Introduction

The Occupational Therapy Department at San Jose State University is committed to providing our students with excellent academic and clinical preparation. Fieldwork education is a critical component of our student's preparation. As defined in the American Occupational Therapy Association (AOTA) Essentials fieldwork education is required and designed as a crucial part of professional preparation. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision and for professional role modeling (AOTA, 1998). The fieldwork experience provides an opportunity for students to integrate the theories, concepts, and skills learned during academic preparation. As the primary coordinator of the OT students' fieldwork experience, the clinical fieldwork supervisor plays a vital role in the training of new occupational therapists.

We recognize that the development of diverse and relevant fieldwork programs is dependent upon successful collaboration between the academic program and the clinical fieldwork supervisor. The purpose of this manual is to assist you in providing Level II fieldwork experiences for San Jose State University Occupational Therapy students. The material contained in this manual is not intended as a substitute to other publications already available to the clinical supervisor, but rather as a supplement. This manual is designed to provide information regarding San Jose State University fieldwork requirements, AOTA’s requirements, and to provide the clinical supervisor with resources and models for fieldwork, and to orient the clinical coordinator and supervisor to the process of establishing a student program. Samples of the forms typically utilized by San Jose State University Occupational Therapy Department to communicate with fieldwork sites are also provided.
**Fieldwork Participants**

Mutual understanding of the responsibilities of each participant in the fieldwork process is an important component of a successful fieldwork program. The following descriptions outline the roles and responsibilities of each participant in the fieldwork experience. These descriptions are adapted in part from the Guide to Fieldwork Education (AOTA, 1995) and the Guidelines for an Occupational Therapy Level II Fieldwork Experience (AOTA, 2000).

**Academic Fieldwork Director**

The academic fieldwork coordinator is the faculty person from the occupational therapy education program who functions as a liaison between the academic setting, the fieldwork site, and the student. The primary responsibilities of the academic fieldwork coordinator are:

- Assignment of eligible students to a fieldwork experience and confirmation of assignment in writing to each fieldwork site
- Maintenance of written contracts or letters of agreement between the educational institution and the fieldwork site
- Maintenance of current files on each fieldwork site, including up to date fieldwork data forms, and facility forms (Appendix R)
- Identification of new sites for fieldwork placement
- Orientation of students to the purpose of the fieldwork experience, instructing them on their roles and responsibilities, and providing them with any required forms
- Collaboration with the fieldwork placement site, including providing information on policies for withdrawal or failure of a student
- Communication through use of forms, student information packets, written, verbal or electronic communication techniques to the fieldwork site

**Clinical Fieldwork Coordinator**

The clinical fieldwork coordinator, also known as the student coordinator, is the individual responsible for the administrative functions of a clinical site's fieldwork program. The administrative duties of the clinical fieldwork coordinator include:
Collaboration with academic fieldwork coordinator in the development and implementation of a meaningful fieldwork program

Preparing, maintaining, and sending to the academic fieldwork coordinator information about the fieldwork placement site

Establishing a student fieldwork program, usually in collaboration with other staff, which includes objectives of the fieldwork experience and student manual with goals, expectations, assignments, etc.

Obtaining from the academic program policy pertaining to withdrawal of a student from the fieldwork experience

Scheduling students in collaboration with the academic fieldwork coordinator

Informing the academic fieldwork coordinator if student interviews are required prior to confirmation

Notifying the academic fieldwork coordinator of confirmation of student placement

Organizing student’s orientation to clinical setting and providing information such as work hours, dress code, expectations, and requirements

Assigning students to a clinical supervisor

Meeting periodically with the clinical supervisor and the student to assess progress and discuss issues that may arise

Notifying the academic fieldwork coordinator if difficulties arise with a student that might lead to a failure or withdrawal from the fieldwork experience

Reviewing mid-term and final evaluations with the clinical supervisor and the student

Determining that final evaluation forms are complete, signed, and mailed to the academic fieldwork coordinator

Periodically reviewing contractual agreement between the fieldwork site and the academic institution, making sure these agreements are signed and up-to-date.

Academic Advisor

During each clinical fieldwork experience, the student is assigned an academic advisor. This person may be the academic fieldwork director or another faculty member from the academic program. The academic advisor is responsible for checking on the student’s status during the affiliation. Typically, the academic advisor will contact the student and the clinical supervisor at the mid-term of the fieldwork experience. If
problems or concerns are expressed at the time of contact, it is the academic advisor’s responsibility to provide suggestions for resolution and to follow-up as appropriate with the student, clinical supervisor, and academic fieldwork director.

