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Pennsylvania Occupational Therapy Fieldwork Educator Practices and Preferences in Clinical Education

Kaitlyn Ryan

Misericordia University, ryank4@misericordia.edu

Melanie Beck


Misericordia University, melbeck04@hotmail.com

See next page for additional authors

Credentials Display

Kaitlyn Ryan, OTS; Melanie Beck, OTS; Lee Ungaretta, OTS; Magdalena Rooney, OTS; Elaina Dalomba, PhD, OTR/L, MSW; Leamor Kahanov, EdD, ATC, LAT

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Pennsylvania Occupational Therapy Fieldwork Educator Practices and Preferences in Clinical Education

Abstract

The shortage of clinical education fieldwork sites coupled with a concern over the quality of the required fieldwork experience poses an unintended outcome for the recent changes in the health care system and an increasing number of occupational therapy students. While the Accreditation Council for Occupational Therapy Education (ACOTE) issues standards for fieldwork education, the quality of the experience is known to vary. The present study employed a mixed methods concurrent nested design with a quantitative online survey alongside qualitative individual semi-structured online interviews to examine the practices and preferences of fieldwork educators in Pennsylvania ACOTE accredited programs. From the 49 quantitative online survey participants, 10 practices and preferences considered important when supervising fieldwork students emerged. Another five themes related to a quality fieldwork experience were garnered from the six qualitative semi-structured interviews. The results suggest that fieldwork educators understand the value of clinical education and intend to continue to supervise students in the future. However, while fieldwork educators value their role as an educator, they often lack the time and resources necessary to feel effective. Therefore, future research into resource use and ways in which academic programs and professional associations can support fieldwork educators is necessary.

Comments

The authors report no potential conflicts of interest.

Keywords

student supervision, leadership, evidence-based practice, field experience

Complete Author List

Kaitlyn Ryan, Melanie Beck, Lee Ungaretta, Magdalena Rooney, Elaina Dalomba, and Leamor Kahanov

Fieldwork is an “essential bridge” for connecting theory to practice (American Occupational Therapy Association [AOTA], 2009, p. 822) and accounts for approximately 40% of an occupational therapy student’s academic requirements (Musselman, 2007). Fieldwork comports significant influence on the development of a student’s professional identity (Ashby, Ryan, Gray, & James, 2013). Yet, recent changes in the health care system, along with an increasing number of occupational therapy students, have led to a shortage of fieldwork sites and a concern regarding the quality of the experience (Adamson, 2005). While the Accreditation Council for Occupational Therapy Education (ACOTE) issues standards for fieldwork education, the quality of the experience is known to vary (Crist, 2004). The aim of this study is to examine the practices and preferences of fieldwork educators in Pennsylvania ACOTE accredited programs.

Concerns regarding fieldwork education and calls for occupational therapy fieldwork reform are long-standing (Cohn & Crist, 1995; Crist, 2004; Fisher & Savin-Baden, 2002). The concern has created a focus on identifying successful fieldwork outcomes, which are influenced by three factors: (a) the consistency between what students learn in the classroom and their experience in fieldwork; (b) the quality of supervision provided by the fieldwork educator; and (c) the degree to which the fieldwork sites can facilitate the development of entry-level performance competencies (Crist, 2004). The three factors of quality fieldwork education provide a useful guide for examining the current state of fieldwork education in occupational therapy and fieldwork’s relationship to professional practice goals.

The need for academic institutions and practicing clinicians to demonstrate a clear relationship between theory, research, and practice is discussed in the occupational therapy literature (Kielhofner, 2005). Evidence-based practice (EBP), or the “conscientious, explicit, and judicious use of current best evidence” in clinical decision-making, is considered a necessary aspect of 21st-century health care (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996, p. 71). While researchers and clinicians appear to share a belief in EBP (Graham, Robertson, & Anderson, 2013), the actual use of evidence in practice is less common (Thomas & Law, 2013). The current disconnect between theory and practice is observed in reports of students returning from fieldwork claiming a lack of occupation-based, evidence-driven, client-centered interventions promoted in the classroom (Towns & Ashby, 2014). The lack of congruence between the academic curriculum and fieldwork experiences may create a fractured learning experience that negatively influences a student’s socialization as a practitioner (Towns & Ashby, 2014). A greater understanding of a fieldwork educator’s experience is therefore needed to bridge the gap between didactic and field education.

