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A STUDY OF THE PERCEPTIONS OF OCCUPATIONAL THERAPY STUDENTS AFTER COMPLETING FIELDWORK LEVEL II CLINICAL TRAINING IN THE UNITED STATES ON SUPERVISION CHARACTERISTICS

Dissertation
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Degree
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Abstract

The purpose of this study was to analyze occupational therapy student perceptions of supervision characteristics during fieldwork level II experiences in the United States. The fieldwork education system for occupational therapy has experienced a great deal of stress due to economic and educational delivery system changes.

The target population for this study was professional level occupational therapy students from accredited bachelors level and master's level entry programs within the United States that have completed their fieldwork level II clinical education experiences in 1999. The instrument used included 2 sections of the Student Evaluation of Fieldwork Experience (SEFWE).

The research questions included; are there statistically significant differences in student supervision characteristics when compared by clinical site region and are there statistically significant differences in student supervision characteristics when compared by type of fieldwork setting. The total SEFWE forms collected were 2,447 with 2,022 usable and 425 unusable.

When comparing the differences between AOTA defined regions and the supervision characteristics, the researcher found that the students gave consistently high mean scores for supervision characteristics. Analyzing the student ratings of supervision characteristics between fieldwork types, however reveals all ratings by the students indicate that they experienced each characteristic at least frequently during their clinical experience. So while there are differences these differences may be related to the fieldwork type setting characteristics rather then the clinical supervisors ability to provide quality supervision as defined by the supervision characteristics in this study.

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CHAPTER I

OVERVIEW OF STUDY

Introduction

Occupational therapy is a medical based profession that provides treatment for individuals with functional limitations through the use of purposeful activities, activities of daily living and development of individual life roles. The education process for occupational therapists includes 6 months of full time clinical education under the supervision of an experienced registered occupational therapist who provides service in clinical settings with clients that have a variety of diagnosis and client age groups (American Occupational Therapy Association [AOTA], 1997a). This education process is known as fieldwork level II experiences. In order to meet the standards, occupational therapy educational programs and clinical facilities provide clinical training in a variety of settings. These settings have traditionally been defined as serving clients with physical, psychosocial, and pediatric disabilities. The current requirements of an occupational therapist providing supervision in the clinic are limited and require no formal training in education techniques or mentorship (AOTA, 1997a). Clinical supervisors have come under a great deal of pressure in meeting the educational demands for providing educational experiences to students. According to the Final Report on Fieldwork Supervision Focus Group conducted by the American Occupational Therapy Association (1995b) supervisors indicated that fieldwork education is in a crisis. They indicated that fieldwork supervisors felt they were not adequately trained to be supervisors; supervision takes a lot of work and is stressful. The National Study of Occupational Therapy Practice Executive Summary of 1997 (National Board for

Certification in Occupational Therapy, 1997) identified 66% of practicing clinician's work in the medical care arena. These supervisors are subject to the national trends in the healthcare system. Bellark and King (2000) indicate that the healthcare environment is creating a great deal of pressure on clinicians regarding productivity, which leaves less time for supervision of students.

Another factor that has influenced clinical supervisors' ability to provide education is a dramatic increase in the number of programs. There has been a rapid proliferation of programs since 1995. The number has increased from less than 200 to over 300 in a two-year time span (Zukas & Gordon, 1997). This increase has flooded the available supervisors with students that require clinical training before they are eligible to become registered therapists.

The American Occupational Therapy Association (AOTA) has recognized these demands on the fieldwork supervisors and has provided a variety of resources. The Report on Fieldwork American Occupational Therapy Association Fieldwork Promotion Campaign (AOTA, 1995b) summarizes marketing techniques used to increase the number of fieldwork supervisors. These techniques included the development of marketing brochures and articles published in the professions' literature relating to the benefits of providing fieldwork education to students. Also a Fieldwork Study Committee was developed to further examine the issues relating to fieldwork education and to develop alternative fieldwork models. The AOTA has been active in developing fieldwork education standardized evaluation forms and continuing education information.

Studies across medical professional disciplines have identified mentoring characteristics that are common in clinical supervision situations. Both students and

supervisors have identified mentoring characteristics that are effective in progressing students toward independent professional practice. These characteristics include a combination of providing education regarding professional knowledge based skills (Dudgeon & Greenberg, 1998; Emery, 1984; Higgitt, 1996; Irby, 1994; Klessig, et al., 2000), developing and displaying interpersonal skills (Dudgeon & Greenberg, 1998; Emery, 1984; Flagler, Loper-Powers, & Spitzer, 1988; Higgitt, 1996; Kelly, Brown, Perritt & Gardner, 1996; Stith, et al., 1998; Tickle-Degnen, 1998) and providing feedback techniques to students during their educational experience (Aviram, Ophir, Raviv, & Shiloah, 1998; Crandall, 1993; Flagler, Loper-Powers, & Spitzer, 1988; Jarski, Kulig, & Olson, 1990; Kelly, et al., 1996; Klessig, et al., 2000; Schell, 1998; Stith, et al., 1998; Yao & Wright, 2000).

Statement of the Problem

The fieldwork educational system for occupational therapy has experienced a great deal of stress due to economic and educational delivery system changes. The AOTA has provided educational support to clinical supervisors by developing local, national and network organizations; however there are few clear guidelines or requirements mandated by AOTA in regard to clinical supervisors' educational status prior to supervising students. The information gathered from this study can be used to evaluate the current system of educational support provided to clinical supervisors or provide guidelines for further educational needs.

Occupational therapy programs collect data on students' impressions of the supervision process on a regular basis. These data are being collected by most occupational therapy programs on the Student Evaluation of Fieldwork Experience form

developed by the American Occupational Therapy Association (AOTA,1995c, COE,1995). It is standard practice that this form be filled-out by all students who complete their fieldwork level II experiences and maintained as part of the students' educational records or as part of available records for future students, supervisors, and instructors to review. However, these data have not been analyzed at a regional or national level to determine the current student-supervisor characteristics that students are experiencing.

Statement of Purpose

The purpose of this study is to analyze occupational therapy student perceptions of supervision characteristics during fieldwork level II experiences in the United States. The data analysis has been presented in two forms. There is a comparison of the supervision characteristics by using AOTA's regional classification system (AOTA, 2000). This system breaks up the United States into 9 regions for the purpose of providing fieldwork educational support. This system of comparison was chosen in order to present the results in a meaningful manner to the profession of occupational therapy and to allow the profession to address easily issues within the existing structure of fieldwork support if needed.

The other comparison is by the type of fieldwork the student experienced as defined by the student. Examples of these types are clinical sites serving clients with physical disabilities, psychosocial, or pediatric disabilities.

Supervision characteristics can be categorized into three main topics: professional knowledge base skill development, developing and displaying interpersonal skills, and feedback techniques to students. Each category has several topics that ask the student to

rate each characteristic on a 4-point likert type scale ranging from rarely experiencing the characteristic to consistently experiencing the characteristic during clinical education experience.

The data gathered includes type of fieldwork setting as defined by the student completing the evaluation. In this study, the researcher used these data for clinical site descriptions and developed common themes of clinical site descriptions to categorize these data for analysis.

Research Questions

The research questions guiding this study include:

1. Are there statistically significant differences in student supervision characteristics when compared by clinical site region?
2. Are there statistically significant differences in student supervision characteristics when compared by type of fieldwork setting?

Importance of the Study

The occupational therapy profession has experienced external changes in service delivery, reimbursement, and educational systems that can influence the clinical training process of students that is required in order to be eligible for independent, safe clinical practice. Analysis of these data relating to occupational therapy student perception of supervision characteristics during fieldwork level II experiences may provide the profession with objective information on the effectiveness of the changes in marketing, education and the development of new fieldwork models. This information can also lead the organization in making further decisions that can support the practicing clinicians who provide the important service of educating our future professionals.

Limitations and Delimitations of Study

Limitations;

- While it is standard practice to use the Student Evaluation of Fieldwork Experience form, educational programs are not required to use them. Therefore, programs that do not use them were not eligible for this study.

Delimitations of study

- This study was delimited to occupational therapy bachelor and master's level entry programs, not occupational therapy assistant programs.
- This study was delimited to evaluating Level II clinical experiences not Level I experiences.
- Students are not required to review information from the SEFWE form however; supervisor may have access to the information upon request.

Assumptions of the Study

The assumptions underlying this study are enumerated below:

1) It was assumed that the students who completed the Student Evaluation of Fieldwork Experience form were honest in their responses.
2) It was assumed that the students who completed the Student Evaluation of Fieldwork Experience form are familiar with the information needed.
3) It was assumed that the regional distribution of student fieldwork placement experiences follows the same pattern as the education program distributions within the United States.
4) Students completing the Student Evaluation of Fieldwork Experience form under section B were asked to rate the fieldwork supervision

characteristics on a 4- point likert type scale that they experienced during their clinical experience. It is assumed that the students viewed the scale as having equal intervals.

5) Significant differences found in both parametric and non-parametric analysis will show the same differences between groups.

Definitions of Terms

- Fieldwork experience is defined by the Accreditation Council for Occupational Therapy Education (ACOTE, 1998) an integral part of the educational program curriculum design and shall include in-depth experiences in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and/or research, administration and management of occupational therapy services.
- Supervision is defined as a dynamic, interactive process in which an identified professional has been assigned to assist in and direct the work and growth of a student. The Standards for an Accredited Educational Program for the Occupational Therapist (Accreditation Council for Occupational Therapy Education, 1998) defines the supervisory process as initially providing direct guidance and then decreasing the amount of direct contact with the student as is appropriate for the clinical setting and student's ability.

- Occupational therapy students are defined as individuals actively enrolled in programs that have or are seeking accreditation from the Accreditation Council for Occupational Therapy Education committee.
- Fieldwork Level I experience is defined as providing students with clinical experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process (Accreditation Council for Occupational Therapy Education, 1998).
- Fieldwork Level II experience is defined as an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and/or research, administration and management of occupational therapy services. Minimum time requirement is 24 weeks of full time or 40 hours per week (ACOTE, 1998). Experience is typically broken up into 2 – 3 month experiences in 2 separate facilities.

Organization of Study

This dissertation study is organized in five chapters. The first chapter provides an overview of the study, which includes the rational, purpose and research questions.

The second chapter contains a review of literature that discusses the internal and external factors that influence clinical supervisors' ability to complete their supervision tasks. These factors include fieldwork academic requirements, healthcare political issues, fieldwork support systems, and supervisors' opinions relating to student supervision. This chapter also includes a literature review of identified supervision characteristics that

supervisors and students feel are important for positive clinical supervision training. These characteristics have been identified by a variety of medical health professions.

Chapter three provides the methodology of the study. It includes the method of population selection used in the study, the procedures used, a description of the data collection instrument with a statement of reliability and validity, and the process used to collect and analyze these data.

The fourth chapter provides descriptive findings of the study, and parametric and non-parametric findings of the study. The final chapter provides a summary of the study, conclusion, and the implications for further study within the area of clinical supervision characteristics.

CHAPTER II

REVIEW OF RELATED LITERATURE AND RESEARCH

Introduction

The review of related literature and research is divided into six areas. These areas include; fieldwork level II academic requirements, academic influences on student supervision, healthcare crisis influences on student supervision, American Occupational Therapy fieldwork education support, fieldwork supervisors' opinions relating to student supervision, and clinical supervision characteristics.

Fieldwork Level II Academic Requirements

The philosophy behind occupational therapy education is that "occupational therapy education is grounded in a shared belief that humans are complex beings engaged in an interactive process of continuous adaptation and growth influenced by their physical, social and cultural environment" (AOTA, 1997a, p. 867). The Standards for an Accredited Education Program for the Occupational Therapist states that fieldwork education is a crucial part of the professional preparation and is best integrated as a component of the curriculum design (Accreditation Council for Occupational Therapy Education, 1998). The Purpose and Value of Occupational Therapy Fieldwork Education Statement indicates that supervised fieldwork experiences are an integral part of professional preparation. The purpose of the fieldwork experience is to integrate academic knowledge with clinical practice (AOTA,1997b). Occupational Therapy education requires a minimum of the equivalent of 24 weeks of full time level II fieldwork. The requirements for fieldwork supervisors include being a certified occupational therapist, meeting the state regulations in which they practice and supervise,

and having a minimum of one year of practice experience in the field of occupational therapy (AOTA,1997a).

Academic Influences on Student Supervision

Occupational therapy has been identified as one of the fastest growing healthcare professions (United States Department of Labor, 2002-2003). There has been a significant increase in the academic programs that provide occupational therapy education. In 1995, there were 90 occupational therapy programs and 97 occupational therapy assistant programs in the United States (AOTA, 1995a). In 1999, the programs increased to 127 occupational therapy programs and 164 occupational therapy assistant programs (AOTA, 1999g).

Both occupational therapy and occupational therapy assistant programs require clinical fieldwork education training under the supervision of practicing occupational therapists (AOTA, 1999e,1999f). The AOTA developed regional territories within the United States (AOTA, 2000). Summary Table 1 below shows the 1999 distribution of accredited and developing status occupational therapy, occupational therapy assistant, and total educational programs by region within the United States and Puerto Rico (AOTA, 1999e, 1999f). The range of total academic programs per region is from 8 programs to 65 programs. This indicates that the need for fieldwork supervisors differs across regions. Following the assumption made in chapter 1, the regions that have more schools require more fieldwork educational experiences and supervisors.

Table 1: Accredited and Developing Status Occupational Therapy and Occupational Therapy Assistant Educational Programs by Region (1999)

Region	OT Prog.	OTA Prog.	Total
Region 1: Northwest (Alaska, Idaho, Montana, Oregon, Washington)	3	5	8
Region 2: Rocky Mountain (Colorado, N. Dakota, S. Dakota, Utah, Wyoming)	5	10	15
Region 3: Pacific Southwest (Arizona, California, Hawaii, Nevada)	7	12	19
Region 4 South/Southwest (Arkansas, Louisiana, New Mexico, Oklahoma, Puerto Rico, Texas)	10	18	28
Region 5 Central Midwest (Iowa, Kansas, Missouri, Nebraska)	10	9	19
Region 6 North Midwest (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)	27	38	65
Region 7: Southeast (Alabama, Florida, Georgia, Kentucky, Mississippi, N. Carolina, S. Carolina, Tennessee)	21	23	44
Region 8 Middle Atlantic (Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, West Virginia)	19	19	38
Region 9 New England (Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont)	24	30	54

August, 2002

Healthcare Crisis Influences on Student Supervision

The Balanced Budget Act of 1997 imposed several changes to the Medicare payment system that had a direct effect on the provision and payment of occupational therapy services. One change was a payment limitation on outpatient rehabilitation services under Medicare Part B. This limitation affected occupational therapy services by placing a $1500 limit on occupational therapy services provided to patients under Medicare Part B insurance coverage. The American Occupational Therapy Statement on the $1500 Caps on Medicare Part B Outpatient Rehabilitation states "that this cap is designed to be imposed without regard to individual patient needs such as need for continuous therapy for an unusually serious injury, and without regard to whether the patient has more than one episode of need for therapy during a given year" (AOTA, 1999a). This mandate was then frozen for a period of two years and the full affect of the ruling was in place in 1999. During the final meeting of 2002 the officials at the Centers for Medicare and Medicaid Services delayed implementation of the Medicare $1,500 Part B therapy caps until July 1, 2003. During the period between 1997 and 1999 therapy programs began to prepare for the Medicare caps by making changes to service delivery methods and increasing productivity demands.

Another mandated change of the Balanced Budget Act of 1997 was in the payment structure under Medicare Part A for services in skilled nursing facilities (AOTA, 1999d). The payment structure went from a cost-based system (with routine limits) to a fully prospective payment system. In this system patients are classified into payment categories called the Resource Utilization Groups, or RUGS, based on their health and functional status as determined by using the Resident Assessment Instrument. This

classification then determines a daily payment rate for all health care services including; nursing, pharmaceuticals, physical/occupational/speech-language therapy, and other services. Because payment for all services is included in the daily rate, facilities are compelled to manage patient care more intensively to provide and pay for services in order to assure both appropriate care and efficient use of resources (AOTA, 1999b).

