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Use of Standardized Patient Encounters as Predictors of Fieldwork Performance: A Pilot Study

Abstract

Background: Although standardized patient encounters (SPEs) are being used in occupational therapy (OT) education, limited literature exists on the value these experiences have on OT student learning outcomes and preparation for fieldwork. This study sought to examine if SPEs had the potential to predict Level II A fieldwork performance.

Method: This study used a retrospective analysis of 35 entry-level OT students. Independent variables included demographics (enrollment in an entry-level OT master's or doctoral degree, age, and overall grade point average) and SPE performance. The fieldwork Level II A final performance evaluation score was used as the dependent variable. Hierarchical regression analysis was used with demographic variables as the first model to compare the addition of SPEs in predicting Level II A fieldwork performance scores.

Results: The full model of demographics and SPE was statistically significant and accounted for 29% of the variance in the fieldwork Level II A performance scores ($p = .031$). SPEs accounted for an additional statistically significant amount of variance (17%), above and beyond demographic variables ($p = .012$).

Discussion: These results indicate the potential value of SPEs in identifying students requiring additional preparation before embarking on clinical practice in their Level II A fieldwork.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

fieldwork predictors, standardized patient encounters

Credentials Display

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According to the Accreditation Council for Occupational Therapy Education (ACOTE, 2018),

Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. (p. 65)

Fieldwork experiences allow students to apply theoretical and scientific principles learned in the didactic portion of the academic program (American Occupational Therapy Association [AOTA], 2018). Through the fieldwork experience, the student addresses actual client needs and develops a professional identity as an occupational therapist (AOTA, 2018).

Fieldwork experiences allow students to apply classroom knowledge to the clinical environment and receive a formative assessment of readiness to enter the profession (Bonello, 2001). Students are expected to possess foundational knowledge and demonstrate various skills before starting their fieldwork experiences. There are heightened demands and expectations for delivering quality services to clients receiving medical and allied health services in the current health care climate. With the rise in chronic conditions and the complexity of the population's health, students must receive advanced preparation before the transition to fieldwork (Lindstrom-Hazel & West-Frasier, 2004; Sakemiller & Toth-Cohen, 2020). Presently, a high priority in academic programs is the preparation of occupational therapy (OT) students for the transition from the classroom to fieldwork. Engaging students in strategic curricular experiences that contain a formal assessment of student performance, such as simulation-based teaching, may serve as a key strategy in preparing them for fieldwork.

Simulation-based teaching using standardized patients (SPs) has been described throughout the literature using various terminology, including standardized patient encounters (SPEs), simulated experiences, and high-fidelity simulation (Bethea et al., 2014; Herge et al., 2013; Knecht-Sabres et al., 2013; Lucas Molitor & Nissen, 2020; Ozelie et al., 2016). For consistency, this article will use the term SPEs to describe simulation-based teaching practices using trained SPs. SPEs are teaching methods that combine simulation, SPs, and active learning experiences set in a structured environment with the intent of students applying clinical reasoning skills, anticipating safety hazards, and transferring knowledge across the curriculum while receiving direct feedback using formal evaluation by a faculty member (Lateef, 2010; Sakemiller & Toth-Cohen, 2020). SPEs can provide students with unique and "active, hands-on learning experiences" (Sakemiller & Toth-Cohen, 2020, p. 2) that can be integrated throughout the didactic curriculum before Level II fieldwork.

Simulation, in general terms, is an immersive technique for experiential learning using guided practice experiences that mimic real-life situations (Bethea et al., 2014; Lateef, 2010). In addition, simulation allows faculty to provide students with a structured environment to receive direct feedback and practice skills necessary to enter the health care arena (Bearnson & Wiker, 2005; Springfield et al., 2017). These learning experiences require that students transfer classroom knowledge and apply this learning in a simulated setting that mimics clinical practice (Howard et al., 2011). SPs can be used to simulate the therapist-client interaction of clinical practice. SPs originated in 1963 with Howard S. Barrows, who used the first SP in medical education (Barrows, 1993). An SP is a person who has been trained to act as a patient or client in a standardized way for educational purposes (Giles et al., 2014). SPs can be used to assess a singular skill (functional transfers) or look at more complex interactions and encounters, such as the evaluation and intervention processes (Giles et al., 2014). Vu and Barrows (1994)

explained that when properly trained, SPs can serve as a beneficial assessment tool in professional schools to examine students' clinical reasoning skills and interpersonal abilities. These skill sets are vital to the role of the occupational therapist.

