

Occupational Therapy Students' Confidence in Building Rapport with Clients During Level II Fieldwork

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ABSTRACT

Background:

Occupational therapists regard rapport as a critical element to provide quality client-centered care using an intentional and personal therapist-client relationship. This study aimed to describe OT students' confidence in client rapport-building skills during level II fieldwork. Knowledge of improvement areas with key components to building rapport would inform OT education.

Methods:

A quantitative, descriptive survey was administered to OT students across the South-eastern United States from winter 2024 to spring 2025.

Findings:

Results indicate that a variety of factors, including undergraduate background, graduate degree level, and fieldwork experience, influence OT students' confidence in various areas of rapport building with clients. Of 36 respondents, it was found that, on average, students entering their second level II rotation were 4% more confident in various aspects of client rapport building than students entering their first level II rotation, demonstrating an increase in confidence with continued experience. This 4% difference occurred over a three-month period, on average, indicating early career continued growth in rapport confidence would be substantial. Additionally, rapport building components of empathizing with clients, being on time and prepared, and maintaining professional boundaries with clients were rated highest confidence by respondents.

Conclusion:

Gaining confidence as an occupational therapy student is important sequentially from didactic learning to experiential learning. Mastering confidence with rapport building, however, is an ongoing learning process throughout an OT career. Continued research on rapport building is needed and foundational to effective, client-centered occupational therapy practice.

Key Words: Education, Healthcare, Occupational Therapy, Patient Rapport

INTRODUCTION

Occupational therapists regard rapport as a critical element to provide quality client-centered care using an intentional and personal therapist-client relationship (American Occupational Therapy Association [AOTA], 2020b). Building rapport is essential for cultivating the therapist-client relationship that supports quality, client-centered care (Duggan et al., 2011). For occupational therapy students' success as practitioners, rapport building is a fundamental skill across all settings, such as hospitals, outpatient, and schools (Schwank et al., 2018). The OT curriculum requires didactic and experience-based learning (Accreditation Council for Occupational Therapy Education [ACOTE], 2023). Confidence with rapport skills can be developed in each of these learning environments. This study seeks to describe occupational therapy students' confidence in client rapport building skills during level II fieldwork.

Rapport is an essential part of the process of building a meaningful working relationship and is generally augmented by trust. Rapport also promotes successful client outcomes and provides better client experiences (Dang et al., 2017; Duggan et al., 2011). Duggan and colleagues (2011) noted that rapport includes understanding, harmony, and affinity, leading to a higher psychosocial disclosure rate for clients. Additionally, Kurrus and colleagues note that addressing a client's psychosocial factors is important for building trust and providing holistic care (2023). Since rapport begins during the initial therapist-client interaction, it is essential that therapists are confident in their ability to develop it (Lang, 2012). Occupational therapists have reported that they work to develop a strong rapport with their clients prior to addressing sensitive psychosocial topics (Kurrus et al., 2023). Strong rapport is

the key to relationship-centered care (Dang et al., 2017; Duggan et al., 2011), and the rapport a therapist builds with a client is often more impactful than the content of a conversation or intervention itself (Lang, 2012; Stewart, 2023). Even if a therapist does not necessarily have the 'right words' to say, building strong rapport can still help clients feel respected and satisfied during their interactions (Lang, 2012). Likewise, being aware of clients' interpersonal aspects in occupational therapy practice enables therapists to develop and refine a skill known as therapeutic use of self (Schwank et al., 2018).

Level I and level II fieldwork are a necessary part of all occupational therapy programs across the country. It is crucial in providing hands-on clinical experience to students to further develop and refine skills such as rapport building. While level I fieldwork has a shorter duration and fewer hands-on requirements, both levels are vital to a quality education centered around client-based care and holistic treatment. Level I fieldwork serves as an introduction to fieldwork experience and allows students to apply knowledge as it progresses during their didactic coursework to tangible clients (ACOTE, 2023). There can be variability amongst OT educational programs since ACOTE's 2023 accreditation standards do not specify a duration for level I fieldwork experiences. In addition to traditional fieldwork settings, students can also receive credit for completing level I fieldwork through faculty-led site visits, standardized patients, or virtual/simulated environments. Therefore, students enter the later level II fieldwork with varying amounts of prior clinical opportunities. Level II fieldwork is a minimum 24-week process that allows students to continue applying knowledge from the classroom and administer occupational therapy services

under the supervision of a licensed clinician, helping shape students into entry-level therapists (ACOTE, 2023). Regardless of the level of fieldwork, learning how to effectively communicate with clients and their families is a universal goal of the occupational therapy didactic curriculum, as shown in ACOTE's 2023 standards B.3.1 and B.3.21. Since the specific word, rapport, is not defined as a single, all-inclusive standard with ACOTE, many standards could relate to the concept and process of rapport building.