A connection between didactic education and field experience is facilitated not only by the fieldwork educator’s professional knowledge but also by his or her ability as an educator to facilitate a student learning experience (Rodger, Fitzgerald, Davila, Millar, & Allison, 2011). Understanding a student’s learning style, grading student exposure to more challenging areas of practice, encouraging self-directed learning, and providing balanced and timely feedback are consistent indicators of quality supervision and significantly influence student learning (Koski, Simon, & Dooley, 2013; Rodger et al., 2014; Towns & Ashby, 2014). Difficulty articulating professional reasoning from theory to practice is reported among occupational therapists in the literature (Kinn & Aas, 2009) and may contribute to a perception by students that a disconnect exists between the classroom and practice (Elliot, Velde, & Wittman, 2002; Towns & Ashby, 2014). Additional barriers to fieldwork educators’ ability to provide quality supervision include large caseloads, limited resources, and high standards for productivity

(Ozelie, Janow, Kreutz, Mulry, & Penkala, 2015). An increased understanding of the components of quality fieldwork education may enhance student learning and professional socialization.

Fieldwork educators' ability to socialize students into the many roles of an entry-level practitioner is a challenge directly associated with student performance on entry-level competencies and skills. As the scope of occupational therapy practice widens to include a greater number of non-traditional practice settings, the opportunities for fieldwork education must also expand. Non-traditional practice placements explored in the literature to increase the number and variety of fieldwork opportunities (Gat & Ratzon, 2014; Lekkas et al., 2007) may present unique challenges to the integration of EBP and require greater coordination between didactic and fieldwork education. Successful transition for occupational therapy into 21st-century health care requires entry-level practitioners to articulate professional reasoning and design programs and interventions that are grounded in occupational therapy theory and supported by evidence, which appears to be at a deficit (Kinn & Aas, 2009). Thus, the current study examined the components of clinical education by assessing the practices and preferences of fieldwork educators in Pennsylvania ACOTE accredited programs in the preparation of students for future practice.

Method

Our study incorporated a mixed methods research design using a quantitative online SurveyMonkey® questionnaire and a qualitative online semi-structured interview. The Misericordia University Institutional Review Board approved this study.

Participants

The researchers invited 173 occupational therapy fieldwork educators by email to participate in an online survey and an online semi-structured interview. The survey link was also posted to occupational therapy related Facebook and Twitter pages. Fifty individuals responded, 49 of which agreed to participate in the online survey. Because it was not known how many people were reached via social media, the researchers could not calculate an exact response rate. Inclusion criteria required the participants to have served as fieldwork educators to occupational therapy students in associate or master's degree programs in the last 10 years. Inclusion criteria was verified through the survey data collection process. Occupational therapists who served as fieldwork educators to the researchers were excluded from participation.

Instrumentation

Four researchers with an average of 8.25 years of experience (range 1 to 30 years) created a seven-question online survey with consensus editing and distributed it using SurveyMonkey® (see Table 1). The researchers had varied expertise in occupational therapy and survey and qualitative research. The survey questions were created based on a review of current literature regarding occupational therapy fieldwork and clinical education. The seven questions consisted of five demographic questions, one 5-point Likert scale matrix (see Table 1) to evaluate occupational therapy fieldwork educator practices and preferences, and one open-ended question. The demographic questions included age, gender, and years of experience. A Cronbach alpha determined an internal consistency $\alpha = .68$; however, since our study assessed perception of method use, we decided to evaluate the data using factor analysis.

Table 1*Likert Matrix Survey Questions*

-
1. I am able to maintain my usual caseload/productivity while supervising a student.
 2. I regularly incorporate evidence-based practice assignments into the fieldwork experience.
 3. I find it challenging to incorporate evidence-based practice assignments into the fieldwork experience.
 4. I feel I have all of the resources I need to be an effective fieldwork educator.
 5. The level of preparedness of the fieldwork students plays a vital role in the outcome of fieldwork education.
 6. As a fieldwork educator, it is my responsibility to be responsive to the student's learning style.
 7. It is the responsibility of the fieldwork student to adapt to the teaching style of the fieldwork educator.
 8. The fieldwork education process is critical to the development of a fieldwork students' clinical reasoning skills.
 9. The successful future of the occupational therapy profession depends on developing sound clinical reasoning skills in fieldwork students.
 10. I feel responsible for promoting the future of occupational therapy via my role as a fieldwork educator.
 11. Fieldwork education works best with clearly defined roles with the fieldwork educator as the supervisor and the fieldwork student as the supervisee.
 12. Fieldwork education works best when the relationship between fieldwork educator and the fieldwork student is a collaboration, with both sides having input.
 13. Ideally, fieldwork education would be conducted as a pairing of one fieldwork educator with one fieldwork student.
 14. Ideally, fieldwork education would be conducted within a group model in which more than one fieldwork student is paired with one or more fieldwork educators.
 15. I consider the goals of the *Centennial Vision* when determining which fieldwork experiences would be most beneficial to my fieldwork students.
 16. Fieldwork educators play a crucial role in attaining the goals of the *Centennial Vision*.
 17. I make sure each student's fieldwork experience contains opportunities to develop and assess their leadership abilities.
 18. I intend to supervise fieldwork students again in the future.
-

Note. 5-point Likert scale (1 = *Strongly Disagree* to 5 = *Strongly Agree*).