Evidence on simulation-based teaching demonstrates the use of SPEs, indicating that they may serve as an effective teaching method to help OT students prepare for fieldwork (Imms et al., 2018; Lucas Molitor & Nissen, 2020; Ozelie et al., 2016). SPEs in OT programs continue to evolve as faculty recognize the value these teaching methods bring forth to help promote student learning and preparation for clinical practice (Bethea et al., 2014; Herge et al., 2013; Lucas Molitor & Nissen, 2020; Ozelie, et al., 2016; Sakemiller & Toth-Cohen, 2020; Springfield et al., 2017). Robertson and Griffiths (2009) highlighted multiple benefits resulting from the use of SPs in OT programs, such as promoting student application of knowledge and learning, providing opportunities for students to receive feedback, and enhancing student decision-making and confidence. According to Bennett et al. (2017), simulation experiences in OT curricula increase student confidence and skill development. Lindstrom-Hazel and West-Frasier (2004) indicated student feedback from problem-based learning standardized simulation experiences included perceived improvement in problem-solving skills, enhancement of the learning process, and the opportunity to practice elements of the OT process. Knecht-Sabres et al. (2013) found that SPEs offered students the ability to practice and develop clinical reasoning abilities, increasing their self-perception of skills and comfort levels necessary for clinical practice. In addition, reported improvements in clinical reasoning and practice skills from participation in experiential learning with SPs helped students appreciate the value of client-centered care and address the client's needs (Knecht-Sabres et al., 2013). Survey responses from faculty across 175 programs indicated that faculty perceive simulated experiences to provide students an "opportunity to develop safety with clients, practice clinical skills, use clinical reasoning and critical thinking, prepare for fieldwork, and facilitate concept integration" (Bethea et al., 2014, p. S32). In summary, SPEs challenge students in various ways to prepare them for the complexities of fieldwork and clinical practice.

While studies do exist reporting the use and perception of SPEs in OT programs, few have demonstrated the effectiveness on student learning and preparation for fieldwork (Bethea et al., 2014; Grant et al., 2021; Ozelie et al., 2016; Sakemiller & Toth-Cohen, 2020). However, supporting literature can be found in nursing journals demonstrating the use of SPEs to promote clinical readiness in nursing students. A meta-analysis conducted by Oh et al. (2015) concluded SPs showed positive effects for nursing students' development of clinical reasoning skills and knowledge. Their findings support that proper integration of SPEs into academic programs can be a helpful teaching approach to enhance clinical skills in students.

There is limited literature in the OT profession on the effects and outcomes SPEs have on student performance in OT curriculum and fieldwork. The purpose of this pilot study was to examine if SPEs had the potential to predict Level II A fieldwork performance for entry-level Master of Science in Occupational Therapy (MSOT) and Occupational Therapy Doctorate (OTD) students. We hypothesized that SPEs would be a significant predictor of Level II A fieldwork performance scores above and beyond student demographic information.

Method

This study used a retrospective cross-sectional design and received approval from the Touro University Nevada Institutional Review Board. Data were extracted from student records of entry-level MSOT and OTD students located in the Southwest region of the United States. Extracted data from the

student records included program (MSOT vs. OTD), age, cumulative grade point average (GPA), and SPE grades.

Participants were selected if they were current students enrolled in the entry-level OT program in either the MSOT or OTD track and had completed their Level II A fieldwork and all courses leading up to their fieldwork experience. We extracted data from two cohorts ($n = 35$). Of these students, entry-level MSOT ($n = 16$) and OTD ($n = 19$) students were included in the study because the first year of the OT program and fieldwork experiences were identical for both cohorts. At the end of the fourth semester, before leaving for Level II A fieldwork, the average cumulative GPA for the MSOT cohort was 3.70, and the average cumulative GPA for the OTD cohort was 3.54 (see Table 1 for participant demographics).

