for healthcare professions has been shown to be an effective way to teach curriculum and increase skills and confidence in students (Smith & Crocker, 2017). Brown et al. (2018) found that their sport management interns highlighted that the connection between learning and experiences was important in both academia and transition to the workplace. Their results are similar to those in the current study. The experiences reported by the participants highlighted the importance of the experiential learning process because it allowed for the student to live through the experience. As a student, there is a limit on how much knowledge a person can collect from the theoretical and case study-based learning that is offered at the university level. Students are given many opportunities to research and write about the services that TR can deliver, but it is important to provide students with the opportunity to make connections between theory to practice.

A study conducted in 1994 by Holdaway et al., asked young teachers about their experiences as interns in a school. They found that many of the participants felt limited in their learning experiences because they were only allowed to intern in one grade. This is relatable to the TR internship because the 14 weeks are spent in one facility working with the same group of clients. One concern from this model is that students only get to work with one population and feel restricted because there are many populations that use TR in the field. Holdaway et al. (1994) continued to suggest the importance of the intern being given the opportunity to participate in activities such as professional development workshops, interviews with parents, and field trips that could help the intern learn more about the other aspects of the teaching profession. This could be similar to TR as they could partake in activities that will boost their confidence and experience, such as participating in family meetings. However, the ability of the intern to participate in these activities is related to the number of opportunities the facility can

offer. Additionally, it could be argued that having a lengthy experience at the one site can allow the intern to develop stronger relationships with clients and colleagues and become more comfortable in the setting allowing for more growth.

Furthermore, Bedini and Anderson (2003) highlighted the importance of the preceptor in an interns' education. A student would benefit from a preceptor who understands experiential learning, and who can guide the intern through the internship with opportunities to debrief, understand, and reflect on their experiences. In our study, we found that our participants were able to benefit from experiential learning. As Dewey (1929) stated, often learning starts in an uncomfortable position. This was noted by all of the participants when they stated they were nervous at the beginning of their internships. Just as Dewey's (1929) model suggests as the students experience new things, they are able to learn and reflect. This was evident throughout the participants explanations of their internship experiences.

In addition to personal growth and professional preparation, there were many meaningful relationships that students created throughout their internship. Studies conducted by Beard (2006), Bedini and Anderson (2003), and Williamson and Hudson (2001) have shown that having a positive relationship with your preceptor has a positive impact on the internship experience. This was evident in our study as six of the participants claimed that their relationship with their preceptor had a meaningful impact on their experience. Even the one participant who did not have a positive relationship with her preceptor was able to see past that relationship and acknowledged that she still had a positive learning experience. Additionally, participants appreciated being able to develop relationships with other professionals knowing working with interprofessional teams is a necessity in healthcare today. Having this place where the student

could go and discuss their experiences with a trained professional allowed for students to learn more about themselves, their abilities, and how to prepare themselves in situations in the future.

Holdaway and their colleagues (1994) noted that education students expressed concern about only working with one population because they worried that this limited their skill development. Therefore, once the student is trying to enter the workforce, they may not feel competent in their abilities to work with a particular demographic as their training did not cover those interventions. This was mentioned by Anne, who stated she felt comfortable working with mental health and addictions because of her internship but would not feel prepared to work with another demographic (Anne, interview, June 15th, 2020) Thus, having as many opportunities during the internship to visit other sites and learn from other practitioners is quite important so they can better understand the full scope of practice (Holdaway et al. 1994). Participating in these types of activities could help boost the student's confidence and experience which can help them in their professional pursuits. Providing TR students with additional exposure to other client groups is important so students feel better prepared to enter a variety of treatment areas upon graduation. This could be accomplished by splitting the internship between sites or by providing additional experiential learning opportunities with different demographics before the internship. Both Anne and Clea strongly felt that there needed to be more hands-on learning, such as interacting with clients and doing assessments, throughout their degree program.