During students' level II fieldwork experiences, competency is assessed using the AOTA's Fieldwork Performance Evaluation (FWPE) for the Occupational Therapy Student (AOTA, 2020a). Some competencies assessed through the FWPE include communication, therapeutic use of self, and respect for client diversity, all of which are influenced by a student's ability to establish relationships (AOTA, 2020a). Additionally, as labeled by ACOTE (2023), therapeutic use of self is directly associated with an occupational therapist utilizing the client relationship for quality outcomes. Schwank and colleagues (2018) describe this relationship-building process as "a therapeutic means," which can strengthen the client's occupational engagement.

In the early twentieth century, occupational therapy's founders underscored the importance of building therapeutic relationships with clients and developing treatment plans based on known information about the client, such as their values, goals, and desires (AOTA, 2020b). The Occupational Therapy Practice Framework: Domain and Process (4th ed.; AOTA, 2020b, p. 20) describes therapeutic use of self, in which clinicians develop relationships with clients through "professional reasoning, empathy, and a client-

centered, collaborative approach" to be an important aspect of occupational therapy practice. Additionally, clients find this to be a beneficial factor in attaining successful therapy outcomes (AOTA, 2020b). OT is one part of a larger interdisciplinary team with common client-centered goals. Developing the plan of care in concert with the client is part of the positive client rapport-building process and ultimately provides better client experience (Rosen et al., 2018). When the clients can connect with healthcare providers, they experience better outcomes and progress more quickly. Loomis and colleagues also find that the careful development of rapport with clients is a critical factor in their level of engagement and willingness to participate in therapy (2022).

Although the literature speaks to components of rapport building in healthcare at large (Butt, 2021; English et al., 2021), there is little research within the field of occupational therapy to assess rapport building or rapport confidence (Loomis et al., 2022). Specifically, there is a gap in studies identifying OT students' confidence in client rapport building (Bricker et al., 2024). The AOTA FWPE briefly highlights aspects of rapport, such as communication and professionalism, but rapport is not mentioned specifically (AOTA, 2020a). Updated ACOTE standards (2023) also address therapeutic use of self and OT communication to key stakeholders; yet, investigating the growing rapport skillset of the OT student is a needed and novel approach. The purpose of this study is to understand OT students' confidence in client rapport-building skills by answering the research question: During level II fieldwork, how confident are OT students with client rapport building? Through comparing OT students at various points of their level II experiences (initiation, first rotation, second

rotation, completion), the study aims to determine how clinical exposure influences confidence in client rapport-building.

METHODS

This study, ethical number: 2255069-3, utilized a quantitative, descriptive survey approved by Augusta University's institutional review board in December 2024. A quantitative, descriptive study was selected for its efficiency in collecting standardized data from a broad participant pool within a specific timeframe. This approach facilitates objective comparison across groups by generating measurable insights that can be analyzed to identify patterns in confidence levels. The survey was administered virtually to occupational therapy students from institutions across the southeastern United States. Before completing the survey, participants were provided with information about the study's purpose, details concerning participation, assurances of confidentiality, and contact information for the study's principal investigator. Participants were required to provide informed consent before proceeding with the survey.

Survey Response Measurement

Post approval, a pilot study was conducted with graduate students completing their first Level II fieldwork rotation. Fifteen responses were collected, allowing researchers to identify potential issues and refine the survey design. Based on the feedback, minor modifications were made to improve wording and clarity before the final distribution to students in other programs.