Table 1

Participant Demographics (n = 35)

Demographics	Variable	n	%
Gender	Female	32	91
	Male	3	9
Age	20–24	17	49
	25–29	10	29
	30–34	5	14
	35–39	1	3
	40–44	2	6
Degree	Entry-level MSOT	16	46
	Entry-level OTD	19	54

Regarding the curriculum design, the first four semesters of the MSOT and OTD curriculum are identical and use a developmental sequencing approach. Students complete Level II A fieldwork following completion of the fourth semester. SPEs occur consistently across the first four semesters of the curriculum, often focusing on assessment or intervention skills (see Appendix A for the complete curriculum map and SPE experiences).

Independent variables included both demographic and SPE data. Demographic data included whether the student was enrolled in an entry-level MSOT or OTD program, their age, and their overall GPA at the end of the fourth semester when they began Level II A fieldwork. We collected student performance data (overall SPE score) for the first full SPE in which the students performed a 60-min intervention session during the third semester. Lastly, we collected fieldwork Level II A final performance evaluation scores as our dependent variable.

We ran a hierarchical multiple regression regressing Level II A fieldwork final performance scores on student demographic data (MSOT vs. OTD, age, and cumulative GPA) and the students' first full intervention SPE scores from the third semester. Demographic data were used as the first model to compare the addition of SPEs in predicting fieldwork Level II A performance. While traditional multiple linear regression heuristics suggest that 10 participants per variable included in the model is sufficiently robust (Harrell et al., 1984), recent evidence suggests that two subjects per variable may be sufficient (Austin & Steyerberg, 2015). Therefore, with a sample size of 35, the inclusion of four observed variables in this model was well within current linear regression heuristics.

Results

A hierarchical multiple regression was run to determine if the addition of SPEs improved the prediction of fieldwork Level II A final performance scores over and above demographic data collected at admission (MSOT vs. OTD, age, cumulative GPA). See Table 2 for full details on each regression model. There was linearity as assessed by partial regression plots and a plot of studentized residuals

against the predicted values. There was independence of residuals, as assessed by a Durbin-Watson statistic of 2.207. There was homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. There were no studentized deleted residuals greater than ± 3 standard deviations and no leverage values greater than 0.5 or values for Cook's distance above 1. The assumption of normality was met, as assessed by a Q-Q Plot.

Table 2

Hierarchical Multiple Regression Predicting Level II A Fieldwork Performance Evaluation (FWPE) Scores

Variable	Model 1		Model 2	
	B	β	B	β
Constant	89.711		23.692	
Age	-.768	-.294	-.589	-.225
GPA	13.195	.133	-2.467	-.025
MSOT vs. OTD	10.553	.369	4.870	.170
SPE			1.369	.446*
R ²	.120		.290*	
F	1.403		3.066*	
ΔR^2	.120		.171*	
ΔF	1.403		7.212*	

* $p < .05$

The full model of demographics (MSOT vs. OTD, age, cumulative GPA) and SPE was statistically significant, $R^2 = .290$, $F_{(4, 30)} = 3.055$, $p = .031$. The addition of the SPE to the prediction of demographic data (Model 2) led to a statistically significant increase in R^2 of .171, $F_{(1,30)} = 7.212$, $p = .012$. The SPE was a statistically significant predictor of Level II A fieldwork performance ($b = 1.369$, $SE = 0.510$, $p = .012$, 95% CI = .328, 2.411; $\beta = .446$), such that, for each unit increase in the SPE grade, Level II A fieldwork scores were predicted to increase by 1.369 points, partialing out entry-level program, age, and cumulative GPA. The full model, demographic data, and SPE accounted for 29% of the variance in fieldwork Level II A final performance evaluation scores.

Discussion

The results of this study indicate that the addition of the SPE explained a significant amount of variance among Level II A fieldwork performance scores above and beyond whether the students were in an entry-level MSOT or OTD program, age, and cumulative GPA. While this was a cross-sectional research study and cannot demonstrate a causal relationship, these findings indicate the potential significance of SPEs in preparing students for Level II A fieldwork. SPEs may provide faculty members with vital information about a student's future performance in fieldwork, allowing for earlier identification and intervention, thus preventing concerns and performance issues during fieldwork. While this was a pilot study with a small sample size, the initial results are promising and provide support for continued research into the value of SPEs in fieldwork performance and clinical preparation. It is important to note that this study only examined a single SPE, which was the students' first complete SP intervention session with an adult population during their third semester. Based on these results, future research should aim to capture the breadth of SPEs in the OT curriculum as potential predictors of fieldwork performance.

