Perceptions and Outcomes of Occupational Therapy Students Participating in Community Engaged Learning: A Mixed-Methods Approach

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Perceptions and Outcomes of Occupational Therapy Students Participating in Community Engaged Learning: A Mixed-Methods Approach

Abstract
Today’s health care system requires therapists to acquire a level of confidence, flexibility, and personal growth that enables them to treat a diverse and complex clientele. Occupational therapy programs need to ensure that clinical placements can best prepare students for these demands. Community engaged learning (CEL) offers a distinctive opportunity both to meet the curricular requirements of fieldwork and to afford students the chance to develop unique sets of skills. The purpose of this mixed-methods study was to examine the experiences of graduate occupational therapy students participating in CEL fieldwork placements. The study explored the students’ self-efficacy before and after placements and the transformative learning process that occurred. Data were collected from semi-structured interviews, pre/post surveys, and reflective journals. The findings resulted in eight major themes that revealed growth in self-efficacy and personal and professional development. The results indicated the influential impression CEL leaves on the development of the student and provides a potential solution for programs to meet the demands of the current health care climate.

Comments
The author reports that they have no conflicts of interest to disclose.

Keywords
community engaged learning, occupational therapy education, self-efficacy, transformative learning

Cover Page Footnote
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Credentials Display
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Experiential learning in occupational therapy is a fundamental part of curriculum design and students’ overall learning experience. Traditional fieldwork, defined in this study as a clinical experience where an on-site therapist directly supervises students, provides learning in real-life situations that facilitate the student’s ability to begin to link theory to practice (Mulholland & Derdall, 2005). In recent years, there have been shifts toward role-emerging practice areas and nontraditional settings, where students encounter diverse populations and occupational therapy services are not present (Syed & Duncan, 2019). These new types of settings align with the health care paradigm shift, where therapists are moving away from the medical model and toward wellness, prevention, and recovery, particularly in mental health services and population health (American Occupational Therapy Association [AOTA], 2017; Hyett, McKinstry, Kenny, & Dickson-Swift, 2016).

To address these changes, academic programs have the responsibility to investigate opportunities outside the realms of traditional practice settings. Community-engaged learning (CEL) placements may better prepare students to evolve into more diverse and holistic therapists in settings where occupational therapy’s role is undefined. CEL is an opportunity where students can apply academic coursework and resources to address challenges facing communities, such as societal needs, health care disparities, and civic engagement (Comeau et al., 2019). Across the world, therapists continue to push health care further outside the hospital walls and into communities, where they will be required to practice autonomously, demonstrating strengths in cultural awareness, flexibility, and creativity (Asarnow & Miranda, 2014). CEL not only addresses these challenges, but also has the potential to improve the educational and professional experiences of occupational therapy students (Molineux & Baptiste, 2011).

Occupational therapy educators commonly use experiential learning to address student outcomes (Overton, Clark, & Thomas, 2009). From an educator’s perspective, the additional advantage of using CEL as a transformative experience is invaluable for acquiring “soft skills,” such as self-efficacy and role delineation (Comeau et al., 2019; Gregory, Quelch, & Watanabe, 2011). The transformative learning model has been explored as a viable way to understand the lived experiences of occupational therapy students over the course of fieldwork placements (Grenier, 2015; Kiely, 2005). Kiely (2005) discussed the transformative learning process as a way for students to develop a connection between “contextual factors and multiple forms of dissonance” (p. 15). These types of opportunities help to prepare students for professional challenges that the classroom or traditional fieldwork experiences cannot offer (Bagatell, Lawrence, Schwartz, & Vuernick, 2013; Gregory et al., 2011). In these situations, students are required to be leaders, rather than followers, or to model an occupational therapy fieldwork educator.

While there is no body of evidence that directly compares nontraditional to traditional Level I fieldwork, research is available to support the unique learning that occurs in a community engaged fieldwork placement. For example, various studies have found that students are able to gain additional outcomes in CEL placements, such as resourcefulness, diagnostic knowledge, social duty, civic mindedness, self-directed learning, and self-awareness (Bagatell et al., 2013; Hammel et al., 2015; Nielsen, Jedlicka, Hanson, Fox, & Graves, 2017). In many cases, students are required to reflect on and face their preconceived notions or anxieties about a population that they have not encountered before, such as homeless youth, chronically mentally ill individuals, or at-risk inner-city adolescents (Bagatell et al., 2013; Fisher, 2002). As an occupational therapist, the growth and development of these skills are at the core of understanding the ability to foster healthy interactions with clients (Taylor, Lee, Kielhofner, & Ketkar, 2009). A review of the evidence supports the idea that community engaged fieldwork
experiences are successful in influencing both knowledge and self-efficacy outcomes; however, a more in-depth understanding is required to explore why this relationship exists.