**Clinical Fieldwork Supervisor or Clinical Instructor**

The clinical fieldwork supervisor, also known as the fieldwork educator, clinical supervisor, preceptor, or student supervisor, is the individual responsible for direct student training at the fieldwork placement site. For Level II fieldwork, the clinical supervisor must be a registered Occupational Therapist with a minimum of one year of clinical experience in a practice setting. The responsibilities of the clinical supervisor include the following:

- Direct day-to-day supervision of the student
- Clearly defining expectations to the student
- Assigning clients to the student
- Supervising the student in the provision of OT services (evaluation, intervention, documentation, and oral reporting)
- Assessing the skill and knowledge level of the student
- Meeting regularly with the student to review performance and provide feedback
- Notifying the clinical coordinator and the academic fieldwork director if the student is not meeting expectations or problems arise
- Evaluating the student at mid-term and at the end of the fieldwork experience, identifying strengths, areas to work on, and methods to achieve success in these areas.

**Student**

The student is expected to collaborate with both the academic fieldwork director and the clinical supervisor to ensure compliance with fieldwork experience requirements. Specific responsibilities include:

- Attending fieldwork orientation meeting conducted by the academic fieldwork director which provides a description of fieldwork expectations, registration procedures, policies for withdrawal, repetition and grading of the fieldwork experience, certification examination procedures and licensure procedures.
- Providing a completed personal data sheet, resume, and copy of health record to Fieldwork Director
- Providing student health and CPR training records to the clinical setting
- Reviewing fieldwork files to determine specific requirements of the fieldwork site
- Providing the name, phone number, and email of the student's academic advisor to the clinical supervisor
- Exhibiting professional behavior at all times during the clinical affiliation (i.e. arriving to work on time, following protocols as outlined by the facility, communicating in a professional manner with the supervisor and other professional staff at the fieldwork site, taking responsibility for his/her own work schedule, completing required assignments and duties in a timely manner)
- Active participation in the supervisory process, utilizing available resources, and taking responsibility for his/her own learning
- Maintaining copies of performance evaluation forms and student evaluations forms of the fieldwork placement

Palladino and Jeffries (2000) have developed a workbook designed to facilitate students taking responsibility for learning in Level I and Level II fieldwork. The book includes many forms which the student, clinical or academic supervisor can utilize to document skills, knowledge and clinical experience. Other student resources include: Occupational Therapy Fieldwork Survival Guide by Bonnie Napier-Tibere and Lee Haroun (2004), and The Successful Occupational Therapy Fieldwork Student, edited by Karen Sladyk (2002).

**Policies and Procedures**

Two levels of fieldwork education are established in the Standards of an Accredited Educational Program for the Occupational Therapist (AOTA, 1998). Level I fieldwork is designed to develop a basic comfort level with and understanding of the needs of the clients. Level II fieldwork is required and designed to develop competent, entry-level, generalist occupational therapists.

This manual is organized to provide the clinical fieldwork supervisors and fieldwork coordinators with an understanding of the requirements established by the AOTA and those made specific by San Jose State University.
LEVEL II FIELDWORK

AOTA Requirements for Level II Fieldwork

The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork shall be integrated into the program’s curriculum design and shall include an in-depth experience in delivering occupational therapy services to clients. Students will focus on the application of purposeful and meaningful occupation and research, and the administration and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the life span and to a variety of settings. The fieldwork experience shall be designed to promote clinical reasoning and reflective practice. It should also transmit the values and beliefs that enable ethical practice, and develop professionalism and competence as career responsibilities. The program will:

- Recognize that Level II fieldwork can take place in a variety of traditional settings and emerging areas of practice. The student can complete Level II fieldwork in a minimum of one setting and maximum of four different settings.

- Require the equivalent of 24 weeks full-time Level II fieldwork. This may be completed on a full-time or part-time basis, but may not be less than half time as defined by the fieldwork site.

- Ensure that the student shall be supervised by an Occupational Therapist who meets state regulations and has a minimum of one year of practice experience, subsequent to the requisite initial certification. The supervising therapist may be engaged by the fieldwork site or by the educational program.

- Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct, then decrease to less direct supervision, as is appropriate for the setting, the severity of client’s condition, and the ability of the student.

- In a setting where there is no occupational therapist on site, the program must document that there is a plan for the provision of occupational therapy services. On-
site supervision must be provided in accordance with the plan and state credential requirements. The student must receive a minimum of eight hours of occupational therapy supervision per week, including direct observation of client interaction. Additionally, the clinical supervisor must be readily available for communication and consultation during work hours. Such fieldwork shall not exceed 12 weeks.

☐ For students wishing to pursue fieldwork outside of the United States, the student completing Level II fieldwork must be supervised by an occupational therapist who has graduated from a program approved by the World Federation of Occupational Therapists (WFOT) and has had one year of experience in practice. Such fieldwork shall not exceed 12 weeks.