The first model, consisting of demographic variables (MSOT vs. OTD, age, and cumulative GPA), did not predict a statistically significant amount of variance in Level II A fieldwork performance ($p = .260$). These findings suggest that these demographic variables may not play a prominent role in identifying students who are prepared for Level II A fieldwork. While OTD admission standards may be stricter than MSOT standards in some institutions, in this program, the first four semesters were identical and admission criteria were similar, possibly owing to the inability of entry-level degree type in predicting a significant amount of variance in Level II A fieldwork performance. Consistent with our findings, Whisner et al. (2019) concluded that admission overall GPA did not serve as a predictor for successful fieldwork performance. Lastly, age was hypothesized by the authors as being a significant independent variable based on the interpersonal skills necessary for clinical practice and the experience that typically comes with non-traditional students who have spent additional time working or volunteering between undergraduate and graduate school. Contrary to our hypothesis, our findings indicate age was not a significant predictor of Level II A fieldwork performance.

The full model, consisting of demographic variables and SPEs, predicted a statistically significant amount of variance in Level II A fieldwork performance ($p = .031$). These findings indicate the potential predictive value of SPEs for Level II A fieldwork. Beyond the predictive value for faculty and Academic Fieldwork Coordinators, it is also important to recognize the value SPEs have in relation to the student experience. A scoping review by Grant et al. (2021) concluded that simulation experiences, such as SPEs, are beneficial to OT students and that students recognize the benefits in their preparation for clinical practice. A systematic review conducted by Lucas Molitor and Nissen (2020) suggested that simulation use enhances students' knowledge, skills, and self-confidence and contributes to fieldwork preparation. These reviews support our findings and demonstrate the value of SPEs to students as preparation for fieldwork. While students commonly report SPEs are beneficial to their learning and SPEs are being used more in entry-level OT programs (Grant et al., 2021; Sakemiller & Toth-Cohen, 2020; Walls et al., 2019), little is known about the predictive value these experiences may have for fieldwork performance. Although predicting student performance on fieldwork is complex, multi-faceted, and may relate to academic and non-academic variables, any insight into identifying at-risk students and preventing Level II fieldwork failure is beneficial to the profession. Our initial findings demonstrate the potential value of SPEs in predicting Level II A fieldwork performance scores for entry-level OT students.

While few studies analyze the impact of SPEs on OT fieldwork performance, the evidence must provide clarity on how SPEs are used and integrated into the curriculum, as this may be a key component in the value gained by SPEs (Sakemiller & Toth-Cohen, 2020). For transparency and future replication, this article also provides detailed information regarding the curriculum structure and integration of SPEs throughout the developmental sequence curriculum (see Appendix A), training of SPEs through an example of a case studies used for SPEs (see Appendix B), and rubrics for SPEs (see Appendix C). In addition to how SPEs are used in the curriculum, the type and training of SPs may also be an important factor in the predictive value of SPEs. Traditionally, SPs indicate trained actors; however, some schools may use faculty or fellow students to serve the roles of SPs in their SPEs. We believe the training provided to SPs is a crucial component in high-fidelity simulation. The SPs used through this university program undergo extensive training to ensure consistency and best practice following the Association of Standardized Patient Educators (ASPE, 2021). ASPE (2021) is the international organization of simulation educators "dedicated to promoting best practices in the application of SP methodology for education, assessment and research" (Mission and Purpose, para. 1). All SPs are evaluated for competency

during a live interaction. Based on these live interactions, the facilitators for the SP program create teams and peer coach each SP based on the results from their live interaction. When used in the OT program during SPEs, the SPs are provided with case studies in advance to allow for adequate preparation and questions. Prior to each SPE, faculty will meet with the SPs for an introduction to the day, classroom layout, expectations, and additional questions pertaining to their assigned case. The SPEs are integrated into the curriculum, mainly lab courses held during the pediatric, adult, and older adult semesters. The case studies are designed by faculty based on the content taught during that semester. Rubrics are designed by faculty to assess students across performance areas aligned with the fieldwork performance evaluation, including professional behaviors, ethics, evaluation and intervention skills, communication, and safety.