**Purpose of the Study**

For this study, and to guide the research questions, self-efficacy is defined by Bandura (1982) as the “judgements of how well one can execute courses of action required to deal with perspective situations” (p. 122). In fieldwork education, perceived self-efficacy can serve as an indicator for the success or failure of a student in a stressful new clinical or community-based context (Baird et al., 2015). For occupational therapy students to be successful in their clinical rotations, they must first find meaningful connections and apply theory to practice (Grenier, 2015; Wrenn & Wrenn, 2009). Students who are more successful should also demonstrate a sense of self-efficacy that is required for problem-solving, creativity, and critical thinking (Towns & Ashby, 2014). Perceived self-efficacy has a significant impact on the practice of health care students and occupational therapy (Gage & Polatajko, 1994). Self-efficacy can explain the variation between an individual’s set of clinical skills and the quality of that person’s actual performance in a clinical environment (Bandura, 1977; Gage & Polatajko, 1994).

In addition to clinical skills, the current health care system requires that service providers acquire a level of flexibility and personal growth that enables them to treat individuals from all walks of life, including cultures and backgrounds different from their own. A CEL fieldwork experience may allow educators to afford students the opportunity to develop the necessary skills and professional development experiences to be well-rounded entry-level therapists. The purpose of this study was to explore the perceptions of personal and professional growth in occupational therapy students who participate in CEL and to identify the self-reported areas of growth in self-efficacy and personal and professional development following this type of placement.

**Research Questions**

The following research questions guided the study and provided a framework for answers to the problem statement.

1. What effect does a community engaged experience have on the self-efficacy of the occupational therapy students?
2. What personal transformation, if any, do students identify over a 12-week CEL fieldwork experience?
3. What professional transformation, if any, do students identify over a 12-week CEL fieldwork experience?

**Method**

This pre/post mixed method study took place with second-year occupational therapy graduate students. The CEL Level I fieldwork opportunity was held in the final on-campus academic semester before the students began full-time clinical rotations. In the CEL fieldwork placements, the students were assigned in small groups to community-based settings that did not offer occupational therapy as part of their service repertoire.

The overall data collected consisted of 36 pre and post questionnaires, 12 initial interviews, 108 journal reflection responses, and 12 final interviews. Each artifact provided the researcher with detailed information that assisted with further understanding of the research questions and overall student experiences.
Quantitative

Data were analyzed in SPSS Statistics 25.0 using a paired samples t-test. Quantitative measurements were explored using a preexisting instrument named the Student Confidence Questionnaire (SCQ), originally developed by Derdall, Olsen, Janzen, and Warren in 2002. The participants completed the SCQ before and after their CEL experience. The results gathered from this tool provided insight into the students’ report of self-efficacy and overall confidence during a fieldwork experience. The SCQ is a 40-item Likert-type scale that assesses the student in the domains of professional competence, communication, adaptability, innovation, risk-taking, supervision, and clinical practice.

Qualitative

Qualitative data were collected from in-depth, semi-structured interviews and reflective journals. Reflective journals with predetermined prompts were also kept by the participants throughout the semester. These journals were available as artifacts to triangulate the data during analysis. The interviews (see Appendices A and B) and journal prompts (see Appendix C) were guided by the Social Cognitive and Transformative Learning Theories. The author/researcher conducted the interviews and recognized potential for bias, as a mental health practitioner and because of the nature of involvement in the program. To address any bias, the author used a journal throughout the interview and coding process to organize and reflect, as well as to align the comments with the research questions. The participants in this study engaged in a semi-structured interview before and after their fieldwork experiences, which were recorded, transcribed, and then read for major themes. A combination of a priori codes were derived from the conceptual framework of the transformative learning model (Mezirow, 2000) and open, deductive coding (Saldana, 2015) to conduct the qualitative data analysis. The information gathered from the coding process was collapsed into themes and descriptive quotes aligned accordingly to support the findings.

Results

Participants

In the semester when the study took place, there were 39 students enrolled in the occupational therapy class, which served as the potential participant pool. Following an approved IRB protocol and informed consent, 36 participants took the initial Student Confidence Questionnaire (SCQ). The participant sample (n = 36) had the following characteristics: 94% were female, 81% Caucasian, 72% aged 20 to 24 years (followed by 22% aged 25 to 29 years), and over half the students reported some level of previous experience at a similar site, such as volunteerism or as an employee.