These two federal changes have had a significant effect on occupational therapy providers. In 1999, the professional body of occupational therapists and occupational therapy assistants consisted of over 60,000 therapists. A survey of the American Occupational Therapy Association membership conducted in 1997 indicated that approximately 30% of occupational therapy professionals worked in long-term care facilities or skilled nursing facilities (AOTA, 1999c). Another survey of American Occupational Therapy Association members indicated that 27% of those who completed the survey had lost their jobs since January 1998. Virtually all of these practitioners were working in long-term care facilities. Those that still had jobs, were faced with fewer hour (25%) and lowered salaries (25%) (AOTA,1999c). The American Occupational Therapy Association summarized the situation by stating that "Practitioners are experiencing changes in their employment status, in their economic status, challenges to their professional standards and ethics, and, most importantly limitations in their ability to provide adequate, appropriate, and required services to Medicare beneficiaries" (AOTA, 1999b, p.1). These changes decreased the number of available sites for occupational therapy students to complete their fieldwork education experiences.

The Omnibus Budget Reconciliation Act of 1986 (1986) made a significant impact on medical student supervision. This act set the guidelines for Prospective

Payment Systems (PPS) for outpatient services. The act defined service providers' eligibility requirements. In 2000, HCFA interpreted this ruling by stating that medical students did not meet the eligibility requirements to be able to provide reimbursable patient care services. As a result of this ruling many therapy out-patient facilities that primarily serve Medicare part B clients no longer provided fieldwork supervision opportunities to therapy students. The result is a decrease in options for fieldwork sites for students, which puts further pressure on the remaining supervisors.

American Occupational Therapy Fieldwork Support Systems

The American Occupational Therapy Association (AOTA) recognizes and supports three levels of professional organizations that are designated to provide support and education for the occupational therapy fieldwork process. The first level is the local Commission on Education (COE). This level is composed of educational program faculty and fieldwork or clinical educators. The local academic program and fieldwork placement representatives determine guiding objectives regarding educational needs and policies.

The second structure is the national level COE or AOTA COE. This structure is guided by the bylaws of AOTA and its main purpose is to promote the quality of education and educational standards for occupational therapists. The COE (1983) describes its functions as defined by the AOTA standard operating procedures as:

1. Develops, interprets, and reviews education standards for occupational therapy;
2. Provides consultation to developing and existing technical, professional, and post professional programs;

3. Reviews and edits educational documents and directs them to appropriate bodies for action and publication;
4. Develops and implements continuing education opportunities for educators; and
5. Reports to the Representative Assembly.

Voting members of the COE include a steering committee and one academic educator, one academic fieldwork coordinator, one fieldwork educator, and one student representative from each accredited occupational therapy education program.

The third structure of educational support provided by AOTA is a set of regional fieldwork consultants. This consists of nine regions within the United States identified by AOTA (AOTA, 2000). Each region appoints an educator that provides presentations, workshops, and consultation on a volunteer basis. These consultants work with the Fieldwork Program Manager at the AOTA Education Department.

Fieldwork Supervisors Opinions Relating to Student Supervision

Changes in both the healthcare system and the occupational therapy students can lead to high stress for clinical fieldwork supervisors (Collins, 1996). Claudia Brown, regional fieldwork consultant indicates "the workplace is changing so rapidly, [fieldwork supervisors] find it difficult to manage their caseloads. They don't have much energy or opportunity to take on additional responsibilities" like students (Collins, 1996, p. 23). The AOTA National Office conducted a focus group study on the topic of fieldwork supervision (Burchman, 1995) to explore reasons why some occupational therapists and occupational therapy assistants supervise students and others do not. The general themes identified by the report indicated that therapists that provided supervision services did so

out of "personal pride and to give something back to their profession "(p. 2). Therapists that did not provide supervision services indicated that they did not feel adequately trained to supervise students. These therapists also indicated that the health care environment is changing rapidly, which requires them to work in multiple settings. This makes student supervision difficult because there is little consistency in their daily routines. These therapists also indicated that supervising students takes a lot of additional work and is stressful. Finally, the clinicians feel estranged from educational programs. This study also indicates that clinicians need to fight for fieldwork education programs to even exist in their facilities because of the current economic environment of health care. The administrators of these facilities are concerned that training students means loss of profits.

Clinical Supervision Characteristics

Both clinical students and supervisors have identified specific supervision characteristics that are beneficial to the clinical education process (Aviram, Ophir, Raviv, & Shiloah, 1998; Crandall, 1993; Dudgeon & Greenberg, 1998; Emery, 1984; Flagler, Loper-Powers, & Spitzer, 1988; Higgitt, 1996; Irby, 1994; Jarski, Kulig, & Olson, 1990; Kelly, et al., 1996; Klessig, et al., 2000; Schell, 1998; Stith, et al., 1998; Tickle-Degnen, 1998; Yao & Wright, 2000). These characteristics can be discussed in three categories; professional knowledge based skill development, developing and displaying interpersonal skills, and feedback techniques to students (Table 2).

Table 2: Group Categorization of Supervision Characteristics for Medical Professional Clinical Training

Professional Knowledge Based Skill Development	Developing and Displaying Interpersonal Skills	Feedback Techniques to Students
- Taught knowledge and skills as required - Facilitated student's problem solving skills - Encouraged self-directed learning - Adjusted workload to facilitate student's growth	- Presented clear explanations and expectations. - Encouraged student to provided feedback to supervisor. - Approachable and interested in student. - Made me feel comfortable and part of the department. - Projected a positive attitude towards other staff and students.	- Provided supervision as needed. - Used constructive feedback methods to address weaknesses. - Reviewed written work in timely manner. - Provided positive reinforcement for strengths.

August, 2001

Professional Knowledge Based Skill Development

Professional knowledge based skill development can include knowing the characteristics of teaching knowledge and skills as required by the profession, facilitating students' problem solving skills, encouraging self-directed learning, adjusting workload to facilitate student's growth, and providing a positive role model of professional behavior. Each characteristic has supporting literature that identifies its importance to the student-supervisor relationship during the clinical education process.

Teaching knowledge and skills as required by the profession Yao and Wright (2000) received feedback from a survey of 298 internal medicine program directors addressing the most frequent difficulties that problem residents' display. The survey results identified insufficient medical knowledge in 48% of the responses. Irby (1994) completed a qualitative study of six distinguished clinical teachers to identify their perceptions of what clinical teachers need to know to be a successful supervisor. The study identified three relevant knowledge domains; knowledge of the subject matter, knowledge of the learners' normal professional developmental paths, and knowledge of general principles of teaching and learning. Dudgeon and Greenberg (1998) identified the elements of supervisors providing professional knowledge relating standards of practice, frames of reference, evidence-based practice, and practice-based settings and systems to address when preparing occupational therapists for clinical practice.

Hayes, Huber, Rodgers, and Sanders (1999) completed a survey of 33 physical therapy clinical supervisors to identify the types of behaviors that negatively affect students' clinical performance. Inadequate knowledge and psychomotor skills was the

highest identified behavior, at 43%, which negatively effected the students' clinical performance.

Facilitating students' problem solving skills Crandall (1993) interviewed 13 "above average" clinical teachers who supervise residents in family medicine and surgery to investigate how "good" teachers transmit knowledge to learners. The study indicated that the successful supervisor was supportive of learners, encouraging them to make decisions without unnecessary intervention. Flagler, Loper-Powers, & Spritzer (1988) completed a study of 139 nursing students to identify clinical training behaviors that helped or hindered their self-confidence as nurses. Several positive supervision characteristics identified were the supervisor abilities to provide opportunities for students' independent actions, assisting students in answering their own questions and creating a climate in which less than perfect behavior at new skills and application of knowledge was acceptable.

Encouraging self-directed learning The study completed by Flagler, Loper-Powers, and Spritzer (1988) identified the supervision behavior of holding students responsible for seeking help as increasing their self-confidence in becoming a nurse. Higgitt (1996) completed a review and re-evaluation of the role and delivery of fieldwork programs in contemporary higher education. Her findings indicate that current clinical teaching environments are required to teach larger numbers of students. After reviewing a variety of approaches to learning she concluded that promoting autonomous learning is an effective strategy for meeting the current fieldwork education needs. Schon's Model of Reflective Practice (Schon, 1987) is based on how physicians think and emphasize learning from experience. This model identifies encouraging self-directed learning as a

method to increase students' ability to be more effective problem solvers. Crandell (1993) completed a study of medial based clinical teachers' instructional approach, which confirmed that encouraging self-directed learning is a common characteristic of excellent clinical teachers.

Adjusting workload to facilitate a students' growth Ferenchich, Simpson, Blackman, DaRosa and Dunnington (1997) indicate that providing a plan for the learner to interact with patients maximizes supervision feedback techniques and maintains clinic efficiency. Irby (1994) identifies the need to be selective and realistic in relation to dealing with a few chosen clinical cases, reviewing them in depth and establishing realistic expectations for the learner.

Providing a positive role model of professional behavior Schell (1998) discusses teaching strategies that promote professional interaction. She indicates that teachers' covert and overt modeling of effective questions may influence the students' ability to improve professional communication skills for nursing students. Emery (1984) conducted a survey of 102 physical therapy students to identify, from the students' perspective, training needs for clinical instructors. This study showed a positive correlation for professional skill development characteristics.

In a study completed by Hayes et al. (1999), the supervision characteristic of displaying unprofessional behavior was identified by physical therapy clinical supervisors as a behavior that negatively effects students' clinical performance.

Developing and Displaying Interpersonal Skills

Developing and displaying interpersonal skills has been identified as important supervisory characteristics. Stith et al. (1998) received surveys from 113 physical

therapy students that were asked to rate their satisfaction with the clinical education process. The results of the study showed that overall satisfaction was best explained by factors of an interpersonal nature between the supervisor and student. Hill, Wolf, Bossetti, and Saddam (1999) completed a survey of 430 clinical instructors from 5 allied health programs to identify rewarding and discouraging aspects of clinical teaching. Clinical instructors reported that working with students that demonstrated poor personal and communication skills was discouraging. As labeled in Table 2 specific supervisor characteristics that can be included in this category are:

- presenting clear explanations and expectations.
- encouraging the student to provide feedback to the supervisor.
- the supervisor being approachable and interested in the student.
- the supervisor made the student feel comfortable and part of the department.
- the supervisor projected a positive attitude towards other staff and students.
- the supervisor demonstrated an interest and commitment in their job.

Presenting clear explanations and expectations Hiebert (1996) describes the use of learning circles as a strategy to increase critical-thinking skills for nursing students during clinical training. One core concept of this strategy is its democratic atmosphere, in which equal participation of students and supervisors is expected and encouraged. She emphasizes that an orientation session is important in establishing expectations during the clinical experience in order for the student to gain successful critical-thinking skills for future independent practice. Ferenchick et al. (1997) discuss the complexities of training medical students in a fast paced ambulatory care setting. The ambulatory care facility that provided clinical medical education received two directives that influenced their

ability to provide intern supervision. The first was from the curriculum committee of the local medical school that approved an increase in the amount of clinical education students received ambulatory care settings and the second was from the director of clinical affairs mandating a 10% increase in clinical revenues from each physician. To meet the needs of this new environment the physicians felt that setting clear guidelines related to patient scheduling, student supervision times, expectations for each student, and feedback methods to both students and supervisors would insure successful completion of the clinical rotations.

Encouraging students to provide feedback to the supervisor Crandall's (1993) qualitative study of "above average" medical clinical supervisors perceptions of characteristics of good supervision indicate that excellent clinical teachers are open to constructive criticism and feedback on how they teach.

Approachable and interested in student A supervisor being approachable and interested in students can objectively be seen through the supervisors' methods of interaction and availability. Flagler, Loper-Powers, and Spitzer (1988) provide a summary of 139 nursing students of supervisor characteristics that the students felt very much influenced their feeling of self-confidence during their clinical experience. These characteristics include the supervisor being willing to accept students' questions, encouraging students to ask questions, encouraging discussion related to patient care, and being readily available to student. Roddick (1993) summarizes from the work of developing the learning circles strategy for teaching clinical students that a facilitator or supervisor's responsibility is to promote a relaxed, non-threatening environment.

The supervisor made the student feel comfortable and part of the department

Neville and French (1991) completed a study of 40 physiotherapy students after they had completed 12 weeks of clinical practice. The students were asked to describe a good clinical placement versus a poor clinical placement. The students identified and valued a supervisor being friendly, helpful, and approachable. The students valued being integrated into the department, such as being allowed to use the staffroom. The students in this study also indicated that they were less satisfied with the clinical experience when they were treated like outsiders in the department. Bowen and Carline (1997) indicate that clinical learners or students need to be oriented to their roles, the roles of others in the clinic and the culture of the clinic in order to effectively learn. In a study completed by Jarski, Kulig, and Olson (1989) of 311 physical therapy and physician assistants, clinical students were asked to identify behaviors of clinical supervisors that they perceived as the most effective and the most hindering in facilitating learning. The students ranked the supervisors behavior of discouraging student/supervisor relationships outside of clinical subject areas as one of the top 10 behaviors that is most hindering to the learning process.

The supervisor projected a positive attitude towards other staff and students

Bowen and Carline (1997) stated, "learners observing preceptor's discourteous interactions with nurses, office staff, or colleagues undermine the formal instruction process" (p. 188). The study identified above by Neville and French (1991) also showed that students identified being "talked down to" and being treated like an outsiders in the department as negative supervisor characteristics.

Feedback Techniques to Students

Smith and Irby (1997) note that use of feedback that is descriptive, specific and timely is an important characteristic during clinical training of medical professionals. A literature review for the supervision characteristics of feedback techniques to students can be broken down into the categories of providing supervision as needed, using constructive feedback methods to address weaknesses providing positive reinforcement for strengths, reviewing written work in a timely manner, and providing feedback in a timely manner.

Used constructive feedback methods to address weaknesses Jarski, Kulig, and Olson (1989) conducted a study of 311 clinical students and teachers from 10 physician assistant and 8 physical therapy programs to identify teaching behaviors that were most helpful and most hindering to the clinical teaching process. Providing constructive feedback was ranked number four and had a mean rating of 1.43, 1 being a rating of very helpful. Bulmer (1995) found that the skill of giving constructive criticism was highly rated in supervisors by nurses. Frequent and constructive feedback was also rated highly by a group 40 of physiotherapy students in a study competed by Neville and French (1991). Dunlevy and Wolf (1992) conducted a study of 90 senior students in physical therapy, respiratory therapy, coordinated dietetics, and medical technology to survey their perceptions relating to clinical teaching behaviors. The survey was completed on a 5-point Likert-type scale with 1 being not important at all and 5 being very important. The student's responses to the supervisors' behaviors of correcting the student tactfully had a mean of 4.35 and the behavior of being honest with the student had a mean of 4.72.

Provided positive reinforcement for strengths The study completed by Dunlevy and Wolf (1992) with 90 senior medical professional students from different disciplines showed a mean average of 4.42 for the supervisors behavior characteristic of telling the student when he/she has done well, 5 being very important. Bulmer (1995) found that nursing students rated the supervisors' behavior of giving positive feedback as one of the top 10 positive characteristics during clinical training.

Provided feedback in a timely manner Hageman (1988) conducted a survey of 50 students and 69 faculty members from programs in medical nutrition, medical technology, nuclear medicine, physical therapy, physician assistant, radiation therapy technology and radiologic technology. A seven point-scale was used to have the respondents indicate their feelings relating to supervision feedback techniques in which 7 = very important or always, 1 = not important or never. The mean average of the rating of importance for the category of timely feedback was 6.24 for students and 6.3 for faculty indicating that this supervision behavior was highly valued by both students and faculty members. A survey was conducted by Dunlevy and Wolf (1992) using a five-point scale, with five being a rating of very important. The students identified a mean average of 4.43 for the supervisor characteristic of providing timely feedback on documentation and 4.4 for the characteristic of providing timely feedback on clinical performance processes.

CHAPTER III

METHODOLOGY OF THE STUDY

Introduction

The purpose of this study is to analyze occupational therapy student perceptions of supervision characteristics during fieldwork level II experiences. Fieldwork supervisors are being faced with higher productivity standards due to the changes in the healthcare delivery system, a higher volume of requests to provide clinical education experiences from academic education programs, and less administrative support for providing clinical training to students (Bellack & King, 2000; Collins, 1996; Foto, 1997; Lanz, 1997; Schwope, 1997)

The preliminary review of literature indicated that these external influences have affected fieldwork supervisors' opinions and abilities to perform fieldwork education experiences for students (Burchman, 1995). This study is a systematic inquiry of how occupational therapy students characterize their level II educational experiences in terms of supervision they have received. The researcher also investigated any differences in students' perceived supervision characteristics by region as defined by the AOTA.