San Jose State University Level II Fieldwork Requirements

SJSU Occupational Therapy students are required to complete a minimum of six months of Level II fieldwork; three months in a clinical setting providing psychosocial services and three months in a clinical setting providing services for physical disabilities. Students have the option of completing a third affiliation in a specialty area of their choice. If a student elects to complete a third affiliation, the dates of her graduation or eligibility to sit for the certification exam may be affected. Special arrangements can be made for a student to complete fieldwork on a part-time basis. In any case, the total amount of time in Level II fieldwork must total the equivalent of 24 full time weeks.

Holidays and Absences for Level II Fieldwork

Holidays are granted to students in accordance with the policies of the fieldwork facility where the student is placed. Students from our program are allowed three days absence without penalty for illness or emergencies only. These three days are not intended for use as vacation days. The student is required to make up time if four or more days of the affiliation are missed. Options for making up this missed time include weekend or evening hours, if appropriate, or additional days added to the end of the fieldwork experience. The fieldwork coordinator at SJSU should be notified if a student is required to arrange make-up time.
Scheduling and Confirmation of Students for Level II Fieldwork

Students from SJSU are scheduled for Level II fieldwork on a year-round basis. Typically, scheduling dates follow those suggested by AOTA. However, the dates for fieldwork are subject to negotiation between the fieldwork facility and SJSU. A list of AOTA’s suggested dates for fieldwork can be found at the AOTA web site, http://www.AOTA.org.

Requests for placement of students for Level II fieldwork will be mailed to the clinical coordinator at the fieldwork facility. Level II fieldwork requests are typically mailed 12 - 15 months in advance of the time being requested. The request form asks that the clinical coordinator responds, either by accepting or rejecting the request, and returns one copy of the form by mail or fax.

A comment section is provided for additional communication. If an interview is required, this should be noted in the comment section. The student will be responsible for contacting the clinical coordinator to arrange any interviews. It is important to respond to fieldwork requests as soon as possible. If the student is not accepted, another placement will be sought.

Once a student is scheduled for fieldwork, confirmation material will be mailed to the clinical site prior to the student’s arrival. The level II confirmation packet contains the following materials:

- cover letter
- student personal data sheet
- resume
- proof of liability insurance
- AOTA Fieldwork Evaluation for the OT form
- 4 & 8 week informal evaluation form
- AOTA Student Evaluation of Fieldwork Experience form
- AOTA Data Form
- Level II student objectives
- Description of curriculum
Students are required to provide their health records directly to the clinical site by the first day of the internship. If a student does not provide the necessary health records, they will not be allowed to begin their fieldwork experience. San Jose State University requires a student health record to include:

- Last physical examination
- Hepatitis B series
- MMR
- Chicken Pox vaccination or titer
- Tetanus shot
- A copy of CPR certification
- HIPAA/Infection Control Module

Some facilities have special requirements that must be met prior to fieldwork; for example, two negative TB tests within three months of starting fieldwork. If your facility has special requirements, inform the academic fieldwork coordinator so that it is included in the Occupational Therapy Department fieldwork database, and so that the student will have met all requirements to begin fieldwork.

The AOTA Fieldwork Evaluation for the OT is to be completed by the clinical supervisor. The student should complete the AOTA Student Evaluation of Fieldwork Experience. These forms should be completed by the last day of the clinical experience. A meeting between the student and clinical supervisor should be scheduled for review of the forms. Both the student and the clinical supervisor must sign the AOTA Fieldwork Evaluation for the OT and the AOTA Student Evaluation of Fieldwork Experience. The original copies of each form are to be mailed to the fieldwork coordinator (OT Department—SJSU). Copies of these forms should be kept by both the clinical coordinator and the student. It is recommended that a letter be attached to the final AOTA Fieldwork Evaluation for the OT that summarizes the student's performance during the fieldwork experience. The practice setting and client population should be identified and the student's particular strengths and areas for improvement described.

**Evaluation of Level II Fieldwork**

Grading for Level II fieldwork is credit/no credit. SJSU uses the AOTA Fieldwork Performance Evaluation (FWPE) for the Occupational Therapist to evaluate student
The primary purpose of the FWPE is to measure entry level competence of the occupational therapy student. The evaluation is designed to measure the specific occupational therapy process and was not designed to measure the specific occupational therapy tasks in isolation. The clinical supervisor completes and submits to the academic fieldwork coordinator the FWPE at the completion of the internship.

The FWPE is comprised of 42 performance items. Every item must be scored, using the 1 to 4 point rating scale. The scale does not translate into a letter grade,

4 = Exceeds Standards: Performance is highly skilled and self-initiated. This rating is rarely give and would represent the top 5% of all the students you have supervised.