From the 36 participants who completed the SCQ, we used a purposeful sample of 12 participants for additional student perceptions. One student from each community site was randomly selected to complete the interviews and journaling process. The students were assigned to these sites based on a statement of personal preference, as well as vetting from the faculty to best align to the organization’s needs. Community settings included sites such as a homeless veterans’ program, a psychosocial clubhouse, after-school programs, transitional housing for at-risk youth, community outreach for individuals with intellectual disability, and long-term structured residences.

Organization of Findings

The findings in this study are organized into three sections, aligning with each of the research questions. The first research question was developed to further understand the possible development of self-efficacy during a community engaged fieldwork experience. The second and third research
questions were developed to explore the students’ perceptions of personal and professional growth or transformation that may have occurred because of a community engaged fieldwork experience. Information from all three artifacts led to a greater understanding of self-efficacy and personal and professional transformation in each student.  

**Findings for Research Question 1 (RQ1): Self-Efficacy**

In understanding RQ1, the researcher triangulated the themes based on all three artifacts, which included interviews, journal entries, and the SCQ results. The described experiences that fell under categories of themes that reflected distinct areas of self-efficacy included success and failure, interactions and collaboration, and feedback and direction, which had a strong impact on the perceptions of the fieldwork placement and student growth.

**Success and failure.** The first theme, success and failure, was developed based on areas of participant information related to their direct experiences during community fieldwork. In the interviews and journals, the students often spoke of successful experiences related to areas such as confidence in core skills, successful program plan sessions, building rapport, and even cases of perceived failure that indicated changes in their self-efficacy. An additional area of importance was the ability to redefine success. The students often spoke of “finding value in every situation.”

Another area that was recurring in the interviews was the ability for the students to use their core occupational therapy skills that were viewed as success. In the interviews, many of the students indicated they had to remind themselves that they knew what to do, but once that happened, it led to a greater sense of confidence in themselves. For example, P9 said:

Sometimes you sell yourself short. Like, “I don’t even know if I’m doing community fieldwork or even OT [occupational therapy].” And then you have to remind yourself, you are. You’re just getting used to it by the end. I thought, “You are doing OT and not even realizing it.” The experience gave me a lot more confidence with that.

In addition, what the students perceived as “failure” or “frustration” impacted their experiences. Often, frustrations came from what was deemed a perceived lack of knowledge in certain content areas. P8 stated, “I think the only thing I had the most challenge with was finding good funding for them, it became really frustrating. I just didn’t feel prepared for that part.” When the students attributed their barriers or failures to preparedness on their part, it also supported a change in their confidence related to the direct experience.

**Interaction and collaboration.** This second theme, interaction and collaboration, was developed based on areas of participant information related to interactions and collaborations with clients and staff that occurred during community fieldwork. These interactions often either increased or decreased their confidence and were reported in the interviews and journal reflections.

A key area that was discussed in the interviews were the students’ overall responses to the reactions of others. This was a common thread in seven of the students who reported either positive or negative experiences. In some cases, the students reported their own reactions in response to the staff. For example, P6 stated:

It was nerve-wracking at first, but I think just because their diagnoses are more severe than a lot of what I had previously experienced with mental health. It was difficult at first because I didn’t really know what to expect or how to respond to their behaviors. We also played off how the staff would respond and react, too.
From these interactions and observations, the students consistently reported these situations had an almost immediate impact on their perceptions of a positive or negative specific experience, most often related to a specific session or interaction. Different from the first theme, success and failure, interactions and collaborations have a more immediate impact that was not as lasting. These factors were important to the experience, but overall, were reported less often and did not leave as great of an impression on the greater process.

**Feedback and direction.** The third theme, feedback and direction, emerged based on the concept that the students’ self-assessment of their performance either increased or decreased through feedback related to task performance and their own internal signals. Areas related to communication, thoughts and emotions, frustrations, a general “fear” of the unknown or being wrong were commonly alluded to throughout the process. In nine of the participants’ interviews, they spoke of a response to feedback. Often, it was a comment related to positive feedback, from either the staff or clients. In her postinterview, P5 reflected:

> At some points I thought, “I don’t want to do this. I don’t want to be in this setting. I can’t do this. I’m not right for it.” I couldn’t disconnect myself. And then I realized, I do have a sense of what these people really need or want. I became more confident. I knew I could make a difference.

Specific client feedback was referred to most and seemed to have the greatest impact on the students’ assessment of their performance. After completing all of the planned programs, P2 stated: “The member feedback and staff feedback was so great. They would say things like, ‘You’ve done such great things for the [site]’ or ‘You guys livened it up.’”