In the winter of 2025, an electronic link to a Qualtrics™ survey was sent to participants. The survey included a demographic portion with multiple-choice options, followed by a Likert scale survey for its remainder. It was

determined that a Likert scale would be beneficial for this research based on its simplicity, readability, and tendency toward efficiency. Additionally, the quantitative data the Likert scale provides produces quick and clear results (Willits et al., 2016).

Joshi et al. (2015) suggested this type of psychometric data as a strategy to “quantify...subjected preferential thinking, feeling, and action in a validated and reliable manner” (p. 397). To achieve this, the survey employed a five-point Likert scale with response options: *Strongly Agree (5)*, *Agree (4)*, *Neutral (3)*, *Disagree (2)*, and *Strongly Disagree (1)*. Each item was structured as an “I am” statement, allowing participants to select the option that best reflected their stance. A neutral option was included to ensure balanced and unbiased responses, supporting autonomy and allowing participants to choose the most accurate description for each question (Joshi et al., 2015). Research indicates that using multiple Likert scale items provides deeper insights compared to analyzing individual responses in isolation (Batterton et al., 2017). Based on this evidence, the survey was constructed using eighteen Likert scale questions, ensuring a comprehensive assessment of participant attitudes and experiences.

Participants

The survey was distributed to students at 62 occupational therapy programs in the southeastern United States. Participants received no compensation for the completion of the survey. Participants were included if they attended a master's or doctoral degree program and if they were entering or currently participating in level II fieldwork. Participants were excluded if they were completing an associate degree or if they were not entering or

currently participating in a level II fieldwork rotation.

Survey Design

The electronic Qualtrics survey included a total of 28 questions. The first ten questions gathered demographic information such as: current and previous fieldwork placements, current program degree level, undergraduate area of study, if participants were placed in a preferred setting, and if didactic classes were taken between fieldwork rotations. These questions aimed to understand the participants' academic and professional context to provide a comprehensive overview of their training experience. The last eighteen items of the survey were structured as statements rather than questions, designed to assess the participants' self-reported confidence in various aspects of rapport-building in clinical settings. Each statement had five possible answers, providing a range of responses that allowed for nuanced insights into their self-perceptions of rapport-building skills.

The last eighteen statements were developed from a few guiding documents to assess the various components of rapport. Therapeutic use of self involves therapists developing relationships with clients using empathy, collaboration, clinical reasoning, and ensuring that the client is at the center of every decision (AOTA, 2020b). Although ACOTE does not explicitly define rapport, standards emphasize features such as cultural sensitivity, active listening, interpersonal communication, and finding shared interests with clients as key factors in providing successful services (ACOTE, 2023; AOTA, 2020a). These elements, when integrated into therapy, contribute to a collaborative and supportive therapeutic relationship, enhancing the overall effectiveness of treatment.

Additionally, the Communication and Professional Behaviors section of the FWPE highlights the need for therapists to build rapport with their clients and communicate effectively (AOTA, 2020a). From this section of the FWPE, items are focused on criteria that include clear verbal and nonverbal communication, effective time management, utilization of therapeutic use of self, and respect for diversity factors (AOTA, 2020a). Several survey items were designed to assess respondents' confidence in various interpersonal capacities, as outlined in the FWPE, AOTA, and ACOTE frameworks.

Data Analysis

Data analysis was performed using Excel® for Microsoft® 365 MSO (Version 2501). The results for each survey question were computed using Excel, which calculated the mean, median, and mode. Specifically, the median was calculated among Likert-scale responses to obtain the central tendency of the ordinal data (e.g., 1-5). Frequencies of responses were also calculated as percentages. These were determined for each question based on the distribution of responses to organize the data. Furthermore, a comparative analysis was conducted to assess the levels of confidence among students from different educational backgrounds and varying levels of experience.

FINDINGS

A total of 36 responses were collected from participants enrolled in 14 occupational therapy programs. As shown in Table 1, the sample included students pursuing either a master's (61%) or doctoral (39%) degree in occupational therapy. Among the undergraduate areas of study provided (e.g., Education/ Development, Exercise Science/ Kinesiology, Health Sciences, Psychology, Business,

Other), the most frequently reported was Exercise Science/Kinesiology (47%).

Table 1: Profile of Occupational Therapy Students by Degree Level

Degree Level	Respondent Frequency	Total Average Confidence Level (M)
Master's	22	4.331
Doctoral	14	4.187

Note: M = Mean. Confidence levels were measured using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree).