In respect to the student perception of the TR discipline in the workplace, there were mixed reviews. Some felt that other professionals did not respect their profession, while others had very meaningful encounters in their interprofessional teams. This was highlighted in Sasnett et al.'s (2018) study on health care internships, as they found that student interns are often met with resistance from other professionals. Furthermore, Dwulit (2017) reported that TR is still

misunderstood and often overlooked as a meaningful form of treatment; however, upcoming health professionals tend to have a more positive view of the TR profession. This may be a result of increased interprofessional education as a part of training for many disciplines. Lydia noted that she did not have to “*fight for [her] right at the table*” (Interview, June 1st, 2020) and felt advocated for by both her clinical preceptor and other professionals. It is concerning that participants reported feeling devalued as this can result in young professionals leaving the field even before they get started. Academic supervisors and clinical preceptors must be aware of the problem and speak to students about how to find their voices so they can advocate for their roles and feel valued as part of client care.

Finally, as previously mentioned, the initial analysis suggested that participants were unable to make meaningful connections between classroom preparation and the internship. Many reported that they did not see the value in some of their non-TR recreation courses or previous work experience as beneficial towards the internship. It appeared that they did not consider the transferability of these skills to the healthcare setting. However, in a follow up during member checking, most participants were able to connect their prior learning experiences to the internship. The majority of the participants were in a similar cohort for when they completed their internship placement. This could be a result of their learning styles that they developed overtime (Reed et al., 2016). These participants would be in a relatively similar developmental stage in their emerging adulthood (Arnett, 2007), which would indicate that their level of self-efficacy could be similar (Reed et al., 2016). As self-efficacy is an important factor in adult successes it could contribute to their mindset and pedagogy of learning (Liem et al, 2010). Furthermore, experiential learning can be viewed as an outlet for learning concepts that are unobtainable from academic learning (Kiser & Partlow, 1999). This was evident in the current

study as many participants mentioned feeling unprepared for the assessment and documentation part of the internship. This portion of TR is often difficult to teach in a traditional education setting and is therefore a major component of the internship. In a traditional classroom setting, students can role play or be given case studies (based on real clients with context changes), but it is not possible to replicate the clinical setting in the classroom. While some participants in the current study complete all seven courses; others will have the three required courses and between two and four elective courses. This is noteworthy given some of the findings suggest that some participants did not feel adequately prepared in assessment and documentation skills. Not all students completed Assessment and Documentation in Therapeutic Recreation (HKR 3685).

Interprofessional education training has become more prominent in healthcare curriculums, this is where students can learn more about assessment and documentation from standardized patients. Our findings were similar to Gower (2008) who noted that recreation students found it difficult to learn about communication skills and intervention techniques in the classroom. When he asked the participants about similarities between the classroom and the internship, they found that it was difficult to create the linkage to academia, which was similar to our results. Many of the participants in this study felt that their internship and coursework were two separate entities, instead of viewing them as an expansion of the same knowledge. As the literature suggests, students should be able to connect the traditional learning from the classroom setting to the knowledge gained in the internship (Daugherty 2000). Gower's (2008) participants also had mixed reviews on their classroom education. He suggested that this disconnection could be due to the student's perception of the job fundamentals that are taught differently on the job versus the classroom setting. He also stated that there needs to be more investigation into the disconnect that students are perceiving in their educational experiences. This is evident in our

study as some of the participants could not state the similarities between their internship and classwork.

This study was able to highlight the experiences of seven TR internships. Understanding what they found to be beneficial can help further curriculum development and internship preparedness. Furthermore, the study captured the student perception, which is important in ensuring that the information provided by the academic units is being understood and is able to be applied in a practical setting.

4.6 Recommendations

Overall, the student internship experience is a considerable learning opportunity. Many studies have shown the benefits of this type of education intervention (Darling, 1998; Daughtry, 2011; Blanchard et al., 2016; Sasnett et al., 2018). De Groot et al. (2015) found that a lot of their students wanted more opportunities for hands-on experience and recommended more experiential educational opportunities. This is similar to the current findings, as some participants suggested that there should be more hands-on experiences, such as volunteering in a clinic or doing mock-interviews, prior to the internship (Anne, interview, June 15th, 2020). Gower (2008) made the recommendation of having another placement in the degree program towards the beginning so that students have two opportunities to learn in the field. In addition, some participants also felt that they needed more in-depth understanding of populations (Taylor, interview, May 29th, 2020), intervention methods (Joanna, interview, May 28th, 2020), and de-escalation and problem solving (Alice, interview, June 15th, 2020). Currently, in SHKR, the course “Professional Development Seminar” (HKR 1123) is currently offered to help students in the co-operative program learn skills to help them prepare for their interviews and work terms.