**Questionnaire data.** The questionnaire data gathered from the SCQ supported both the interview and journal reflection findings. The data from the subsections risk taking, supervision, and communication were compiled to look at the themes in RQ1. The mean scores in each of the three subscales indicates a statistically significant increase from pre to posttest for student participation in CEL fieldwork ($p < .05$). Table 1 provides an overview of the statistical analysis for each of these subsections in the SCQ.

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>df</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Risk Taking</td>
<td>36</td>
<td>3.85</td>
<td>0.40</td>
<td>35</td>
<td>-4.688</td>
<td>0.000</td>
</tr>
<tr>
<td>Post Risk Taking</td>
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<td>4.23</td>
<td>0.41</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pre Supervision</td>
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<td>35</td>
<td>-6.026</td>
<td>0.000</td>
</tr>
<tr>
<td>Post Supervision</td>
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<td>0.46</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre Communication</td>
<td>36</td>
<td>3.88</td>
<td>0.40</td>
<td>35</td>
<td>-7.452</td>
<td>0.000</td>
</tr>
<tr>
<td>Post Communication</td>
<td>36</td>
<td>4.30</td>
<td>0.44</td>
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</tr>
</tbody>
</table>

Overall, the highest rated items on the SCQ were also directly related to the themes of learning from success and mistakes, collaborating with staff, and accepting direction or seeking feedback. For example, the students reported, “Learn from my mistakes during this placement” as the item with the highest mean score on the SCQ, indicating great importance of this kind of learning. The second and third highest rated items were “Accept direction and constructive feedback” and “Seeking feedback.
from supervisor, clients, and colleagues.” In addition, the areas of risk taking, supervision, and communication were scored the highest, as compared to any other subsection.

**Findings for Research Question 2 (RQ2): Personal Transformation**

To understand RQ2, the analysis shows that the highest rated skills reported on the SCQ correspond with the themes from the qualitative data. For example, the students rated themselves highly in seeking out information and using their own ideas in practice, which they further discussed in their comments related to the themes related to the unknown and unfamiliar, patience and flexibility, and development of creativity. The students also reported growth in organizing their time effectively when changes occur, handling challenges presented, and adjusting to a new setting. These skills may serve them well as they prepare for their advanced fieldwork rotations that begin following the CEL experiences.

**Unknown or unfamiliar.** The fourth theme, the unknown or unfamiliar, emerged as it became clear that many of the students were going to work with a population that was very different from either what they personally identified with or had personal or professional prior experience with in the past. The students often indicated some fear or intimidation by the site or population, as well as concerns with the “unexpected.”

In the prefieldwork interviews, nine of the 12 participants had a discussion surrounding the unknown. Often, this was associated with preconceived ideas or notions about the population for which the student would be working. Prior to her experience, P6 stated, “I’m nervous going into it because I don’t know what to expect. There’s only so much I can control, and even what I’ve been influenced by the media and their portrayal of mental illness.” In these cases, nearly each of the students who previously stated concerns had a realization that their worries or fears were unfounded. Following placement at that fieldwork site, P11 reflected:

I think that being able to talk to people from different cultures is definitely something that I gained throughout this. It taught me to just be myself and be honest. We come from different backgrounds and they want to honestly hear what you have to say, so they can learn from that, too.

In the postinterviews and journals, the students spoke to a better understanding of what their preconceived ideas or stereotypes were before the experience. P3 stated, “At the hospital, I work with people of all backgrounds all the time. I never even realized I was making these assumptions.” It was observed that this new understanding had a profound effect on them and potentially their future interactions or practice.

**Patience and flexibility.** The fifth theme, patience and flexibility, focused around student reports of adaptability. Often, the students initially believed they were “flexible,” as that is a core concept of being an occupational therapist; however, this was often challenged and refined during fieldwork.

In each of the 12 interviews, both prior to and following fieldwork, the concept of flexibility was discussed. In many cases, the students identified flexibility with concrete ideas, such as time or schedules. This usually evolved by the postfieldwork interview to a more fluid concept, related to thinking on the spot or flexibility with challenging behaviors. P4 spoke of that evolution in her interview, stating:

I think that [flexibility] was maybe a little bit of fear going in. I think flexibility in general can be hard because I like things to be this way, in this order, and hope things go as planned. But I feel like I started to open up to just going with the flow and letting whatever happened happen.
In the journal prompts, the idea of patience was also discussed and how important that is to keep in mind as a health care provider. This “soft skill” was challenged and refined over the course of the experience and many students hoped that this will make them a more “holistic clinician.”

