THE ISSUE IS

Is an Educational Philosophy Missing From the Fieldwork Solution?

Concerns about occupational therapy fieldwork are compounding, and although new fieldwork strategies are emerging, they fail to resolve some of the fundamental difficulties that academicians, clinicians, and students are experiencing. Some occupational therapists perceive fieldwork as an opportunity to practice their repertoire of technical skills. Most hope that fieldwork will provide an opportunity to exercise and refine clinical reasoning. Still others seem to approach fieldwork as a proving ground for the novice therapist. The essential ingredient missing in the fieldwork solution is a well-articulated educational philosophy that could link the tenets of occupational therapy with a viable, ideationally compatible fieldwork model. Only this careful examination will yield fieldwork strategies that are likely to achieve the desired outcome—competent therapists faithful to the occupational therapy philosophy.

To appreciate the effect of fieldwork on the acculturation and practice of occupational therapy, it is necessary to review the history, trends, and problems associated with the fieldwork component of occupational therapy education. If we remember that the challenge of fieldwork is to promote clinical reasoning despite the constant changes in the complexion of health care, we are likely to remain faithful to the core beliefs of the profession in that pursuit.

A Brief History of Clinical Education in Occupational Therapy

To understand how fieldwork evolved, one must examine the events and influences that resulted in the proliferation of occupational therapy as a profession. Even before the American Occupational Therapy Association (AOTA) was formally chartered, occupational therapy education was occurring. It may be helpful to the reader to think of the prevailing fieldwork model as having emerged in waves.

The first wave was stimulated by philosophers from other fields who mentored proteges and who proposed the foundational tenets of occupational therapy. Both the pioneers and their proteges were visible in the early professional literature (Adams, 1987). The group was small and intensely involved in philanthropic work, which provided unique opportunities for imparting values and developing skills associated with this new health-oriented profession. Empathy and altruism were the two most important values stressed. During this era, fieldwork education was more idealistic than technical.

The second wave of fieldwork development occurred in the wake of World War I, and the acculturation of occupational therapists largely took place in a military context until the 1950s. Many new therapists were needed to fulfill the roles of palliative aides, construction workers, and vocational rehabilitation specialists. During this period, the first formal education programs were created: for example, in 1918 the occupational therapy program at the Chicago School of Civics and Philanthropy entailed two 6-month terms consisting of 35 hr per week of didactic instruction and 3 hr per week of practice work at Hull House (Reed & Sanderson, 1992). The program implemented at the Boston School of Occupational Therapy required 12 weeks of instruction (Reed & Sanderson, 1992). Nevertheless, the tutorial model seemed to have been at least adequate to seed the profession. It should be noted, however, that the trainees of the second wave were expeditiously prepared, they were allowed less time for philosophical rumination than those before them. One can extrapolate the effect of an abbreviated preparation with a technical emphasis by examining the American Journal of Occupational Therapy and other professional literature during this era (Myers, 1948).

A third wave of fieldwork development occurred simultaneously with the second, and it more closely resembled prevailing occupational therapy education. Four programs were established in or affiliated with university settings and included both academic and fieldwork requirements (Milwaukee Downer, Philadelphia School of Occupational Therapy, St. Louis School of Occupational Therapy, the Boston School of Occupational Therapy) (Reed & Sanderson, 1992). University affiliation combined the education and training features of the previous two movements. Despite the synthesis of knowledge and technique, the third wave does not seem to reflect the intense charismatic mentorships that developed during the initial wave of development. One has to question the subsequent effect on the understanding and practice of occupational therapy.

One dramatic difference between the past and the present is the large numbers of programs and students for whom these essentially tutorial clinical experiences are needed. Many additio-
Continual Problems and Frustrations Associated With Fieldwork

Several recurrent themes have become apparent to me as a result of my participation in various activities related to academic and clinical education. Having the opportunity to sift through the AOTA archives reminds one that unless the full scope and impact of a problem is perceived and addressed, it tends to reemerge until it commands the attention it deserves. Adequacy of fieldwork sites (number and quality) is one such issue; another is preparation of fieldwork supervisors. For example, study of “essentials for acceptable clinical training centers” first appears in the archives in 1948 and is embedded in documents in 1964, 1968, 1970, 1979, 1981, 1982, 1983, 1987, and 1989. The quality of fieldwork sites and supervision continue to be discussed in currently charged AOTA committees (see Table 1).