Of the 36 respondents, 9 (25%) were preparing for their first level II rotation, while 27 (75%) were entering their second 12-week rotation. Additionally, 81% of participants reported continuous level II rotations, while 19% indicated returning to campus for didactic work between rotations. Table 2 portrays the variance of confidence among students entering their first rotation versus those entering their second rotation. The survey data shows a 4% improvement in confidence with client rapport building, with students entering their second rotation indicating higher confidence in 15 of 18 survey items compared to students with less fieldwork experience.

Table 2: Profile of Occupational Therapy Students by Fieldwork Sequence

Fieldwork Sequence	Respondent Frequency	Total Average Confidence Level (M)
Entering First Rotation	9	4.148
Entering Second Rotation	27	4.327

Note: M = Mean. Confidence levels were measured using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree).

Figure 1 presents the areas in which students reported, on average, their highest and lowest levels of confidence across various rapport-building scenarios as they entered Level II fieldwork.

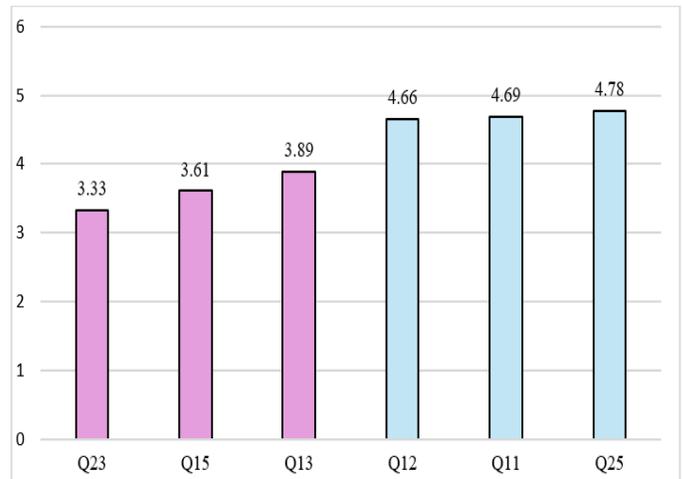


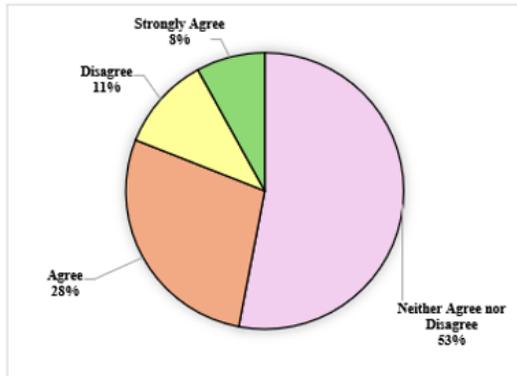
Figure 1: Average Confidence Ratings for Lowest and Highest-Rated Questions

Note: Items are selected from the survey assessing confidence in rapport-building skills among respondents. The items are listed based on their ratings, not in numerical order. Q23, Q15, and Q13 represent the lowest-rated, while Q12, Q11, and Q25 represent the highest-rated, based on respondent averages.

The lowest-rated item was Question 23, which assessed confidence in communicating when a language barrier is present between the student and the client. This item had an average score of 3.33 out of 5, with only 8% of participants selecting strongly agree. In contrast, the highest-rated item was Question 25, which assessed students' perceived ability to empathize with clients. This item had a mean score of 4.78 out of 5, with 78% of participants selecting strongly agree and the remaining 22% selecting agree. The distribution of responses for Question 23 and

Question 25 is visually demonstrated in Figure 2.

Q23: Communication Barriers



Q25: Empathy

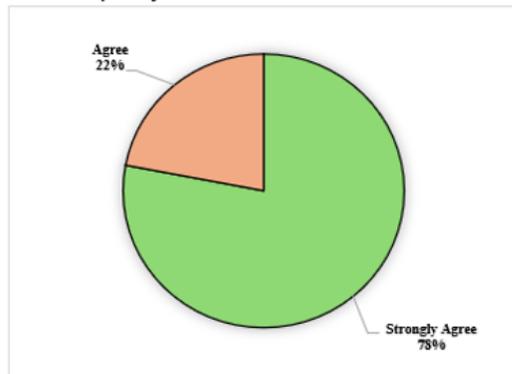


Figure 2: Confidence Ratings of Lowest- and Highest-Rated Survey Items

Note: Items are selected from the survey as assessing confidence in rapport-building skills among respondents. Item Q23 represents the lowest-rated, while Q25 represents the highest-rated based on respondent averages.