The researchers also created a 12-question online semi-structured interview through consensus editing (see Table 2). The questions addressed demographics and fieldwork educator practices and preferences and were distributed via online chat programs. Questions to address fieldwork supervisors' instructional methods, challenges, integration with academic curriculum, and professional socialization were queried on a 5-point Likert scale (see Table 2). To assess the consistency of the interview process, the questions were pilot tested with four occupational therapy students.

Table 2

Interview Questions

-
1. Approximately how many occupational therapy students do you supervise in a given year?
 2. How does your current practice environment support the provision of high quality fieldwork education?
 3. What would you say are the challenges to providing high quality fieldwork education?
 4. Please describe the current model or process of fieldwork student supervision at your practice setting and its effectiveness.
 5. Have you used an alternative model or process of fieldwork supervision in the past?
 6. If so, please describe.
 7. If not, would you be interested in experimenting with a new model or process of supervision in the future?
 8. Are you comfortable incorporating evidence-based practice assignments into the fieldwork experience?
 9. If so, how do you do it?
 10. If not, what resources, services, or supports would make incorporating evidence-based practice assignments easier for you?
 11. What actions have you taken or do you currently take to promote student leadership skills?
 12. What role do you feel fieldwork educators play in the future of the OT profession?
-

Procedures

An invitation to participate in the online survey was emailed to a sample of 173 occupational therapy practitioners in the state of Pennsylvania. Email addresses were obtained from the Misericordia University database of fieldwork educators. Initial questions on the survey determined participant eligibility. The survey was designed to forward the participants to the thank you page if inclusion criteria were not met in the demographic section of the survey. A follow-up email was sent 2 weeks later to thank the participants as well as to capture additional participants who did not respond to the first email.

We emailed a second request to the same list to recruit participation for the online semi-structured interview. Interested participants were required to reply with their name and email address for the researchers to contact them to schedule a 30-min interview. Potential participants also needed to possess the necessary technology (i.e., cell phone, computer, internet) to partake in an online interview. One researcher conducted all of the interviews to maintain consistency.

Data Analysis

Anonymous individual response data from the online questionnaire was exported from SurveyMonkey® to SPSS Statistics 21.0® for further analysis. Descriptive statistics including frequencies, means, and standard deviations were calculated to assess demographic information. We attempted to assess related samples with a Mann-Whitney U non-parametric test but the assumptions of the test were violated due to a small sample size. A factor analysis was implemented to determine variable reduction and correlation for the matrix questions. All of the individual semi-structured interviews were digitally recorded, transcribed, and coded for the purposes of content analysis. Four of the researchers individually evaluated the transcriptions to determine coding and themes. Discrepancies were discussed, analyzed, and modified when appropriate. Data from the online survey were analyzed alongside information obtained from the semi-structured interviews.

Quantitative Results

Demographics

Based on the survey responses, the majority of the participants had greater than 25 years of experience as a licensed occupational therapist, followed by participants with 16 to 20 years of experience and 11 to 15 years of experience. Eight percent of the survey participants did not answer this question (see Table 3). The majority of the participants had a master's degree, followed by the participants with a bachelor's degree. Only 10% of the survey participants had a doctorate, and 6% did not specify an earned degree (see Table 3).

The participants who practiced in more than one setting comprised the largest subset ($n = 18$, 36%), followed by the participants who practiced in an agency (e.g., Easter Seals) or school system ($n = 11$, 22%). The remaining participants practiced in a general or state hospital, skilled nursing facility, or community mental health facility. Twenty-two percent of the survey participants did not indicate the setting in which they practiced (see Table 3). Over half of the respondents practiced occupational therapy in Northeastern Pennsylvania. The remaining participants practiced in the other regions of Pennsylvania, and 24% of the survey participants did not respond (see Table 3). The participants surveyed supervised occupational therapy students primarily in a pediatric setting ($n = 13$, 26%), followed by the participants that supervised in more than one setting ($n = 7$, 14%). The settings with the fewest number of occupational therapy fieldwork supervisors included mental health, work evaluation/rehabilitation, and orthopedics (see Table 4).