Another topic discussed by clinicians as well as educators is the burden of responsibility for fieldwork. Over the years cries for sharing responsibilities with AOTA have been voiced. Other contingents suggest that academic programs divest themselves of responsibility for the fieldwork experience and substitute individually arranged apprenticeships. Some occupational therapists have questioned both the fairness and the wisdom of expecting clinical programs and practitioners to design and provide education in clinical settings for which they are usually not formally prepared.

Exaggerating frustration in identifying or developing fieldwork sites is the frequently mistaken notion that 3 months of “psych” fieldwork and 3 months of “phys dis” fieldwork is prescribed by the Essentials and Guidelines of an Accredited Program for the Occupational Therapist (Essentials) (AOTA & American Medical Association [AMA], 1991). This language does not accurately represent the core values or the scope of occupational therapy, and it has become a dangerous abbreviation for a very versatile profession. Reductionistic perspectives of clinical phenomena have been insufficient to describe the totality of occupational therapy, and we must now acknowledge that the use of the terms psych or phys dis does not begin to characterize the broad range of options available to occupational therapists now or in the future. This terminology has become a customary bad habit, and, as bad habits have a way of doing, has narrowed our options. Some occupational therapy programs have attempted to rectify the constraints imposed by poor choice of language bypadding on other pieces of clinical practice (e.g., pediatrics) to broaden the exposure of future occupational therapists. Not only has this language limited our creativity in developing fieldwork, it has often crept into the vernacular of practitioners who define themselves as phys dis or psych or peds therapists, which also tends to fracture the field of occupational therapy. What seems to be minimized in this vernacular is the whole notion of occupation!

Table 1 Official AOTA Inquiries and Actions Pertaining to Fieldwork

<table>
<thead>
<tr>
<th>Year</th>
<th>Action</th>
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<tr>
<td>1948</td>
<td>Essentials of an Acceptable Clinical Training Center established</td>
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<td>1964</td>
<td>The Council on Education proposed the development of a group to be concerned with accreditation of clinical practice centers</td>
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<tr>
<td>1970</td>
<td>Results of a study exploring the feasibility of accrediting 554 fieldwork centers found site accreditation financially unfeasible</td>
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<tr>
<td>1971</td>
<td>Standards and Guidelines for an Occupational Therapy Affiliation Program approved</td>
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<tr>
<td>1978</td>
<td>A NEOTEC study determined the existence of ample support for student education</td>
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<tr>
<td>1980</td>
<td>Within clinical settings</td>
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<tr>
<td>1981</td>
<td>Kshupakian and WISCONSIN Council made five major recommendations including regionalization and strategies to improve number and quality of fieldwork supervisors</td>
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<tr>
<td>1981</td>
<td>WISCONSIN Council Guidelines for Establishing and Assessing Level I Fieldwork Sites</td>
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<tr>
<td>1982</td>
<td>AOTA Executive Board is charged with identifying and exploring the possibilities for accreditation of fieldwork centers</td>
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<tr>
<td>1983</td>
<td>Gamiudi Report poses four recommendations including seeking external funding for an intense fieldwork educator training program</td>
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<tr>
<td>1987</td>
<td>Fieldwork Systems Task Force convened</td>
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<tr>
<td>1989</td>
<td>Fieldwork Study Task Group compiled reports including philosophical statements and recommendation for a regional clearinghouse system for fieldwork</td>
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<tr>
<td>1993</td>
<td>AOTA charged the Fieldwork for the Future Task Force</td>
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Source: American Occupational Therapy Association Archives, PO Box 31220, Bethesda, MD 20824-1220.

Concerns From the Academic Sector

Although rapid increases in applicant pools and accompanying proliferation of additional academic programs may be regarded as positive, the effects on occupational therapy fieldwork could be overwhelming and disastrous. Crist (1993b) conservatively estimated that 4,350 additional fieldwork placements will be necessary in the years 1994 to 1996. Following is a list of prevailing fieldwork concerns as perceived by a number of academic faculty:

1. Inadequate kind and number of fieldwork sites (with some regional variation)
2. Cost of fieldwork for both academic and clinical settings
3. Consistency and quality of clinical education experiences
4. Preparation and retention of qualified fieldwork supervisors
5. Questionable role of the academic fieldwork coordinator in the university environment
6. Changing student demographics and needs
7. Patterns and structure of the fieldwork experience
Reiterating Occupational Therapy Philosophy and Its Value in Education