It was found that, generally, master’s level students and students entering their second level II fieldwork rotation were more confident in their rapport-building capabilities than doctoral level students. However, the largest differences in confidence between degree levels were observed in understanding professional boundaries, assessing client progress, explaining clinical terms or treatments to clients in ways they will understand,

initiating a variety of conversations, reacting professionally to interpersonal conflicts, and finding common goals with clients. Confidence differences among students with varying experiences and educational levels are presented in Table 3.

Table 3: Average Confidence Ratings on Selected Rapport-Building Survey Items by Degree Type

Note: M = Mean. Confidence levels were

Survey Item	Master’s Degree (M)	Doctoral Degree (M)
12. Confidence in understanding boundaries in forming professional relationships with clients	4.818	4.429
14. Confidence in assessing client progress and aligning interventions	4.182	4.000
20. Preparedness to explain evaluation and intervention methods understandably	4.273	3.929
21. Confidence in initiating a variety of conversations with clients	4.273	3.929
24. Confidence in reacting professionally to interpersonal conflicts	4.318	4.071
27. Confidence in finding shared interests, values, or goals with clients	4.455	4.714

measured using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Questions in Table 3 were selected based on mean values of responses.

DISCUSSION

The purpose of this study was to understand OT students’ confidence in building rapport with clients during their level II fieldwork experiences. The process of an occupational therapy student acquiring and consistently improving their confidence in rapport building

is necessary to enhance the client-therapist relationship and client outcomes. The results of this study indicate that OT students enrolled in programs in the southeastern U.S. have a high level of confidence in their ability to build rapport with clients during level II fieldwork rotations. This is evidenced by the overall average of 4.27 on all questions of the confidence Likert scale of 1-5, indicating agreement with confidence in various scenarios of rapport building.

According to the survey results, OT students feel most confident in empathizing with clients, understanding professional boundaries, and arriving at fieldwork on time and prepared. The three areas in which OT students feel the least confident are communicating with clients when a language barrier is present, working with clients with mental health challenges, and supporting clients with new diagnoses or medical crises. Enhanced didactic coursework targeting these areas of lower confidence would likely improve students' confidence in their ability to build meaningful relationships with clients with varying backgrounds and difficult circumstances during fieldwork.

Based upon survey data, only 8% of students strongly agreed that they were confident in their ability to build rapport with clients with a language barrier. This may indicate that there are insufficient amounts of training in OT programs related to managing language differences in client-therapist interactions. This limitation in students' confidence may have implications for patients' care, as it has been shown that language barriers between health providers and patients are associated with less health education, worse interpersonal care, and lower overall satisfaction (Ngo-Metzger et al., 2007). It may be beneficial to address the use of translation services

and provide education on potential available resources for interpreters and interpretive technology in clinical rotations while in didactic coursework to improve student confidence in this aspect of rapport building.

The survey data also attests that OT students entering level II fieldwork have lower confidence in building rapport with clients exhibiting mental health challenges than with other challenges assessed in the survey, with only 11% of students strongly agreeing that they are confident in this aspect of rapport building. A study by Farrelly and colleagues (2014) found that therapeutic relationships are important in mental health care, as stronger therapeutic relationships are linked to a reduction in hospital admissions, self-harm, and suicide attempts. This emphasizes the need to better prepare OT students to work with clients facing mental health challenges. Further, in a study by Hartmann and colleagues (2014), 78.8% of respondents in a psychosocial level II fieldwork rotation said they learned skills in mental health that they would not have gained in another setting.

However, there is currently a shortage of OTs in this setting, which may affect a student's ability to encounter mental health interventions during fieldwork (Read et al., 2023). While not every student will complete a level II fieldwork rotation in mental health, it is important that all rotations, regardless of level or setting, address mental health competencies to improve students' clinical skills and confidence in addressing mental health-related challenges.