Selection of Study Population

The target population for this study was professional level occupational therapy students from accredited bachelors and master's entry level programs within the United States that completed their fieldwork level II clinical education experiences in 1999. The programs were identified using the Listing of Educational Programs in Occupational Therapy (AOTA, 1999g). The identified programs were sent requests for copies of the

cover page and section B of the Student Evaluation of Fieldwork Experience forms completed by students in 1999 (Appendix A).

Procedures

A preliminary survey was posted in April 2001 on the AOTA Program Directors listserv to gather information from program directors as to their recommendations for providing research data. The question was: would programs prefer to send the data by copying pages 1 and 6 of each Student Evaluation of Fieldwork Experience form or would programs prefer to have someone enter the data on a spreadsheet format and send the data. There were 10 responses. Table 3 summarizes the responses and comments.

A request for letters of support of the study was sent March 2002 to the AOTA, National Board of Certification for Occupational Therapy, and the Accreditation of

Table 3 AOTA Program Directors' Responses Relating to the Study of Clinical Supervision Characteristics

Comment/Responses
1. Ensure researcher has received human subjects approval from UTK 2. Students need to give consent. (2) 3. Cost of copying 4. Large amount of information 5. Student's evaluation of Fieldwork educators confidential (2) 6. Some sites use form for other students to refer to in choosing clinical placements. 7. Deleting names and addresses of clinical sites from form. 8. Would Vicki visit, copy and collate data? 9. Limited work-study hours. (3) 10. Easier/more reliable to copy pages 1 and 6 of the report (5) 11. Confusion on the student data requested. 12. Concerned about the cost of copying 13. One facility's IRB indicates facility would need to give permission. 14. Glad to see study completed 15. Issue of third fieldwork compromising the data

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n=10

Certification for Occupational Therapy Education. In April 2002, the National Board of Certification for Occupational Therapy sent such a letter (Appendix B).

The occupational therapy schools used in the study were identified using the Listing of Educational Program in Occupational Therapy (1999g). This is a listing of accredited professional level occupational therapy education programs as of the year 1999. The 126 programs within the United States were identified and sent a request, including instructions, for data gathering on March 14, 2002 with a deadline request of April 20, 2002 (Appendix D). The follow-up request was delayed due to anticipated busy periods for the academic programs being asked to participate in the study. These anticipated difficulties included the end of the semester when most academic programs are busy with final examinations, graduation and fieldwork preparation. Also, the AOTA national conference, which is traditionally highly attended by occupational therapy academic program faculty members, was held April 30- May 4, 2002. A follow up request for data forms was sent May 15, 2002 with a deadline of June 15, 2002 to all educational programs that had not responded.

The primary researcher evaluated each data form to determine if it was usable. The researcher identified the regional state of each clinical experience and classified them according to the AOTA regional distribution system. A coding system was developed and used to classify each the type of fieldwork experience as defined by the student. Data were stored in a secure location during the coding and data entry process.

The study was conducted using the follow format:

1. A Certification for Exemption from the IRB Review for Research Involving Human Subjects (Form A) was completed and submitted to the University of Tennessee, Knoxville Review Committee.
2. Letters requesting a letter of support for this research project were distributed to the American Occupational Therapy Association, the National Board of Certification of Occupational Therapists, and the Accreditation Council of Occupational Therapy Education.
3. Information was requested from academic programs. A letter identifying the purpose of the study and the requested data was sent out to the identified academic programs that meet the criteria listed in the selection of study population requirements within this chapter. (Appendix D)
4. Requested data included page 6 of the 1995 version of the Student Evaluation of Fieldwork Experience (SWFWE) for all students that completed their fieldwork level II educational experiences in 1999 and identification of the school region according to The American Occupational Therapy Association developed regional territories within the United States Document (AOTA, 2000).
5. Data received for the academic programs contained no identifying student information. Academic program participation was anonymous. Data were analyzed and reported by regions only.
6. Eight weeks after the initial letter had been sent out a follow-up letter was sent to all programs that had been identified in the study population that had not submitted the requested data (Appendix E).

7. Four weeks after the follow up letter was sent the primary researcher of this study contacted program directors by phone to request the data needed for this study.
8. The data received were summarized and analyzed using SPSS 11.0 for Windows.

Instrumentation and Collection of Data

The instrument used in this study is the description of supervisors table (page 6) of the 1995 version of the Student Evaluation of Fieldwork Experience (SEFWE) developed by the American Occupational Therapy Association. The development of the 1995 version of the SEFWE consisted of revising the 1993 version by the Occupational Therapy Fieldwork Issues Committee. Both the Occupational Therapy Commission on Education Steering Committee, and the Occupational Therapy Documents Review Committee reviewed this version of the SEFWE. The form was then presented to the Commission on Education membership for further input on development both at a national occupational therapy conference and through a direct mailing of the membership. Recommended changes were incorporated into the final version of the 1995 SEFWE form. A vote by written ballot at the 1995 Commission on Education Annual business meeting approved the form for use in the occupational therapy education programs beginning in April 1995.

Reliability and Validity

The test instrument used in this study does not have any formal reliability measurements. A component of reliability for the study is that all of these data were categorized and entered by the primary researcher in a consistent method. After

receiving data the researcher recorded the school that sent the information for follow-up purposes only. The region of the clinical site was individually marked on each record. As the data were entered into the SPSS worksheet the "type of fieldwork" category was identified on each record by verification of a fieldwork placement category list being developed as these data were being entered. This list ensured that categories of "type of fieldwork" were consistently maintained. All data were entered in a sequential fashion beginning with the identified region, type of fieldwork category, and identified rating of supervision characteristics from the top to bottom of the chart labeled "Check categories which seem descriptive of your supervision." Records were eliminated if the researcher could not identify the region or if the form was not complete. The primary researcher randomly checked 3 data entries per every 500 forms. Entries were consistent. The results of this study cannot be generalized beyond the supervision experiences of occupational therapists because other medical professions have different standards and guidelines for clinical supervision qualifications.

Validity for the test instrument can be measured using face and content validity. Face validity can be verified by the literature review in this study. The references and previous studies completed by other healthcare disciplines presented in the literature review document the supervision characteristics measured by this test as being important from the standpoint of students and clinical supervisors. These characteristics include a combination of providing education regarding professional knowledge based skills (Dudgeon & Greenberg, 1998; Emery, 1984; Higgitt, 1988; Irby, 1994; Klessig, et al., 2000), developing and displaying interpersonal skills (Dudgeon & Greenberg, 1998; Emery, 1984; Flagler, Loper-Powers, & Spitzer, 1998; Higgitt, 1988; Kelly, et al., 1996;

Stith, et al., 1998; Tickle-Degnen, 1998), and providing feedback techniques to students during their educational experience (Aviram, et al., 1998; Crandall, 1993; Flagler, Loper-Powers, & Spitzer, 1988; Jarski, Kulig, & Olson, 1990; Kelly, et al., 1996; Klessig, et al. 2000; Schell, 1998; Stith, et al., 1998; Yao & Wright, 2000). The process in which this instrument was created can verify content validity. A panel of occupational therapy professionals in the areas of education and clinical practice developed the tool and it underwent several revisions from the professional AOTA members and representatives.

CHAPTER IV

FINDINGS AND ANALYSIS OF DATA

Introduction

The research focus for this study included investigating any statistically significant differences in student supervision characteristics when compared by clinical site region and any statistically significant differences in student supervision characteristics when compared by type of fieldwork setting. After data were collected, the format for the investigation included a descriptive review relating to the return rates and means. Each question was evaluated using individual and the identified categories of supervision characteristics.

Research Questions

1. Are there statistically significant differences in student supervision characteristics when compared by clinical site region?
2. Are there statistically significant differences in student supervision characteristics when compared by type of fieldwork setting?

Each research question was then addressed individually from a parametric and non-parametric approach. Non-parametric testing was used due to the ordinal nature of the data. This researcher also chose to use parametic statistical analysis techniques. One major issue with using ordinal data as interval data is the concern that the ordinal data intervals are not consistent. Labovitz (1967, 1970) demonstrates in two studies that statistical error is negligible when assigning numbers to rank order data. These studies involved assigning between 8 and 20 different scoring systems to ordinal data. These scoring systems included actual scores from evaluation tools used, assignments of

equidistant numbers, and random computer generated monotonic scales. The computerized monotonic scoring systems were consistent however; they had a variety of ranges in values and size differences between adjacent values to imitate uneven interval sizes within a single scoring system. Labovitz then determined the intercorrelation of each scale to indicate the extent of "error" of using each of the scales. His study using 20 different scales showed intercorrelation, r values, for all scales of .92 or higher (Labovitz, 1970). Labovitz concludes "although some small error may accompany the treatment of ordinal variables as interval, this is offset by the use of more powerful, more sensitive, better developed, and more clearly interpretable statistics with known sampling error" (Labovitz, 1970, p. 515).

Following the assumption that finding significant differences in both non-parametric and parametric analysis will show the same differences between groups. Post-hoc tests were only completed on parametric testing results.

Findings of Study

The target population for this study was professional level occupational therapy students from accredited bachelors and master's entry level programs within the United States that completed their fieldwork level II clinical education experiences in 1999. The method for collecting these data for this study was to request that staff from academic programs copy the cover page and section B of the Student Evaluation of Fieldwork Experience forms completed by students in 1999. The number of records from each school varied due to different class sizes of each program and their varying requirements for level II clinical experiences. The minimum requirement for level II clinical experiences as stated by ACOTE is 6 months of full-time clinical training. However,

results of this study indicated that there are programs that exceed the minimum requirements and require 9 months of clinical training. Results also indicated that educational programs scheduled their clinical experiences at different times of the year or split the students clinical training among two years. For example, they may complete 3 months of clinical training between the junior and senior year and then complete the other 3 months or in some cases 6 months of clinical training at the end of the senior year. Another factor that interfered with defining an accurate sample size was that some academic programs end their didactic coursework in the fall semester, which meant the students' clinical experiences began in January and other programs ended their course work experiences in the spring so these students would have begun their clinical experiences in the summer or fall. Finally, it was also discovered that individual programs did not effectively track students that fail a clinical experience or take a leave of absence before they rescheduled to complete their clinical training. For these reasons the researcher could not get an accurate number of students that completed their clinical training in 1999. This indicates that this study could not get an accurate percentage of return from the sample population.

A second mailing was completed and also a personal phone call was made to each program. The deadline for submitting data was extended on two occasions to maximize the return. In order to maximize the number of records received for this study the researcher contacted the academic programs from which there had been no response. During the phone contacts some individuals indicated that they could not participate in the study because they did not have the manpower or the time to gather the requested

information and their IRB system would not allow the information to be released because it related to student records.

The total data collected were 2,447 forms with 2,022 usable and 425 unusable as shown in Table 4. Forms were determined unusable if the data form was not completed on the supervision table, the supervision table was modified, the wrong forms were sent, or the researcher was unable to identify the geographic state or type of fieldwork listed on the cover page.

As data were received, each form was categorized according to the nine AOTA regions identified in Table 1 Chapter 2, using the geographic state from the address listed under the facility name on the cover page. For all records that did not identify a regional state the researcher used the Internet, phonebook, contacted the academic program, or used other records to clarify the variable, always using a street address for verification. Those data that could not be confirmed by the street address were determined unusable. Table 5 summarizes the return rate by AOTA region as indicated by supervision site. This return rate for supervision site per AOTA region ranges from 3.3 to 22.7 percent.

Table 4 Record Response Rates of Occupational Therapy Supervision Characteristics

	Number	**Percent**
Usable	2,022	83 %
Unusable	425	17 %
Total Data	2,447	100 %

August, 2002

Table 5 Supervision Characteristic Records Return Rate By AOTA Region

Region	Frequency	Percent
Northwest	67	3.3
Rocky Mountain	138	6.8
Pacific Southwest	149	7.4
South/Southwest	95	4.7
Central Midwest	107	5.3
North Midwest	412	20.4
Southeast	236	11.7
Middle Atlantic	359	17.8
New England	459	22.7
Total	2022	100.0

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Following the assumption that the distribution of student fieldwork placement experiences followed the same pattern as the education program distributions within the United States the percentage of the individual return rates for these data were compared by percentage of professional programs in AOTA regions. Table 6 identified the percentage of professional programs per AOTA region.

The percentage distribution rates for the professional education programs accredited in 1999 by AOTA region and the percentage of individual return rate are identified in Table 7. The largest percentage difference between the individual return rates by region and the professional education program distribution was -4.97%.

Figure 1 further demonstrates the distribution relationships between individual return rates and professional education programs by AOTA regions. For example the chart below indicates that the Rocky Mountain Region has 3.97% or 5 of the total professional education programs within its region. The individual returns that were provided from the Rocky Mountain Region were 138 or 6.8% of the total returns.

Table 6 Percentage Return Rate of Professional Education Programs by AOTA Region for Supervision Characteristics

	Actual Programs per Region	
Region	**frequency (n)**	**Percent**
Northwest	3	2.38
Rocky Mountain	5	3.97
Pacific Southwest	7	5.56
South/Southwest	10	7.94
Central Midwest	10	7.94
North Midwest	27	21.43
Southeast	21	16.67
Middle Atlantic	19	15.08
New England	24	19.05
Totals	126	100.00

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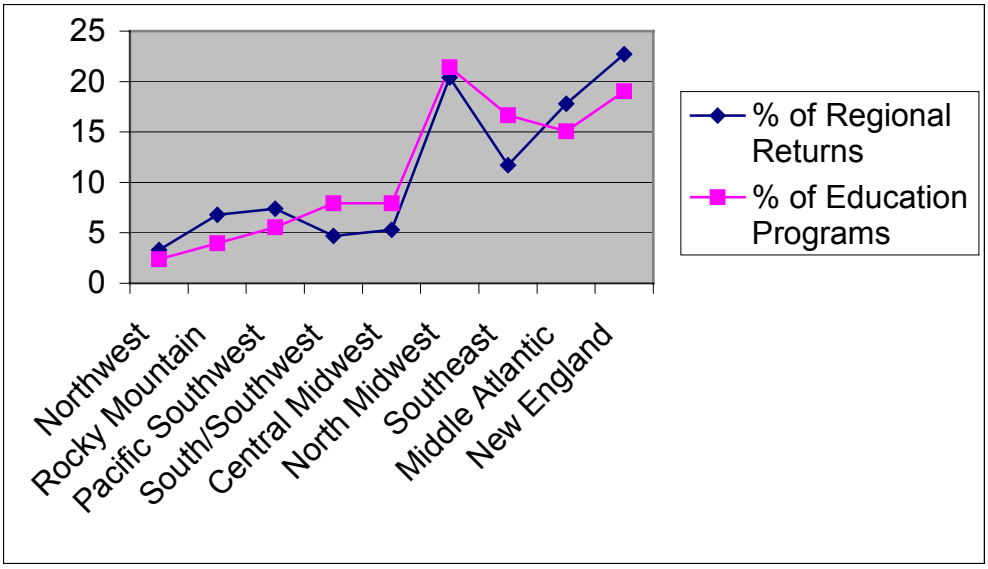
Table 7 Percentage Distribution Rates for Professional Education Programs Accredited in 1999 and Percentage of Individual Return Rate by AOTA Region

Region	**Individual Returns (%)**	**Education Program (%)**	**Difference**
Northwest	3.3	2.38	0.92
Rocky Mountain	6.8	3.97	2.83
Pacific Southwest	7.4	5.56	1.84
South/Southwest	4.7	7.94	-3.24
Central Midwest	5.3	7.94	-2.64
North Midwest	20.4	21.43	-1.03
Southeast	11.7	16.67	-4.97
Middle Atlantic	17.8	15.08	2.72
New England	22.7	19.05	3.65
Total	100	100.02	
	n=2,022	n=39	

August, 2002



August, 2002 Regional Returns (n=2,022) Educational Programs (n=39)

Figure 1 Percentage Distribution Rates for Professional Education Programs Accredited in 1999 and Percentage of Individual Return Rate by AOTA Region

Table 8 summarizes the direct comments used by the students from the cover forms of the Student Evaluation of Fieldwork Experience forms under the section requesting them to identify the type of fieldwork they had experienced. Abbreviations are included in the table because students consistently used them. This was done to ensure consistent meaning of the fieldwork type descriptions. Table 9 identifies the percentage return rates of each category. These data indicated 54.4% physical disabilities, 20.5% psychosocial, 22.6% pediatric, 1.2% physical disabilities/pediatrics, and 1.3% undefined categories.

This researcher entered all data into SPSS version 11.0 for data analysis. Each record was entered identifying the variable of AOTA region of the clinical site, type of fieldwork as identified by the student, and classified by the researcher using the system.