**Development of creativity.** The sixth theme was development of creativity. In occupational therapy, client-centered care is often directly connected to the therapist’s ability to be creative (Schmid, 2004), and the students often spoke of that from the start of this placement. This theme emerged because all 12 of the students discussed their own assessment of their creativity. Common responses were related to either a lack of creativity or excitement about the challenge of being creative, the ability to improvise on the spot for sessions and ideas, and the ability to create fun and engaging sessions for the clients.

In interviews and journals, interpretations of creativity were different. In some cases, creativity was related to being client-centered. P10 stated, “I would say I’m creative. Usually, I like doing things that people themselves enjoy, so being client-centered. But I’m not extremely on-the-spot creative, I like to plan.”

In other cases, creativity was related to the actual “doing” of an activity. For example, four students discussed their abilities to do “arts and crafts” as equal to their creativity. For three of the students, creativity was something with which the students struggled. P3 stated, “I always struggle with creativity. It’s scary to get your ideas out and things could go so many different ways.” Eight students discussed the evolution or growth of their creativity, based on this experience. P4 stated:

I think creativity was the one thing going in that we all felt, “Oh, we’re pretty creative people”, but I think the creativity expanded in a way different way than we thought, especially with the population we worked with. We used creativity to peel back some of their emotional issues and being creative on how to assess that and go about finding ways to engage them.

In the case of creativity, there was a clear relationship between perceived growth in innovative ideas and their confidence in their own abilities.

**Questionnaire data.** The SCQ data under the subsections Adaptability and Innovation were further analyzed to understand RQ2. The mean scores in each of the three subscales indicates a statistically significant increase from pre to posttest for student participation in CEL fieldwork ($p < .05$). Table 2 provides an overview of the statistical analysis for each of these subsections in the SCQ.

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<tr>
<th>Item</th>
<th>N</th>
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<th>SD</th>
<th>df</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Pre Adaptability</td>
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<td>-6.297</td>
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<tr>
<td>Post Adaptability</td>
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<td>4.37</td>
<td>0.44</td>
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<tr>
<td>Pre Innovation</td>
<td>36</td>
<td>4.01</td>
<td>0.39</td>
<td>35</td>
<td>-5.305</td>
<td>0.000</td>
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<tr>
<td>Post Innovation</td>
<td>36</td>
<td>4.44</td>
<td>0.43</td>
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</table>

Again, in these areas, the students reported a positive increase in these specific skills following a CEL placement. Items in the scale, such as seeking out information from appropriate resources, adjusting to a new setting, and using my own ideas in practice, were rated as having the highest mean scores on these subsections of the survey. These skills are all particularly important for not only a health care student, but also a new clinician going into any kind of practice in the future.

**Findings for Research Question 3 (RQ3): Professional Transformation**
RQ3 was developed to explore the students’ perceptions of professional growth or transformation that may have occurred from a CEL fieldwork experience. The journal prompts, guided by Mezirow (2000) and the transformative learning model, investigated the professional development of the students throughout the duration of the CEL experience. These prompts were analyzed against the information from the SCQ and pre/post interview questions, specifically related to areas of professional growth, such as new awareness of skills and confidence and redefining the meaning and purpose of occupational therapy.

Self-awareness. The seventh theme, self-awareness, emerged from the artifacts and was directly related to the students’ professional capabilities of understanding their skill set through a new sense of confidence. There was a definite growth that occurred from start to finish, where the students overestimated their confidence and/or skills in the beginning, then ultimately realized not only what they learned through the experience, but also their strengths that were inherent throughout the process.

During the interviews and journaling, many of the students alluded to a lack of understanding or prior experience. P11 reflected over the duration of the fieldwork:

This experience was so involved compared to any other. I think going in, I thought, “I’m just a student, what can I do here?” But there is so much we have learned that I think we forget, we have all these skills, and we have all this knowledge that we can use. We were able to collaborate professionally with the staff members and we knew the facts about people’s diagnoses so that we knew what their root problems [were]. We could address them correctly and efficiently. My confidence really went up.

Self-awareness can be a difficult skill to teach in the classroom; therefore, this finding was important to the personal and professional growth of these students. The students that commented on increasing self-awareness through this placement also improved their ability to reflect critically on the experience and understand value in many different situations, as evidenced by the structure and format of the journals.

Redefining the profession. The final theme, redefining the profession, was discussed by the students as being the “most meaningful.” All 12 students reported, in either their journals or interviews, that they could redefine their meaning or purpose of occupational therapy. In the first semester of the program, students are asked to prepare their “elevator speech,” or their definition of what the profession of occupational therapy entails. The students discussed to a great extent how this has evolved during the experience, and it was often referred to as a more “holistic” definition of the profession in the end.