Table 3

Demographics

		Frequency	Percent
Years of Experience	1-5	4	8
	6-10	5	10
	11-15	7	14
	16-20	9	18
	21-25	6	12
	>25	15	30
Highest Degree	Bachelor's	18	36
	Master's	24	48
	Doctorate	5	10
Clinical Practice Setting	General Hospital	2	4
	Rehabilitation Center	4	8
	State Hospital	2	4
	Agency (i.e. Easter Seals)	6	12
	School System	5	10
	Skilled Nursing Facility	1	2
	Community Mental Health	1	2
	More than one setting	18	36
Practice Region in Pennsylvania	Northeast	28	56
	Southeast	2	4
	North Central	4	8
	Northwest	2	4
	Southwest	2	4

Table 4*Setting of Supervision*

Setting	Frequency	Percent
Orthopedics	1	2%
Mental Health	4	8%
Pediatrics	13	26%
Work Evaluation/Rehabilitation	4	8%
More than one setting	7	14%

Practices and Preferences

We queried the respondents to assess occupational therapy fieldwork educator practices and preferences to determine educational trends with students. The respondents indicated the following 10 practices and preferences are important when supervising students in the clinical environment: student classroom preparedness, educator responsiveness to learning style, clinical reasoning development, profession's dependency on student clinical reasoning, educator role in promoting future, preference for clearly defined roles, preference for collaborative relationship, preference for one-to-one supervision, opportunity for leadership, and future desire to supervise. The participants also indicated a neutral perception of caseload and productivity maintenance, evidence-based practice incorporation, possession of needed resources, and adaptation to teaching style (see Table 5).

Table 5*Practices and Preferences*

	Mean	Standard Deviation
Caseload/Productivity Maintenance	3.68	1.28
Evidence-Based Practice Incorporation	3.75	1.00
Challenge of Evidence-Based Practice Incorporation	2.82	1.08
Possession of Needed Resources	3.45	0.84
Student Classroom Preparedness	4.54	0.89
Educator Responsiveness to Learning Style	4.44	0.74
Student Adaptation to Teaching Style	3.15	1.08
Clinical Reasoning Development	4.68	0.52
Profession's Dependency on Student Clinical Reasoning	4.56	0.55
Educator Role in Promoting Future	4.52	0.55
Preference for Clearly Defined Roles	4.32	0.78
Preference for Collaborative Relationship	4.73	0.59
Preference for One-on-One	4.17	1.02
Preference for Group Model	2.51	0.95
Opportunity for Leadership	4.23	0.57
Future Desire to Supervise	4.50	0.75

We calculated a factor analysis to describe variability among the occupational therapy fieldwork educator practices and preferences and to determine interconnectivity of the variables identified. We identified five factors and subsequent practices and preferences. The first factor, academic and clinical

experience standards, constitutes evidence-based practice incorporation, student classroom preparedness, and preference for one-to-one supervision. In the second factor, student and caseload balance, caseload and productivity maintenance and preference for collaborative relationships comprise related practices. Also noteworthy in the second factor, the preference for collaborative relationship shares an inverse relationship with the preference for one-to-one supervision. Challenge of evidence-based practice incorporation, clinical reasoning development, and the profession's dependency on student clinical reasoning make up the third factor, clinical reasoning. The fourth factor, teaching style, constitutes educator responsiveness to learning style, preference for clearly defined roles, and preference for group model. Lastly, learning appropriate environment is the fifth factor and consists of possession of needed resources and student adaptation to teaching style. Altogether, the five factors account for 63% of the variance in the survey data (see Table 6) with the first factor, academic and clinical experience standards, accounting for 16.97% of the variance.

Table 6
Factor Analysis

	% of Variance	Cumulative %
1. Academic and Clinical Experience Standards	16.96	16.96
2. Student/Caseload Balance	16.66	33.63
3. Clinical Reasoning	12.54	46.17
4. Teaching Style	9.38	55.51
5. Learning Appropriate Environment	7.89	63.45

Qualitative Results

Six occupational therapy fieldwork educators were interviewed to obtain the point of data saturation. The majority of the participants had greater than 15 years of experience ($n = 4$) as a licensed occupational therapist, while one had less than 10 years and the remaining participant had less than 5 years. The majority of the participants had a master's degree ($n = 4$), one participant had a bachelor's degree, and one had an associate degree. The participants practiced and provided fieldwork supervision in more than one setting or environment ranging from home health and acute outpatient care to skilled nursing or mental health and school settings. All of the interview participants lived and practiced in Pennsylvania. All of the participants were familiar with and currently practiced in one-to-one mentoring with students, and the majority of the participants would be amenable to alternative educator-pupil configurations, such as two students per one fieldwork educator.

Interview Themes

We identified five themes through the interview process: variety in fieldwork settings, lack of time, promoting leadership, EBP, and hands-on training. In the section below, we discuss each theme in greater detail. We established aliases for each interviewee to maintain anonymity.

