

MAJOR PAPERS

Fieldwork education: The future of occupational therapy depends on it

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ABSTRACT: Fieldwork continues to be the cornerstone of preparation for entry-level occupational therapy clinicians. During the past five years the Canadian healthcare system has experienced decreases in federal funding, organizational changes such as the movement to programme management, and increased focus on community-based needs. Two fieldwork projects were tested at a large health sciences facility, to meet the challenge of providing effective fieldwork experiences that build on current educational methodologies while still responding to changing realities in healthcare practice. The academic programme with which the health sciences facility is affiliated has developed a strong focus on self-directed learning, using problem-based and small group learning formats. The development, implementation and evaluation of the two fieldwork projects is described. Discussion focuses on the processes needed to facilitate innovative, flexible fieldwork models.

Key words: clinical education, fieldwork models, self-directed learning.

Introduction

Sunnybrook and Women's College Health Sciences Centre (SWCHSC) is a large teaching facility affiliated with the University of Toronto in Ontario, Canada. Staff in the occupational therapy service at SWCHSC decided to explore innovative models of clinical fieldwork education as an alternative to the traditional one-to-one supervision model, for several reasons. The healthcare climate of financial restraint had led to a decrease in available occupational therapy clinical preceptors. Yet the occupational therapy service

wanted to continue and possibly increase the number of fieldwork placements being offered. Other reasons to investigate alternative supervision models included: 1) The University of Toronto began the transition to a new curriculum with a focus on problem-based learning and small group work. This new programme places a strong emphasis on self-directed learning. Alternative supervision models offered the opportunity to incorporate this type of learning in the clinical setting. 2) In the local employment market, new graduates enter situations where there are fewer opportunities for mentorship, and the ability to collaborate with clients, administrators and other healthcare professionals is imperative. Two projects were designed to meet the challenge of providing effective fieldwork experiences while being responsive to changing healthcare practice realities and building on current educational methodologies. Both fieldwork projects involved students preparing to graduate within six months of the fieldwork experience. Thus, these students were expected to have developed the beginnings of professional identity, to be comfortable with self-directed learning and to have a general understanding of current healthcare situations.

This paper describes the two fieldwork projects piloted at the Sunnybrook site of SWCHSC, including their development, implementation and evaluation. Discussion focuses on the processes needed to facilitate innovative, flexible fieldwork models.

Literature review

There is an extensive body of literature on the topic of clinical fieldwork education. Letizia and Jennrich (1998) cited several benefits to a one-to-one preceptorship model in their review article. These included provision of role modelling, promotion of professional socialization, fostering the development of confidence and competence, enhancement of the ability to apply theory to practice, and development of clinical skills. When the focus area is narrowed to alternative approaches to the one-to-one supervision model, the available literature is more limited. The emphasis of this literature review is on alternative approaches to clinical education models.

Finding alternatives to traditional supervision has become a necessity. The numbers of students enrolling in occupational therapy programmes has increased, which has led to more students being placed in clinical settings at one time (Avi-Itzhak and Kellner, 1994; Nolinske, 1995). Tiberius and Gaipman (1985) reported that financial restraint led to staff cutbacks in occupational therapy and subsequently to fewer fieldwork placements. Furthermore, the student experience should reflect the current healthcare contexts and provide the opportunity for students to understand and engage in the delivery of care in these contexts (Bowen and Carline, 1997). Adamson and colleagues (1998) surveyed 144 recent occupational therapy graduates from the University of Sydney regarding perceptions of their preparedness for the workplace.

The perceived gaps were particularly in the areas of communication with other health professionals, coping in the workplace, knowledge of the health-care industry, managing interpersonal conflict, and seeking help from peers in professional practice. Adamson et al. (1998) referred to other studies that suggested that these gaps are perceived by new graduates as well as by hospital administrators and managers in many countries. Huddleston and Standing's survey of clinicians (as cited in Huddleston, 1999) highlighted clinicians' concerns that traditional one-to-one supervision may cause entry-level graduates to have unrealistic expectations of close mentorship in the work setting.

The aforementioned issues highlight the need to develop new methods of providing quality contextual clinical education to increased numbers of students, with decreased numbers of clinical supervisors.