To understand their new definition of occupational therapy, many of the students reflected on where they began in the experience. P3 stated this about the end of her experience:

My definition has completely changed when discussing my elevator speech and what OT is. I have learned how important it is to inform and advocate for our profession. This experience has impacted the way I will practice. I have learned that relationships and rapport take time. I have to look at the whole picture and dig deeper.

Questionnaire data. The SCQ data under the subsections Clinical Practice and Professional Competence were further analyzed to understand RQ3. The mean scores in each of the two subscales indicates a statistically significant increase from pre to posttest for student participation in CEL fieldwork ($p < .05$). Table 3 provides an overview of the statistical analysis for the final areas of subsections in the SCQ.

Table 3
**t-test Results Comparing Pre and Post Student Confidence Questionnaire RQ3 Subsections**

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
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<th>SD</th>
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<tr>
<td>Pre Clinical Practice</td>
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<td>Pre Professional Competency</td>
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<tr>
<td>Post Professional Competency</td>
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<td>4.08</td>
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</table>

The students will continue their fieldwork education into an advanced fieldwork experience over the course of their future curriculum. Having the confidence in areas such as analyzing activities, handling autonomy in the workplace, and applying the role of occupational therapy in clinical practice may have a direct impact on the success of these full-time clinical rotations. These skills are also aligned with assessments, such as AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student or a Doctoral Capstone Fieldwork Objectives form, which will rate their success in the advanced fieldwork experiences, therefore better preparing them for any future clinical settings or populations they may encounter.

**Discussion**

By understanding graduate students’ experiences in community engaged fieldwork, programs and university faculty may also be able to better prepare and place students in settings that meet the profession’s diverse demands. The conclusions of this study support the development of self-efficacy, personal transformation, and professional growth.

**Considerations for Development of Self-efficacy**

RQ1 encompasses the core of the social cognitive theory, self-efficacy. The results from the SCQ indicated a statistically significant increase in perceived self-efficacy in all areas of assessment ($p < .05$). While this finding on student improvement is consistent with the literature on areas such as confidence, communication skills, or professional identity development (Derdall, Olson, Janzen, & Warren, 2002; Nielsen et al., 2017), in this study it was unique that every item assessed under the SCQ was improved. In the postinterviews, the students associated their experiences during fieldwork with areas such as perceived success and failure, interactions and collaborations, and feedback and direction.

When reflecting on their experiences, the students spoke of topics that were either perceived of as successes or failures, and how each increased their self-efficacy. The findings in this section indicated a sense of mastery was felt based on practicing what they had learned in the classroom. In other words, they had an increase in self-efficacy when they could apply theory to practice, particularly in an autonomous way in the community. In each case with these participants, regardless of success or failure, the direct exposure to clients in the community and the challenges they faced were enough to make the mastery experience one that increased the students’ self-efficacy, as evidenced by the results of the SCQ.

The second area of significance was the importance of interactions and collaborations through the duration of the placement. This theme was consistent with the literature on self-efficacy and vicarious experiences (Bandura, 1982). Vicarious experiences can be described as instances where people model after or judge their capabilities based on the responses and attainments of others (Andonian, 2013; Bandura, 1977). In these instances, examples, such as responding to the reactions of others, facing inaccurate assumptions, or the perceived value of services provided, all affected the student’s assessment of self-efficacy. This area of development can be particularly influential to the
student because of the reactive nature of other individuals and the impressionable stage students are in during their learning process (van Dinther, Dochy, & Segers, 2011).

The final area of importance in answering this question came from the students’ emphasis on feedback and direction throughout the fieldwork experience. This theme appeared to have a profound effect on the students, as direct or indirect feedback was spoken of on many occasions in each of the artifacts. In all of the interviews, the students spoke of a response to positive or negative feedback and how the feedback directly impacted their performance. Feedback is an essential component of verbal persuasion on physiological responses in the self-efficacy model (Bandura, 1977; Snyder, 2018).

Based on the findings related to RQ1, it is clear that a CEL fieldwork experience not only had a positive impact on self-efficacy, but also provided a multitude of opportunities to develop this trait. The SCQ indicated consistent gains in all three areas of assessment on the RQ1, which support the findings on self-efficacy from the interviews and journal reflections. These key areas, such as the ability to respond to feedback and supervision, a willingness to take risks, and confidence with communication, will have a direct impact on their performance in future clinical placements and their potential success beyond as an entry-level therapist.