From the suggestions of the participants, a similar style course that provides the students with TR internship specific guidance could be beneficial.

Other factors that could be considered include the clientele the students work with and the male perspective. The group of clienteles that a student works with during their internship could impact their experience. Also having male participants would be beneficial as the current study only interviewed females. Furthermore, a nation-wide study could be conducted to gather more information on TR internships in Canada and how the students perceive their learning. This could increase the consistency of educational material taught throughout universities in Canada (Adams et al. 2008).

4.7 Limitations

There are limitations in the current study that should be noted. Because this research focused on the internship experience of graduates from the Bachelor of Recreation at MUN who completed an internship, the total population size was 79. We were only able to capture 10% of all the graduates from the TR program, if more time were available it would have been valuable to also explore the perspective of educators and preceptors. This many have yielded a deep understanding of all aspects of the training at MUN (Bernard, 2011).

All of the participants were females, so we don't know if there are any gender differences. Also, all of the participants did their internship within a 10-year period. These participants having grown up within a reasonably similar era, could have similar mind-sets and learning styles (Corbin, 2017). While this aided the findings of the thesis, they may not be generalizable to other universities and their internship protocols. Future research in the area of internships and student perspective of learning from other age cohorts and universities would be beneficial.

4.8 Conclusion

Growth as a professional, meaningful relationships, and perception of learning were three themes that explained the experiences student interns had on their TR internship at MUN. Having the students learn in the professional workplace has been shown to have a positive effect on the students' learning and skill development and the findings here suggest the same, overall the participants of the current study had a positive learning experience (Brown et al., 2018; De Groot et al., 2015; Gower, 2008). The support and meaningful connections that students created on their internship was beneficial for their learning. Furthermore, their learning experiences in their internship helped them develop personally and professionally. More research and education are needed surrounding the student's perception of learning from their internship and how it related to the TR practice.

4.9 References

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Chapter Five: Recommendations and Conclusion

5.1 Recommendations

This study highlighted the student perceptives of their TR internship experiences. The participants found that the internship has an overall positive effect on their learning. However, there was mixed perceptions of how their education prepared them for the internship and how prepared they felt for the workforce. Nonetheless, the participants offered their opinions of their education and internship that they would like to see changed. These changes included: more hands-on experience before the internship (either in the classroom or in a volunteering capacity), more specific TR assessment, documentation and implementation, and client interaction training. The SHKR at MUN offers a course HKR 1123 “Professional Development Seminars” for their co-operative students. A similar course could be implemented for TR interns before their internships which could educate them on further details of what to expect during their internship.

This area of research can be furthered in many ways. A nation-wide study would gather more information from the student’s perspective and allow for growth and development of TR curriculum, as well as, increase consistency throughout universities (Adams et al., 2008). Furthermore, researchers could also review internships from different clientele (i.e. geriatrics or mental health) to determine whether there are any differences in the student experience. Researching internships is also important as it can promote more advance practice because we can understand more about the students learning and how to prepare them for the professional workplace (Stumbo & Pegg, 2010). As the internship is the component of a student’s learning that is the most significant connection to the workplace and academia, understanding the experiences can help to ensure the students and curriculum needs are being met.

Also, it may be beneficial to research the male perspective. All of the participants in the current study were females. Male students could have different experiences than females.

Finally, the perception of the students in a different time of their learning career. All of the participants in this study had graduated from their degree program. Having research conducted on the student's experiences throughout the degree could be beneficial because we could understand the students learning process from the beginning of their degree to the end.

5.2 Limitations

There was noteworthy limitation of this study. Data collection occurred during the Covid-19 pandemic and therefore, had to be collected via telephone or video calling. Due to the interviews not being face-to-face, body language was unable to be monitored throughout the interviews. Furthermore, the representation of the co-operative, non-cooperative, and college transfer participants was limited.

This study also relied on the participants recollecting their experiences. Their memories and perceptions of their experiences may change overtime due to gaining of knowledge (Chow & Harfitt, 2017). In addition, all of the participant completed their internships within a 10-year period. They would have grown up in a similar time period, which could impact their learning style (Corbin, 2017) and could influence their mindset and pedagogy of learning in the internship and how they perceived their experiences (Liem et al., 2010).

