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## Job Demands of Occupational Therapy Clinical Placements: A Descriptive Study Using the Practicum Demands Measure©

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## Job Demands of Occupational Therapy Clinical Placements: A Descriptive Study Using the Practicum Demands Measure©

### Abstract

The purpose of this study was to group and analyze the Practicum Demands Measure<sup>©</sup> (PDM) data collected over 2 academic years and create a general profile of demands across practicum settings. The data will be used to guide faculty in the most suitable placement of students requiring accommodations for a disability. The study used a secondary analysis design to analyze the 538 participant PDM data collected over the 2017/2018 and 2018/2019 academic years. Most of the sampled students were in fieldwork Level I and worked in mental health settings. The students reported physical demands, such as lifting more than 5kg (65.7%), intermittent sitting (97.6%), and keyboarding (94.6%). They also reported physical environment characteristics, such as exposure to infectious disease (44.6%) and congested working areas (27.5%). Cognitive demands included instant recall (90%) and analytical and clinical reasoning (99.8%). Practicum demands in occupational therapy were similar across other health care profession student placements, such as nursing and physical therapy. Practicum demands need to be studied more extensively to optimize students' opportunities for success for students requiring accommodations in varied clinical settings.

### 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

job demands, practicum, Canada

### Credentials Display

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Clinical education is defined as the “acquisition of professional clinical education skills under the supervision of a trainer or acquisition of clinical education through a clinical-educational model” (Pashmdarfard et al., 2020, p. 2). It is an essential part of training health professionals, including occupational therapists (Pashmdarfard et al., 2020). Practicum placements are a required component of occupational therapy education. They provide students with the opportunity to develop clinical competencies and apply learned skills and theories in various practice settings. With instruction and mentorship from practicing occupational therapists, students receive training, feedback, and socialization in the professional environment to foster professional competency development (Barker et al., 2019). The structure of practicum programs (e.g., timing and length of placements) differs in Canadian occupational therapy education programs (Nowrouzi-Kia et al., 2019). Despite these differences, all programs have at least three placement periods that make up the required 1000 hr of practicum education or instruction (World Federation of Occupational Therapists, 2016), which occurs in a variety of settings, practice areas, and with different client populations. Canadian practicum levels are categorized based on the number of practicum hours completed and expectations for the students. Level I occurs in the first year of the program and provides up to 150 hr of practicum experience. Practicum Levels II and III occur in the second year of the program, with Level II providing the student with up to 600 cumulative hr of practicum experience and Level III providing from 600 hr to the required 1000 hr completed.

A national conversation on inclusive occupational therapy education began in 2012 with a survey that identified trends related to the proportion of students receiving accommodations and the provision and implementation of student accommodations in both academic and practicum courses (Stier et al., 2015). Since then, Canadian occupational therapy entry-level university programs have formally committed to inclusive occupational therapy education for students with disabilities (Canadian Association of Occupational Therapists, 2018). The assignment of student placements is carried out through a computer-assisted process. Students provide a list of their 10 placement preferences; however, a match to a student’s preferred placement sites cannot be guaranteed. For all students to access equitable and the most suitable practicum learning opportunities, students who require an accommodation for a disability need information about the demands of each placement option, as the demands on students during these practicum courses can vary because of the many different clinical settings, client populations, and levels of responsibilities. Canadian occupational therapy university program accreditation standards require that individuals responsible for practicum education have at least 4 years of occupational therapy experience, including student supervision; have a post-professional degree or higher; and have a permanent academic appointment for practicum education (Canadian Association of Occupational Therapists, 2019). The Department of Occupational Science and Occupational Therapy at the University of Toronto currently relies on the practicum faculty member’s knowledge of the placement area and/or multiple communications with practicum sites to understand the physical, cognitive, and psychosocial demands of each placement. Despite the extensive knowledge of practicum faculty regarding placement setting demands, we believe, this method is time-intensive and not always completely accurate. Collaboration and open communication between practicum educators and students is vital to understanding the individual learning process that works best for each student and is critical to maximizing learning outcomes in practicum education (Grenier, 2015).

The Practicum Demands Measure<sup>©</sup> (PDM) was developed to record the physical, cognitive, and psychosocial demands that students experience in their practicum (otherwise known as fieldwork or placement) settings. The purpose of this study was to group and analyze the PDM data collected over the

2017/2018 and 2018/2019 academic years to create a general profile of demands across practicum settings to guide faculty in the most suitable placement for all students. The study was designed to answer the following question: What are the physical, cognitive, and psycho-social demands of occupational therapy practicum placements across different practice contexts?

## Method

### Design

This study used a secondary analysis design to analyze the 538 participants collected over the 2017/2018 and 2018/2019 academic years. The PDM data have been downloaded and are on an Excel spreadsheet on a password-protected secure departmental server. The PDM includes questions about the students' practice setting, the clientele, and the number of clients with whom the student interacted, in addition to questions regarding the physical, cognitive, and psycho-social demands required of the students during a typical day. The study was approved by the University of Toronto Research Ethics Board.