3 = Meets Standards: Performance is consistent with entry level practice. This rating is infrequently given at midterm and is a strong rating at the final.

2 = Needs Improvement: Performance is progressing, but still needs improvement for entry-level practice. This is a realistic rating of performance at midterm, and some ratings of 2 may be reasonable at the final.

1 = Unsatisfactory: Performance is below standards and requires development for entry-level practice. This rating is given when there is a concern about performance.

Scoring: all items must be scored; there are no “not applicable” items. If something on the FWPE does not occur in your setting (eg: use of aides or assistants), you must discuss the situation with the student, create a scenario and rate their performance based upon your discussion with the student. Please contact the Fieldwork Coordinator with any questions.

All items in the Fundamentals of Practice section must receive a score of “3” at the final evaluation in order for the student to pass.

A “3” is a GOOD score and is the expected score at final evaluation.

Midterm Scores: Satisfactory-unsatisfactory
Final Scores: Pass – no pass

The ratings for the Ethics and Safety items must be scored at a 3 or above on the final evaluation for the student to pass the fieldwork experience.
Record both the midterm and the final ratings on the Performance Rating Summary Sheet. You need only send the Final to SJSU unless the student is having difficulty at midterm time.

During the Level II fieldwork experience, we recommend that the fieldwork evaluation be completed at mid-term (6 weeks). This ensures that task areas in which the student is not meeting criterion standards can be clearly identified, giving the clinical supervisor a detailed picture of the student’s performance. It also allows the clinical supervisor the opportunity to give precise feedback to the student regarding his/her performance and can provide the foundation from which objectives and goals for improvement can be set. It may be helpful to score the FWPE again at 8 to 10 weeks, especially for a student that is demonstrating marginal or inadequate performance. Rescoring of the FWPE at this time can help to clarify gains the student has made and can also be used to set minimum standards of performance that must be met by the conclusion of the fieldwork experience. This fosters communication with the student and helps to avoid unanticipated results when the evaluation is scored for the final time at the conclusion of the 12-week fieldwork experience. We also encourage both fieldwork educators and students to complete the informal evaluation form at 4 and 8 weeks to further facilitate communication regarding performance strengths and areas of need and to incorporate strategies that will promote the student's growth and skill level. If a student is having difficulty at midterm time, please contact the Academic Fieldwork Director immediately.

Additional Resources: AOTA website: www.aota.org Search for “fieldwork”

**Failure or Withdrawal of a Student from Fieldwork**

Occasionally a student will experience difficulty in meeting expectations during the fieldwork affiliation. Should this situation arise, the clinical supervisor should contact the student's academic advisor or the academic fieldwork director as soon as possible. Depending upon the severity and nature of the problem(s), a plan should be worked out collaboratively for a satisfactory resolution. Bloxton (2001) recommends establishing a formal contract to indicate the seriousness of the situation, provide clear time frames, define consequences, and spell out expectations very specifically. Clinical supervisors are encouraged to identify specific objective problem areas, outline strategies for improvement, and establish specific weekly goals for the student. Completion of the FWE is a useful tool for identifying problem areas and defining
specific expectations for satisfactory performance. All information pertaining to problem areas should be documented in writing. The academic advisor or academic fieldwork director may provide you with some useful tools to work with the student.

If a student repeatedly fails to meet fieldwork expectations, the clinical experience can be discontinued. Before failing a student, the FWE must be fully completed, as objectively as possible, to be sure that scoring indeed reflects that the student has not met criterion levels for passing the fieldwork experience. A summary letter outlining the reasons for the discontinuation should be written by the clinical supervisor and forwarded to the academic fieldwork coordinator with the FWE.

A student can be withdrawn from fieldwork before the completion of the 12 weeks of affiliation if performance or behavior problems are substantial enough to warrant early discontinuance. The clinical supervisor should contact the academic fieldwork director before discussing the option of extending the affiliation with the student.

The clinical supervisor's primary responsibility is patient care. The clinician has an ethical responsibility to ensure the welfare of the client population they are serving. Any student that puts the client at severe risk can be immediately terminated from the fieldwork affiliation. Typically, the breaching of patient confidentiality or putting a patient in danger of extreme physical injury are justification for immediate termination. The clinical supervisor should clearly outline for every student all facility policies regarding patient confidentiality and safety. If a student deviates from facility policy, a warning should be given along with additional clarification of expectations. Further negligence on the part of the student should result in discontinuation. The clinical supervisor should immediately contact the academic advisor or academic fieldwork director if these issues arise during the student’s affiliation. Written documentation of student’s behavior should be provided to the academic program.