Occupational therapy programmes in academic settings are increasing the amount of problem-based learning they use (Jung et al., 1994; Nolinske, 1995). This educational methodology can be reinforced in the clinical setting by encouraging students to work in small groups, relying on each other as well as on the supervisor. Bowen and Carline (1997) stated that collaboration with peers helped learners develop a deeper understanding of professional practice. Joe (1994) and Nolinske (1995) indicated that the group supervision model allowed a facility to accept more students at any one time, while minimizing stress on any one supervisor. Jung et al. (1994) found that although supervising therapists spent less time in direct supervision, the quality of supervision was not decreased.

Martin and Edwards (1998) surveyed 14 students who had participated in a one supervisor:two students fieldwork model about their perceptions. There were twice as many positive comments as negative comments about the experience. Students felt that the opportunity to share knowledge, ideas and reflections on experiences enhanced learning. Avi-Itzhak and Kellner (1994) found that group supervision models offered students an opportunity to interact with other students and supervisors, experience in providing and receiving professional feedback with students and supervisors, an opportunity to benefit from questions asked by other students as well as from answers received to their own questions, and a chance to compare their performance with that of other students. Hengel and Romeo (1995) stated that group supervision encouraged independent thinking in students. Zavadak et al. (1995) (cited in Huddleston, 1999) found that collaborative models encourage independence and decrease reliance on the clinical supervisor. In reviewing evaluations of physical therapy students' completion of fieldwork placements Declute and Ladshewsky (1993) found that the group supervision model helped students learn about team processes for providing care as well as increasing understanding of the broader healthcare system.

Disadvantages to group models of supervision included: 1) student discomfort in the group situation where they perceived inadequate moral support; 2) less time for students to observe supervisors, as they were observing each other

(Avi-Itzhak and Kellner, 1994); 3) supervisors had less time to spend with individual students as they had to divide their time among all the students (Jung et al., 1994); 4) the collaborative placement model may not lend itself to all clinical settings; 5) detailed organization and commitment are needed and are difficult to achieve; 6) too many students may limit the opportunity for client variability and impact on physical space; 7) students might have relationship and/or competition problems; 8) individual student needs might not be met; and 9) the fieldwork supervisor might have increased stress and might forget what he/she has said to which student (Huddleston, 1999).

Avi-Itzhak and Kellner (1994) suggested that a group supervision model that allows for one-to-one time between student and supervisor may be beneficial when dealing with the specific problems that students encounter with patients, and to deal with personal problems related to group interactions with fellow students. Declute and Ladyshevsky (1993) and Martin and Edwards (1998) stressed the need to focus on individual student learning and supervision needs, as well as preparation of both students and supervisors.

Description of projects

The area of long-term-care at SWCHSC was chosen for these pilot projects because although ageing is one of the identified programmes in the organization, the area was underused as an occupational therapy fieldwork site. Tompson and Proctor (1990) cited several studies that stressed the importance of fieldwork experiences in students' career decisions. It was felt that positive fieldwork experience in gerontology would encourage interest in the area from entry-level practitioners.

First project

The first fieldwork project was implemented in the winter of 1995 and involved six students who were supervised by two therapists for a period of six weeks. There was a focus on individual and collaborative learning; self, peer and traditional supervisor evaluation; and individual and group clinical reasoning skills. Opportunities to consult and collaborate with other health professionals, and clinical study meetings and specific educational sessions related to occupational therapy issues were organized. The group model of supervision was evaluated through student surveys immediately after and at a six-month follow-up. Surveys and focus groups were also conducted with the supervising and area therapists.

Implementation of the first project

Planning for the group supervision model began about three months before implementation. There were meetings between the university fieldwork

co-ordinators and the clinical associate, the clinical associate and the two clinicians who would be supervisors, and the university fieldwork coordinators and the six student participants. Discussions focused on strategies to meet both individual and group learning needs of the students. All six students had experienced one previous four-week placement in the traditional one-to-one model of supervision. The two supervisors also had previous experience of supervising in the traditional model. The clinical associate and clinical supervisors developed the following goals of the placement as well as the related educational activities that would help in the achievement of the goals:

1. To increase the profile of gerontology as a specialty area of practice.
 - Students were exposed to six weeks of occupational therapy practice in a geriatric setting.
2. To enhance students' skills in assessment, programme planning, treatment and evaluation of occupational therapy with an older adult population.
 - Students were involved in clinical study meetings.
 - Occupational therapy educational sessions were organized, such as assessment of activities of daily living and intervention, cognitive/perceptual assessment, abuse of elderly people, palliation, and seating and mobility.
3. To foster recognition of the need for consultation and collaboration with other professionals.
 - Students interviewed and consulted other healthcare professionals.
 - Students were involved in clinical study meetings.
4. To facilitate self-directed learning, self and peer evaluation.
 - Students developed individual and shared learning objectives – for example, learning to give and receive feedback and learning to work cooperatively.
 - Supervision was provided on an individual and shared basis.
 - Students completed self-evaluations at mid-term and at the end of placement. Evaluations were reviewed with their student group, then revised and submitted to the supervisor.
 - Students provided verbal feedback to peers during mid-term and final evaluation sessions.
 - Students were involved in teaching/learning collaboration in the areas of charting, clinical observation and verbal reporting. For example, the students would write a draft note, review it with their student group, revise it and then review it with the supervisor.
5. To develop an understanding of the broad spectrum of healthcare systems providing care for elderly people, including various clinical settings and public policy developments.
 - Students attended educational rounds.
 - Students were exposed to community, acute care and outpatient geriatric practice.
6. To pilot and evaluate an innovative fieldwork model.

7. To recommend and initiate further innovative fieldwork experiences, based on this model.

Evaluation of the first project

The group model was evaluated through a questionnaire sent to all participants: students, supervising therapists and area therapists. Three themes emerged from the students' responses to the questionnaires: feedback, independence and teamwork. Each of these themes is illustrated below through student comments.

Feedback

I found receiving feedback from my peers as well as the therapist very useful.

Watching my peers interact with their clients improved my observational and listening skills. It also helped me be more critical of my own behaviour as a therapist.

Independence

I felt that there was a greater sense of independence and responsibility placed on us. The supervisor was there when you needed her, but not 'hovering' over you.

Teamwork

Forced us to work cooperatively with people whose opinions we don't always share (good exercise in diplomacy).

The model encouraged group work.

When asked for recommendations on how to improve the group supervision model, student feedback included:

- The desire to have more hands-on experience.
- Increased opportunity to develop skills independently.
- The development of clear guidelines as to student roles as direct providers and as observers.
- Preparatory session on professional versus personal behaviour, as students working with peers in a professional setting rather than an informal one.
- An even-numbered student group would facilitate the model's process.

The following are responses to the questionnaire from area therapists:

1. Describe the advantages from your perspective of a group supervision model:

Learn how to give and receive feedback.

The model allows you to hone in on what certain students can do, i.e. strengths and weaknesses.

More students could be accommodated at one facility.

2. Describe the disadvantages from your perspective of a group supervision model:

Possibility of not picking up on certain subtle personal clinical performance issues. These issues are less likely to be missed in a traditional 1:1 model.

There is a tendency to compare students more, one might stand out positively or negatively.

Overall the students and supervising therapists found the group supervision model experience to be a positive one. Both groups recommended that each occupational therapy student have the opportunity to participate in at least one fieldwork experience where group supervision is used.

Second project

In planning the second project attempts were made to combine the benefits of the traditional one-to-one (Avi-Itzhak and Kellner, 1994; Letizia and Jennrich, 1998) and group supervision models (Declute and Ladyshevsky, 1993; Avi-Itzhak and Kellner, 1994; Martin and Edwards, 1998; Huddleston, 1999). This decision was based on feedback from the first project, as well as on informal feedback of previous fieldwork students and the expanded available literature. Students emphasized the desire to have a one-to-one relationship with a clinical supervisor, as well as the opportunity to develop working relationships with peers and to learn to participate in programme planning. The individual and group clinical supervisors had attributes that were considered important for preceptorship (Bowen et al., 1997; Letizia and Jennrich, 1998). The individual supervisors all had previous experience in the preceptor role and were seasoned clinicians. Two of the authors had experience in the role of a problem-based learning tutor. They provided mentorship in this area to the group supervisor. Student preparedness was taken into consideration as advised by Bowen and Carline (1997). All students were familiar with the problem-based learning small group process, as this was their learning format for the affiliated university programme.

Implementation of the second project

Three months before implementation the university fieldwork coordinators were approached with the project proposal. The intention was for the students to be made aware of this supervision model and to have the opportunity to volunteer for the project. If more than four students volunteered, the plan was to interview them for selection. This would have allowed for preparedness by the students as well as the supervisors, as recommended in the literature (Declute and Ladyshevsky, 1993; Hengel and Romeo, 1995; Martin and Edwards, 1998). Unfortunately the fieldwork coordinators left their positions and it was not possible to prepare the students. This fact is reflected in the student feedback.

The individual and group clinical supervisors were involved in discussions of the process of the combined fieldwork model. The multidisciplinary team and administrative affiliates of the long-term care unit were given information about the project.

In the spring of 1998, four students were assigned to four clinical supervisors, each working in a different area of the facility, within the ageing programme. The students participated in a traditional one student:one preceptor supervision model for three and a half days a week, and a group supervision model – four students:one preceptor – for the remaining one and a half days. The placement was for a period of seven weeks.

The description will focus on the group experience, as the traditional model is well understood and articulated throughout the profession. The group model was structured similarly to the description provided by Hengel and Romeo (1995), where a group of students participated in a full-time group supervision model, while caring for a younger, acute population. The students in the current group were given the task of acting as consultants to plan an occupational therapy service programme for a long-term-care mental health unit. The students were expected to: decide on their actions as a group; identify all clients and their perceived needs, including long-term care residents on the units, family caregivers and patient care managers; explore opportunities for potential resources; and produce an occupational therapy service programme that took into account practical realities, such as fiscal and human resources. The supervisor for the group model acted as a guide/tutor/mentor. Joe (1994) and Bowen and Carline (1997) emphasized the benefits of peer collaboration. Students in the current project had an opportunity to provide and be provided with feedback on their ability to work together, as well as on task-specific components.

Evaluation of the second project

Evaluation included completion of pre and post surveys related to fieldwork models with a specific focus on this experience.

When asked about prior experiences the students responded that two of them had traditional one-to-one supervision experiences in their two previous fieldwork placements and that the other two had group supervision experiences in their previous placements. After the combined fieldwork model experience the students provided the following feedback on the advantages and disadvantages of the combined model.

Advantages

An opportunity to divide our time and explore different areas while still having a one-to-one supervision for most of the week.

Exposure to an area of programme planning that we would have otherwise not become involved with.

Provided an opportunity to programme plan not only for individual clients (with our supervising therapist), but also for an entire floor (i.e. consultation project).

Able to learn how to balance time between two responsibilities in two completely different areas of work, which is a reality we may have to face in the near future.

Project allowed for self-directed learning on part of students.

Disadvantages

Sometimes difficult to divide our time appropriately and arrange our various schedules to meet as a group.

Sometimes project time overlapped with our regular placement, as the primary supervisor had scheduled other things for us to do.

Student recommendations included:

Ensure that the primary supervisor is very clear on the project and that students may have some flexibility to their times during the week.

A little more direction initially (for example, clearer description of expectations, types of issues that students might want to investigate and so on) might have been helpful.

Maybe having it for only one day a week. I do see the value of this project, but I feel to take away one day from the clinical setting would be sufficient.

Summary

Evaluations of the two pilot projects showed the value of specific components of the experiences. Clearly all students must have the opportunity to work directly with clients, with consistent supervision and guidance. Students need to learn to combine theoretical knowledge with core occupational therapy professional skills, attitudes and practical knowledge. Additional elements – such as self and peer evaluation, collaborative teamwork, joint problem-solving, and learning the roles of advocate, consultant and programme planner – were seen as beneficial. As one student stated:

This placement has allowed me to develop much more than the basic skills needed for the practice of occupational therapy. Active problem solving, providing feedback to self and others and working as a team and independently, are areas I feel will help me to continue the development of my professional and practical skills.

Limitations

Participants in the two pilot projects were limited to a single clinical setting. Small numbers and a sample of convenience limit generalizability. As more reports of fieldwork models become available from a variety of occupational therapy clinical contexts there will be an increased understanding of the key principles in designing effective clinical education.

Recommendations

No recipe exists for the ideal format and content of fieldwork education. Fieldwork must reflect current contexts and trends of health/community care. Educational and care settings need to develop policies and processes to support the implementation of flexible fieldwork experiences. Students must meet core clinical competency objectives and gain an understanding of broader organizational and operational issues. Where feasible, students should be involved in the design of the fieldwork experiences that meet their individual needs. Our challenge is to continually evaluate, adapt and enhance our learning/teaching techniques to provide occupational therapy students with the spectrum of experiences they need to maintain and improve the quality of care of future client populations.

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