Table 8 Summaries of Fieldwork Category Descriptions for

Occupational Therapy Students

Fieldwork Category Descriptions			
Category 1	Physical Disabilities		
-	Physical Disabilities	-	Traumatic Brain Injury (TBI)
-	Rehabilitation or Rehab	-	Acute Rehabilitation/acute rehab
-	Acute Care	-	Physical Dysfunction
-	In-patient	-	Neuro
-	Hands	-	Geriatric Rehab
-	Skilled Nursing	-	Acute trauma
-	Home Health	-	Med/surg
-	Out-patient	-	Orthopedics
-	Spinal Cord Injury (SCI)	-	Burns
Category 2	Psychosocial		
-	Psychosocial	-	Adult Day Programs
-	Behavioral Medicine	-	Forensics
-	Club House Model	-	Acute Psych
-	Gero Psych	-	Mental Health
-	Community Based Mental Health		
-	Community Practice		
Category 3	Pediatrics		
-	Pediatrics	-	Early Intervention
-	School (system)	-	Pediatric Psych.
-	Sensory Integration	-	Developmental Disabilities
-	Developmental Delay	-	
Category 4	Physical Disabilities/Pediatrics		
-	Physical Disabilities/Pediatrics		
Category 5	Undefined/specialty		
-	Specialty	-	Geriatrics/Pediatrics
-	Prime	-	Contract Agency
-	Vocation Rehabilitation	-	Transition Care
-	Sports Medicine	-	Industrial Rehabilitation
-	Work Hardening	-	Research
-	Physical Disabilities/Psychiatric		

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Table 9 Student Data Return by Fieldwork Type

Fieldwork Type	Frequency (n)	Percent	Valid Percent	Cumulative Percent
Physical Disabilities	1100	54.4	54.4	54.4
Psychosocial	414	20.5	20.5	74.9
Pediatric	456	22.6	22.6	97.4
Pediatric/physical disabilities	25	1.2	1.2	98.7
Undefined	27	1.3	1.3	100.0
Total	2022	100.0	100.0	

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identified in table 8, and the ratings from the 1-4 scale of each supervision characteristic. In the cases where the student identified a characteristic rating by placing a mark on a line between 2 numbers the lower number was used. Marking such as "pluses or minuses" were ignored.

Using the interval approaching data approach of Labovitz (1967,1970), Table 10 identifies the national mean and standard deviation summaries of the individual supervision characteristics. The scale used in this study asks the students to provide a description of their supervision experience during their clinical training on a 4-point scale. A rate of 1 indicates rarely, 2 indicates occasionally, 3 indicates frequently and 4 indicates consistently. The mean range is from 3.59 rating for the supervision characteristic of encouraging student to provide feedback to supervisor to 3.90 for the supervision characteristic of demonstrating commitment and interest in job.

These data were analyzed using descriptive statistics for each individual supervision characteristic by AOTA region and by fieldwork type categories. The mean

Table 10 National Descriptive Statistics Summary for Individual Supervision Characteristics Based on Score of 1 (Rarely) to 4 (Consistently)

Supervision Characteristic	N	Mean	Std. Deviation
Taught knowledge & skills as required	2022	3.78	.50
Presented clear explanations & expectations	2022	3.67	.58
Provided supervision as needed	2022	3.78	.50
Used constructive feedback methods to address weaknesses	2022	3.64	.63
Provided positive reinforcement for strengths	2022	3.61	.69
Encouraged student to provide feedback to supervisor	2022	3.59	.68
Facilitated student's Problem-solving skills	2022	3.72	.55
Encouraged self-directed learning	2022	3.81	.44
Approachable & interested in student	2022	3.82	.47
Adjusted workload to facilitate student's growth	2022	3.77	.52
Reviewed written work in timely manner	2022	3.82	.47
Made me feel comfortable & part of department	2022	3.79	.51
Demonstrated interest & commitment in job	2022	3.90	.36
Provided a positive role model of professional behavior	2022	3.86	.41
Projected a positive attitude toward other staff & students	2022	3.85	.42
Provided feedback in timely manner	2022	3.77	.52
Valid N (listwise)	2022		

August, 2002

distribution and standard deviation range for each individual supervision characteristics by AOTA region.

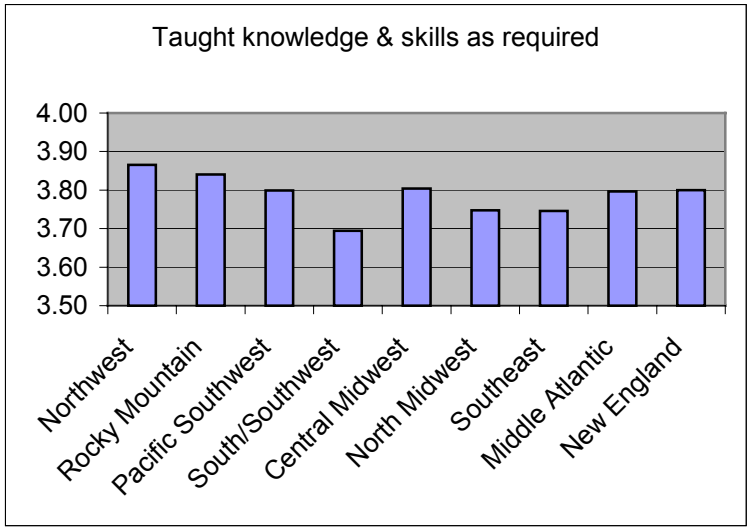
Figure 2 shows the mean distribution and standard deviation range for the supervision characteristic-Taught Knowledge and Skills as required by AOTA region. The Northwest region showed the highest mean (3.85) and the South/Southwest region showed the lowest mean (3.7).

Figure 3 shows the mean distribution and standard deviation range for the supervision characteristic-Presented Clear Explanation and Expectations as required by AOTA Region. The Northwest region again showed the highest mean (3.83) and the Pacific Southwest showed the lowest mean (3.63).

Figure 4 shows the mean distribution and standard deviation range for the supervision characteristic-Provided Supervision as Needed by AOTA Region. The Northwest region again showed the highest mean (3.92) and the South/Southwest showed the lowest mean (3.65).

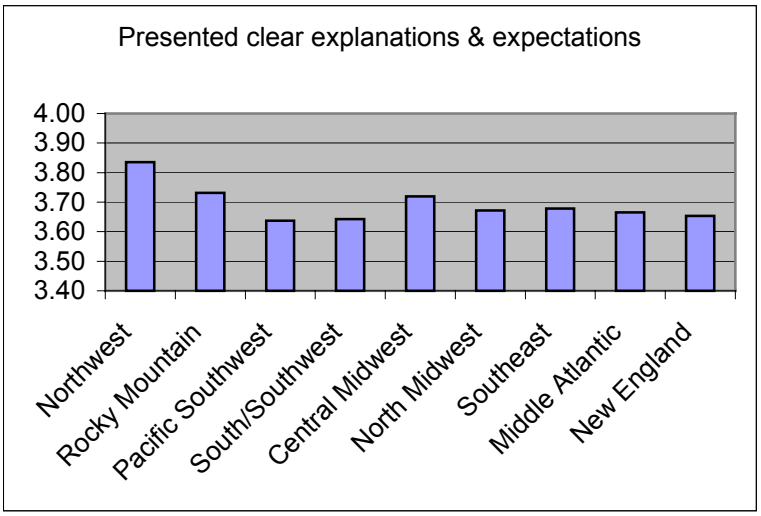
Figure 5 shows the mean distribution and standard deviation range for the supervision characteristic-Provided Positive Reinforcements for Strengths by AOTA Region. The Northwest region again showed the highest mean (3.9) and the Pacific Southeast showed the lowest mean (3.52).

Figure 6 shows the mean distribution and standard deviation range for the supervision characteristic-Encouraged Student to Provided Feedback to Supervisor by AOTA Region. The Northwest region again showed the highest mean (3.72) and the Pacific Southwest showed the lowest mean (3.51).



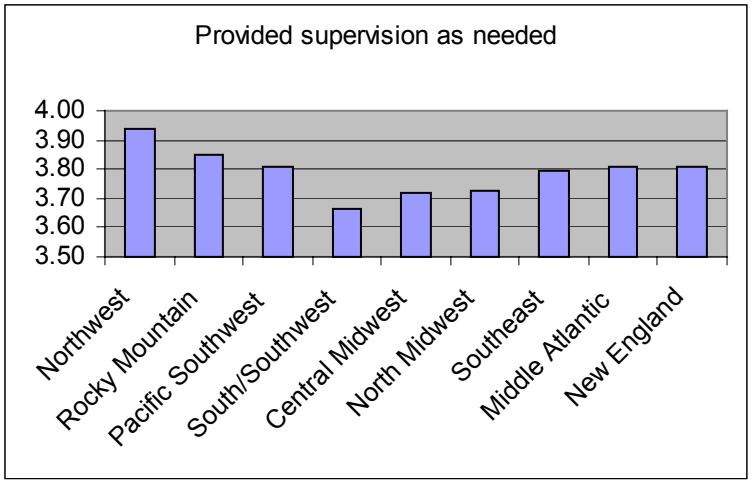
Standard Déviation range was .44-.58, August, 2002, n=2,022

Figure 2 Mean Distribution & Standard Deviation Range for Supervision Characteristic- Taught Knowledge and Skills as required by AOTA Region.



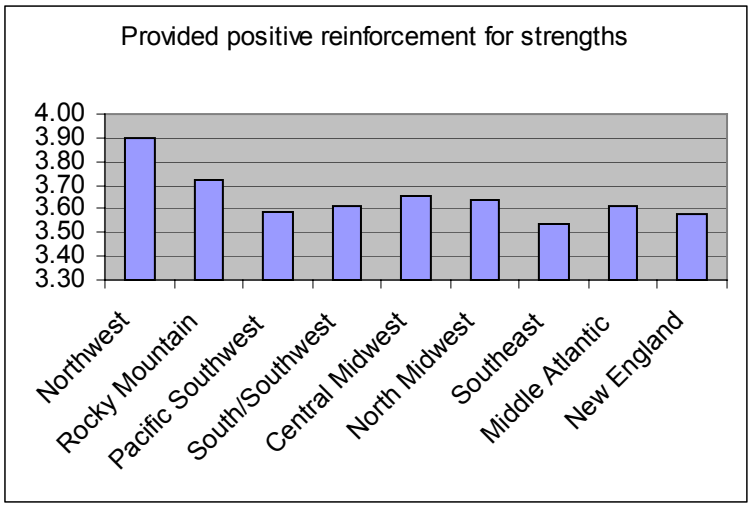
Standard Deviation range was .37-.67, August, 2002, n=2,022

Figure 3 Mean Distribution & Standard Deviation Range for Supervision Characteristic- Presented Clear Explanation and Expectations as Required by AOTA Region.



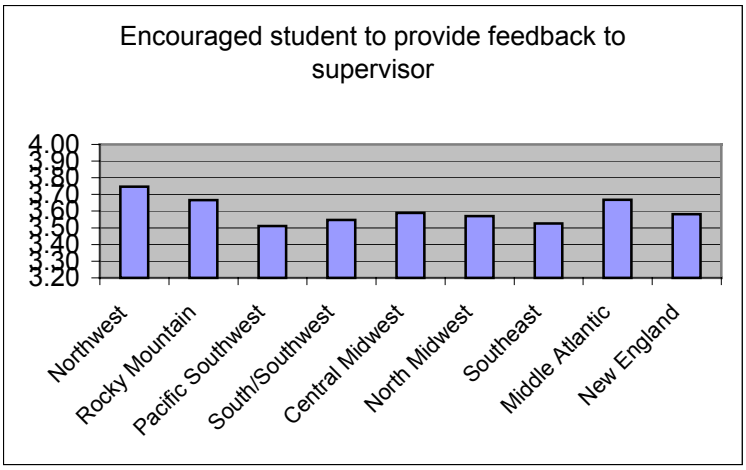
Standard Deviation was .24-.66, August, 2002, n=2,022

Figure 4 Mean Distribution & Standard Deviation Range for Supervision Characteristic-Provided Supervision as Needed by AOTA Region



Standard Deviation was .35-.76, August, 2002 n=2,022

Figure 5 Mean Distribution & Standard Range Deviation for Supervision Characteristic- Provided Positive Reinforcement for Strengths by AOTA Region.

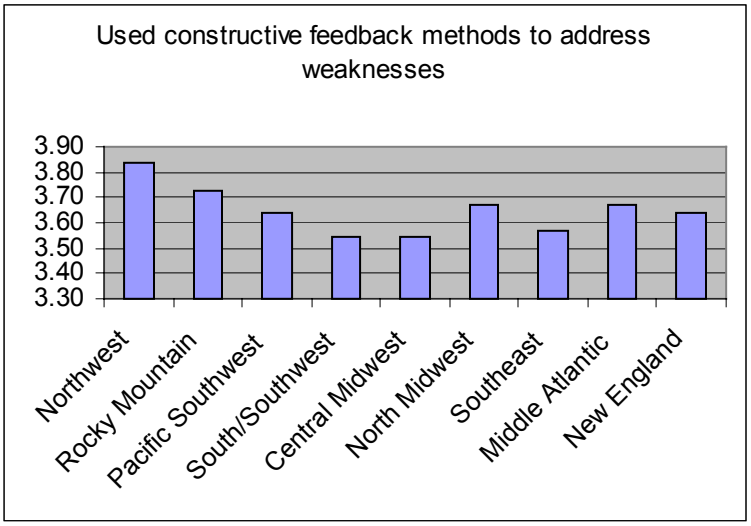


Standard Deviation was .50-.73, August, 2002, n=2,022

Figure 6 Mean Distribution & Standard Deviation Range for Supervision Characteristic-Encouraged Student to Provide Feedback to Supervisor by AOTA Region

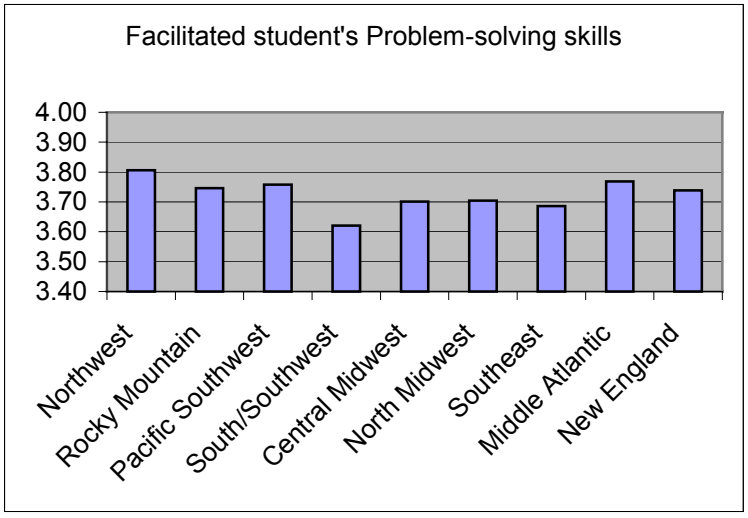
Figure 7 shows the mean distribution and standard deviation range for the supervision characteristic-Used Constructive Feedback Methods to Address Weaknesses by AOTA Region. The Northwest region again showed the highest mean (3.82) and both the South/Southwest and the Central Midwest showed the lowest mean (3.52).

Figure 8 shows the mean distribution and standard deviation range for the supervision characteristic-Facilitated Student's Problem Solving Skills by AOTA Region. The Northwest region again showed the highest mean (3.8) and the South/Southwest showed the lowest mean (3.51). Figure 9 shows the mean distribution and standard deviation range for the supervision characteristic-Encouraged Self-Directed Learning by AOTA Region. The North Midwest region again showed the highest mean (3.83) and the Southeast showed the lowest mean (3.8).



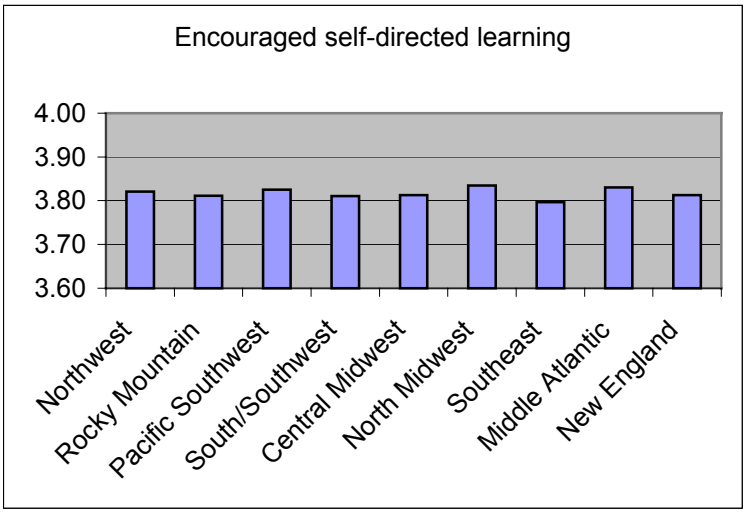
Standard Deviation was .37-.73, August, 2002, n=2,022

Figure 7 Mean Distribution & Standard Deviation Range for Supervision Characteristic Used Constructive Feedback Methods to Address Weaknesses by AOTA Region



Standard Deviation range was .47-.66, August, 2002, n=2,022

Figure 8 Mean Distribution & Standard Deviation Range for Supervision Characteristic-Facilitated Student's Problem Solving Skills by AOTA Regions



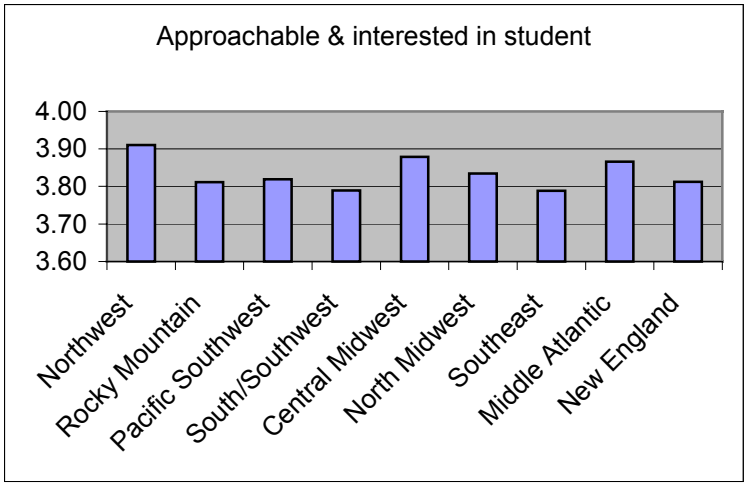
Standard Deviation Range was .50-.73, August, 2002, n=2,022

Figure 9 Mean Distribution & Standard Deviation Range for Supervision Characteristic-Encouraged Self-Directed Learning by AOTA Region

Figure 10 shows the mean distribution and standard deviation range for the supervision characteristic-Approachable and Interested in Student by AOTA Region. The Northwest region again showed the highest mean (3.91) and both the South/Southwest and the Southeast showed the lowest mean (3.79).

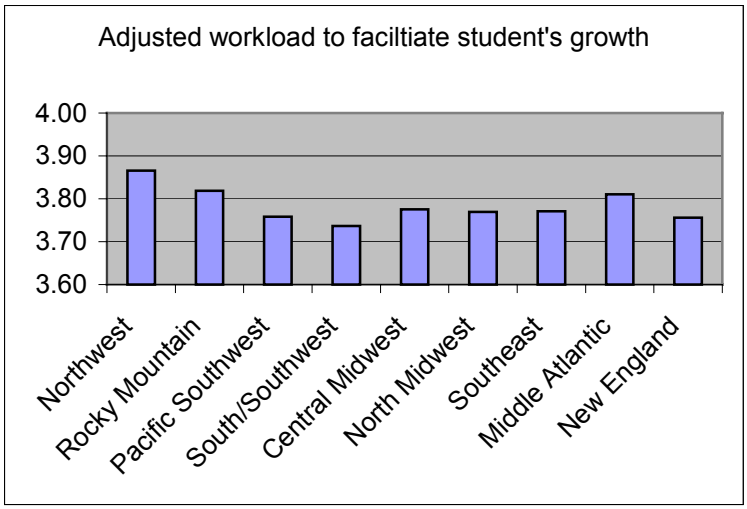
Figure 11 shows the mean distribution and standard deviation range for the supervision characteristic-Adjusted Workload to Facilitate Student's Growth by AOTA Region. The Northwest region again showed the highest mean (3.86) and the South/Southwest showed the lowest mean (3.74).

Figure 12 shows the mean distribution and standard deviation range for the supervision characteristic-Reviewed Written Work in Timely Manner by AOTA



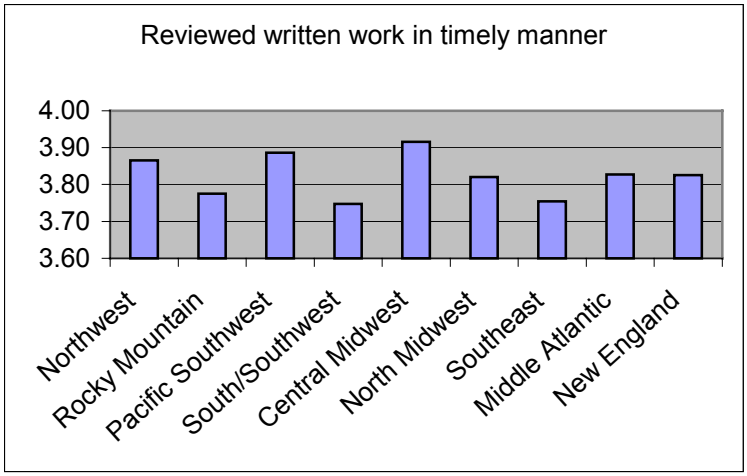
Standard Deviation Range was .34-.55, August, 2002, n=2,022

Figure 10 Mean Distribution & Standard Deviation Range for Supervision Characteristic- Approachable and Interested in Student by AOTA Region



Standard Deviation Range was .34-.57, August, 2002, n=2,022

Figure 11 Mean Distribution & Standard Deviation Range for Supervision Characteristic- Adjusted Workload to Facilitate Student's Growth by AOTA Region



Standard Deviation Range was .39-.68, August, 2002, n=2,022

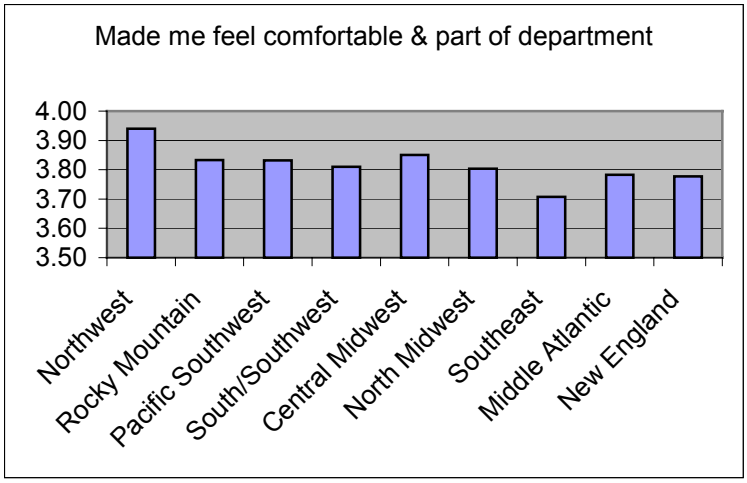
Figure 12 Mean Distribution & Standard Deviation Range for Supervision Characteristic- Reviewed Written Work in Timely Manner by AOTA Region

Region. The Central Midwest region again showed the highest mean (3.91) and both the South/Southwest and the South east showed the lowest mean (3.75).

Figure 13 shows the mean distribution and standard deviation range for the supervision characteristic-Made me Feel Comfortable and Part of the Department by AOTA Region. The Northwest region again showed the highest mean (3.92) and the Southeast showed the lowest mean (3.71).

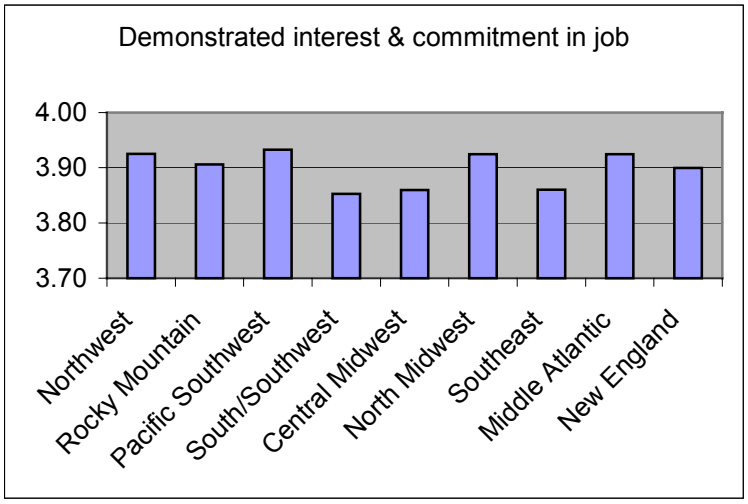
Figure 14 shows the mean distribution and standard deviation range for the supervision characteristic-Demonstrated Interest and Commitment in Job by AOTA Region. Both the Pacific Southwest and North Midwest regions showed the highest mean (3.93) and the South/Southwest showed the lowest mean (3.85).

Figure 15 shows the mean distribution and standard deviation range for the supervision characteristic-Provided a Positive Role Model of Professional Behavior by



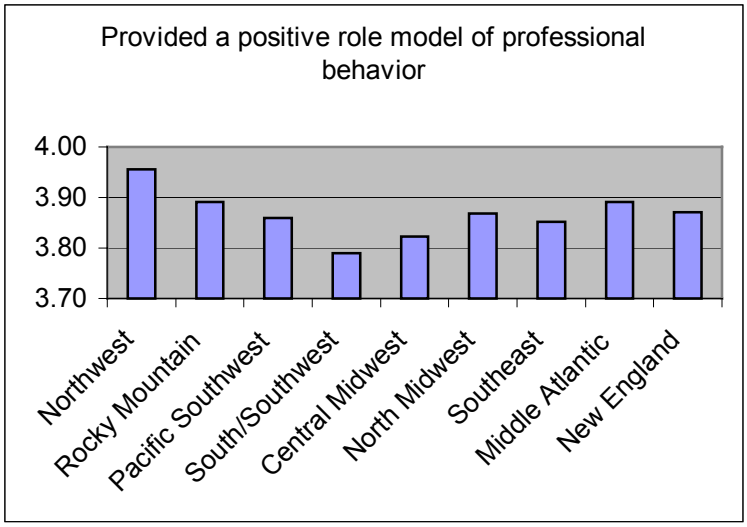
Standard Deviation Range was .24-.57
August, 2002, n=2,022

Figure 13 Mean Distribution & Standard Deviation Range for Supervision Characteristic- Made Me Feel Comfortable and Part of the Department by AOTA Region



Standard Deviation Range was .26-.53, August, 2002, n=2,022

Figure 14 Mean Distribution & Standard Deviation Range for Supervision Characteristic- Demonstrated Interest and Commitment in Job by AOTA Region



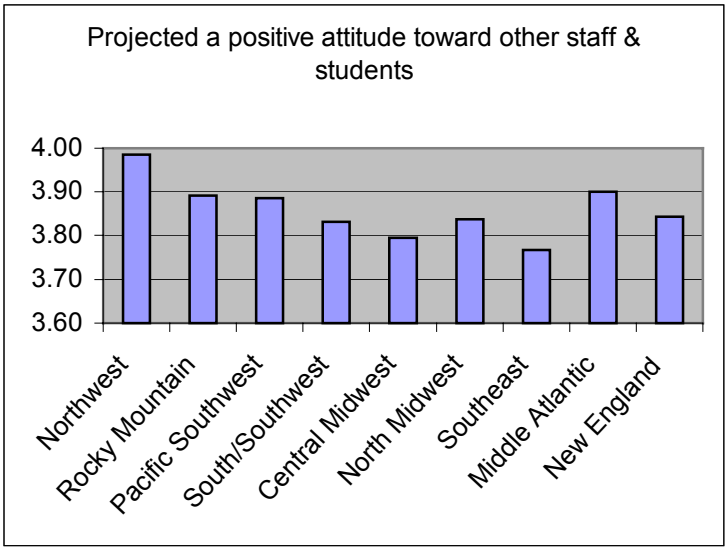
Standard Deviation Range was .21-.55, August, 2002, n=2,022

Figure 15 Mean Distribution & Standard Deviation Range for Supervision Characteristic- Provided a Positive Role Model of Professional Behavior by AOTA Region

AOTA Region. The Northwest region showed the highest mean (3.95) and the South/Southwest showed the lowest mean (3.79).

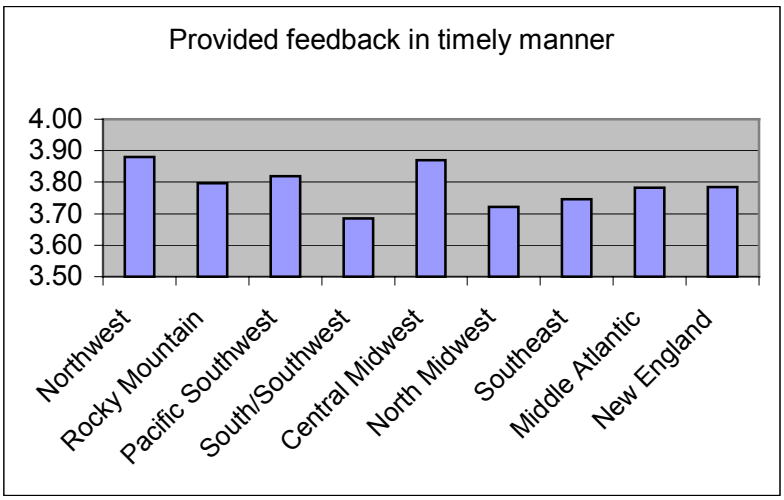
Figure 16 shows the mean distribution and standard deviation range for the supervision characteristic-Projected a Positive Attitude Toward Other Staff and Students by AOTA Region. The Northwest region showed the highest mean (3.99) and the Southeast showed the lowest mean (3.77).

Figure 17 shows the mean distribution and standard deviation range for the supervision characteristic-Provided Feedback in Timely Manner by AOTA Region. The Northwest region again showed the highest mean (3.88) and the South/Southwest showed the lowest mean (3.69).



Standard Deviation Range was .12-.57, August, 2002, n=2,022

Figure 16 Mean Distribution & Standard Deviation Range for Supervision Characteristic- Projected a Positive Attitude Toward Other Staff and Students by AOTA Region



Standard Deviation Range was .33-.72, August, 2002, n=2,022

Figure 17 Mean Distribution & Standard Deviation Range for Supervision Characteristic- Provided Feedback in Timely Manner by AOTA Region

Table 11 is a summary of the mean distributions and standard deviation ranges from individual supervision characteristics by fieldwork type. The interval approaching data approach of Labovitz (1967,1970) was used on the ordinal data. The scale used in this study asks the students to provide a description of their supervision experience during their clinical training on a 4-point scale. A rating of 1 indicates rarely, 2 indicates occasionally, 3 indicates frequently and 4 indicates consistently. This table shows that all supervision characteristics in all fieldwork types have a mean of at least 3.56, indicating that the students reported experiencing all supervision characteristics at least frequently in all fieldwork types. The standard deviations for each individual supervision characteristic can be observed through the range. For example, the standard deviation ranges for the supervision characteristic Provided Positive Reinforcement for Strengths was .35-.76. This indicates that the region with the lowest standard deviation was .35 and the region with the highest standard deviation was .76. The AOTA regions have between 35 % and 76 % of their scores on the supervision characteristic of Provided Positive Reinforcement for Strengths away from the overall mean. The highest standard deviations from the mean can be seen in the supervision characteristics of: provided positive reinforcement for strengths (.76), and encouraged student to provide feedback to supervisor (.73).

These data were then summarized by AOTA region using the clinical supervision characteristics category model identified in Table 2, Chapter 2. Table 12 identifies the means for each category by AOTA region. The highest score for the category of professional knowledge based skill development is 20 because it contains 5 individual supervision characteristics that can be rated by the students at the highest score of 4 each.

Table 11 Mean Distributions and Standard Deviation Range for Individual Supervision Characteristics by Fieldwork Type

Supervision Characteristic	Physical Disability	Psycho-social	Pediatric	Pediatric/ physical Disability	Undefine	Standard Deviation Range
Taught knowledge & skills as required	3.78	3.71	3.85	3.80	3.98	.23-.57
Presented clear explanations & expectations	3.68	3.62	3.70	3.84	3.89	.32-.62
Provided supervision as needed	3.77	3.75	3.84	3.96	3.89	.32-.53
Used constructive feedback methods to address weaknesses	3.62	3.63	3.71	3.68	3.89	.32-.69
Provided positive reinforcement for strengths	3.58	3.63	3.68	3.68	3.89	.32-.73
Encouraged student to provide feedback to supervisor	3.57	3.56	3.67	3.64	3.85	.46-.71
Facilitated student's Problem-solving skills	3.71	3.73	3.75	3.84	3.89	.32-.52
Encouraged self-directed learning	3.78	3.88	3.84	3.88	3.96	.19-.5
Approachable & interested in student	3.81	3.84	3.86	3.96	4.00	0-.5
Adjusted workload to facilitate student's growth	3.76	3.78	3.81	3.96	3.89	.32-.55
Reviewed written work in timely manner	3.83	3.76	3.83	3.92	4.00	0-.55
Made me feel comfortable & part of department	3.77	3.76	3.87	3.88	4.00	0-.56
Demonstrated interest & commitment in job	3.89	3.90	3.94	3.96	3.96	.19-.41
Provided a positive role model of professional behavior	3.85	3.86	3.92	3.92	3.93	.27-.46
Projected a positive attitude toward other staff & students	3.84	3.81	3.91	3.96	3.96	.19-.48
Provided feedback in timely manner	3.76	3.75	3.82	3.96	3.93	.27-.58

August, 2002, n=2,022

Table 12 AOTA Regional Descriptive Statistics for Supervision Characteristics Categories

Categories	Region	N	Mean	Std. Deviation
PROKNO	Northwest	67	19.31	1.47
	Rocky Mountain	138	19.11	2.09
	Pacific Southwest	149	19.00	1.89
	South/Southwest	95	18.65	2.18
	Central Midwest	107	18.92	1.96
	North Midwest	412	18.92	1.91
	Southeast	236	18.85	2.28
	Middle Atlantic	359	19.10	1.63
	New England	459	18.98	1.73
	Total	2022	18.98	1.89
DEVDIS	Northwest	67	23.34	1.35
	Rocky Mountain	138	22.84	2.56
	Pacific Southwest	149	22.62	1.84
	South/Southwest	95	22.47	2.79
	Central Midwest	107	22.69	2.26
	North Midwest	412	22.64	2.44
	Southeast	236	22.33	2.89
	Middle Atlantic	359	22.80	2.05
	New England	459	22.57	2.34
	Total	2022	22.65	2.36
FBTECH	Northwest	67	19.42	1.03
	Rocky Mountain	138	18.87	2.24
	Pacific Southwest	149	18.74	2.01
	South/Southwest	95	18.25	2.92
	Central Midwest	107	18.70	1.84
	North Midwest	412	18.58	2.26
	Southeast	236	18.40	2.43
	Middle Atlantic	359	18.70	2.03
	New England	459	18.64	2.09
	Total	2022	18.65	2.17

PROKNO= Professional knowledge based skill development
DEVDIS=Developing and Displaying interpersonal skills
FBTECH=Feedback techniques to students
August, 2002, n=2,022

The category of professional knowledge based skill development (PROKNO) means range from 18.65 in the south/southwest region to 19.31 in the Northwest region.

The highest score for the category of Developing and displaying interpersonal skills is 24 because it contains 6 individual supervision characteristics that can be rated by the students at the highest score of 4 each. Developing and displaying interpersonal skills (DEVDIS) shows a mean range of 22.32 in the southeast to 23.34 in the northwest region. The highest score for the category of feedback techniques to students is 20 because it contains 5 individual supervision characteristics that can be rated by the students at the highest score of 4 each. The category of feedback techniques to students (FBTECH) shows a mean range of 18.25 for the south/southwest region to 19.41 for the northwest region. Overall, all regions showed high averages for all supervision characteristic groups.

Analysis

Due to the ordinal nature of the data the Kruskal Wallis was completed to analyze the research question of investigating any statistically significant differences in student supervision characteristics when compared by clinical site region. The Kruskal Wallis results for grouped supervision characteristics compared by AOTA region are listed in Table 13. This test showed a significant difference at the .05 level between AOTA regions in the areas of developing and displaying interpersonal skills (p=.002) and feedback techniques to students (p=.008).

Data were then analyzed using parametric statistical techniques following the assumption concluded by the works of Labovitz (1967,1970). The assumption indicates that the advantages of using ordinal data as interval in gaining information relating to the

Table 13 Kruskal Wallis for Medians of Grouped Supervision Characteristics by AOTA Region

	PROKNO	DEVDIS	FBTECH
Chi-Square	12.57	24.49*	20.66*
df	8	8	8
Asymp. Sig.	.127	.002	.008

a Kruskal Wallis Test
b Grouping Variable: AOTA Region
PROKNO= Professional knowledge based skill development
DEVDIS=Developing and Displaying interpersonal skills
FBTECH=Feedback techniques to students
*Significant at p=.05 level
August, 2002, n=2,022

data outweigh the predictable small error. A one-way analysis of variance of supervision characteristics categories by AOTA region was then completed with the assumption that the students that completed the data form viewed the scale in equal intervals or as interval data. The one-way analysis of variance was used for all three data categories, not just the data that was identified as significant at the .05 level by the Kruskal Wallis. This was done due to the increased sensitivity and power of the parametric testing techniques. The researcher performed a Tukey post hoc test. Table 14 lists the one-way analysis of variance results that indicate there is a significant difference at the .05 level for the grouped clinical supervision characteristic: feedback techniques to students (p= .03) within the AOTA regions. Table 15 lists the results of the Tukey post hoc test. The post hoc test indicates significant difference in the grouped supervision characteristic feedback techniques to students at the .05 level in the northwest and south/south west region (p=.02) and the northwest and southeast region (p=.021).

Table 14 One-Way Analysis of Variance of Supervision Characteristics Categories by AOTA Region.

		Sum of Squares	df	Mean Square	F	Sig.
PROKNO	Between Groups	30.494	8	3.812	1.071	.380
	Within Groups	7161.414	2013	3.558		
	Total	7191.908	2021			
DEVDIS	Between Groups	77.233	8	9.654	1.733	.086
	Within Groups	11216.053	2013	5.572		
	Total	11293.286	2021			
FBTECH	Between Groups	80.139	8	10.017	2.128	.030
	Within Groups	9476.613	2013	4.708		
	Total	9556.752	2021			

PROKNO= Professional knowledge based skill development
DEVDIS=Developing and Displaying interpersonal skills
FBTECH=Feedback techniques to students
August, 2002, n=2,022

Table 15 Post-Hoc Tukey Analyses for Grouped Supervision Characteristics by AOTA Region

Dependent Variable	(I) AOTA Region	(J) AOTA Region	Mean Difference (I-J)	Sig.
FBTECH	Northwest	South/Southwest	1.1653*	.022
		Southeast	1.0154*	.021
	South/Southwest	Northwest	-1.1653*	.022
	Southeast	Northwest	-1.0154*	.021

* The mean difference is significant at the .05 level.
DEVDIS=Developing and Displaying interpersonal skills
FBTECH=Feedback techniques to students
August, 2002, n=2,022

A one-way analysis of variance was completed for the individual supervision characteristics by AOTA region. Table 16 shows that there are significant differences at the .05 level. The AOTA regions showed differences in the supervision characteristics of: provided supervision as needed (p=.00), used constructive feedback methods to address weaknesses (p=.02), provided positive reinforcement for strengths (p=.01), reviewed written work in timely manner (p=.04), and made me feel comfortable and part of department (p=.048), and projected a positive attitude toward other staff & students (p=.00). These probabilities are calculated by a mathematical formula; the zero indicates that the calculation is too close to zero to print another value.

Table 16 One-Way Analysis of Variance for Individual Supervision Characteristics by AOTA Region

Characteristic	F	Sig.
Taught knowledge & skills as required	1.36	.21
Presented clear explanations & expectations	1.07	.38
Provided supervision as needed	2.95*	.00
Used constructive feedback methods to address weaknesses	2.28*	.02
Provided positive reinforcement for strengths	2.40*	.01
Encouraged student to provide feedback to supervisor	1.88	.06
Facilitated student's Problem-solving skills	1.23	.28
Encouraged self-directed learning	.19	.99
Approachable & interested in student	1.09	.37
Adjusted workload to facilitate student's growth	.73	.67
Reviewed written work in timely manner	2.04*	.04
Made me feel comfortable & part of department	1.96*	.05
Demonstrated interest & commitment in job	1.34	.22
Provided a positive role model of professional behavior	1.22	.28
Projected a positive attitude toward other staff & students	3.25*	.00
Provided feedback in timely manner	1.91*	.05

*Significant at p=.05 level, August, 2002, n=2,022

Table 17 displays the significant mean differences at the .05 level for a Tukey post hoc test analyzing individual supervision characteristics by AOTA region. The characteristic provided supervision as needed shows a significant difference in the northwest and south/southwest regions (p=.015) and in the northwest and north midwest regions (p=.034). The characteristic of providing positive reinforcement for strengths shows significant differences in the northwest and southeast region (p=.006) and the northwest and the New England region (p=.016). The northwest and southeast region shows a significant difference in the characteristic of made me feel comfortable and part of the department (p=.032). Finally, the supervision characteristic of projected a positive attitude toward other staff and students show differences in the northwest and south east regions (p=.006) and in the southeast and middle Atlantic region (p=.005).

These data were then analyzed to address the research question: Is there a statistically significant difference in student supervision characteristics when compared by type of fieldwork setting. The Kruskal Wallis was again used due to the ordinal nature of the data. The Kruskal Wallis for grouped supervision characteristics by fieldwork type indicates that there is a significant difference between all groups at the .05 level (Table 18). These include significant differences for professional knowledge based skill development (p=.024), developing and displaying interpersonal skills (p=.000), and feedback techniques to students (p=.006).

Again, a one-way analysis of variance of supervision characteristics categories by AOTA region was then completed with the assumption that the students that completed the data form viewed the scale as equal interval or interval data and the research

Table 17 Tukey Post hoc Test for Individual Supervision Characteristics by AOTA Region.

			Mean Difference (I-J)	Sig.
Dependent Variable	**(I) AOTA Region**	**(J) AOTA Region**		
Provided supervision as needed	Northwest	South/Southwest	.277*	.015
		North Midwest	.212*	.034
	South/Southwest	Northwest	-.277*	.015
	North Midwest	Northwest	-.212*	.034
Provided positive reinforcement for strengths	Northwest	Southeast	.357*	.006
		New England	.314*	.016
	Southeast	Northwest	-.357*	.006
	New England	Northwest	-.314*	.016
Made me feel comfortable & part of department	Northwest	Southeast	.233*	.032
	Southeast	Northwest	-.233*	.032
Projected a positive attitude toward other staff & students	Northwest	Southeast	.218*	.006
	Southeast	Northwest	-.218*	.006
		Middle Atlantic	-.133*	.005
	Middle Atlantic	Southeast	.133*	.005

*Significant at p=.05 level, August, 2002, n=2,022

Table 18 Kruskal Wallis for Grouped Supervision Characteristics by Fieldwork Type

	PROKNO	DEVDIS	FBTECH
Chi-Square	11.197*	23.508*	14.576*
df	4	4	4
Asymp. Sig.	.024	.000	.006

a Kruskal Wallis Test
b Grouping Variable: Type of Fieldwork
PROKNO= Professional knowledge based skill development
DEVDIS=Developing and Displaying interpersonal skills
FBTECH=Feedback techniques to students
*Significant at p=.05 level
August, 2002, n=2,022

conclusions of Labovitz (1967,1970). Table 19 displays the results of a one-way analysis of variance comparing the grouped supervision characteristics to the categories of fieldwork types. The test indicates there are significant differences in the grouped supervision characteristics of professional knowledge based skill development (p=.017) developing and displaying interpersonal skills (p=.002), and feedback techniques to students and the fieldwork type groups (p=.004).

Table 20 displays the significant mean differences at the .05 level for a Tukey post hoc test analyzing grouped supervision characteristics by fieldwork type. These data show that there is a significant difference between the fieldwork settings for physical disabilities and pediatric in the area of professional knowledge-based skill development (p=.03).

The grouped characteristics of developing and displaying interpersonal skills show significant differences in physical disabilities and pediatric settings (p=.024) and in

Table 19 One-Way Analysis of Variance for Means of Grouped Supervision Characteristics by Fieldwork Type

	F	Sig.
PROKNO	3.01*	.017
DEVDIS	4.29*	.002
FBTECH	3.85*	.004

PROKNO= Professional knowledge based skill development
DEVDIS=Developing and Displaying interpersonal skills
FBTECH=Feedback techniques to students
*Significant at p=.05 level
August, 2002, n=2,022

Table 20 Tukey Post-hoc for Grouped Supervision Characteristics by Fieldwork Type

			Mean Difference (I-J)	Sig.
Dependent Variable	**(I) Type of Fieldwork**	**(J) Type of Fieldwork**		
PROKNO	Physical Disabilities	Pediatric	-.299*	.035
	Pediatric	Physical Disabilities	.299*	.035
DEVDIS	Physical Disabilities	Pediatric	-.390*	.024
	Psychosocial	Pediatric	-.436*	.050
	Pediatric	Physical Disabilities	.390*	.024
		Psychosocial	.436*	.050

PROKNO= Professional knowledge based skill development
DEVDIS=Developing and Displaying interpersonal skills
*Significant at p=.05 level, August, 2002 , n=2,022

psychosocial and pediatric settings (p=.05).

These data were analyzed with a one-way analysis of variance by individual supervision characteristics by fieldwork types (Table 21). Statistically significant difference at the .05 level were found between the fieldwork type groups for the supervision characteristics of: taught knowledge and skills as required (p=.001), provided supervision as needed (p=.009), used constructive feedback methods to address weaknesses(p=.036), provided positive reinforcement for strengths (p=.02), encouraged student to provide feedback to supervisor (p=.015), encouraged self-directed learning (p=.001), reviewed written work in timely manner (p=.008), made me feel comfortable and part of the department (p=.001), provided a positive role model of professional behavior (p= .024), projected a positive attitude toward other staff and students (p=.004), and provided feedback in timely manner (p=.036).

A Tukey post hoc test was completed to determine which fieldwork type groups were significantly different (Table 22). The test indicated that the pediatric and psychosocial setting showed significant differences in the individual supervision characterizes of: taught knowledge and skills as required (p=.001), provided supervision as needed (.039), made me feel comfortable and part of the department (p=.018), and projected a positive attitude toward other staff and students (p=.012). The clinical settings of physical disabilities and pediatrics showed significant differences in the characteristics of: encouraged student to provide feedback to supervisor (p=.05), made me feel comfortable and part of the department, provided a positive role model of professional behavior, and projected a positive attitude toward other staff and students.

Table 21 One-Way Analysis of Variance of Means of Individual Supervision Characteristics by Fieldwork Type

Characteristic	Mean Square	F	Sig.
Taught knowledge & skills as required	1.125	4.43*	.001
	.254		
Presented clear explanations & expectations	.815	2.37*	.051
	.344		
Provided supervision as needed	.852	3.41*	.009
	.250		
Used constructive feedback methods to address weaknesses	1.033	2.58*	.036
	.401		
Provided positive reinforcement for strengths	1.412	2.93*	.020
	.481		
Encouraged student to provide feedback to supervisor	1.425	3.09*	.015
	.461		
Facilitated student's Problem-solving skills	.409	1.32	.262
	.311		
Encouraged self-directed learning	.932	4.66*	.001
	.200		
Approachable & interested in student	.524	2.35*	.052
	.223		
Adjusted workload to facilitate student's growth	.525	1.91	.106
	.275		
Reviewed written work in timely manner	.763	3.46*	.008
	.221		
Made me feel comfortable & part of department	1.205	4.52*	.001
	.267		
Demonstrated interest & commitment in job	.283	2.16	.071
	.131		
Provided a positive role model of professional behavior	.481	2.82*	.024
	.171		
Projected a positive attitude toward other staff & students	.693	3.89*	.004
	.178		
Provided feedback in timely manner	.722	2.58*	.036
	.280		

*Significant at p=.05 level, August, 2002, n=2,022

Table 22 Tukey Post Hoc Test for Individual Supervision Characteristics by Fieldwork Type

			Mean Difference (I-J)	Sig.
Dependent Variable	**(I) Type of Fieldwork**	**(J) Type of Fieldwork**		
Taught knowledge & skills as required	Psychosocial	Pediatric	-.138*	.001
	Pediatric	Psychosocial	.138*	.001
Provided supervision as needed				
	Psychosocial	Pediatric	-.096*	.039
	Pediatric	Psychosocial	.096*	.039
Encouraged self-directed learning	Physical Disabilities	Psychosocial	-.096*	.002
	Psychosocial	Physical Disabilities	.096*	.002
Reviewed written work in timely manner	Physical Disabilities	Psychosocial	.077*	.038
	Psychosocial	Physical Disabilities	-.077*	.038
Made me feel comfortable & part of department	Physical Disabilities	Pediatric	-.095*	.008
	Psychosocial	Pediatric	-.108*	.018
	Pediatric	Physical Disabilities	.095*	.008
		Psychosocial	.108*	.018
Provided a positive role model of professional behavior	Physical Disabilities	Pediatric	-.074*	.012
	Pediatric	Physical Disabilities	.074*	.012
Projected a positive attitude toward other staff & students	Physical Disabilities	Pediatric	-.068*	.030
	Psychosocial	Pediatric	-.092*	.012
	Pediatric	Physical Disabilities	.068*	.030
		Psychosocial	.092*	.012

*Significant at p=.05 level
August, 2002
n=2,022

Physical disabilities and psychosocial settings show significant differences in the supervision characteristics of: encouraged self-directed learning (p=.002), and reviewed written work in a timely manner (p=.038).