**Americans with Disabilities Act - Accommodations During Fieldwork**

For the occupational therapy student with a disability, making the transition from the academic to clinical setting can present certain challenges. The Americans with Disabilities Act (ADA) of 1990 and the Rehabilitation Act of 1973 were passed to prevent discrimination against individuals with disabilities. These laws obligate educational institutions to "provide reasonable accommodations for a student's known disability in order to provide an equal opportunity for such a student to participate in the institution's services, programs, and activities" (Bersch, 1995, p. 3). The ADA also
states that places of public accommodations (such as a hospital) must provide reasonable accommodations to allow individuals with disabilities to participate in its programs. If a clinical setting accepts student interns for fieldwork, this is considered a "program" which must provide access to the disabled (Kornblau, 1996). “Entering into a contractual agreement to serve as a fieldwork site for an occupational therapy educational program binds the site to the same rules and regulations of the educational institution as they relate to students with disabilities. This contractual agreement makes the site an extension of the educational institution” (Wells & Hanebrink, 1998, page 39). Therefore, it is the responsibility of both the academic program and the clinical fieldwork setting to provide reasonable accommodations for students with disabilities. Appendix J provides a table listing the student, academic fieldwork coordinator, and clinical supervisor’s responsibilities.

According to the Rehabilitation Act, an "individual with a disability" is defined as any person who has a physical or mental impairment, which substantially limits one or more of said person's major life activities. The individual must have a record of such impairment or be generally regarded as having such an impairment (Bersch, 1995). Such impairments include, but are not limited to: amputation, neurological dysfunction, vision or hearing deficits, respiratory or cardiovascular dysfunction, mental retardation, emotional or mental illness, and learning disabilities.

An individual's protection under the ADA and Rehabilitation Act is triggered when that individual identifies himself/herself as having a disability and needing accommodation. With respect to fieldwork education accommodations, the initial responsibility is on the student to provide notice to the appropriate parties (Bersch, 1995). The academic fieldwork director must abide by privacy laws and ADA confidentiality requirements which prohibit schools from disclosing information about a student's disability (Wells & Hanebrink, 1998, page 40). Once a student discloses a disabling condition to the academic fieldwork director and to the clinical supervisor, it is the responsibility of both sites to develop reasonable accommodations for the fieldwork experience. Students who fail to disclose their disabilities lose the benefits that accommodations provide (Kornblau, 1995). Without needed accommodations, the student faces the possibility of falling behind or even failing an affiliation. However, accommodations cannot be retroactively applied.

Reasonable accommodations are those which reasonably and effectively achieve the goal of equal opportunity for participation. Accommodations must be based upon
individual need, not on categories of disabilities. However, no accommodation must be provided if to do so would "fundamentally alter the nature of the program or eliminate essential requirements of a program or licensing process" (Bersch, 1995, p. 5). Job duties that are fundamental to the position are considered "essential job functions." Essential functions must be performed, with or without the provision of accommodations. For example, an OTR's essential functions might be evaluating patients, developing intervention goals and programs, and reporting in team meetings. Reasonable accommodations include changes in the work environment or the way work is customarily performed that enable the disabled individual to perform the essential functions of the job. An example of a reasonable accommodation would be modified work schedules or providing a quiet space in which to document. However, the clinical site or educational program is not required to provide accommodations that cause undue hardship. Undue hardship refers to accommodations which are unreasonably costly, disruptive, or fundamentally alter the nature or operation of the facility (Kornblau, 1995).

The most critical component of providing successful accommodations to disabled students is open communication between all concerned parties. Disabled students of the OT program at SJSU are apprised of their rights for accommodations as outlined by the ADA and Rehabilitation Act. The OT Department works closely with the Disabled Resource Center on campus to help student's identify special needs and requirements. Our students are strongly encouraged to disclose their disability to the clinical supervisor prior to beginning the fieldwork experience. They are advised to discuss and plan for accommodation needs with the clinical coordinator before starting the internship. Of course, specific accommodations will vary depending upon the disability and the individual needs of the student. As an example, a student with chronic back problems may not be able to perform maximum assist transfers. A reasonable accommodation of this disability might be requiring the student to demonstrate adequate knowledge of proper transfer technique by being able to train family members or guide other staff members in proper transfer technique. Reasonable accommodations for the student with learning disabilities might include providing a quiet space to document, permitting the student to audio tape supervisory meetings, or allowing extra time (which does not interfere with essential job functions) to complete necessary paperwork.
During a student's affiliation, if any problems or questions arise which pertain to providing accommodations, the clinical supervisor should promptly contact the academic fieldwork director. All concerned parties can work collaboratively to open lines of communication, propose solutions, and foster an environment geared toward success.