The early occupational therapy literature is laden with beliefs statements that are worthy of review to reinforce what values and content need to be transmitted in the educational process. Christiansen (1991) aptly summarized the historical core of occupational therapy:

"Viewing health in the context of life performance has been a distinguishing characteristic of occupational therapy since its inception early in the twentieth century. While history has influenced the settings and modalities, occupational therapy has remained committed to its original purpose, that of helping people cope with the challenges of everyday living imposed by congenital anomalies, physical and emotional illnesses, accidents, the aging process, or environmental restrictions. (p. 4)

The face of practice is likely to change, but the concept of occupation and the tenets of occupational therapy remain constant to guide us in education, practice, and research. This understood mission and inherent values led the AOTA Fieldwork Study Task Group to submit several changes in the latest iteration of the Essentials, one of which now states:

Level II Fieldwork shall be required and designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable the application of ethics related to the profession, to communicate and model professionalism as a developmental process and a career responsibility, and to develop and expand a repertoire of occupational therapy assessments and treatment interventions related to human performance. (AOTA & AMTA, 1991, p. 9).

Additionally, the Fieldwork Study Task Committee generated documents that reflected the members' beliefs about fieldwork (for both occupational therapists and certified occupational therapy assistants). Perhaps officially adopted position statements would help us all to remember what we are trying to accomplish by including fieldwork as part of the educational process. Each educational program interprets these values and articulates its own in the curriculum that it offers, including its fieldwork component.

Valuing fieldwork is critical to our effort to address the problems emanating from it. Below are some proposed value statements deemed minimally essential for those assuming educator roles:

1. Occupational therapy is a viable and a worthy health profession that affects health through occupation in work, play, self-care, and leisure.
2. Professional education entails imparting not only knowledge but also the values and commitments representative of the field.
3. Students are critical to the existence of the field and are capable of becoming competent practitioners.
4. Fieldwork education is a process that entails facilitating the growth of the students and attending to one's own professional development.
5. Supervising students necessitates a commitment to acquiring some additional educational competencies to most positively affect students' career paths and choices.

Explicit statements can facilitate dialogue and promote consensus about occupational therapy education and its underpinnings. Those value statements can also be integrated into the Essentials.

A Proposed Approach to Occupational Therapy Fieldwork

In light of history, experience, and current pressures, it is evident that an approach grounded in philosophy yet flexible enough to endure changes in the health care enterprise might provide a sound infrastructure as we attempt to generate new options and strategies for fieldwork. The historical literature in occupational therapy repeatedly shows that our profession's values are embedded in themes including (a) development of human potential, (b) self-determination (autonomy), (c) meaningful activity, (d) role fulfillment, (e) adaptation, (f) meeting the challenges of daily living, and (g) humanism.

Three descriptors that characterize the occupational therapy experience across the life span now and historically are biological, psychological, and sociological. Each of these domains must be considered to plan potentially effective intervention for any human being in any occupational therapy setting. Because the relative emphasis of the three domains may vary from setting to setting, a method for communicating is necessary (see Figure 1). For example, a work-conditioning program might be characterized as BIO-psycho-social because the physical injury may be of primary concern, the effect on family and employer of secondary concern, and the client's emotional response to the injury of noteworthy concern but perhaps not the major focus of treatment in occupational therapy (Opachich, 1993).

Another dimension that may clarify and differentiate a particular fieldwork experience is the span it occupies on the continuum of human development (see Figure 2): Because occupational therapists assume roles in chronic, acute, and well care, a continuum reflecting illness-wellness could provide still more information about a given fieldwork experience. (see Figure 3).

<table>
<thead>
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<th>Fieldwork Setting Descriptors</th>
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<tr>
<td>BIO-Psycho-social</td>
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**Figure 1.** Relative emphasis of domains to be considered when planning intervention for persons in any occupational therapy setting. Example: BIO denotes major emphasis, "Bi" denotes secondary emphasis, and bio denotes tertiary emphasis. Reprinted from Opachich, K. (1993, March). Intentionally provocative thoughts about occupational therapy fieldwork. *Education Special Interest Section Newsletter*, pp. 1–3.
Developmental Continuum

Conception Childhood Early Middle Late Adulthood

Figure 2. The continuum of human development, a chart useful in clarifying a particular fieldwork experience. The shaded area represents a development span. Reprinted from Opacich, K. (1993, March). Intentionally provocative thoughts about occupational therapy fieldwork. Education Special Interest Section Newsletter, pp. 1–3.