### Participants and Procedures

As part of their practicum courses in both the 2017/2018 and 2018/2019 academic years, the MScOT students from the University of Toronto completed the online PDM to record the physical, cognitive, and psycho-social tasks that they performed during their practicum placements. The purpose of completing the PDM, as explained to the students, was: (a) to collect data on the physical, cognitive, and psycho-social demands of the practicum experiences on students in Year 1 and Year 2 MScOT practicum courses that can then be used to understand more fully the demands of each placement setting; and (b) to group and analyze the data obtained to see if there are similarities in practice settings (see Table 1), areas of practice (see Table 2), and potentially create both general and specific profiles of practicum demands to guide practicum instructors and students requiring accommodations (because of temporary or permanent disabilities) in the assignment of a suitable and equitable practicum placement.

**Table 1**

*Definitions of Practice Settings*

Practice setting	Definition
Acute Care	Facilities that provide emergency and short-stay services that include general medicine, intensive care unit, rehabilitation unit, day hospital, or clinic
Rehabilitation	Free-standing facilities that do not have emergency services but are providing short-stay or medium patient stay in the areas of complex continuing care or low tolerance long-duration care, day hospital, or clinic
Community	Client homes and workplaces

**Table 2**

*Areas of Practice / Client Diagnoses*

Mental Health Issues	Includes mood disorders, paranoid disorders, psychotic or delusional disorders, obsessive compulsive or personality disorders, eating disorders, addictions/substance abuse, and Forensic Psychiatry
Neurological Conditions	Includes acquired brain injury, degenerative disorders, spinal cord injury, cognitive disorders, sensory and visual perceptual disorders, and communication disorders
Musculoskeletal/Orthopaedic Conditions	Includes hand and upper extremity injuries, lower limb injuries, trauma, amputation, rheumatology, and sensory disorders
Development Disabilities	Includes autism spectrum disorders, global developmental delay, genetic disorders, cerebral palsy, attention deficit hyperactivity disorder, and developmental coordination disorder
Other Diagnoses/Client Issues or No Diagnosis	Includes multiple diagnoses, chronic pain, ergonomics, issues related to social determinants of health, visual deficits, and assistive technology

## Data Analysis

Descriptive statistics, namely means and standard deviations, were tabulated for the following variables: practice setting; client setting; areas of practice; client lifespan; number of clients seen; and physical, psycho-social, and cognitive demands. Data were analyzed by tabulating and comparing the practice setting, client setting, areas of practice, client lifespan, and the number of clients seen with each of the physical, psycho-social, and cognitive demands.

## Results

The clinical placement locations are shown in Table 3. Five hundred and thirty-eight valid survey data were used for the analysis. Most of the students were in practicum placement Level 1 (36.4%), with 0 to 150 practicum hr completed prior to the commencement of the placement. Across practice settings, there were 1083 instances of the students working with mental health conditions and 1052 instances of the students working with neurological conditions. In addition, more than 77% of the students worked with the adult client population (20–65 years of age), and 72.1% worked with older adults (over 65 years of age). The physical demands of the practicum are shown in Table 4, using 534 valid survey data for analysis.

**Table 3**  
*Characteristics of Clinical Placements*

	Frequency	Percentage (%)
<b>Practicum Placement Level</b>		
Practicum 1	196	36.4
Practicum 2	164	30.5
Practicum 3	60	11.2
Practicum 4	118	21.9
<b>Total</b>	<b>538</b>	
<b>Practice Setting*</b>		
Acute Care	192	33.8
Rehabilitation	309	54.4
Community	67	11.8
<b>Total</b>	<b>568</b>	
<b>Area of Practice*</b>		
Mental Health Issues	1083	25.8
Neurological Conditions	1052	25.1
Musculoskeletal/Orthopaedic Conditions	728	17.4
Developmental Disabilities	465	11.1
Other Diagnoses and Client Issues or No Diagnosis	865	20.6
<b>Total</b>	<b>4193</b>	
<b>Patient Lifespan*</b>		
Neonatal (0-12 months)	41	7.6
Child (13 months-12 years old)	105	19.5
Adolescent (13-19 years old)	119	22.1
Adult (20-65 years old)	418	77.7
Older adult (over 65 years old)	388	72.1
<b>Total</b>	<b>1071</b>	

\*Note. Respondents endorsed more than one response option; therefore, totals are greater than 538.