AOTA Student Evaluation of Fieldwork Experience

The AOTA Student Evaluation of Fieldwork Experience (SEFWE) is a form developed by AOTA which is designed to allow students to provide feedback about the fieldwork experience to the clinical supervisor, the academic fieldwork director, and other students of the academic program. The form has the student discuss the structure of the fieldwork program (i.e. orientation, assignments, description of caseload, therapeutic interventions, and diagnostic categories). Perceptions of supervision, perceptions of academic preparation, and recommendations for changes or improvements to the overall fieldwork program are also discussed. The academic fieldwork coordinator mails the SEFWE, along with other confirmation materials, to the clinical coordinator. The student is expected to complete the SEFWE prior to the final meeting with her clinical supervisor. The student shares her feedback with the clinical supervisor and both parties sign the form. One copy remains at the fieldwork site, and one copy is returned to the academic program.

Alternative Models of Fieldwork Education

Historically, occupational therapists have used a one-to-one approach to fieldwork supervision. In this approach, the clinical supervisor models expected behaviors and competencies for the student. The student gradually assumes greater responsibility for client care. This approach to supervision has become less viable in many current fieldwork settings. This is due primarily to the tremendous impact of managed care on health care delivery systems as well as the dramatic increase in the numbers of occupational therapy students needing fieldwork placements (Cohn & Crist, 1995).

The managed care system has had a profound impact on the health care provider's practice environment. To reduce costs and streamline services, health care organizations (i.e. hospitals, private practices) have reduced work forces, tightened the
scope of service, and redesigned programs. While these changes have been designed to improve the delivery of health care services, they have also resulted in rigorous, stressful, and frequently disruptive work environments. Many health care programs have dissolved, merged, or reduced staffing patterns in order to remain competitive (Brayman, 1996). As a result, the role of the clinical supervisor in this new health care setting has changed. Cohn and Crist (1995) state that fieldwork educators "must ensure that occupational therapy students are well prepared to reason through the complex and changing demands of today's health care environment" (p. 105). The occupational therapist working in this new environment must be prepared to adjust to working in new settings with different populations and must be prepared to acquire new skills and adapt to changing technology (Brayman, 1996).

Demand for occupational therapy fieldwork placements is at an all time high. The increased number of qualified occupational therapy students, and the addition of newly developed occupational therapy education programs nationwide, has made it difficult to secure fieldwork placements (Hamlin, MacRae & DeBrakeleer, 1995). Our changing health care system has placed further demands upon the availability of fieldwork sites. Cohn and Crist (1995) state that "as the essential bridge between academic and service delivery settings, fieldwork educators take a leading role in shaping the future of our profession by guiding new generations of occupational therapists through these changing times" (p. 105).

Several alternatives to the traditional one-to-one supervision model have been suggested. A brief description of some alternative fieldwork education models follows: You are encouraged to review this information and refer to the bibliography for additional publications pertaining to these alternative models.

**Collaborative Model**

In the collaborative fieldwork model, the clinical supervisor oversees two or more students at one time. This model must be carefully designed so that the students work closely together, collaborating to solve problems. The clinical supervisor must develop clear and concise objectives, teach problem solving skills, and provide learning activities for the students that will foster collaboration. Although at first this model may seem more labor intensive to the clinical supervisor, in actuality, the clinical supervisor frequently spends less overall time in supervision than in the one-to-one model. The students use each other as resources before taking issues to the clinical supervisor.
Students often feel more comfortable engaging in risk taking behaviors with each other. Feedback tends to be non-threatening and easier to accept from a peer than from a clinical supervisor. Students learn greater teamwork skills and gain expanded perspective as they utilize each other’s bodies of knowledge.

**Shared Supervision Model**

In the shared supervision model, two clinical instructors share the responsibility for providing supervision to one or more students. This may involve one clinical supervisor mentoring the student during the first six weeks of internship, followed by another supervisor mentoring during the latter half of the affiliation. Part-time OTR staff may share supervision responsibilities throughout the affiliation. Students have the opportunity to be exposed to multiple clinical styles and problem solving approaches. The supervisors have an opportunity to collaborate with each other over problems that arise and have someone with which to share supervisory responsibilities.

**Community Based Fieldwork**

In the community based fieldwork model, student affiliations are arranged in community agencies that typically do not employ an occupational therapist. Often, a faculty member of the academic program provides supervision. This model must be well planned and organized before implementation. The faculty member and a team of students go out to a community setting and provide services to persons who do not have access to occupational therapy. This is often initiated as a Level I fieldwork experience but can develop into a Level II fieldwork experience over time. Students have the opportunity to work closely with faculty supervisors, and faculty value the opportunity to model professional skills and behaviors to students. Occupational therapy services are expanded to new areas. Recipient communities and agencies report continued interest and support for these programs (Rydeen, Kautzmann, Cowan & Benzing, 1995).