CHAPTER V

DISSCUSSION AND IMPLICATIONS FOR FURTHER RESEARCH

Introduction

The target population for this study was professional level occupational therapy students from accredited bachelors level and master's level entry programs within the United States that have completed their fieldwork level II clinical education experiences in 1999. The source to gather these data came from the professional level education programs. This researcher could not identify an accurate number of students that completed their clinical education and completed forms during 1999 because educational programs have different numbers of students graduating in each class and clinical education experiences do not have standard educational time periods throughout the year. This study's sampling distribution follows the assumption that the distribution pattern of student fieldwork placement experiences follows the same geographic pattern as the education program distributions within the United States.

In the study the percentage return rates for type of fieldwork education experiences was 54.4% physical disabilities, 20.5% psychosocial, 22.6% pediatric, 1.2% physical disabilities/pediatrics, and 1.3% undefined categories. This distribution rate of types of fieldwork experiences shows a logical representation of the clinical practice areas for occupational therapists. There is a higher percentage of clinicians that practice in the area of physical disabilities because the reimbursement agencies are more universal and consistent then other areas of clinical practice. Many of the clinical sites defined by this study as physical disabilities practice areas are reimbursed by federal and state medical agencies. These include the Medicare and Medicaid systems that primarily serve

the disabled and geriatric populations. Because these are medical-based agencies they provide clear direction and focus for medical services. Occupational therapy is primarily defined as a medical-based service that has an identified role in these clinical practice arenas.

The next largest fieldwork experience type is the pediatric population. These areas of practice are also reimbursed at the state and federal level; however education is the primary purpose for these funds, not medical intervention. Education budgets and funding is a much less consistent source, because it tends to be viewed as not as vital of a service as medical care. The funding resources themselves are susceptible to much more volatile change then the medical based practice areas seen in the physical disabilities settings. The role of an OT in the education system is to provide clinical support to educators and assist children with integrating into the educational system. The reimbursement practices for education vary greatly between the states as to how they define what special needs services, such as OT, can be provided for their students. These definitions depend on how each state interprets the responsibility of providing the services, which students get services, and the funding available to provide services. While OT is an important role in the education system it is not a primary role. Based on these reimbursement differences it would make sense that there is not as large a population of OT's within the educational system, as you would see in the physical disabilities practice arenas.

The percentage returns of psychosocial experience fieldwork setting type could initially be determined an unexpected result. If the reimbursement patterns are used to define this return rate it may not be clear why there are so many OTs practicing in this

area. The United States medical system in general does not provide a great deal of financial support for individuals with mental health difficulties. There is a long history of reasons for this. One reason is that the effectiveness of diagnosis and treatment for individuals' with mental health difficulties is not well defined or documented. For this reason there is great opportunity for medical fraud and ineffective medical care. For the past two decades the medical system in the United States has been focusing specifically on reducing medical costs. By doing this, medical procedures that provide documented proven results are eligible for reimbursement. As a result, federal and state dollars are cut in psychosocial treatment areas of practice, because they are not able to provide evidence of treatment effectiveness.

There is, however another dynamic process that affects this population and in the end affects OT practice in the area of psychosocial treatment. As indicated above the United States has been focused on reducing the cost of care for individuals for many years. Individuals with psychosocial difficulties traditionally were placed in state institutions and provided with full time care 24 hours a day. In an attempt to reduce the cost of providing this intensity of services the current trend in the United States is to place these individuals in care systems that are less expensive. These care systems include many of the descriptions defined by students that are listed in the psychosocial category of fieldwork types in this study. This trend of reducing total cost of care for individuals with mental illnesses has provided opportunities for clinical practice, and, in turn, educational experiences for students.

Comparative Results and Conclusions

The literature on clinical supervision identifies many individual supervision characteristics that both supervisors and students feel are important and beneficial in providing positive clinical training experience. This study is an evaluation of students' perceptions on how they experienced 16 of these characteristics during clinical training. The students were asked to rate each of the 16 supervision characteristics on a 4-point likert scale using the ratings of rarely (1), occasionally (2), frequently (3), and consistently (4). The findings reveal that students rated all supervision characteristics as being at least frequently (3) demonstrated by their supervisors on national and regional levels and when compared by fieldwork type. The fieldwork settings that received the highest average ratings were physical disabilities/pediatrics and specialty, however these settings showed disproportionately smaller return rates than the other fieldwork setting types. Physical disabilities/pediatrics proportion is 1.2% and specialty proportion is 1.3%. This researcher considered trying to justify combining the fieldwork populations of physical disabilities/pediatrics and specialty with the larger type of fieldwork categories. These categories may be small but they are distinctly different from the other categories. The physical disabilities/pediatric proportions may be low because students typically refer to physical disabilities as an adult population. The proportion of sites that serve both pediatric and adult populations would be small. As indicated before, these populations have different reimbursement patterns so it would not be common business practice to serve both pediatrics and physical disabilities populations.

The specialty fieldwork type does not have any common theme or definition in its type of environments. For example, under the specialty category the fieldwork sites

defined by the students as being work hardening, this patient population can have strong psychosocial and physical intervention treatment focuses. Work hardening treatment focuses on rehabilitating individuals that have been injured on the job. This population deals with issues of chronic pain, life role identity issues, and physical limitations. The fieldwork sites defined by the student as research may have little clinical intervention experiences and are not defined in any patient populations such as physical disabilities, psychosocial, or pediatrics.

These data indicate that there are some significant differences when comparing supervision characteristics between regions. There does not seem to be a consistent pattern and all regions' means were rated at least 3.5, or above in all categories. This indicates that the mean rating the students perceived that they experienced for each individual supervision category was at least frequently.

The results of this study indicate significant differences in individual supervision characteristics when compared by the type of fieldwork setting. The pediatric fieldwork settings showed significantly higher ratings than psychosocial settings in the area of taught knowledge and skills as required and psychosocial settings showed significantly higher ratings for encouraging self-directed learning than did physical disabilities settings. The theory treatment approaches for pediatric and psychosocial clients are fundamentally different. When working in pediatric settings the treatment approaches are based on functional comparisons of normal development of physical, cognitive, social, and sensory systems. There is a vast amount of research to document and compare norms from many disciplines relating to child development. Because of this large knowledge base, OTs that practice in pediatric environments have numerous standardized

evaluations and scales upon which to base evaluation and treatment approaches. Basically, occupational therapy evaluation and treatment models used with pediatric populations are based on theories of development and learning. For example, OTs primarily use the treatment models such as, Spacial Temporal Adaptation (Gilfoyle & Grady, 1990) and Sensory Integration (Ayres, 1979) in pediatric clinical settings. The basic concept of Spacial Temporal Adaptation (Gilfoyle & Grady, 1990) is that a person's developmental course is influenced by environmental experiences of movement and activity. The process follows a learning course of adaptation, assimilation, accommodation, association and differentiation. Sensory Integration (Ayres, 1979) is based on sensory information in the central nervous system and its use in guiding adaptive motor behaviors that make up occupational performance. Both of these models are based on the concepts of normal development and learning theories.

The theoretical evaluation and treatment approaches for working with individuals with psychosocial deficits are fundamentally based on the principles of behavior management techniques. For example Claudia Allen's Cognitive Disabilities (Allen, 1985; Allen & Blue, 1998) work focuses on influencing a person's behavior regardless of his or her internal cognitive capacity and does not rely on normal development patterns or learning theories. Treatment approaches in psychosocial settings rely on identifying, observing, and recording behavior. A typical treatment approach in this type of setting would begin with developing an individualized treatment approach. This approach would be based on how the environment affects a person's behavior, implementing the treatment approach, and finally observing and recording the results.

These are fundamentally different therapy intervention approaches, and the process of teaching students these methods of evaluation and treatment could reflect the students' perceptions of the supervisor's level of assistance in learning to work within these populations. When working with the pediatric populations there are clear guidelines for level of disability and progress based on normal development research. This makes the teaching process clear and direct. When working with psychosocial populations, therapists cannot set the standards against normal developmental traits so it is more difficult to develop evaluations and treatment plans. The therapist needs to rely on her own intuitive treatment approaches. That is difficult to teach to students and in many cases the students discover their own skills in this area rather than relying on a standardized evaluation or treatment method to guide their practice. Treatment approaches in mental health environments are best when they are fluid and dynamic rather then regimented. This allows the therapist to truly observe the behavioral responses to the environment and provide an effective treatment plan. Identifying these fundamental differences in treatment approaches can provide a rationale why students feel they learned more skills from pediatric supervisor therapists but were allowed to do more self-directed learning with psychosocial supervisors.

Physical disabilities settings showed significantly higher ratings than psychosocial settings in the area of reviewed written work in timely manner. This is a logical rating because most physical disabilities settings depend on Medicare, Medicaid and other insurance reimbursements for their revenue. These reimbursement agencies require specific timelines for documentation so it is logical that supervisors would review paperwork and documentation in a timely manner in order to meet the reimbursement

agencies requirements. Psychosocial treatment settings do not rely heavily on direct reimbursement methods, and, therefore do not have the stringent guidelines for documentation.

Pediatric settings show significantly higher ratings than both psychosocial and physical disabilities settings in the area of made me feel comfortable and part of the department and projecting a positive attitude toward other staff and students. One must remember that students were asked to do was to rate their perceptions of each supervision characteristic they experienced during their clinical training. Students may begin situations with preconceived notions about individuals relating to their occupations. For example, students may have the preconceived notion that therapists who work with children are kinder, gentler, and more nurturing than therapists that work in other areas of practice just based on the fact that they work with children.

Also, in general the pediatric clinical training environments are school or academic settings, which is different from the medical environments they would experience when working with clients that have physical disabilities and mental illnesses. Medical environments can be very intimidating for students and are not always welcoming environments. They are settings that focus on individual tragedy and illness. Environments providing care for individuals with mental illness can be intimidating because the patients display what can be considered by students to be bizarre behaviors. Schools and academic environments are very familiar because students have learned the basic culture of educational settings through their own educational experiences. These facts could influence how students approach the supervisors and their general comfort level within the environment.

The supervision characteristics of: made me feel comfortable and part of the department, and projected a positive attitude toward other staff and students could be a result of the dynamic communication process between the student and supervision that may have started on a positive note because of the students' preconceived assumptions about the therapists that work with children and due to the comfort level of the learning environment.

Pediatric settings show significantly higher ratings than physical disabilities settings in providing a positive role model of professional behavior. In exploring the environmental characteristics of the pediatric settings versus the physical disabilities settings one does find several clear differences. Therapists in a physical disabilities setting are in a working environment that is clearly defined with a medical emphasis. In most cases occupational therapists have a clear definition and direct role within that environment. Generally, the therapists do not need to communicate this role on a daily basis with a large variety of individuals and because their role is defined there is not much negotiation of their role in the environment.

In contrast, a large number of therapists in pediatric settings are in schools. The primary role of the school is not health care and there are many different levels of individuals in school systems that may not clearly know the role of an occupational therapist. This requires the therapist in a pediatric setting to have excellent communication and professional behavior skills so she can explain and negotiate her role in an environment where she is not a primary member of the environment's function.

Finally, pediatric therapists generally need to be able to establish longer-term relationships with caregivers, students, and other staff members. Therapists working in

physical disabilities settings such as hospitals and rehabilitation settings interact with patients and caregiver for relatively short periods of time. They of course need a certain level of professionalism, however a therapist working in school settings may work with their clients and caregivers for many years. This would require a different level of communication skills to maintain working relationships for longer periods of time. Students observing pediatric therapists may be reflecting on what they saw in the pediatric supervisors as enhanced communication skills due to their need to explain their role and skills and different level of professional communication skills due to their long-term relationships with patients and caregivers.

Conclusions

Occupational therapy students were asked to rate how they perceived their experiences of supervision characteristics during their clinical fieldwork level II experiences. The scale used in this study asks the students to provide a description of their supervision experience during their clinical training on a 4-point scale. A rating of 1 indicates rarely, 2 indicates occasionally, 3 indicates frequently and 4 indicates consistently. In reviewing the results both nationally and by region, the researcher found that the students reported that they experienced all of these supervision characteristics frequently to consistently. Further analysis to determine if there were any significant differences in supervision characteristics between regions, the northwest region showed consistently higher means in 13 of 16 characteristics and showed the lowest standard deviation ranges in all 16 characteristics. The mean ratings of all regions are consistently rated as the students experiencing the supervision characteristics frequently to consistently. Based on the finding of this study it could lead to the conclusion that the

significant differences are related to the characteristics of the region rather then skills and/or abilities of the supervisors themselves.

In the analysis to determine significant differences between student ratings in the different types of fieldwork experience, significant differences were noted. However, one needs to remember that the means of the ratings by the students indicate that they experienced each characteristic at least frequently during their clinical experience. So, while there are differences, these differences may be related to the fieldwork-type setting characteristics rather than the clinical supervisors' ability to provide quality supervision as defined by the supervision characteristics in this study.

During the follow-up phone calls to programs that had not provided data for the study, one program director indicated that she did not see the value in this study because her program did not use clinical education sites that demonstrated poor clinical training supervisors. This was a well-established program in a metropolitan area with a large number of clinical sites available within its local region. The concern of this researcher was that the increase in the number of academic programs would put increased pressure on clinical supervisors to provide training for students. Due to this increase in supervision demand, academic programs may have no option but to use clinical education sites that have demonstrated poor clinical training in an attempt to progress students through the certification process. This study did not support that concern. This study indicates that, while there are some differences in the supervision characteristics that students perceive at the regional and fieldwork-type level, the systems provided by the profession for training at the national and local level and the schools' ability to place students in clinical sites with good quality supervisors is effective.

However, one cannot ignore the literature, in which clinical supervisors indicate that supervising students take a lot of additional work, and is stressful. Some therapists that do not provide supervision services have indicated that they did not feel adequately trained to supervise students (Burchman, 1995). The changes in the health care environment and reimbursement systems continue to change occupational therapy practice and create productivity and programming demands on clinicians (Collins, 1996). This researcher recommends that the profession continue to provide supervision education and support within the systems currently established locally, nationally, and within the educational facilities. However, there should be an emphasis in reaching and training new clinical supervisors to decrease the workload on currently recognized high quality clinical supervisors using the framework of individual supervision characteristics identified in the Student Evaluation of Fieldwork Experience form.

Implications for Further Research

Analyzing students' perceptions of supervision characteristics during clinical training has both advantages and disadvantages. Students can clearly identify what characteristics they have experienced during clinical training, however students are also in a learning process themselves and can consider a supervisor as excellent just because they have no other frame of reference. Further research should be done on supervision characteristics from sources other than students to get a more wholistic view of quality supervision. A qualitative study of identified, respected clinical supervisors could provide themes of supervision characteristics and strategies that would expand professional knowledge relating to clinical training.

This study did not have a method of evaluating clinical supervisors training or experience with student supervision. Another research option could be to investigate any significant differences between clinical supervisors ratings based on their years of clinical experience or supervision training. This could be done as either another qualitative study or as a quantitative study. One advantage of completing a qualitative study would be the opportunity to gather a large sample however; a quantitative study could provide theme-based data that goes beyond any questionnaire the researcher could develop.

Analyzing Student Evaluation of Fieldwork Experience Forms for students that did not pass their clinical experience could also be a more focused study. This could assist in clearly identifying supervision characteristics that could hinder or enhance clinical training.

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Appendices

Appendix A
Student Evaluation of Fieldwork Experience Form

STUDENT EVALUATION OF FIELDWORK EXPERIENCE

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.