**Table 4**  
*Physical Demands*

	Frequency	Percentage (%)
<b>Strength and Coordination</b>		
Lifting less than 5 kg	351	65.7
Lifting more than 5 kg	194	36.3
Carrying less than 5 kg	320	59.9
Carrying more than 5 kg	109	20.4
Pushing less than 5 kg	231	43.3
Pushing more than 5 kg	210	39.3
Pulling less than 5 kg	184	34.5
Pulling more than 5 kg	141	26.4
Reaching	422	79
Grasping	421	78.8
Pinching	338	63.3
Finger dexterity	403	75.5
<b>Total</b>	<b>3324</b>	
<b>Posture and Mobility</b>		
Sitting (Intermittent)	521	97.6
Sitting (Continuous)	417	78.1
Standing (Intermittent)	517	96.8
Standing (Continuous)	423	79.2
Walking	518	97
Stair climbing	323	60.5
Other climbing	50	9.4
Kneeling/squatting	346	64.8
Bending	384	71.9
Twisting/awkward posture	201	37.6
<b>Total</b>	<b>3700</b>	
<b>Written Work</b>		
By hand (cursive or printing – chart notes, research, other documents)	413	77.3
Keyboarding on computer or tablet (e.g. chart notes, emails, research, other documents)	505	94.6
Keyboarding on phone	79	14.8
<b>Total</b>	<b>997</b>	

\*Note. Respondents endorsed more than one response option; therefore, totals are greater than 538.

The demands of the physical environment are shown in Table 5. Exposure to infectious agents and diseases was reported by 44.6% of the students. The students also reported being exposed to excessive noise and auditory distractions (25.3), congested and cluttered working areas (27.5), and strong odors (30.9).

**Table 5**  
*Physical Environment*

	<b>Frequency</b>	<b>Percentage (%)</b>
Exposure to infectious agents and disease	238	44.6
Exposure to insects or animals (e.g., bed bugs, cats)	101	18.9
Exposure to excessive noise and auditory distractions	135	25.3
Use of sharp tools	65	12.2
Congested and cluttered working areas	147	27.5
Adverse lighting conditions	51	9.6
Exposure to excessive dust	32	6
Exposure to chemicals	38	7.1
Exposure to extreme temperatures	36	6.7
Exposure to strong odors	165	30.9
<b>Total</b>	<b>1008</b>	

*\*Note.* Respondents endorsed more than one response option; therefore, totals are greater than 538.

The cognitive demands of the practicum placement can be found in Table 6 using 531 valid survey data for analysis. For memory demands, 90% of the students were required to recall facts and data instantly at their placement, 94.7% were able to use memory aids, and 89.8% had to follow multiple-step commands. For higher level cognition, more than 99% of the students had to perform analytical skills, cognitive flexibility, problem-solving skills, judgment and decision-making, self-initiation, and time management skills for their tasks. The psychosocial demands of the practicum placements are found in Table 7.

**Table 6**  
*Cognitive Demands*

	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Memory</b>		
Require instant recall of facts and data	478	90
Follow multiple-step commands	477	89.8
Memory aids can be used (e.g., information sheets)	503	94.7
<b>Total</b>	<b>1458</b>	
<b>Higher-Level Cognition</b>		
Analytical or clinical and professional reasoning	529	99.6
Cognitive flexibility (e.g., alternating attention between multiple tasks at one time)	514	96.8
Problem-solving	528	99.4
Practicing good judgment and decision-making	528	99.4
Integrating new learning into practice	527	99.2
Self-starting and initiating	527	99.2
Time management and planning (e.g., set priorities, scheduling of meetings and client sessions)	528	99.4
<b>Total</b>	<b>3681</b>	

*\*Note.* Respondents endorsed more than one response option; therefore, totals are greater than 538.

**Table 7**  
*Psychosocial Demands*

	Frequency	Percentage (%)
<b>Independent and Collaborative Work</b>		
Independent work	528	99.8
Work with more than one preceptor	243	45.9
Work with interdisciplinary team members	501	94.7
Work with other students	269	50.9
Work with occupational therapy assistant(s)	252	47.6
Group work (e.g., client and family meetings, team meetings)	461	87.1
<b>Total</b>	<b>2254</b>	
<b>Unique Challenges in Client Caseload</b>		
Work with clients that speak little or no English	440	83.2
Work with clients with cognitive deficits	466	88.1
Work with clients who may be aggressive	286	54.1
Work with clients who have experienced psychological trauma	352	66.5
Work with clients with multiple diagnoses	502	94.9
Work with medically fragile clients and/or those at risk of dying	286	54.1
Work with clients with challenging economic and/or personal circumstances	466	88.1
Encounter situations requiring a quick physical response	301	56.9
<b>Total</b>	<b>3099</b>	
<b>Hours and Pace</b>		
Work under tight deadlines	406	76.7
Work at a fast pace	459	86.8
<b>Total</b>	<b>865</b>	

\*Note. Respondents endorsed more than one response option; therefore, totals are greater than 538.