**Remote OT Supervision**

This model is similar to the community-based model. Students are placed in a setting that does not have occupational therapy services. A contracted occupational therapist provides supervision on a remote basis. The fieldwork program must be developed which clearly guides weekly learning objectives. Supervision is primarily provided "off-site" through phone calls. However, the clinical supervisor must provide a
minimum of 8 hours of direct supervision and must meet with the student weekly to
discuss progress. Frequently, more than one student will be placed in the affiliation
setting. Students need to be carefully screened for appropriateness for this type of model
and need to be fully prepared in advance of starting the affiliation.

for Level I fieldwork. In this model a non-OT professional provided on-site supervision
and faculty members were the preceptors. Students were required to develop a learning
contract which includes learning objectives, resources, and strategies to meet the
objectives, evidence of accomplishment, a time line, and a description of the students’
expectations of the off-site preceptor and the on-site supervisor. The model was
designed to facilitate the student’s critical thinking skills, ability to define goals and to
manage time effectively (Herge, E.A. and Milbourne, S.A, 1999, p. 143). The authors
found that students moved from passive participation to initiation and became leaders
within group meetings.

Part-time Supervision

In this model fieldwork experiences are provided at sites that do not have full-
time occupational therapy staff. As defined by the Essentials (AOTA, 1998), the clinical
supervisor of the Level II fieldwork experience must be a registered occupational
therapist. However, it is not required that supervision be provided by the therapist on a
full-time basis. When the OT clinical supervisor is part-time, other professional staff at
the clinical setting must take some degree of responsibility for the supervision of the
fieldwork student. The clinical supervisor must provide a minimum of 8 hours of direct
supervision and must meet with the student weekly to discuss progress.

Bossers and Hartley (1999) studied students’ reactions to fieldwork placements
with part-time supervision. The results of this study found that the part-time
supervision/ full-time student (PTT/FTS) model inherently challenges the student to
take responsibility for their own learning needs. Students performed well if the
following factors were present:

☐ autonomy (student needs to be self-directed)
☐ opportunities for hands-on practice
☐ positive student-educator relationship

(Bossers & Hartley, p. 131)
The responses from the students in this study indicated that due to the limited interaction time for supervision, the student and practitioner were prepared for the meeting and discussion remained focused.

For the model of the part-time supervisor to work successfully, non-OT personnel must be knowledgeable of OT services and must collaborate closely with the clinical supervisor. Students have the opportunity to work closely with other disciplines and develop team-building skills. In addition, provision of OT services has the potential to be expanded through involvement of a full-time student in the clinical program.

**Establishing A Clinical Education Program**

If you are considering starting a student fieldwork program, there are some steps you should take in preparation (adapted from the Guidelines for an Occupational Therapy Level II Fieldwork Experience – AOTA. Available on line.

- Conduct an analysis of the occupational therapy program(s) at your facility, including types of OT services provided, client population and caseload, and available learning opportunities.
- Review the potential costs and benefits of providing a fieldwork education program.
- Assess your facility's philosophy and receptiveness toward a student program. Does your administration support the development of a fieldwork program?
- Contact AOTA and request a copy of the Commission on Education: Guidelines for an Occupational Therapy Level II Fieldwork Experience. This resource provides detailed information pertaining to the provision of fieldwork education.

Once these preliminary steps have been taken, contact an occupational therapy education program(s). Let them know of your interest in providing fieldwork experiences for their students.

A contract or facility agreement between the University and the clinical site must be in place before beginning any student placement. The academic fieldwork coordinator will prepare and mail a standard agreement to you. The contract must be signed by the appropriate authority at your facility and returned to the institution for processing. You will also be mailed a Fieldwork Data Form, which requests general information about your facility, the setting, the client population served, assessments and interventions, theoretical models, prerequisites for the student program, student
information, and staffing profile. This form should be completed and returned to the academic fieldwork coordinator. The information provided on this form serves as a database regarding your facility. The students have access to this information in preparation for the fieldwork experience.

Developing a Student Program

The development of a student fieldwork program is the most critical component of establishing a successful fieldwork experience at your facility. The following steps are suggested for developing a student program:

- Development of performance objectives for your students. These objectives serve several purposes. They serve as a guide in planning learning experiences for the student and provide information to the student regarding performance expectations. You need to consider the objectives identified on the AOTA Fieldwork Evaluation for the OT since you will be using this form to evaluate your students.
- Ask yourself, “How can I achieve these objectives?” What educational experiences can be offered that will lead to the student learning expected skills? Identify goals and expected competencies for the student on a weekly basis.
- Think about your evaluation of the student. If your performance objectives are clearly delineated, the job of evaluating the student is greatly simplified. If you have specific objectives against which to measure the student’s achievement, you can effectively counsel the student during supervisory meetings.
- Develop a student manual that outlines the weekly performance objectives. Also include general information to orient the student to policies and procedures of your facility. It is helpful to provide information pertaining to expectations of student behavior, specific student responsibilities, and any student assignments. Provide samples of documentation, weekly scheduling, the supervisory schedule, and patient evaluation tools/tests used at your facility.
- Develop essential functions of the job for a student intern. Describe the job with terms stating tasks to be performed versus methods to perform the tasks. Consider issues such as staff and client safety, therapeutic interaction and documentation needs when establishing essentials of the job (Wells & Hanebrink, 1998, page 43). Scott, Wells, and Hanebrink (1997) provide examples of how essentials may be written and resources to address issues of providing equal opportunity to all
Clinical Supervision

The American Occupational Therapy Association (1994) defines supervision as: a process in which two or more people participate in a joint effort to promote, establish, maintain, and/or elevate a level of performance and service. Supervision is a mutual undertaking between the supervisor and the supervisee that fosters growth and development; assures appropriate utilization of training and potential; encourages creativity and innovation; and provides guidance, support, encouragement, and respect while working toward a goal. (p. 1045) Clinical supervision of fieldwork students is considered a vital aspect of occupational therapy training. It is the clinical supervisor’s responsibility to create an environment that facilitates learning, enhances clinical inquiry, and progresses students toward greater responsibility in their role as occupational therapists (Cohn, 1993).

Different approaches to supervision may be indicated for different students. Also, different supervisors may gravitate towards a particular style or approach. There is no single correct way to handle every problem or situation. Several authors have identified certain techniques or approaches, which are useful for supervising students. The following section offers a brief description of three suggested approaches and provides references for further inquiry (AOTA, 1995).

Approaches to Clinical Supervision

Various models of occupational therapy clinical supervision have been described in the literature. Schwartz (1984) described a method of supervision of OT students on clinical affiliation based on stages of personality development (conscientious, explorer, and achiever). Schwartz proposes that "knowledge of a student's developmental level can aid the clinical supervisor in designing and fostering the learning experience" (p. 393). Frum and Opacich (1987) describe four elements essential to the supervisory process: the supervisor, the supervisee, the relationship between these individuals, and
the environment in which this interaction is occurring. The Frum and Opacich model describes students during fieldwork as going through three developmental stages: stagnation, confusion, and integration. The clinical supervisor functions to enhance students’ growth within each developmental stage, promote transition from one stage to another, and evaluate performance (Frum & Opacich, 1987). Garrett and Schkade (1995) propose the use of the Occupational Adaptation Model of Professional Development (OAMPD) as a framework for describing and understanding the process through which students achieve identified fieldwork objectives. This model describes three classes of adaptive response behaviors available for student use: primitive, transitional, and mature.

Despite different conceptual frameworks, all of these suggested supervision models identify the clinical supervisor's role as critical in facilitating student development during the transition from classroom to clinical setting. Knowledge related to the student's cognitive development, personality development, or adaptive response behaviors may enable the supervisor to design interventions to adapt the fieldwork experience that enhances student clinical growth and development.

**Defining the Characteristics of an Effective Clinical Supervisor**

Several references in the occupational therapy literature discuss clinical supervision and education, including the identification of the characteristics of an effective clinical supervisor. Some of these references are listed in the bibliography. The following excerpt was written by Jean Still, MS, OTR and comes from a section of SJSU’s previous OT Fieldwork Supervisors' Manual (1991).

At a series of meetings, San Jose State University Occupational Therapy Clinical Council members developed a list of characteristics of the effective clinical supervisor. These are not necessarily their own, nor necessarily different from those in the literature, but representative of their personal experience. This is by no means an exhaustive list, nor is it intended to intimidate the novice supervisor. It is a guide to help in identifying strengths and weaknesses, and characteristics are identified, not necessarily in order of importance:

1) Good Communicator - active listener; asks open ended questions; encourages problem solving; gives constructive, timely feedback, both verbally and written; open and honest.
2) Supportive/Sensitive - encourages questioning; enthusiastic; honest; objective; rewards good performance; empathetic; flexible; able to recognize students needs and adjusts structure to meet them.

3) Guides the learning process - from simple to complex, realistic assignments; willing to share knowledge and resources; able to explain clinical reasoning; encourages problem solving; motivates student to grow and learn; able to use diverse teaching strategies; recognizes different learning styles and adjusts accordingly.

4) Organized - objectives are clear and realistic; provides adequate structure; sets aside time for supervision and respects that time; prepares for supervision sessions.

5) Competent clinician - serves as a positive role model; knows limitations; reliable and prompt; keeps up-to-date by reading professional literature and attending workshops.
References


Bibliography