Another potential factor in the predictive value of SPEs are the debriefing sessions after each SPE. Faculty lead debriefing sessions with the students after each SPE to promote reflection on their performance and learning. ASPE (2021) defines the debriefing period as a “time following an experiential learning activity during which learners/teams reflect, review and discuss the activity with the goal of improving individual and team clinical skills and judgment” (Debriefing, para. 1). Debriefing assists students to bridge classroom and textbook knowledge to real-life clinical experiences and learn more about their knowledge and skill level. Debriefing also challenges students to reflect deeper on how they can improve in areas where they may be underperforming or need further improvement. An additional unique aspect of the debriefing is the SP feedback to the student about their performance from the “patient” perspective.

Because this is a pilot study, these results provide important findings for future exploration. In addition to SPE’s, future research may benefit from including emotional intelligence factors, which have been shown to have predictive value on fieldwork performance (Brown et al., 2016), and hypothesized factors such as interpersonal skills, time management skills, critical thinking, and resiliency (Whisner et al., 2019). More research is necessary to evaluate the predictive value of SPE’s above and beyond other factors that can be assessed and targeted in entry-level OT programs. Lastly, further research is needed with larger and more diverse student populations to increase the generalizability of findings.

Limitations

Several limitations to this study exist. This study had a small sample size and included only two cohorts of entry-level OT students. The data reflected students from one institution, using a convenience sample from a private university in the Southwest United States, which may not have a student demographic that reflects universities in other parts of the country. The study size and use of one institution limit the generalizability of this study. In addition, the developmental progression of the curriculum and the SPEs provided may not be generalizable to other entry-level OT programs. However, this was a pilot study and meant to provide preliminary data for a more extensive longitudinal study. Lastly, this study used a cross-sectional research design and cannot establish temporality for causal inference.

Conclusion

The results of this study can be used to inform OT curriculum and the design of quality SPEs. Providing OT students with opportunities to practice and apply clinical and professional reasoning skills in a structured environment may enhance student preparation for fieldwork and entry-level practice. Further research is needed on a larger scale to determine the impact of SPs on Level II fieldwork performance, the NBCOT exam performance, and future professional practice. Additional qualitative research is needed to understand student perspectives and their lived experiences. These findings may indicate that for SPEs to be predictive of fieldwork performance, they must be implemented using

evidence-based approaches (Imms et al., 2018). Because the use of SPEs varies widely among OT programs, educators can use the results of this study and evidence-based SPE recommendations to adjust the curriculum to ensure (a) SPEs provide an optimal simulation of real-world clinical experiences, (b) grading criteria represent student performance, and (c) results can be used to identify at-risk students. Further research is necessary to examine where in OT curricula simulation experiences will be most valuable (Bethea et al., 2014). Overall, the results of this study suggest a more significant role for SPEs in entry-level OT curriculum. Faculty involved with SPEs and the Academic Fieldwork Coordinator may benefit from designing the SPEs to be aligned with fieldwork objectives, relevant case studies, rubrics that reflect clinical practice, and direct observation in the SPEs. The potential benefits of using SPEs to predict fieldwork performance include providing targeted intervention for at-risk students to ensure they will be successful in Level II fieldwork (Lucas Molitor & Nissen, 2020) and determining more suitable fieldwork placements when matching students for Level II fieldwork.

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Appendix A

Curriculum Map and SPEs before Level II A Fieldwork

<u>Semester 1</u>	<u>Semester 2</u>	<u>Semester 3</u>	<u>Semester 4</u>
-Fundamentals & Foundations of Occupational Therapy	-Occupations of Children/Adolescents	-Occupation of Adults	-Occupations of the Older Adult
-Introduction to Research & Qualitative Research	-Level I Fieldwork: Children and Adolescents	-Level I Fieldwork: Adults	-Level I Fieldwork: Older Adult
-Clinical Reasoning about Occupation*	-Occupation Skills Lab: Children/Adolescents*	-Occupation Skills Lab: Adults**	-Occupation Skills Lab: Older Adults*
-Introduction to Fieldwork	Occupational Analysis and Evaluation I*	-Special Topics: Emerging Practice	-Occupational Analysis and Evaluation III*
-Human Structure and Occupation*	-Brain, Behavior, and Occupation	-Psychosocial Approach to Occupation*	-Systematic Reviews of the Literature in Occupational Therapy
	-Occupational Performance for Neurological Conditions	-Level I Fieldwork: Psychosocial	-Preparation for Professional Practice
	-Qualitative Research and Evidenced-based Practice	-Occupational Analysis & Evaluation II*	

*Indicates the course uses SPEs.