5.3 Conclusion

This study was intended to capture student perception, a population that is often under-represented in research (Stumbo & Carter, 1999a; Stumbo et al., 2004; Zabriskie & McCorkmick, 2000). Three themes were identified as (1) growth and development, (2) relationships, (3) perceptions of learning. There were many subthemes for the categories. The

results of this study suggested that overall, TR student interns have a positive experience on their internship. Students were nervous at the beginning of their internship but found that the internship was essential for their learning. They had many moments of growth and development and created many meaningful relationships. More research on the student's experiences is needed to further the understanding of student's perceptions of the internship.

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Appendix A – ICEHR Approval Letter



Interdisciplinary Committee on
Ethics in Human Research (ICEHR)

St. John's, NL Canada A1C 5S7
Tel: 709 864-2561 icehr@mun.ca
www.mun.ca/research/ethics/humans/icehr

ICEHR Number:	20201868-HK
Approval Period:	May 26, 2020 – May 31, 2021 REMOTE METHODS ONLY
Funding Source:	
Responsible Faculty:	Dr. Anne Marie Sullivan School of Human Kinetics and Recreation
Title of Project:	<i>The Experiences of a Recreation Therapy Intern at Memorial University</i>

May 26, 2020

Ms. Erin Keough
School of Human Kinetics and Recreation
Memorial University of Newfoundland

Dear Ms. Keough:

Thank you for your correspondence addressing the issues raised by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) concerning the above-named research project. ICEHR has re-examined the proposal with the clarification and revisions submitted, and is satisfied that the concerns raised by the Committee have been adequately addressed. **However, no recruitment or data collection involving in-person contact can proceed during the public health emergency. Only the remote methods in the approved protocol can be used at this time. Recruitment or data collection involving in-person contact, using the approved protocol, can begin when restrictions are lifted.**

In accordance with the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS2)*, the project has been granted *full ethics clearance* to May 31, 2021. ICEHR approval applies to the ethical acceptability of the research, as per Article 6.3 of the *TCPS2*. Researchers are responsible for adherence to any other relevant University policies and/or funded or non-funded agreements that may be associated with the project.

The *TCPS2* **requires** that you submit an Annual Update to ICEHR before May 31, 2021. If you plan to continue the project, you need to request renewal of your ethics clearance and include a brief summary on the progress of your research. When the project no longer involves contact with human participants, is completed and/or terminated, you are required to provide an annual update with a brief final summary and your file will be closed. If you need to make changes during the project which may raise ethical concerns, you must submit an Amendment Request with a description of these changes for the Committee's consideration prior to implementation. If funding is obtained subsequent to approval, you must submit a Funding and/or Partner Change Request to ICEHR before this clearance can be linked to your award.

All post-approval event forms noted above can be submitted from your Researcher Portal account by clicking the *Applications: Post-Review* link on your Portal homepage. We wish you success with your research.

Yours sincerely,

Kelly Blidook, Ph.D.
Vice-Chair, Interdisciplinary Committee on
Ethics in Human Research

KB/bc

cc: Supervisor – Dr. Anne Marie Sullivan, School of Human Kinetics and Recreation

Appendix B – Free and Informed Consent Form

Informed Consent Form

Title: Experiences of a Recreation Therapy Intern

Researcher(s): Erin Keough, School of Human Kinetics & Recreation

Supervisor: Dr. Anne-Marie Sullivan, School of Human Kinetics & Recreation

You are invited to take part in a research project entitled “Experiences of a recreation therapy intern”

This form is part of the informed consent process. It should give you the basic idea of what the research is about and what your participation will involve. It also describes your right to withdraw from the study. To decide whether you wish to participate in this research study, you should understand enough about its risks and benefits to be able to make an informed decision. Take time to read this carefully and to understand the information given to you. Please contact the researcher, Erin Keough, if you have any questions about the study or would like more information before you consent.

It is entirely up to you to decide whether to take part in this research. If you choose not to take part in this research or if you decide to withdraw from the research once it has started, there will be no negative consequences for you, now, or in the future. Participation in this study or withdrawal from will not impact any future references or recommendations from Dr. Sullivan. Participation is not a part of Memorial University of Newfoundland, professional requirements or requirements of the association or group you are a member of and will not be reported to either entities.