Purpose: This form is important feedback for your fieldwork experience supervisor, your faculty and other students at your school.

Directions: Complete this **Student Evaluation of Fieldwork Experience** (SEFWE) form in **ink** prior to your final meeting with your fieldwork supervisor. Your supervisor, too, will have completed your **Student Performance Evaluation** for review at this meeting. Share the completed **SEFWE** with your supervisor, and the form should be co-signed. One copy remains with the fieldwork site and one copy is returned to your educational program.

Part I: IDENTIFYING INFORMATION

Academic Program _____

Facility Name _____

Address _____

Placement Dates: **from** _____ **to** _____

Order of Placement: **1** **2** **3** **4** *out of* **1** **2** **3** **4**

Type of Fieldwork: _____
Specialty/Practice Area

Living Accommodations: *(include type, cost, location, condition)*

Part II: STRUCTURE OF FIELDWORK EDUCATION PROGRAM

A. Student Orientation

1. Was a formal orientation provided? Yes _____ No _____

2. If yes, indicate your view of the orientation by *checking* "Satisfactory" (S) or "Needs Improvement" (I) regarding the three factors of Adequacy, Organization, and Timeliness.

Topic	Adequate		Organized		Timely	
	S	I	S	I	S	I
a. Staff introductions						
b. Physical facilities						
c. Organizational structure						
d. Facility/Department philosophy						
e. Facility services						
f. Facility/Department policies and procedures						
g. Occupational Therapy services						
h. Departmental documentation						
i. Safety/Emergency procedures						
j. Confidentiality						
k. Fieldwork objectives/requirements						
l. Student supervision						
m. Community resources						
n. Department frame(s) of reference						
o. Quality Improvement Program						
p. Requirements/Assignments						
q. Other						

3. Comments or suggestions regarding your orientation to this fieldwork placement:

B. Written and Oral Assignments

1. Indicate whether the following assignments were required by checking "Yes" or "No."

   If required, indicate the number you did; also indicate their value to your learning experience by *circling* the appropriate number with #1 being least valuable and #5 being the most valuable.

	Required Yes	Required No	How Many	Educational Value
a. Client/patient screening				1 2 3 4 5
b. Client/patient evaluations *(Use specific names of evaluations)*				
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
				1 2 3 4 5
c. Written treatment/care plans				1 2 3 4 5
d. Discharge summary				1 2 3 4 5
e. Team meeting presentation				1 2 3 4 5
f. Inservice presentation				1 2 3 4 5
g. Case study				1 2 3 4 5
h. QI/Outcome/Efficacy study				1 2 3 4 5
i. Activity analysis				1 2 3 4 5
j. Other				1 2 3 4 5
k. Other				1 2 3 4 5

2. Comments or suggestions regarding assignments:

C. **Caseload Description**

1. *List* approximate number of each age category in your caseload.

Age	Number
0-5 years old	
6-12 years old	
13-21 years old	
adult	
older adult	

2. *List* diagnostic categories in your caseload and approximate number of each diagnosis.

Diagnosis	Number

3. *List* major therapeutic interventions frequently used and indicate whether it was provided in group or individually.

Therapeutic Interventions	Group	Individual

4. Suggestions for changes in caseload assignment that would improve your learning experience.

PART III: SUPERVISION

A. *List* all your supervisors.

Name	Title	Frequency	Individual	Group
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

B. *Check* catagories which seem descriptive of your supervision.
(You may wish to complete one chart for each clinical supervisor.)

	1 = Rarely 2 = Occasionally 3 = Frequently 4 = Consistently			
	1	2	3	4
Taught knowledge and skills as required.				
Presented clear explanations and expectations.				
Provided supervison as needed.				
Used constructive feedback methods to address weaknesses.				
Provided positive reinforcement for strengths.				
Encouraged student to provide feedback to supervisor.				
Facilitated student's problem-solving skills.				
Encouraged self-directed learning.				
Approachable and interested in students.				
Adjusted workload to facilitate student's growth.				
Reviewed written work in timely manner.				
Made me feel comfortable and part of the department.				
Demonstrated interest and commitment in job.				
Provided a positive role model of professional behavior.				
Projected a positive attitude toward other staff and students.				
Provided feedback in timely manner.				

C. General comments on supervision:

PART IV: PROFESSIONAL RELATIONSHIPS

A. *Check* categories which seem descriptive of your experience, referring to the code.

	1 = Rarely 2 = Occasionally 3 = Frequently 4 = Consistently			
	1	2	3	4
Provided with exposure to OTR/COTA/Service Extender roles.				
Provided with opportunities to network with other professionals.				
Experienced interdisciplinary approach to care.				
Observed OT staff modeling therapeutic relationships.				
Informed of additional educational opportunities.				
Participated in additional educational opportunities.				
Provided chance to network with related agencies.				
Provided with opportunity to expand interdisciplinary knowledge.				
Expanded knowledge of community resources.				

B. Which professionals were role models for you in your professional growth?

Please describe:

C. List the schools, disciplines, and academic levels of students present during your fieldwork experience.

D. Describe how this affected your learning experience.

E. Comments or suggestions regarding professional relationships.

PART V: ACADEMIC PREPARATION

A. Rate the relevance and adequacy of your academic coursework relative to the needs of **THIS** fieldwork placement, circling the appropriate number. (Note: may attach own course number)

General Education/Basic Science Coursework	Adequacy for Placement				
	Low 1	2	3	4	High 5
	Relevance for Placement				
	Low 1	2	3	4	High 5

Media/Skills Coursework	Adequacy for Placement				
	Low 1	2	3	4	High 5
	Relevance for Placement				
	Low 1	2	3	4	High 5

Occupational Therapy Theory and Concepts Coursework	Adequacy for Placement				
	Low 1	2	3	4	High 5
	Relevance for Placement				
	Low 1	2	3	4	High 5

Level I Fieldwork	Adequacy for Placement				
	Low 1	2	3	4	High 5
	Relevance for Placement				
	Low 1	2	3	4	High 5

B. What are the strongest aspects of your academic program relative to the needs of **THIS** Level II Fieldwork Experience? Be specific and include course references as appropriate.

C. Did you find correlation between theories and concepts and skills learned at school and their practical application at this center. Give examples of this type of correlation.

D. What changes would you recommend in your academic program relative to the needs of **THIS** Levell Fieldwork Experience?

PART VI: SUMMARY

A. What particular qualities or personal performance skills do you feel a student should have to function successfully on this fieldwork placement?

B. Overall, what concepts would you recommend in this Level II Fieldwork Experience?

C. Would you recommend this center as a student Fieldwork Experience? Yes ____ No ____
Why?

PART VII: ADDITIONAL COMMENTS

Please feel free to add any further comments, descriptions or information concerning your fieldwork at this center. Please use another sheet if necessary.

We have mutually shared and clarified this Student Evaluation of Fieldwork Experience report.

Student Signature	FW Supervisor Signature
Educational Program	Date

AOTA Commission on Education
Fieldwork Issues Committee, December 1993; February 1995
Approved by COE, Denver, CO, April 1995
(fieldwork\misceltsefwe)

Appendix B
NBCOT Letter of Support

NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY, INC.

Serving the Public Interest

21 February 2002

Ms. Vicki Smith, OTR
Graduate Program in
Occupational Therapy
University of Tennessee
Chattanooga, TN

Dear Ms. Smith:

I am writing to confirm NBCOT's interest and encouragement for your doctoral study on Clinical Supervision Characteristics. Your study's results should contribute to the literature on this subject and improvements to the fieldwork experiences of occupational therapy students in the future.

Sincerely yours,

Paul Grace, MS
Executive Director

800 S. Frederick Avenue, Suite 200 • Gaithersburg, MD 20877-4150

Appendix C
Listserv Survey and Results

Occupational Therapy Program Directors listserve
Summary of responses from e-mail

Message Posted

I am working on my dissertation and due to the issues surrounding FWII I would like to take a snapshot look at what OT students impressions of fieldwork supervision is like today. My proposal has been approved but there was some discussion regarding data collection methods and I would like some feedback.

I will be requesting data from all 1999 students in accredited occupational therapy professional program that completed their level II fieldwork experiences Student Evaluation of Fieldwork Experience form, the one the students complete on the site not the one the supervisors complete. I would be looking for the cover page and page 6 only, not the entire form.

The question is would programs prefer to send the data by copying pages 1 and 6 of each form. I am assuming a work study student can be assigned the task but lots of paper. OR

Would programs prefer to have someone enter the data on a speadsheet format and send the data. This may require someone beyond the work-study student level and there are many issues with data validity with so many people handling the data.

Of course I would like a high return, please send me your thoughts
vls

Responses: 10

Response concerns/summary:

1. Ensure researcher has received human subjects approval from UTK
2. Students need to give consent. (2)
3. Cost of copying
4. Large amount of information
5. Student's evaluation of Fieldwork educators confidential (2)
    a. Some sites use form for other students to refer to in choosing clinical placements.
6. Deleting names and addresses of clinical sites from form.
7. Would Vicki visit, copy and collate data?
8. Limited work-study hours. (3)
9. Easier/more reliable to copy pages 1 and 6 of the report (5)
10. Confusion on the student data requested.
11. Concerned about the cost of copying
12. One facilities IRB indicates facility would need to give permission.
13. Glad to see study completed
14. Issue of third fieldwork compromising the data

Response to responses relating to dissertation study:

- About 2 months ago I sent out a call for help about a research project for my dissertation relating to Fieldwork supervision for Level II students on the Program Directors listserv. Thank you all for your responses. Below is a summary of the comments and responses.

- People were happy that the study is being done
- The majority of people who responded feel that copying the data would be more practical and better for research control.
- There is a concern relating to cost of copying and mailing
    - I will cover the cost of mailing with the postage paid envelopes provided in this packet.
- The study has been approved through the IRB at the University of Tennessee at Knoxville
- The largest concerns were issues of confidentiality. The data I am requesting has no identifying information of the supervisor or the student. There are no signatures or references of any kind that identifies any individuals. I am requesting the first page of the evaluation form that the student completes on the fieldwork site that identifies the facility, however, the only information on that page that will be included will be the state in which the clinical was completed in and the type of facility. Not the name or full address of the facility.
- Finally, there is concern over further confidentiality issues of the form itself. These data are already public access in terms of being available to supervisors, other students, and the educational facilities for the purpose of fieldwork evaluation and future clinical placement. This study will be expanding our ability to evaluate fieldwork education at a national level in a confidential manner.

Thank you in advance for your support of this study.

Appendix D
Initial Letter to Academic Programs

March 14, 2002

Dear Program Director,

Fieldwork education has experienced significant challenges due to the changes in healthcare delivery systems and our professional focus on developing new areas of service delivery. For this reason I have decided to focus a dissertation study on the supervision characteristics that occupational therapists experience during fieldwork level II clinical experiences as part of my requirements in completing a doctorate degree in education through the University of Tennessee in Knoxville. The purpose of this study is to identify supervision characteristics that students are experiencing during clinical education. The National Board of Certification of Occupational Therapy has provided a letter of support for this project as they have recognized the need for national level research information relating to fieldwork education.

The study is being supervised by Dr. Susan Benner from the University of Tennessee in Knoxville and has been approved through the universities IRB process.

Your participation in the study is completely voluntary and information received from the data provided will be confidential in terms of students, educational facility, and clinical facility. Data requested has **NO** identifying information relating to the student or supervisor and will only be reported by supervision characteristics and state or AOTA defined region of the fieldwork clinical site, not educational facility.

Enclosed is an instruction sheet of the data that I will need to complete the study and pre-postage paid envelops. Please notice the data being requested is from the **Student Evaluation of Fieldwork Experience for students that have completed their clinical training during the year 1999**. I will be sending a summary of the studies results to all participants at the end of the data analysis process. Please return the information to the address below by April 20, 2002.

Thank you in advance for contributing to the process of expanding our research knowledge base. If you have any questions regarding the study, feel free to contact me.

Sincerely

Vicki Smith, MBA, OTR/L
Vicki-Smith@utc.edu
W 423-757-1785
5541 Bryar Rose Dr.
Ooltewah, TN 37363

DATA REQUESTED FROM THE STUDENT EVALUATION OF FIELDWORK EXPERIENCE FORM (The one the students fill our on the facility NOT the one the supervisor fills out on the student)

YR: 1999

Requested Data:

1) Data requested for all students that have completed their level II clinical education in **1999**.
2) Copy the cover page of the **Student Evaluation of Fieldwork Experience form (SEFWE)**
3) Copy the section of the **SEFWE** Part III: Supervision, table B asking the student to" Check categories which seem descriptive of your supervision"
4) Staple the cover page and supervision, table B section together for each student.

See Attached Sample

Please use the postage paid envelops to return requested data.

If you have any questions at all please call me, Vicki Smith 423-757-1785

STUDENT EVALUATION OF FIELDWORK EXPERIENCE

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.

Purpose: This form is important feedback for your fieldwork experience supervisor, your faculty and other students at your school.

Directions: Complete this **Student Evaluation of Fieldwork Experience** (SEFWE) form in **ink** prior to your final meeting with your fieldwork supervisor. Your supervisor, too, will have completed your **Student Performance Evaluation** for review at this meeting. Share the completed **SEFWE** with your supervisor, and the form should be co-signed. One copy remains with the fieldwork site and one copy is returned to your educational program.

Part I: IDENTIFYING INFORMATION

Academic Program _____

Facility Name _____

Address _____

Placement Dates: **from** _____ **to** _____

Order of Placement: **1** **2** **3** **4** *out of* **1** **2** **3** **4**

Type of Fieldwork: _____
Specialty/Practice Area

Living Accommodations: *(include type, cost, location, condition)*

B. *Check* catagories which seem descriptive of your supervision.
(You may wish to complete one chart for each clinical supervisor.)

	1 = Rarely 2 = Occasionally 3 = Frequently 4 = Consistently			
	1	2	3	4
Taught knowledge and skills as required.				
Presented clear explanations and expectations.				
Provided supervison as needed.				
Used constructive feedback methods to address weaknesses.				
Provided positive reinforcement for strengths.				
Encouraged student to provide feedback to supervisor.				
Facilitated student's problem-solving skills.				
Encouraged self-directed learning.				
Approachable and interested in students.				
Adjusted workload to facilitate student's growth.				
Reviewed written work in timely manner.				
Made me feel comfortable and part of the department.				
Demonstrated interest and commitment in job.				
Provided a positive role model of professional behavior.				
Projected a positive attitude toward other staff and students.				
Provided feedback in timely manner.				

C. General comments on supervision:

Appendix E
Follow-Up Letter to Academic Programs

May 15, 2002

Dear Program Director

About a month ago you received a request for data for a dissertation study on the supervision characteristics that occupational therapists experience during fieldwork level II clinical experiences. I realize that the request came at the end of the semester and right before conference, which is a busy time of the year. I am sending another request for data in hopes that summer may be an easier time to collect the information. I realize that gathering the data is a time consuming process however, students may gather the data due to the type information requested.

The study is being supervised by Dr. Susan Benner from the University of Tennessee in Knoxville and has been approved through the universities IRB process.

Your participation in the study is completely voluntary and information received from the data provided will be confidential in terms of students, educational facility, and clinical facility. Data requested has **NO** identifying information relating to the student or supervisor and will only be reported by supervision characteristics and state or AOTA defined region of the fieldwork clinical site, not educational facility.

Enclosed is an instruction sheet of the data that I will need to complete the study and pre-postage paid envelops. Please notice the data being requested is from the **Student Evaluation of Fieldwork Experience for students that have completed their clinical training during the year 1999**. I will be sending a summary of the studies results to all participants at the end of the data analysis process. Please return the information to the address below by June 15, 2002.

Thank you in advance for contributing to the process of expanding our research knowledge base. If you have any questions regarding the study, feel free to contact me @ 423-757-1785 or Vicki-Smith@utc.edu

Sincerely

Vicki Smith, MBA, OTR/L

Vita

Victoria L. Smith graduated from Washington University in St. Louis Missouri with her Bachelors degree in Occupational Therapy in 1986. In 1997 she received a Master of Business Administration degree from Gannon University in Erie Pennsylvania. Ms. Smith has been a practicing Occupational Therapist for 17 years. She has been a clinical educator for Occupational Therapy students for 10 years and has been an academic educator and fieldwork coordinator for 8 years. Ms. Smith has published 2 books on fostering the transition from classroom to clinical practice through the American Occupational Therapy Association. She is currently an Associate Professor and Chair of Occupational Therapy at Keuka College in Keuka Park New York.