Additionally, survey data demonstrates a disparity in confidence among students entering their first level II fieldwork rotation compared to those entering their final rotation,

indicating that students' confidence with building rapport tends to grow with increased clinical exposure. The 4% difference between rotations occurred over a 3-month period, on average, indicating early career continued growth in rapport confidence would be substantial. Lafave and Yeo (2019) support this assumption, reporting that students' self-rated confidence improved over a two-year span with increased hours in a clinical setting.

Implications

Fieldwork educators play a key role in developing student confidence by providing structured opportunities for students to observe and engage in therapeutic communication early in their placements. Academic programs could also enhance student preparedness by introducing rapport-building strategies and the concept of therapeutic use of self earlier within the curriculum that addresses clinical skills training. Incorporating simulated client interactions, communication-focused training, and reflective practice may help bridge the gap between classroom learning and clinical application. Further research on occupational therapy students' confidence with rapport building could justify the inclusion of greater educational content and an evaluation measure targeting rapport-building skills as a long-term outcome of this study.

Limitations

A limitation of this study is the relatively small sample size ($n = 36$), which may limit the generalizability of the findings. Further research should include a larger, more diverse sample that captures a wider range of academic programs and geographical regions to improve generalizability. Additionally, the use of a quantitative, descriptive survey design restricts the depth of insight into participants' experiences and perspectives. While

the approach identifies general trends in confidence levels, it does not explore the underlying reasons behind these responses. Incorporating qualitative methods such as interviews or focus groups in future studies could provide a more comprehensive understanding. Finally, reliance on self-reported data introduces the potential for response bias, as participants may overestimate or underestimate their confidence due to the tendency to answer questions in a way that makes them appear more capable or acceptable, which may affect the accuracy of the findings.

Recommendations

Based on these findings, further research is recommended to better understand the role of confidence in building rapport, particularly within occupational therapy settings. Additionally, there is a growing need for target training of occupational therapy students in mental health treatment for specific conditions. Research reflects that improving education in mental health requires program development initiatives, such as increasing faculty expertise, enhancing teaching resources, and ensuring fieldwork opportunities targeting mental health (Jesus et al., 2025). Furthermore, advancing cultural competence is important, as cultural misunderstandings can prevent occupational therapy students from developing rapport with clients, which can in turn reduce therapeutic engagement (Govender et al., 2017).

Therefore, occupational therapy programs should consider integrating structured opportunities to build therapeutic communication skills into their curriculum, including experience with individuals from diverse backgrounds. Equipping students with the skills necessary to effectively address language barriers and collaborate with interpreters is also essential to promote clear

communication and patients' engagement in therapy (Govender et al., 2017). Developing culturally responsive training modules and ensuring early exposure to mental health settings may further enhance student preparedness and support equitable service delivery.

Additionally, further research should explore additional components influencing confidence with rapport building among students. This could include prior experiences, such as previous healthcare work or leadership experiences, as well as specific elements of OT school curriculum. While this study's current survey questions were designed to assess self-perceived confidence in rapport building, the authors acknowledge limitations with capturing curriculum design that could influence confidence. While this study identified differences in confidence among fieldwork rotation and degree type, it did not look at how content, formatting, and supervision standards of the different curricula between the schools involved in the study. A better understanding of aforementioned factors could assist program directors promoting empathy, punctuality, and adherence to professional boundaries in OT curriculum.

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CONCLUSION

Gaining confidence as an occupational therapy student is important, sequentially from didactic education to experiential learning. Mastering confidence with rapport building, however, is an ongoing learning process throughout an OT career. At first glance, a 4% gain in confidence for an OT student

during fieldwork may seem small; however, imagine having a 4% gain every 3 months throughout a career. These improvements would have a monumental impact on meaningful therapeutic client relationships. Continued research on rapport building is foundational to effective, client-centered occupational therapy practice. Rapport confidence directly influences therapeutic outcomes, client satisfaction, and quality of care. Further research is needed to investigate the effectiveness of different educational strategies (e.g., simulation, role-playing, standardized patients, etc.) on improvement of confidence in rapport building for OT students before fieldwork.

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