Illness-Wellness Continuum

Chronicity Acute or Health Promotion and Disease Prevention

Figure 3. Schematic continuum representing health from chronicity (left) to wellness (right). Reprinted from Opacich, K. (1993, March). Intentionally provocative thoughts about occupational therapy fieldwork. Education Special Interest Section Newsletter, pp. 1–3.

Format of Fieldwork Experience

**Timeframe:**

Negotiable ______ Nonnegotiable ______

Special parameters

**Schedule:**

Negotiable ______ Nonnegotiable ______

Special parameters

**Scope of Service:**

(Brief listing of representative conditions, disorders, diagnoses addressed in the setting)

Figure 4. Specific format of the fieldwork experience.

An Expanded Role for Counseling in Fieldwork Planning

Given the options and differences in experiences that may be generated with this approach, counseling becomes even more crucial to the student's development. Faculty guidance in identifying aptitude and fostering interest along the spectrum of occupational therapy becomes critical. Academic fieldwork coordinators' efforts would be better spent guiding students in the direction of their talents than functioning as paralegals arguing the language of contracts. Support services and staff members necessitated through the academic fieldwork coordinator depending on both the needs and limitations of the setting and the particular student. Information useful in these negotiations might be obtained by adapting the Fieldwork Data Form and the Annual Fieldwork Report (see Figure 4).

It would be the responsibility of each curriculum's faculty members to determine the minimum complement of fieldwork experiences necessary for the graduates of the program. Defining these would remain within the purview of each program to allow for differences in populations, culture, and health care needs. If an academic program is aligned primarily with medical model practice, this approach to fieldwork could accommodate this match. If another curriculum emphasizes community integration, then it can configure a congruent set of fieldwork experiences. Moreover, if a program is organized to accommodate the interests of adult learners who may have already accumulated a spectrum of experiences, that program may allow advanced students to delineate their own fieldwork experiences without restriction. All options can conform to the requirements of both Essentials (AOTA, 1991, AOTA & AMA, 1991). The important point is, by using this approach, fieldwork can reflect contemporary health care and is not stifled by antiquated notions or biases about potential sites for learning. Remembering that the challenge of fieldwork is to promote clinical reasoning on occupational therapy will provide the thread of continuity in the presence of variety.

Using this method for communicating about fieldwork would eliminate the need for dualistic labeling of fieldwork (e.g., psych and phys dis) and would more precisely reflect the reality of occupational therapy practice.

Practical Advantages of the Flexible Approach

Specific format of the fieldwork experience may be fixed or individually negotiated through the academic fieldwork coordinator depending on both the needs and limitations of the setting and the particular student. Information useful in these negotiations might be obtained by adapting the Fieldwork Data Form and the Annual Fieldwork Report (see Figure 4).

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Essarv to execute fieldwork would have to be reassessed, but universities could more readily appreciate and value the role of the academic fieldwork coordinator as counselor.

Occupational therapists who assume this role should be resourceful, creative, flexible faculty members willing to explore clinical opportunities that may not have been deemed feasible in the past. Collaboration with clinical educators would be more important than ever, but the likelihood of meeting needs of sites as well as the student should increase. Providing the freedom to design combinations of experiences that are congruent with the emphasis of the curriculum and accommodate students' talents and interests should produce highly invested, independent clinicians capable of addressing a gamut of human performance problems. Crist (1993a) stated that "the development of a resourceful, creative attitude toward the challenges of professional life will enhance professional self-esteem. Having options or alternatives available will make the student more flexible and competent in a variety of situations" (p. 4).

Conclusion

If we truly believe in adaptation and the realization of human potential, we would do well to apply these principles to our thinking about fieldwork. With so many challenges and opportunities before us, occupational therapists must summon our powers of inventiveness. To adhere to customs that no longer fit will curtail the very richness of the field. Collectively, we must embrace our core values and forge ahead into the new realities of health care. ▲

References


Crist, P. (1993b, March). Nontraditional and group fieldwork models: Their time has come. Education Special Interest Section Newsletter, pp. 3-4.


The issue is provides a forum for debate and discussion of occupational therapy issues and related topics. The Contributing Editor of this section, Julia Van Deusen, strives to have both sides of an issue addressed. Readers are encouraged to submit manuscripts discussing opposite points of view or new topics. All manuscripts are subject to peer review. Submit three copies to Elaine Vosteen, Editor. Published articles reflect the opinion of the authors and are selected on the basis of interest to the profession and quality of the discussion.