Variety in fieldwork settings. Most fieldwork placements involve a one-to-one educator-to-student pairing between an existing occupational therapist and a fieldwork student. Recent research notes that 68% of fieldwork educators supervise students in a one-to-one scenario (Evenson, Roberts, Kaldenberg, Barnes, & Ozellie, 2015), and while this ratio represents the majority, the remaining 32% of fieldwork educators have a different fieldwork education structure. Therefore, identifying that all of our interview respondents had previous experience with other student-educator configurations is

unsurprising. Likewise, our findings were consistent with previous literature, as roughly two-thirds of all fieldwork supervision was one-to-one (Thomas et al., 2007). Of interest is that the remaining one-third consisted of more than one therapist sharing the responsibility for the student. Further research is needed to assess the affect between sharing of fieldwork responsibilities and the perceived lack of time. Interviews with the fieldwork educators also indicated they perceive that experiences in a variety of settings expand students' understanding of the health care profession and allow for a greater depth of preparation for their careers as practitioners. Three participants in the present study felt exposure to a variety of health conditions, as well as the variety of degrees to which that condition can be manifested in a patient, provides valuable experience to occupational therapy students preparing to enter the workforce. The participants interviewed for this study often attempted to provide varied experiences in their settings.

For example, the majority of the participants expressed the importance of exposing fieldwork students to a variety of experiences. Annie stated, "The facility [will] just try to expose them to as much as possible." Danielle also indicated the need for varied experiences and expanded on how her site provides those experiences: "We have a variety of patients that we see... adults and geriatric rehab, so we can provide a different case mix." Francesca listed examples of the conditions at her site by name: "We have a very diverse caseload. We have kids that have CP, handwriting issues, ADHD, Autism, Downs, Muscular Dystrophy, special behavior issues, so it's very diverse. You get to see a lot."

Occupational therapy fieldwork educators' perception that students need diverse experiences to create a well-rounded educational experience and prepare for professional practice was evident. Of interest is that the fieldwork educator's desire to provide a variety of experiences is consistent with most occupational therapy graduate level programs' requisite fieldwork guidelines. Whether fieldwork educators are cognizant of the recommendations by the academic body needs further exploration. Congruence between fieldwork educators and academic standards, if not by design, indicates a need to ensure continued education and communication between the academic entity and fieldwork educators to ensure required experiences continue to coalesce. In fact, Thomas et al. (2007) suggested that the benefits to taking on fieldwork students is that it assists in validating the merits of occupational therapy to the university and community, thus assisting with one of the profession's desired outcomes. In addition, supervising fieldwork students was cited as a means by which fieldwork educators maintain current skills (Thomas et al., 2007).

Lack of time. One theme that garnered the most emotional responses is the role that time constraints often play in providing quality fieldwork supervision while maintaining the requisite productivity level expected by employers. Bassett and Lloyd (2001) asserted that lack of resources and high caseloads lead to time constraints and greater stress for fieldwork supervisors. Moreover, the majority ($n = 103$) of the fieldwork educators also indicated that time constraints made supervising fieldwork students either *moderately* or *very* challenging (Thomas et al., 2007). Three interviewees indicated that time is perpetually at a premium, and the additional commitment of time to supervising an occupational therapy student's fieldwork experience is often a barrier to maintaining optimal performance both as an educator to the occupational therapy student and as a practitioner for existing patients. Often, the added responsibility is seen as a disruption to the daily routine, as Britta stated: "[The barrier to implementing quality fieldwork education] is the time commitment [in addition to] managing your day-to-day paperwork and routines that you already had in place."

In addition, Cassidy reiterated this concern over the potentially negative effect supervising a student could have on his or her other responsibilities: “Time, obviously is a factor, even though it’s a one-on-one setting, there’s still obviously responsibilities that I have in a given day that I still have to do even if I have a student.” Danielle succinctly stated the dilemma as follows: “We have productivity issues, you know, I have demands I have to meet.”

Of note is that the interviewees did not offer any solutions to the stress the additional time required to supervise a student places on their duties as a practitioner. Clearly, fieldwork is regarded as a necessity to prepare occupational therapy students for future practice, but further inquiry is required to implement plausible ideas to connect both the student’s needs and those of existing patients without leaving fieldwork educators feeling pressed for time (Bassett & Lloyd, 2001; Thomas et al., 2007).

Promoting leadership. Modeling roles in occupational therapy may extend beyond clinical practice with patients. Many fieldwork students will be fieldwork educators at some point in their careers. Students may also choose to conduct research and add to the profession’s body of scholarly knowledge. Likewise, some occupational therapy fieldwork students may eventually decide to have administrative positions overseeing occupational therapy departments. The capacity to achieve these goals is often modeled through a quality fieldwork experience. For example, Fleming-Castaldy and Patro (2012) found that enabling others to act independently was the most important trait for developing leadership in occupational therapy fieldwork students. Similarly, five interviewees indicated that preparing students for leadership roles involves allowing the students to take an active role in treatment planning, as Annie stated: “When I have my students use a chart review, I would have them get familiar with that. And then, they would assist me doing the eval or the treatment and then I’ll ask them questions, clinical reasoning things.” Building confidence is also a factor, as Britta stated: “I would say within the first week or two, I would be letting the student get right into a therapy session and kind of develop those skills, just that confidence.”

Francesca facilitated leadership by promoting independence and assertiveness, as she stated:

Just trying to encourage the students to try and speak up in meetings; to defend themselves when they do something...to be able to justify, is what I mean...and have opportunities to make independent decisions...I think really just trying to get them to represent themselves and to take... a team meeting...to be able to run that themselves.

Leadership positions in occupational therapy often involve interdisciplinary communication, to which Annie noted: “As the weeks progress they would have to write up their own eval, and the plan, and the goals, and things like that. but we worked a lot with the PTs.”

Interdisciplinary communication also requires a degree of familiarity, as Cassidy stated:

[Fieldwork hours] are spent working a lot on interdisciplinary communication, which is a big thing within my environment and getting them comfortable. And if they see nurses, if they see a physical therapist in treatment, that they feel comfortable asking questions related to the other disciplines.

Danielle reiterated that developing confidence in oneself is paramount to a student’s development of his or her interdisciplinary communication skills:

It can be intimidating to work with another discipline because you don’t know what you’re doing, you don’t want to step on their toes, so it’s really good experience to have and to see it’s really not that big a deal, but I think it’s really

good experience because yeah, when you get out there in the working world it happens, and you should know how to deal with it to handle it.

Although fieldwork educators indicated added stress associated with the responsibilities of fieldwork supervision, the majority ($n = 5$) of the interviewees made a conscious effort to foster leadership skills in occupational therapy students. Rather than facilitating a fieldwork experience with the goal of producing students with practice skills only, these interviewees sought to offer a fieldwork experience that would provide a foundation for professional advancement in the field. Generalizability to all fieldwork educators across all fieldwork settings requires additional inquiry due to the inherent small sample size of qualitative research.

Evidence-based practice. EBP is still a relatively new integrative concept in occupational therapy. Given the high degree of clinical experience held by our interviewees, reaction to the notion of explicitly using EBP with fieldwork students was understandably mixed. All of the interviewees were aware of the concept, but many did not feel EBP was directly applicable to his or her site for various reasons. For example, Annie felt EBP was superfluous to the goals of patients in her particular setting as she stated: “Everything [I do as a therapist] in acute care...very basic things, like physical disability [interventions] that’s basically like getting them out of bed, getting them dressed...it’s quick, you know what I mean?”

Cassidy deferred to the fieldwork students’ academic requirements when deciding on how and to what degree to address the notion of using EBP in fieldwork:

Having graduated in 2000, evidence-based practice...has become more of a concept *now*, working in home-health, and hospice, it is much easier to take what they need to do in their class and work it into the patients we see than being able to assign this and that type of work for whatever type of level one that I have—so that more works from what the school needs are, then I go from there.

Setting also played a role in the decision to implement EBP in fieldwork education for Cassidy, as she reiterated, “When I worked in psych, we would have [implemented EBP during fieldwork experiences].” Francesca, a more recent graduate, used EBP concepts with her students, but often without stating that a given concept was predicated on the use of EBP, as she stated:

I have never assigned a student an evidence-based project. My level two, I did, we talked about the...therapy ball for chairs in the classroom, and...we do sensory integration at school, [but] I have not really given them an assignment, and I don’t always announce, ‘hey, this is evidence-based!’

Underscoring the importance of EBP, while acknowledging it is a useful tool, was not a priority for our interviewees. In addition, fieldwork students often reported a lack of theory use to explain clinical reasoning and a reliance on past experiences over EBP (Towns & Ashby, 2014). Further inquiry is needed to determine continuity for recent graduates who become occupational therapy fieldwork educators. In addition, further research is required to determine whether the degree to which EBP is applied to fieldwork education is correlated with other barriers to quality fieldwork experiences, such as lack of time.

Hands-on training. Fieldwork provides students the opportunity to gain practical experience in occupational therapy. During fieldwork, occupational therapy students are expected to take the didactic information learned in the classroom and apply it to patients in a clinical setting. The transition requires that fieldwork students retain didactic information regarding a bevy of health conditions and treatment

techniques. However, all six interviewees stated the importance of the practical experience garnered during fieldwork, relative to knowledge gained in the classroom. For example, Britta stated,

It's great and it's wonderful to have all the schooling and the educational background, obviously. That's definitely needed...in the classes, but then the hands-on experience, I think, is where you really gain that knowledge and you're able to remember what you did. You know, you can relate practice to what you did and, you know, a hands-on activity helps with that, you know, learning curve...like I said, too—just being out there and...hearing like, the real-life stories of how the OTs are, and how it is in the field, is helpful for you guys, too—you know! Just as beneficial, I think. That's where I learned most of my, you know, knowledge-base...was from my fieldwork experiences.

For Danielle, her role as a fieldwork educator was equally important to the experiences themselves, as she saw herself as the means through which her students achieved the synergy of their classroom knowledge and their fieldwork experiences:

It's pretty important because...learning to actually do the treatments and having to be hands-on rather than...just the book knowledge is really important so that fieldwork coordinators kind of bridge that gap between what you have learned in the classroom and what you do in the clinic.

Francesca's site also understands the importance of granting fieldwork students the opportunity for gaining practical experiences: "That's the thing that's great about the school...is they are very hands-on, and they love having students there so they welcome any opportunity...to teach college students. So, they're very open."

Fieldwork educators view the practical experiences obtained during fieldwork as integral components of a fieldwork student's professional development. More than a mere supplement to classroom knowledge, fieldwork experiences provide both the catalyst to synthesize knowledge and the foundation to build clinical skills. Similar to our findings, Evenson et al. (2015) noted that fieldwork educators believe they play an integral role in helping students gain the practical experience to hone the necessary skills for their entry-level competencies. Therefore, the practices and preferences of how fieldwork educators facilitate those experiences for students, and how those practices and preferences can be improved, require perpetual research initiatives.

Suggestions on How Fieldwork Can Be Improved

When discussing potential needs and methods for improving fieldwork education, the responses to online open-ended questions and some of the interview responses coalesced in spite of the disparate questions. Particularly, both subsets suggested the prioritization of better coordination with student placement in fieldwork settings and more hands-on practical skills prior to fieldwork experience.

Discussion

Occupational therapy fieldwork coordinators face a number of challenges with respect to the quantity, quality, and sustainability of student fieldwork placements. Fieldwork experience is considered an integral component of occupational therapy education, yet it is also the area in which academic faculty members have the least control. Our study explored the practices and preferences of fieldwork educators in Pennsylvania ACOTE accredited programs. Data yielded information regarding fieldwork educators' teaching styles, use of evidence-based practice assignments, preferred models of supervision, and perceptions of high quality fieldwork education.

The purpose of the current study was to assess preferences and practices of fieldwork supervisors which may have future implications for addressing an optimal clinical education environment. Thus, identifying where student and fieldwork supervisor preferences and practices align may assist with future investigations and implementation. Findings from the present study suggest that supervisors identified positive and important practice experiences similar to student responses in the literature. Positive characteristics for both fieldwork supervisors and students included self-directed learning, hands-on training, interdisciplinary communication, and exposure to a variety of cases and clients, which align with the literature based on student responses (Rodger et al., 2014; Towns & Ashby, 2014). In addition, 95% of the survey respondents in the present study feel responsible for adapting to a student's learning style, a characteristic students value more than any other educator behavior (Koski et al., 2013). At the same time, 67.5% of the fieldwork supervisors indicated that adapting to learning styles is a shared responsibility between students and clinical educators, which may be a component of a positive student experience that should be articulated to both the supervisor and student prior to placement. The congruency between student descriptions of quality supervision and the present study findings indicates a shared understanding of the value of fieldwork education and the roles and responsibilities of the student and educator that are beneficial when a content transition is desired from didactic education to clinical practice.

An example of transition from didactic education to clinical practice is the use of EBP in clinical decision-making. The perception of EBP is increasingly positive (Thomas & Law, 2013); however, research used among occupational therapists continues to be low (Salls, Dolhi, Silverman, & Hansen, 2009; Thomas & Law, 2013). Previous research suggests only 12% of practicing occupational therapists in Pennsylvania engage in EBP (Salls et al., 2009), yet in the present study, 72.5% ($n = 29$) of the survey respondents and 33% ($n = 2$) of the interview participants report regularly incorporating EBP assignments into the fieldwork experience. Although some evidence suggests that supervising students is associated with an increased use of evidence in practice (Craik & Rappolt, 2006), the popularity of EBP assignments may be better understood as a response to increased pressure from academic fieldwork coordinators to assess students' research and appraisal skills. The disparity between findings suggests that clinicians who do not regularly engage in EBP are still able to implement EBP assignments for the students they supervise. While the inclusion of EBP assignments into the fieldwork experience is viewed positively, the lack of a role model for EBP may have a negative influence on the development of a student's professional identity (Towns & Ashby, 2014).