**Considerations for Personal and Professional Transformation**

RQ2 and RQ3 were crafted to allow the researcher to determine if personal and/or professional transformation had occurred through this CEL fieldwork experience. Themes that emerged to understand these questions included recognizing the unknown or unfamiliar, patience and flexibility, development of creativity, self-awareness, and redefining the profession.

A key finding related to personal transformation was the students’ discussion of the unknown or unfamiliar and facing those challenges. This was often the students “disorienting dilemma” or “self-examination,” Phases 1 and 2 of the transformative learning theory (Mezirow, 2000). While it may be expected of a homogenous group of students to feel an impact from these diverse settings, it was more profound than they realized (Whiteford & St-Clair, 2002). It was surprising that there were also no outliers in this area. Every student that addressed the unknown or unfamiliar had a positive response following their interactions.

Attitudes toward people who students are “uncomfortable with,” such as those from a different socioeconomic status, varying culture or diversity group, and clients with mental health illnesses, are generally negative (Fisher, 2002; Lyons & Ziviani, 1995). The students discussed aspects such as “the idea of homelessness makes me anxious.” Lyons and Ziviani (1995) challenged that if many of these misrepresentations remain pervasive, then students in the health professions will avoid working with these clients and, in turn, decrease the quality of care. After the experience, they discussed a new level of comfort and awareness, and, most of all, a drive to be a better advocate.

The change in adaptability and innovation was also significant, both in the qualitative and quantitative findings. In their reflections, the students referenced experiences that aligned with the fourth and fifth phases of transformative learning: exploration of options for new roles, relationships, and actions (Bagatell et al., 2013; Mezirow, 2000). The students practiced planning, execution, and problem-solving on the spot in real clinical scenarios. In every one of the interviews, flexibility was discussed on some level, and ultimately, it was one of the greatest increases on the items of the SCQ. Flexibility is an essential skill for fieldwork education, for the ever-changing health care system, and for the everyday clinical practice of occupational therapy (Grenier, 2015).
In the provisional trying of new roles and building of competence and self-confidence, the students in this study had a new self-awareness of their skills. They each spoke of a clear professional growth, from start to finish of the semester, that occurred as a result of this experience. A key component of this placement was the development of the occupational therapy role in the community setting. This is the main factor that allowed the students to engage fully in the eighth phase of transformative learning. The students discussed that not having an occupational therapy role previously defined at the site allowed them to take risks or to try new ideas and to advocate better for themselves and/or the profession as compared to their prior two Level I traditional experiences. In addition to developing these professional skills, the students spoke of their new ability to feel prepared in a variety of settings of practice, which is essential in a profession that is so diverse in settings (Evenson, Roberts, Kaldenberg, Barnes, & Ozelie, 2015).

The final theme that emerged is possibly the most important to the current state of the profession: redefining the meaning and purpose of occupational therapy. Ten of the 12 students discussed an understanding of the role of the profession beyond individual treatment, which promoted working toward helping populations and communities. Eleven of the 12 students commented on the expansion of their definition of occupational therapy to include mental health and community health and wellness. As the profession moves toward community practice models, these findings will be key to these future graduates’ success (Costa, Molinsky, Kent, & Sauerdal, 2011; Whiteford & St-Clair, 2002). While the quantitative gains were not as vast on the SCQ in these areas, they were still statistically significant in the positive impact of this placement, as compared to a similar study where the students were primarily placed in traditional fieldwork and no significant change in perceived self-efficacy occurred (Andonian, 2013).

Limitations

The first limitation is that the study was conducted at one university and therefore has limited generalizability to other populations. This study involved the behaviors and reports of one group of students and may or may not reflect the behavior and attitudes of other occupational therapy students. While representative of the profession, approximately 95% of the student body in this occupational therapy program are female with minimal diversity in race. An additional limitation of the study is time. The students who participated in this study only completed one semester of CEL, so their experiences may be more limited as compared to programs who complete similar fieldwork over the course of multiple semesters.