## Discussion

Using the PDM data from the 2017/2018 and 2018/2019 academic years, this paper examines the physical, cognitive, and psycho-social demands of occupational therapy practicum placements to guide faculty in the most suitable placement of students requiring accommodations and to prepare all students for the demands of practicum placements. Given the growing number of people with disabilities enrolled in university programs across Canada (Canadian Association of Occupational Therapists, 2018), this study offers representation for students requiring accommodations and context to improve practicum placement experiences for these groups. As mentioned in the results, most of the students reported physical demands, such as lifting (65.7%) or carrying (59.9%) more than 5 kg; reaching (79%); grasping (78.8%); intermittent sitting (97%); and keyboarding on a computer or tablet (94.6%). Findings for the physical placement environment include exposure to infectious disease (44.6%) and strong odors (30.9%). In addition, the students reported cognitive demands, including the use of instant recall (90%), memory aids (94.7%), analytical reasoning (99.6%), and problem solving (99.4%).

Our sample included 88.2% of placements (acute care and rehabilitation) in hospital settings, which is higher than the national average of 46.1%. Moreover, 11.8% of placements in this sample were



in the community, compared with 43.2% in the national sample (Canadian Institutes of Health Information, 2020). In terms of practice setting, 36.9% of placements were in mental health (mental health, developmental disabilities), compared to 11% in the province of Ontario (College of Occupational Therapists, 2020). Moreover, 63.1% of placements were in physical health (musculoskeletal/orthopaedic, neurological conditions, and others) compared to 49% in Ontario (College of Occupational Therapists, 2020).

Practicum demands and characteristics are reported in other studies. For example, a study done by Mackenzie and O'Toole (2017) looked at occupational therapy practicum experiences. The student reports showed similar practicum characteristics, such as having most students working in the mental health context (65%) and working with older adults (95%). Practicum demands and characteristics are also reported for other student health care professions. For example, our findings look at the physical demands of practicum practice, such as written work. A study by Philion et al. (2021) indicated that writing skills in clinical placements were a challenge for nursing students with disabilities but an essential skill for good communication and patient safety. Similar to our findings on placement in physical environments (congested and crowded working areas), a study on nursing students by Blomberg et al. (2014) reported that nearly half of the students (45%) performed their clinical practice in settings overcrowded with patients, which increased the level of stress among the students. Another study from the physical therapy field found that 51% of students had a shortage of desks and office space in their practicum placement, indicating a smaller working area (Mulholland & Hall, 2011).

A study looking at occupational therapy students in a childcare setting found that clinical core skills, such as observation, activity analysis, and clinical reasoning, were developed (Yu et al., 2017). Students reported using other higher-level cognitive tasks, such as research and observing. To compare, 99.6% of the students in the present study required clinical and professional reasoning in their placements. In another survey of occupational therapy students, Dancza et al. (2013) highlighted the development of several transferrable skills, such as independently organizing their work and managing time and resources effectively. Another study of occupational therapy students emphasized the importance of time management in practicum sites (Kemp & Crabtree, 2018). Similarly, the current study reports 99.4% of the students used time management and planning for their tasks. Cognitive demands are also present for medical students, as a study indicated that students had to use their training and emerging clinical decision-making skills to address complex problems (Annear et al., 2016). Similarly, more than 99% of the students in the present study reported having to integrate new learning into their practice and practice good judgment and decision-making.

Examining the physical, psychosocial, and cognitive demands in the environment of practicum settings is important because it will influence positive or negative outcomes of a practicum experience. By providing students and practicum coordinators with clear information about the practicum demands at each facility, students with accommodations will be provided with full and equitable learning opportunities whereby they can demonstrate competencies of practice. Our findings support previous literature with occupational therapy students and other student health care groups, such as nursing students, medical students, and physical therapy students, that outline the demands of practicums. These findings have implications for future clinical placements to optimize the opportunity for success by adequately preparing students for the physical, psychosocial, and cognitive demands of practicum placements. However, future research is needed to refine the practicum placement process to prepare

students. Thus, future studies should focus on the differences between the types of job demands of varied practicum placement settings.

### Limitations

While this study provides insight toward understanding practicum placement demands, the researchers note one limitation. The PDM is a new tool that has not been psychometrically validated. Although some validity testing has been done, additional testing is required. Thus, there is a risk that the PDM is not representative of the physical, cognitive, and psychosocial demands in practicum settings. Another limitation is that the data reported represents the students' descriptions of the demands or practicum settings; potentially including information from practicum sites is advisable. Caution should be taken when interpreting the results of this study before applying it to other student populations or programs.

### Conclusion

This study explored the physical, cognitive, and psychosocial demands of occupational therapy practicum settings. The study showed similar findings to previous literature on student clinical placements characteristics and demands for other health care professions. These findings have implications for students that require accommodations in future clinical placements. However, the literature suggests that updated research on practicum demands is needed.

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