Similar to previous findings (Lyons, Brown, Tseng, Casey, & McDonald, 2011), occupational therapy fieldwork educators indicated the need for additional training when asked whether incorporating EBP assignments into the fieldwork experience is challenging. Moreover, qualitative findings from the present study raise questions regarding the participants' understanding of the term "evidence-based practice," with half of the interview participants ($n = 3$, 50%) describing assignments that do not require the student to demonstrate research or appraisal skills. We did not ask the respondents to define EBP and therefore are unable to determine their level of understanding of the concept. However, the respondents understood the need and articulated a desire to implement EBP. Future research assessing how fieldwork educators understand the term "evidence-based practice" would add insight to our findings.

Understanding the preference and practices of fieldwork supervisors may assist with incorporating and aligning didactic education with fieldwork experiences and ultimately with clinical

practice. Results regarding student supervision models, which may integrate student educational needs and practitioner case load and productivity requirements has the potential to decrease stressors for the supervisors and enhance student learning. Consistent with previous findings (Evenson et al., 2015), the vast majority of the survey respondents ($n = 33$, 82%) in the present study prefer a one-to-one model of student supervision; however, qualitative findings suggest a willingness to experiment with alternatives ($n = 4$, 66%). Of interest is that the ability to maintain a caseload while supervising a student is inversely related to a preference for the traditional one-to-one model of supervision, which supports earlier studies that suggest non-traditional models of supervision decrease student dependence on clinical educators (Baldry-Currens & Bithell, 2003) and increase departmental productivity (Bartholomai & Fitzgerald, 2007). Supervision models in the literature are traditional one-on-one interaction (Lekkas et al., 2007), yet a growing awareness for alternatives is necessary due to the reality of managing productivity. Capitalizing on the willingness of fieldwork educators to experiment with new models of supervision may assist in determining the most appropriate models for each practice setting that delivers a quality clinical education, client services, and productivity simultaneously.

Although recent research suggests that supervising a student does not affect clinician productivity (Ozelie et al., 2015), 25% ($n = 10$) of the survey respondents in the present study report an inability to maintain the standard caseload while supervising a student. Resources were identified as one potential source of the difficulty. As in other studies (Evenson et al., 2015), the most frequently cited barrier to providing quality fieldwork supervision is a perceived lack of time both to supervise students and to maintain current and contemporary clinical practices that align with contemporary education practices. With entry-level practice now at the graduate level, fieldwork educators may require additional resources to meet the current accreditation requirements, such as EBP. An alternative explanation may be that fieldwork educators are unaware of the resources already available to them through the AOTA (Evenson et al., 2015). Less than half of the fieldwork supervisors in the current study indicated sufficient resources to supervise students, articulating the need for continuing education, online forums, increased student readiness, and early and regular contact with academic fieldwork coordinators. Future research into the use of such resources would be helpful in discerning between a true lack of resources and a need for more effective resource allocation or promotion.

Despite the difficulties they face, 97.5% ($n = 39$) of the survey respondents in the present study believe fieldwork educators are responsible for promoting the future of occupational therapy and intend to supervise students again. Such high role satisfaction is identified repeatedly in the literature (Evenson et al., 2015; Hanson, 2011) and suggests a strong commitment among fieldwork educators to the success of the profession and the students they supervise. Academic programs should consider how they may use the findings to increase recruitment of fieldwork educators and establish a closer relationship with clinical fieldwork sites.

Findings from the current study should be interpreted in light of its limitations, which include the use of a relatively small and geographically specific convenience sample that did not discriminate between Level I and Level II fieldwork educators. Although the sample population represents a variety of practice settings, education, and years of experience, a nationally representative sample would improve generalization. In addition, the apparent misunderstanding of the term “evidence-based practice” limits our ability to draw conclusions regarding the use of EBP in fieldwork education; however, it also highlights a potential disconnect between the vernacular of clinicians and the

terminology used in academia. Findings from this study may be used to strengthen clinical and academic partnerships and inform future research into the state of fieldwork education.

Conclusion

Generally, fieldwork educators understand the value of fieldwork education in educating future practitioners and intend to continue to supervise students. However, although fieldwork educators value their role, they often lack the time and resources necessary to feel effective, which may manifest as an inability to integrate new concepts or teaching strategies. We identified a disconnect between educator and clinician understanding of EBP, which may impact integration into professional practice. While the willingness and commitment of fieldwork educators is encouraging, efforts to better coordinate the didactic and clinical components of occupational therapy education are needed. High quality fieldwork education requires that academic institutions collaborate with fieldwork educators to create learning experiences that are consistent with academic learning principles and responsive to changes in health care delivery. Future research into resource use and ways in which academic programs and professional associations can support fieldwork educators is necessary.

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