Conclusion

From an academic and professional perspective, having the additional benefit of using CEL as a transformative experience is invaluable. An additional outcome of this study also allowed programs to have evidence-based recommendations to place students in settings that meet the demands of the profession. As evidenced by skills developed by the students through the course of this CEL experience, each student demonstrated an impact on his or her professional behaviors, personal growth, and, ultimately, self-efficacy. Even as a seasoned therapist, the continual development of these skills is critical in understanding one’s therapeutic use of self and the ability to build healthy professional connections with team members and clients. The findings of this study can allow educators across master’s and doctoral programs to begin to understand and implement a similar CEL placement. Through this fieldwork education opportunity, programs can provide the forum to develop the fundamental abilities and professional development of holistic entry-level therapists.
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References


Appendix A
Protocol for Qualitative Semi-structured Interview (Pre Placement)

Interview #
Date

Questions:
1. Can you tell me about where you will be completing your community fieldwork?
2. Describe what you anticipate the population might look like.
3. How prepared do you feel to complete this community fieldwork experience?
4. Explain what you think the role of OT may be for the population at the community site. Do you feel prepared to articulate this role with the staff?
5. How confident do you feel in your ability to adapt to situations that may occur at the site?
6. How would you describe your ability to be creative? Can you provide an example with an intervention you may have used in a course or in fieldwork?
7. Would you describe yourself as a “risk-taker”? Why or why not?
8. How confident are you in your ability to apply the role of OT in clinical or community practice?
9. Is there any additional information you would like to share?
Appendix B
Protocol for Qualitative Semi-structured Interview (Post Placement)

Interview # __________
Date __________

Questions:
1. Describe the population with whom you worked?
2. Do you feel you were adequately prepared to complete this community fieldwork experience? Why or why not?
3. Explain what you think the role of OT should be at the community site. Were you able to articulate this role with the staff?
4. How confident are you now in your ability to adapt to situations that may have occurred at the site?
5. How would you describe your ability to be creative? Has this changed over the course of community fieldwork?
6. Would you describe yourself as a “risk-taker”? Why or why not?
7. How confident are you in your ability to apply the role of OT in clinical or community practice?
8. Is there any additional information you would like to share?
### Appendix C

<table>
<thead>
<tr>
<th>Phase of Transformative Learning (Mezirow, 2000)</th>
<th>Journal Prompt</th>
<th>Timeline of Course/ Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A disorienting dilemma</td>
<td>Picture yourself at your community fieldwork site. What might the experience look like? What is the role of OT?</td>
<td>Week 1: Prior to going to or meeting anyone from the site</td>
</tr>
<tr>
<td>2. Self-examination (with feelings of shame or guilt)</td>
<td>What are you aware of feeling about the site? Are you excited, nervous, scared, or eager? What experiences in your past may have contributed to feeling this way?</td>
<td>Week 2: Following community partner meeting</td>
</tr>
<tr>
<td>3. A critical assessment of epistemic, sociocultural, or psychic assumptions</td>
<td>Now that you have experienced some time onsite, what assumptions or feelings were accurate? What did you not expect to see or feel? What advice would you give yourself, moving forward?</td>
<td>Week 4: Following first two onsite experiences (4 hr each)</td>
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<tr>
<td>4. Recognition of a connection between one’s discontent and the process of transformation</td>
<td>Following your full week onsite, what are some of your ideas for programming? Where is the OT fit? Could you see an occupational therapist working at this site, as an active member of the team? How will you work toward conveying that message to the site?</td>
<td>Week 5: Following full week onsite</td>
</tr>
<tr>
<td>5. Exploration of options for new roles, relationships, and actions</td>
<td>Describe your initial ideas for programming. What are the advantages of this type of programming at your site? What are the barriers to implementation? How might the staff be receptive to change?</td>
<td>Week 6: Following meeting with mentor and discussion of needs assessment/ideas</td>
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<td>6. Planning a course of action</td>
<td>Think about your first session. What will you need to know/accomplish/overcome for this to be successful? What does the evidence tell you? Describe your process in understanding the background context before your implementation.</td>
<td>Week 7: Prior to implementation of Session 1 at various sites</td>
</tr>
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<td>7. Acquisition of knowledge and skills for implementing one’s plan</td>
<td>Now that you have implemented two sessions at your site, how are you feeling? Would you describe</td>
<td>Week 9: Following implementation of first two sessions</td>
</tr>
<tr>
<td>Exercise</td>
<td>Description</td>
<td>Sample Questions</td>
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<td>9. Building of competence and self-confidence in new roles and relationships</td>
<td>What are the skills you have developed during this experience, clinically or personally? Do you feel the site has a better understanding of OT? What was your greatest strength and greatest weakness going into this placement, and how have those evolved?</td>
<td>Week 11: Following all four sessions/prior to their wrap up</td>
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<tr>
<td>10. A reintegration into one’s life on the basis of conditions dictated by one’s new perspective</td>
<td>How has your “elevator speech” or definition of OT changed? How might this experience impact the way you practice as a new clinician?</td>
<td>Week 14: Completion of community FW experience</td>
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