**Indicates the course was used for the SPE independent variable.

Appendix B

Case Study Example

Case Study Example: David Jones

Hospital Course: Mr. Jones was admitted to an acute care hospital on 9/6 due to altered mental status; an MRI reveals patient suffered a left cerebrovascular accident with right-sided weakness. Patient also complains of numbness and tingling in their right hand and right foot. Patient continues to complain of blurred vision and difficulty attending to tasks. Mr. Jones also seems to be disoriented to situation, place, and time but is oriented to self and others. Mr. Jones has expressed their interest in returning home on discharge from the hospital. At this time, the patient has been transferred to inpatient rehabilitation to gain independence for returning home. Mr. Jones does not own any assistive devices or durable medical equipment, but has an elevator to the 4th floor in which his condo is situated.

Current Precautions: Fall risk, right-sided weakness

Prior Medical History: Hypertension, Transient Ischemic Attack, left Total Knee Arthroplasty, Osteoporosis

Social history/Prior level of function: Mr. Jones is an 82-year-old male who lives in a condo with the support of a home health aide, who provides services for 3 hr a day, three days per week. The home health aide helps with home management tasks such as cleaning, light meal prep, grocery shopping, and laundry. Mr. Jones completed all self-care activities independently. Mr. Jones's only son, daughter-in-law, and grandchildren live out of town. His son checks in every other day by telephone and visits every 2 months for the weekend. Mr. Jones had been very active with the social and recreational activities that are organized by the condo's social club. He played bridge three times a week, he attended the weekly potluck social and movie night, he worked in the woodworking shop making toys for his grandchildren, and he participated in the daily water aerobics fitness class.

Appendix C
SPE Rubric Example

Points	Points Possible	Standardized Patient Encounter
	2	<ul style="list-style-type: none"> • Appropriate use of therapeutic self and attempts to develop therapeutic rapport with client and caregiver • Introduces self to client, which includes acknowledging client's name, introducing self, and stating purpose of assessment
	2	<ul style="list-style-type: none"> • Performance demonstrates preparation and familiarity with the evaluation process
	2	<ul style="list-style-type: none"> • Uses understandable language; when using medical/OT jargon, student explains meaning to client
	2	<ul style="list-style-type: none"> • Appropriate handling techniques (hand over hand, bed mobility, transfers, ambulation, ADLs, etc.) • Avoids giving unnecessary assistance
	2	<ul style="list-style-type: none"> • Appropriate body mechanics used by therapist and therapist instructed client in correct body mechanics as appropriate
	3	<ul style="list-style-type: none"> • Demonstrates appropriate body language, which includes appropriate eye contact, personal space, facial expression, gestures, postural orientation, speaking volume, and modulation • Effectively responds to client's affect, mood, and body language • Appropriate level of cueing provided (waits appropriate time before cues; two cues at each level prior to progressing, proper order of cues-verbal, visual, tactile)
	2	<ul style="list-style-type: none"> • Precautions and potential safety risks are identified and addressed as appropriate (PPE, gait belts, cognition, balance, fall risk, etc.)
	3	<ul style="list-style-type: none"> • All aspects of initial evaluation/intervention are addressed during the time frame • Student arrives on time and is professionally and appropriately dressed • Student effectively uses and manages time throughout evaluation/intervention
	3	<ul style="list-style-type: none"> • Assessment/intervention methods are appropriate to client, diagnosis, and context of service delivery • Student explains instructions and explanations clearly and accurately to client throughout interaction • Establishes appropriate positioning and environment to perform evaluation/intervention procedures
	2	<ul style="list-style-type: none"> • Initial evaluation/intervention reflects client-centered and occupation-based scope of OT practice
	2	<ul style="list-style-type: none"> • Clinical reasoning is demonstrated throughout the intervention
	5	<ul style="list-style-type: none"> • Conclusion: Student summarizes the client's performance at the end of the evaluation • Briefly reviews results of the evaluation/intervention with the client using simple, clear terms that apply to the client's life and roles • Gives client final opportunity to ask questions • Informs client what the next steps of the intervention process can or will be • Ends assessment on a positive note and provides a sense of closure
Total:	Total Possible: 30	Comments: