Level I Fieldwork: Creating a Positive Experience

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Qualitative research methodology was used to explore the purpose of level I fieldwork among occupational therapy students, clinical educators, and faculty respondents at one academic program. Differences in purposes among the three groups of respondents created different fieldwork expectations and outcomes. These differences underlined the importance of communication among students, clinical supervisors, and faculty in planning fieldwork to meet the needs of all three groups. Interpersonal skills, rather than academic skills, emerged as most important to student success in clinical education. Other factors that promote optimal level I fieldwork experience are understanding the purpose, level of commitment, clarity of expectations, timing, structure, and evaluation of the experience.

Level I fieldwork is an important educational component for occupational therapy students. Although the American Occupational Therapy Association (AOTA) provides a purpose statement, purposes expressed by those engaged in level I fieldwork seem ambiguous (AOTA, 1983). Changes in health care provision, such as reduction in fiscal resources and personnel shortages, have challenged those clinicians responsible for providing level I fieldwork (AOTA, 1985; Masagatani & Bishop, 1991; Teske & Spellbring, 1983). Level I fieldwork is the first clinical experience for occupational therapy students, setting the tone for current and future collaborative relationships among students and academic and clinical educators.

Literature Review

Level I fieldwork was described as providing an important opportunity for the student to develop clinical role models (Christie, Joyce, & Moeller, 1985a, 1985b). Wittman, Swinehart, St. Michael, and Cahill (1989) reported that occupational therapy graduates identified supervision and patient contact as the most valuable experiential aspects of level I fieldwork but generally viewed the experience as negative.

Two studies examined level I fieldwork objectives. Leonardelli and Caruso (1986) compared the rank ordering of level I fieldwork objectives by academic and clinical educators. Hands-on experiences and uniform fieldwork objectives were ranked more important by academic educators than by clinical educators. Clinicians cited cost effectiveness as a major concern and requested “more structure from the schools so less time is spent planning” (p. 262).

Kautzmann (1987) compared ranking of level I fieldwork objectives among students, academic educators, and clinical educators. The results led to recommendations that academic educators improve integration of theory with treatment planning and that clinical educators develop better methods of providing feedback to students regarding their professional behavior. Students requested more patient contact, observations of clinicians, and feedback regarding their skills.

Brown, Caruso Streeter, Stoffel, and McPherson (1989) built on the work of Leonardelli and Caruso (1986) and Kautzmann (1987) to develop the Wisconsin level I fieldwork evaluation form. The evaluation categorized behaviors into 5 groups: interpersonal interactions, professional behavior, data gathering and observation, program planning and implementation, and verbal and written communication. The evaluation form is currently used in Wisconsin and has had some national distribution. There are no reported data on the validity or reliability of the Wisconsin evaluation instrument.

Crist (1986) discussed the collaborative nature of fieldwork, whereas Bell (1986) said that for effective col-
laboration to take place, all participants must understand each others’ perspectives of the level I fieldwork experience. Masagatani and Bishop (1991) indicated that students, clinical educators, and academic educators can have “very different viewpoints and behavior patterns” (p. 10).

The literature describes important elements, processes, and recommendations for level I fieldwork. The purpose of this study was to better understand the effect of level I fieldwork on students, clinical educators, and academic educators by evaluating the process in one academic program to maximize its positive effects on students and clinicians.

Method

This study was conducted through naturalistic inquiry (Lincoln & Guba, 1985; Guba & Lincoln, 1989). Focus was on a single baccalaureate academic program. Level I fieldwork in this institution was begun in the second semester of the occupational therapy program and continued for two semesters. In this institution, students were offered options of a 1-week clinical experience when classes were not in session or ½ day a week for 7 weeks concomitant with classwork. The 1-week fieldwork experiences were available during the summer between the students’ junior and senior years. Level I fieldwork was randomly assigned, except for students who requested nontraditional placements (community programs without occupational therapist on site).

Data were collected in clinical environments where level I fieldwork was occurring and during seminar discussions with students. Focus groups of students, faculty, and clinical educators brought respondents together to elaborate on data collected and to respond to data collected from other respondent groups. Approximately 70 students, 30 clinical educators, and 10 faculty, including two classes of students followed from first to last level I fieldwork experiences, contributed to this study over a 2-year period.

Level I fieldwork sites were selected to represent the spectrum of occupational therapy practice, including mental health, acute physical disabilities, rehabilitation, pediatrics, geriatrics, inpatient and outpatient programs, and nontraditional sites. Data were collected through observations, in-depth interviews, and a review of documents. Respondents engaged in successive interviews, learning from, enhancing and rebutting other respondents’ ideas over a 2-year period of data collection and analysis. Similar bits of data were grouped together to form themes that defined and critiqued level I fieldwork.

Trustworthiness of the results was assumed through the following activities. At the conclusion of each interview, collected data were reviewed with the respondents for verification of accuracy. Negotiated understanding between respondents and investigators occurred during this process of member checking (Lincoln & Guba, 1985). The investigators debriefed each other to raise additional questions for inquiry and to assure adherence to the inquiry methodology. Throughout the process of data collection, an audit trail was created that referenced each bit of data to its original source (Guba & Lincoln, 1989; Schwandt & Halpern, 1988).

Results

What emerged from the study was a description of level I fieldwork that represented the views of all respondents. The issues that emerged were purpose or purposes of the experience, commitment, expectations, timing, structure, and evaluation methods and process.

Purposes

Nine purposes of level I fieldwork were identified. Agreement of purposes among respondent groups is shown in Table 1. All respondents agreed that one purpose of level I fieldwork was to integrate theory with practice. Students and clinicians agreed that fieldwork should help separate the reality of practice from its ideal and assist students to develop confidence. Students and academicians shared similar perceptions regarding practice choice and role models. Clinical educators and faculty shared the fewest areas of agreement on purposes of level I fieldwork.

Table 1
Comparison of Purpose of Level I Fieldwork

<table>
<thead>
<tr>
<th>Clinicians Provide Opportunities for Students to</th>
<th>Students Expect Opportunities That Enable Them to</th>
<th>Faculty Expect Clinicians to Provide Opportunities to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrate theory and practice</td>
<td>Apply “hands-on” treatment</td>
<td>Learn while doing</td>
</tr>
<tr>
<td>Apply theory to practice</td>
<td>Develop confidence</td>
<td>Expand exposure to practice settings</td>
</tr>
<tr>
<td>Increase confidence</td>
<td>Separate reality from idealism</td>
<td>Observe professional role models</td>
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<tr>
<td>Define occupational therapy</td>
<td>Identify practice choice</td>
<td>Develop technical and interpersonal skills</td>
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<tr>
<td>Establish patient rapport</td>
<td>Identify role models</td>
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<tr>
<td>Observe patients and therapists during treatment</td>
<td></td>
<td>Receive feedback regarding behavior</td>
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<tr>
<td></td>
<td>Expand exposure to practice settings</td>
<td>Faculty members expect to validate the curriculum through Level I fieldwork</td>
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Note: ** denotes agreement.
When students discussed application of theory and practice, they identified the importance of developing observation skills through clinical observation and feedback from clinicians. Students said that observation skills contributed to the development of critical thinking. One student said, “teachers will be up there talking about this, then you go out and actually see it. It makes you feel good; you are actually getting something out of your classes.” Clinical and academic educators agreed that technical and interpersonal therapeutic skills should be developed during level I fieldwork.

Students and clinicians agreed that level I fieldwork increased students’ confidence in communication, patient interactions, and knowledge base. They described moving on a continuum from a position of insecurity on the first fieldwork experience to a sense of greater security in later clinical experiences. A student said, “I was always worried about things I would say around the patients. I learned to be comfortable coming up with treatment goals, notewriting, and talking with patients.” Clinical educators said that a desired outcome of level I fieldwork was a decrease in students’ fears and development of professional confidence. Students distinguished between the textbook picture of clinical conditions and clinical reality. This distinction applied to presenting symptoms and probable diagnoses, clinical treatment schedules, productivity expectations, and reimbursement issues.

Practice choice interests were affected in a variety of ways through level I fieldwork. Students were exposed to a variety of practice environments. Factors that influenced students’ practice preferences included perceived success with treatment regimens, types of patients seen in the clinic, attitudes and moods of the clinicians, level of practice autonomy, collegial relationships, and communication. Faculty said that level I fieldwork should expose students to multiple populations and settings.

The role of the clinical educator was viewed as pivotal by students and faculty. Clinicians appeared to underestimate their significance as role models; they did not mention being role models as a purpose of level I fieldwork. Students attributed their success or lack of success within the clinical setting to their relationships and communication with clinicians. The responses of clinicians to students appeared to carry greater weight in practice choice decisions than did actual patient populations or treatment techniques. Faculty described the development of professionalism and interpersonal techniques using clinical role models as central educational elements of level I fieldwork.

Faculty said that level I fieldwork should provide students with feedback regarding their behavior and its potential effect on patients and staff. Feedback was particularly important for students with behavior problems that the academic program had difficulty addressing due to organizational constraints. Faculty also validated the curriculum through students’ experiences during level I fieldwork.

**Commitment**

The perceived commitment of clinical educators influenced the experience of level I fieldwork for students. Commitment was first experienced in students’ initial phone calls to the clinic to arrange visits. Students described their clinical educators in terms of being friendly, nice, available, and sensitive to students’ situations. Students commented on the frequency and nature of feedback from clinicians, personalities and ages of clinicians (age proximity to students), and organization and preparedness of clinicians. A student said with obvious positive meaning, “she was ready for me.” Another student said, “I showed up and the clinician said, ‘Oh, I forgot you were scheduled today.’” Students noticed the enjoyment and pleasure that clinicians seemed to receive from their educator role and attributed this to clinicians’ sense of commitment. Students were very interested in how clinicians obtained students and whether they had a choice about having students.

A few clinical educators indicated that they had no control over their level I fieldwork involvement; however, the majority indicated that they had sought involvement. Clinicians discussed the positive benefits of level I fieldwork related to students’ enthusiasm and interest in clinical practice. Level I fieldwork was described as a recruitment vehicle because it gave students an opportunity to see a clinical site and provided clinicians with a brief opportunity to assess a student’s future job potential within their clinic. Clinicians identified their commitment to the continuation of the profession through education. Issues that adversely affected clinicians’ motivation included staff shortages, cancellations of level I fieldwork students, and various requirements imposed by the academic program. One clinician said that as pressures for productivity increased, her perceptions of level I fieldwork as a priority decreased. Faculty recognized that clinicians were stressed regarding quality assurance, productivity, and therapist shortages. These issues were seen as having direct, powerful, and adverse effects on clinicians’ commitments to clinical education. However, it was believed that clinicians would continue to take level I fieldwork students as part of their responsibility to reciprocate for what they gained during their education process. Faculty recognized that geography played a part in clinicians’ willingness to take on level I fieldwork responsibilities; clinicians located in areas more distant from the academic program seemed to be more willing to take students than those in close proximity to the program. This situation may have occurred because these clinicians were less involved in additional academic program projects (e.g. research, guest lectures, committees). Faculty
respondents were aware that some level II fieldwork students were supervising level I fieldwork students.

Expectations

Expectations were not consistent across the groups of respondents. Clinicians expected students to take initiative, to be responsible for asking questions in the clinic, and to see that their needs were met. It was the students' responsibility to arrange visits to the clinics to coincide with treatment activities. This responsibility required students to be flexible enough to come early, stay late, or occasionally change the day of a visit. Some clinicians expected students to be willing to try evaluation or treatment techniques, even if the students had not been previously exposed to the evaluation and treatment modalities. Students were expected to exhibit appropriate behavior and dress for the clinic and to appreciate the efforts of clinicians in arranging the education experience. Students were considered egocentric, demanding, and frustrating by clinicians. Clinicians said they wanted to receive feedback from students about the positive and negative aspects of the clinical education experience and that meeting these expectations was difficult for shy students.

Students expected to take some initiative for their education in the clinic by asking questions of therapists. Many students reported expectations for specific sites related to what they heard from peers who had previous experiences in the level I fieldwork sites. One student said that peers "told horror stories" about their experiences. Students in nontraditional sites described difficulty relating what they were doing to occupational therapy practice because there were no occupational therapists in those sites. Students in nontraditional sites often chose to avoid consultation with the faculty member assigned to assist them.

Both student and clinicians had expectations of the faculty. Students wanted explanations of fieldwork assignments because they were not allowed to select level I fieldwork sites. Clinicians expected the faculty to better prepare students in technical and interpersonal skills required in their sites. Clinicians encountered students who had personal problems that the clinicians were uncomfortable addressing and consequently chose to ignore. However, these clinicians were concerned that students with problems can "fall through the cracks" and enter level II fieldwork or practice without having their problems addressed.

Faculty respondents were committed to making level I fieldwork available to students. One academic indicated that she expected students to report a variety of experiences, some "wonderful" and some "horror stories." Faculty stated that it was the school's responsibility to help students apply the wonderful stories to curriculum content or life experiences and turn the horror stories into positive learning experiences by assisting the students in examining their roles in the situation, the effect of those roles, and the clinical conditions present.

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Faculty expected clinicians to supervise students, meaning that clinicians would deal with behavioral problems by giving students feedback based on observations and expertise. Students were expected to actively engage in the level I fieldwork process. Students were responsible for discussing their concerns with academic or clinical educators. Faculty said that students frequently find themselves in a no-win situation when they are asked to be responsible for evaluation and treatment tools that they have not been prepared to administer. Although faculty said it was the students' responsibility to communicate their situation and concern to clinicians, frequently students' attempts at communicating limit setting had no effect or were perceived negatively by clinicians. There was also the recognition that students' reports were not always accurate given their performance anxiety.

Timing

There were two issues related to timing of fieldwork: sequence of the level I fieldwork experience in relation to courses taken, and the advantages of a 1-week experience versus ½ day a week for 7 consecutive weeks in the same site. Students and clinicians discussed the lack of preparedness of students for the initial fieldwork experience. However, all the respondents agreed that the second semester in the program was the optimal time to initiate fieldwork.

Student respondents were enthusiastic about spending an entire week in the clinic. One week experiences allowed them to develop better rapport with clinicians to ask questions and eliminates school as a distraction thus enhancing their ability to concentrate on clinical activities. When they were in the clinic for ½ day each week, they tended to see the same things repeatedly and not get the gestalt of occupational therapy practice.

Clinicians expressed mixed opinions about the 1-week fieldwork experiences. One said it was too intense for students, making completion of academic and clinical assignments difficult. Another was concerned that students might not have time in 1 week to develop rapport with patients. Conversely, clinicians responding said that students saw more variety of patient treatment in a single week experience and got a better overall view of clinical practice.

Structure

Structure of level I fieldwork was described by students in terms of initial welcome to the clinic, assignments, and supervision. Clinicians who were enthusiastic and took time to stop and establish eye contact with students while explaining expectations made students feel welcome. Stu-
At the conclusion of fieldwork, students and clinicians were required by their school to write progress notes, complete one case study, and participate in weekly practicum seminars. However, there was no consistency in clinic requirements. Some students had observational experiences, whereas other students provided patient treatment. Most clinicians planned carefully for students. They gave students clinic notebooks and access to available educational resources. Some students were asked to keep journals that were discussed with clinicians.

Several fieldwork sites provided students with a different clinical educator each week. Students found this less desirable than having a single supervisor throughout the fieldwork experience. Students said each supervisor had different expectations and it was hard to form relationships and ask questions when they did not know the clinician.

In multidisciplinary departments, some students had difficulty with role blurring. They found it difficult to differentiate occupational therapy from physical therapy or recreational therapy. In nontraditional sites, students said they had no one to talk to about occupational therapy and they missed this opportunity.

Faculty provided course syllabi to fieldwork level I sites to clarify educational content and to facilitate students' fieldwork experiences. However, they were not certain whether these had any meaning to clinicians.

**Evaluation Methods and Process**

At the conclusion of fieldwork, students and clinicians exchanged evaluations. Initially, students were surprised that an evaluation process occurs. Most students reported being pleased with evaluation results. However, students and clinicians expressed concerns that the evaluation forms did not address areas considered important to professional development. Evaluation forms designed by the education program to resemble AOTA's Fieldwork Level II evaluation forms primarily quantified performance for a grade rather than giving students information about how to modify professional skills and behaviors. One student said, "There were pages of numbers. I went through looking for 3 or below, that's what I was concerned about!"

Students often hesitated to give feedback to clinicians about fieldwork experiences. A student said, "I can't imagine writing anything negative about the place, even if I did find something there." Another student said, "I think if you have negative things you should write them so the next student won't have to go through that." When students were supervised by multiple clinicians, they were frightened by the thought of those clinicians meeting to discuss their performance to assign a score. Students said they performed better for some clinicians than for others and they were concerned about who would have the most influence on the final score.

Some students who had not received feedback throughout fieldwork had no idea how their final scores would look. A student said, "I haven't a clue, because she doesn't say anything." Some clinicians were uncomfortable receiving feedback from students. One student reported that her clinical educator did not allow any discussion about the facility during the evaluation session. Faculty respondents expressed concern about the format of the evaluation. The current format tended to reinforce students' focus on numerical scores (e.g., did I meet the minimum competency standards?) rather than the overall content of the evaluation feedback. One faculty member hypothesized that the two major reasons students failed a fieldwork experience were inadequate time management skills and behavior problems. Faculty respondents speculated that perhaps the evaluation format needed examination and alteration to improve quality of feedback.

**Discussion**

Transference of the data gleaned from this study of one academic program will have to be assessed by the reader to determine its application to other programs that use a similar format. Data from this study would need to be shared with students and clinical educators within individual settings to see whether similar problems or concerns are evident.

Students, clinical educators, and faculty respondents identified numerous factors that enhanced or detracted from level I fieldwork. Many of these factors centered on the need for improved communication. Clinical educators and faculty identified the need to increase their dialogue regarding student behavioral problems; specifically, to clarify the roles of clinical educators and faculty in addressing student interpersonal skill development, to identify the behavioral expectations of students within the clinic, and to anticipate potential intervention strategies.

Respondent feedback in this study supported the findings of Leonardi and Caruso (1986), which indicated that level I fieldwork participants have different objectives for the experience, along with differing perspectives on the importance of the objectives. The lowest level of agreement was found between the clinical educators and faculty, again reinforcing the premise of Masagatani and Bishop (1991) that clinical educators and faculty have varied perspectives.

Clinical educators in this study cited the development of student confidence through clinic exposure as a major element of level I fieldwork; however, they tend to minimize their role in this process. Faculty and student respondents both indicated that they see the clinical educator's role as critical. Student respondents attributed
their success or lack of success in the clinic to their clinical supervisor. Student response in this study is consistent with the results of Christie et al. (1985a, 1985b). Faculty attribute a student's integration of professionalism and interpersonal techniques to the role modeling of clinical educators.

Student and faculty respondents indicated that level I fieldwork provided a hands-on introduction to practice areas within occupational therapy that students had not previously been exposed to. This exposure to new areas expanded some students' practice choice consideration. Clinical educators described level I fieldwork as an opportunity for students to learn about a given practice area and as an opportunity for the clinical facility to engage in recruitment activities. When level I fieldwork is viewed as a vehicle to expand practice preference consideration as well as an opportunity for recruitment, it becomes a potentially powerful tool in addressing labor shortages that exist within the program.

Recommendations

Specific behavioral and learning objectives might be developed by each fieldwork site in conjunction with referring academic programs so that students would have a clearer understanding of what is expected of them and what they could expect in return from the clinical educator. Given differences in the perspectives of clinicians and faculty, collaborative development of a baseline of clinical expectations is necessary to ensure that specific clinical activities and curricula content are compatible.

Increased awareness by clinicians regarding the significance of their role modeling and its effect on the student is indicated. This issue could be addressed during AOTA's Annual Council on Education (COE) meeting. Local COEs could be encouraged to follow up with workshops involving students, clinicians, and faculty.

The implementation of a level I fieldwork evaluation has real meaning to clinicians and students. Ideally the evaluation would be short and concise with a relevant behavioral focus that allows application in a wide variety of settings. As evaluations are developed and put into use, data should be gathered to allow analysis of reliability and validity. Concurrently, clinicians, students, and faculty need to be involved in discussions regarding their perceptions about the value of an evaluation's ability to provide relevant and helpful information.

The discomfort associated with communication of problem behaviors with students by clinical educators and faculty could be anticipated, acknowledged, and routinely addressed through national and local COE meetings that focus on communication issues and possible intervention strategies. As issues and intervention plans are identified, these ideas could be incorporated into the level I fieldwork objectives.

Conclusion

The results from this research project conducted at one university support the results of previously cited level I fieldwork investigations. Issues involving clarification of expectations, performance evaluation, and communication are critical. The most influential factor identified in this study was the clinical educator's role as professional guide, teacher, and potential mentor. Level I fieldwork was also described as a vehicle for early recruitment. In future research it would be interesting to have more information about what practice areas are made available to students for level I experiences. If level I fieldwork is viewed as an opportunity to recruit, what effect does that focus have on the design and implementation of level I programs, and what, if any, relationship exists between level I and level II fieldwork experiences?

References