Introduction:

I am a Masters of Kinesiology student in the School of Human Kinetics and Recreation working under the supervision of Dr. Anne-Marie Sullivan. I am specifically interested in this research as I completed my internship in fall of 2018 and convocated with a Bachelor of Recreation from Memorial University of Newfoundland in May 2019.

Purpose of the study:

The purpose of this study is to gain information about the experience of the internship and how it impacts a student’s learning, career path, and professionalism. The main question guiding this research is “what does a therapeutic recreation student intern experience during their placement?”. The research question is expected to explore how theoretical knowledge is being connected to professional practice through the internship and what students find beneficial as well as any gaps students perceive. This study aims to increase evidence to support the internship element of therapeutic recreation learning and provide insight on the student perspective.

What you will do in this study:

You will be asked to participate in a 30-60 minute interview about your experiences as a recreation therapy intern. After your interview you will receive a copy of your transcript as well as some initial analysis of the interview. You will be asked to review the transcript within two

weeks and let me know if the transcript is an accurate reflection of the interview and you will be given the opportunity to make any changes to the transcript that you feel better captures your experience.

Length of Time:

The interview will likely last approximately 30-60 minutes.

Withdrawal from the Study:

To withdraw from the study before the interview starts you can inform the researcher either by email or orally at the point of interview. You may withdraw from the interview at any point during the interview. After the interview, if you would like to withdraw from the study you can contact the researcher via email or phone. Withdrawal or decision not to participate will not impact future references or recommendations. Your participation is not a requirement from Memorial University of Newfoundland, or your employer and it will not be reported to them. After the interview, and before the data are included in the final report, you will be able to review the transcript of your interview, and add to, change, or delete information from the transcripts as you see fit. You will have two weeks from receiving the transcript to review and confirm its contents. Once you have confirmed the content of your transcript you will be unable to withdraw your data as it will be included in the analysis for this research. If you do choose to withdraw from the study at any point prior to confirming your transcript, your data will be destroyed and not included for analysis.

Possible Benefits:

The benefits for individual participants are likely to be minimal. You will be given an opportunity to reflect on your professional training and perhaps inform future training. Additionally, this is an opportunity to participate in research directly related to the advancement of your profession.

The benefits for the therapeutic recreation community and Memorial University of Newfoundland may be significant. The information used in the study can help by providing more information about a population that is often omitted from literature (the students).

Possible Risks:

There is very little risk associated with this research as you are being asked to reflect on your past experience with your academic preparation specifically the internship. Due to the small population, with anonymity, your experiences may be able to be identified by Dr. Sullivan. This will not impact any future references or recommendations, nor current or future employment. You may have experienced something uncomfortable during your internship that you do not wish to discuss. You can choose not to respond if that is your preference. Additionally, if this is an experience you wish to discuss with Dr. Sullivan, she is available and can be reached by phone at 709-864-4453 or email at asulliva@mun.ca. If you do not feel comfortable contacting Dr. Sullivan about this matter, you may also call 811 or 1-888-737-4668 and they will direct you to the appropriate counselling resources.

Confidentiality:

I will safeguard the confidentiality of the discussion to the best of my abilities. Alphanumerical code will be assigned to all participants during the transcription of the interviews. Real names, workplaces or any identifying features of the intern, internship, or place of work will not be included in any work stemming from this research.

Anonymity:

Every reasonable effort will be made to ensure anonymity. No identifying information or stories will be published as part of any work coming out of this research. However, it is to be noted, since this is a smaller demographic, there are limits to the anonymity. Because the participants for this research project have been selected from a small group of people, all of whom are known to each other, it is possible that you may be identifiable to other people on the bases of what you have said.

Recording of Data:

The interviews will be audio-recorded and transcribed verbatim for accuracy. All digital recordings will be stored in a password-protected file on the primary researchers' computer. All identifying information will be removed and one of the supervisory committee members, Dr. Angela Loucks-Atkinson or Dr. TA Loeffler will review the transcripts to ensure they are anonymized before they are shared with Dr. Sullivan. I will have access to the transcripts, but Dr. Sullivan will only have access to the transcripts that have been anonymized and will be unaware of your identity.

Use, Access, Ownership, and Storage of Data:

Data will be kept for a minimum of five years, as required by Memorial University's policy on Integrity in Scholarly Research. All electronic data will be stored in password-protected files on a computer purchased for research purposes. The computer will be the property of the School of Human Kinetics and Recreation and will be stored in Dr. Loucks-Atkinson's office, PE 2006.

Reporting of Results:

Upon completion of this study, my thesis will be available at Memorial University's Queen Elizabeth II library and can be accessed online at:

<http://collections.mun.ca/cdm/search/collection/theses>.

It is also expected that the findings will be presented at professional conferences such as the Newfoundland and Labrador Therapeutic Recreation Association (NLTRA) conference and the Canadian Therapeutic Recreation Association (CTRA), as well as, academic conferences such as the Canadian Association for Leisure Studies conference - published in academic journals such as Therapeutic Recreation Journal, Qualitative Inquiry, and Leisure/Loisir.

Sharing of Results with Participants:

Any participants are welcome to reach out to the researcher or the supervisor noted above to request a copy of the final report.

Questions:

You are welcome to ask questions before, during, or after your participation in this research. If you would like more information about this study, please contact Erin Keough at e.keough@mun.ca or at 709-770-3214.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research, such as the way you have been treated or your rights as a participant, you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at 709-864-2861.

Consent:

Your signature on this form means that:

- You have read the information about the research.
- You have been able to ask questions about this study.
- You are satisfied with the answers to all your questions.
- You understand what the study is about and what you will be doing.
- You understand that you are free to withdraw participation in the study without having to give a reason, and that doing so will not affect you now or in the future.
- You understand that if you choose to end participation during data collection, any data collected from you up to that point will be retained by the researcher.

By signing this form, you do not give up your legal rights and do not release the researchers from their professional responsibilities.

I agree to be audio-recorded Yes No

I agree to the use of direct quotations Yes No

Your Signature Confirms:

I have read what this study is about and understood the risks and benefits. I have had adequate time to think about this and had the opportunity to ask questions and my questions have been answered.

I agree to participate in the research project understanding the risks and contributions of my participation, that my participation is voluntary, and that I may end my participation.

I understand that if I choose to withdraw from this study that I can choose to have my data retained for use in the study or destroyed.

I understand that I will have two weeks to review the transcript to add, change, or delete information from the transcript as I see fit.

I understand that once I have confirmed the content of my transcript that I will be unable to withdraw my data as it will be included in the analysis for this research.

A copy of this Informed Consent Form has been given to me for my records.

Oral consent of the participant:

I read and explained this consent form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

Participant name/pseudonym

Date

Researcher's Signature:

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study. I have recorded oral consent from the participant.

Signature of Principal Investigator

Date

Appendix C – Interview Guide

Research Questions
“Experiences of a Therapeutic Recreation Intern”
Researcher: Erin Keough

- 1) Tell me about your internship?
- 2) How did you feel going into your internship?
- 3) How was your relationship with your supervisor?
- 4) What memory sticks out to you the most about your internship?
- 5) Were there any negative experiences you had during your internship?
- 6) Do you think your education prepared you for the internship?
- 7) What do you wish you had known going into your internship?
- 8) Do you think the internship prepared you for the workplace?
- 9) If you could list 3 emotions that you associate with your internship, what would they be and why?
- 10) Overall, did you find the internship beneficial to your learning experience?

While these questions are a guide, the interviews are meant to be conversational in nature and different probing questions will be used based on the participant’s responses.

Appendix D– COVID-19 Impact Statement

Dear Examiners,

As outlined by the School of Graduate Studies, this letter will discuss the changes and impacts that the COVID-19 pandemic had on my research.

Prior to COVID-19, I had planned to conduct semi-structured, qualitative interviews that were supposed to be completed in person. Interviewing participants in person would have allowed me to observe indirect communications such as body language, facial expressions, and overall tone. These interviews were meant to take place in the setting of the participant's choosing such as coffee shops or an office. This would have allowed for participants to be comfortable in the setting, making conversation about their internship experience easier for them. Because of the public health restrictions, I was required to use remote forms of communication to avoid face-to-face contact. Five of the seven of the participants chose a phone call option. Additionally, many of the people who were sent the recruitment letter for this study were practitioners in the field. Due to the pandemic, many of them had a lot of workplace changes and they were required to change service delivery. Therefore, they became busier with their practices and were unable to commit to participating in this research. Once no new participants were reaching out to participate, it was decided that I would conclude data collection to be able to complete my program.

Thank you,

Erin Keough