

Students' Perspectives About Occupational Therapy Education and the Occupational Therapy Program Learning Environment

Amy Darragh (Ohio State University)

Brooke Doherty (Kindred Healthcare)

Susan Gordon-Hickey (University of South Alabama)

David Henzi (UT Health Science Center San Antonio)

Bridgett Piernik-Yoder (UT Health San Antonio)

Annie Roden (Kindred Healthcare)

OCTOBER 11, 2018



Objectives

1. Describe OT student's perceptions of their clinical education experience
2. Identify key areas of strengths and challenges of clinical education as perceived by the students
3. Discuss implications of findings for educators and employers

Background

- Occupational therapy students complete a minimum of two, 12-week clinical experiences (Level II Fieldwork) in two practice settings
 - Immersion experience with clinical instructor
 - Goal is prepare them to enter practice
- Role shift from student to health care professional
- Recent studies have addressed students' self-efficacy^{1,2} and experiences of fieldwork supervisors³
- Value in assessing the fieldwork experience from the students' point of view

Overview of study

- National survey of OT students who had completed at least one Level II Fieldwork experience
 - ClinEdIQ Questionnaire was modified for discipline-specific language
 - 3 subscales (*Clinical Learning Opportunities, Involvement in Specific Learning Opportunities, Interaction with Clinical Instructors*)
 - 45 items - 43 are forced-option with Likert scale response and 2 are open-ended
 - IRB approval attained at UT Health San Antonio and Ohio State
 - Kindred Healthcare sent email to program directors of 176 to entry-level OT education programs to attain national sample
 - Questionnaire was sent to 32 education programs who replied they would forward questionnaire via Survey Monkey to students
 - Students from 12 education programs responded (n = 60; approx. 14% response rate)

Respondents

School	Count of Response
St. Ambrose University	14
UT Health San Antonio	6
University of South Alabama	6
Eastern Kentucky University	6
The Ohio State University	5
Indiana University	4
York College	4
University of Utah	3
University of Wisconsin Madison	3
Creighton University	3
MGH Institute of Health Professions	2
No school listed	2
TOTAL	60



Findings – Subscales

Subscales	Areas addressed through subscale items
1. Clinical learning opportunities	Variety of clinical experience Pace of clinical environment Skill development Team approach
2. Involvement in specific learning opportunities	Specific assessment approaches Development of treatment plans Specific intervention approaches Presentation of information to clinical instructor or team
3. Interaction with clinical instructors	Interaction with clinical instructor Feedback Learning environment Facilitation of learning

Subscale 1 – Clinical Learning Opportunities

Percentages of OT students who agree/disagree

Subscale Items: Clinical Learning Opportunities

	% Agree	% Disagree
1. I have experienced a good mix of patients, problems and clinical experiences	95.0	5.0
2. The learning opportunities and mix of patients were too diverse, preventing me from developing proficiency	6.6	93.3
3. My experiences were repetitive and offered few new learning experiences	26.6	73.3
4. I increased my independence in caring for patients	98.3	1.7
5. I improved my communication and skills.	100.0	0.0
6. I became more proficient in clinical skills because of opportunities to practice and receive feedback	96.7	3.3
7. I have had the opportunity to work in a variety of patient care settings.	91.5	8.5
8. I have experienced a good mix of patients, problems and clinical experiences.	94.9	5.1
9. Things moved too fast for me to really learn anything.	8.5	91.5
10. I felt like my time in the clinic was sometimes wasted with non-educational tasks such calling patients for appointments, doing paperwork, standing in line at the cashier or dispensary, and waiting for faculty to check my work.	27.1	72.8
11. The clinic functioned smoothly so that I could efficiently provide patient care.	98.3	1.7
12. I did not feel like a useful member of the health care team.	6.8	93.2
13. Support staff have been available and helpful.	96.6	3.4
14. I had adequate resources available to me which facilitated my learning.	94.9	5.1
15. For most of my clinical education, I have worked consistently with the same instructors who know my abilities and learning needs, rather than having different instructors every day.	91.5	8.5

Open-ended responses related to Subscale 1 – Clinical Learning

- “Diverse clinical populations and settings, exposure to specialized fields. Supportive staff in addition to my FWE. High levels of independence by end of experience. Developing treatment plans. Patients' willingness to work with students.”
- “Patient population variety, support from instructor at beginning of fieldwork, gaining independence and confidence as a practitioner, ability from coursework preparation to effectively manage time.”
- “Limited resources for occupation based treatments. I resorted to bringing supplies from home in order to provide occupation based treatment in an acute setting.”

Subscale 2 - Specific Learning Opportunities

Percentages of OT students with high/low involvement

Subscale Items: Involvement in Specific Learning Opportunities		
	% High Involvement	% Low Involvement
16. Developing occupational profile	88.1	11.9
17. Performing patient assessments	94.9	5.1
18. Taking the patients vital signs when appropriate	61.0	39.0
19. Providing handling (NDT) techniques to patients	52.5	47.5
20. Implementation or education on assistive devices or assistive technology	67.8	32.2
21. Developing my own treatment plans	94.9	5.1
22. Making case presentations to instructors	61.0	39.0
23. Explaining the pathophysiology of patients health problems to instructors and answering questions about pathophysiology	64.4	35.6
24. Discussing assessment and diagnosis with patients	83.1	16.9
25. Providing patient education.	98.3	1.7
26. Discussing evidence-based practice and clinic knowledge with my clinical instructor	84.7	15.3
27. Discussing patient information, treatment strategies, concerns and expected outcomes with physician and other members of the medical team	59.3	40.7
28. Had the means to provide occupation-based intervention	95.0	5.0

Open-ended responses related to Subscale 1 – Specific Learning Opportunities

- “Team collaboration and working with other disciplines, variety of diagnosis, having independence with treatment plans and treats, documentation exposure, feedback.”
- “Creating treatment plans, performing evaluations, creating FIM levels, increasing communication skills.”
- “Lack of experience dealing with complex (but still with typical conditions) patients; lack of interest or time to discuss in-service projects/research topics/evidence-based research”

Subscale 3 – Interaction with Clinical Instructors

Percentages of OT students who agree/disagree

Subscale Items: Interaction With Clinical Instructors

	% Agree	% Disagree
29. Established an active role for me in patient care and gave me responsibility for managing patient care that was appropriate for my level of training.	98.3	1.7
30. Failed to prepare me for patient encounters	8.5	91.5
31. Gave me specific and practical information that helped me improve my skills.	100.0	0.0
32. Instructed me at my level of knowledge and expertise rather than at their level of knowledge.	94.9	5.1
33. Provided consistent instruction and feedback.	91.5	8.5
34. Brought to my attention techniques and strategies that I had previously not seen.	98.3	1.7
35. Made every patient encounter a positive learning experience.	89.8	10.7
36. Created an environment in which I felt comfortable accepting challenges, even at the risk of making mistakes and encouraged me to ask questions without fear of being “put down.”	93.2	6.8
37. Improved my understanding of clinical practice.	98.3	1.7
38. Discouraged me from taking risks or trying new things.	5.1	94.9
39. Did not check my work frequently and did not provide me with timely feedback when I needed it.	11.9	88.1
40. Demonstrated the value of respecting patient preferences even when they differed from my own.	94.9	5.1
41. Encouraged me to become increasingly independent over time.	100.0	0.0
42. Criticized me without offering suggestions for improvements.	8.5	91.5
43 Responded promptly to requests for consultation, assistance, feedback or evaluation.	6.8	93.2

Open-ended responses related to Subscale 3 – Interactions with Clinical Instructors

- “Constructive feedback, gradual progression into independent patient care, creating comfortable, environment for student and patient.”
- “Allowing me to develop my problem solving and communication skills, appropriate supervision, good feedback.”
- “My first CI was critical to an almost debilitating amount.”

Limitations

- Small sample size
 - Access was through education program
 - Students are immersed in clinical setting
- Students may be at different periods in clinical education
- Settings may affect some responses



Conclusion

- Benefit of academic and industry partnership for the project
- Students report positive experiences overall in their fieldwork education
 - Wide-variety of clinical experience
 - Positive experience with clinical instructors
 - Development of professional skills – communication
- Implications for education program and industry partners related to professional development
 - Student – time management, stress, long work hours/demands
 - Clinical instructors – constructive feedback, appropriate supervision, cultural humility

References

1. Andonian, Lynne (2017) "Occupational therapy students' self-efficacy, experience of supervision, and perception of meaningfulness of Level II fieldwork," The Open Journal of Occupational Therapy: Vol. 5: Iss. 2, Article 7. Available at: <https://doi.org/10.15453/2168-6408.1220>
2. Derdall, M., Olson, P., Janzen, W., & Warren, S. (2002). Development of a questionnaire to examine confidence of occupational therapy students during fieldwork experiences. Canadian Journal of Occupational Therapy, 69(1), 49-56.
3. Richard, L. F. (2008). Exploring connections between theory and practice: Stories from fieldwork supervisors. Occupational Therapy in Mental Health, 24(2), 154