An Approach to Supervision of Students on Fieldwork

(advertisement, education, occupational therapy)

Kathleen Barker Schwartz

This paper describes a method for supervision of occupational therapy students on clinical affiliation. The approach is based on the assumption that students behave in ways that are consistent with Levels 3 through 4 of Jane Loevinger's stages of personality development. The most effective supervisory approach for students at each level of behavior is described. The model assumes that the level of student can be matched with a supervisory approach to result in a more satisfying experience for both student and supervisor.

Theories of Adolescent and Adult Development

Clinical supervisors need to have a way to evaluate and measure the growth of students on affiliation. Use of a developmental approach can help define a beginning and endpoint in a student's development during the three-month affiliation period. Recent theories in adolescent and adult development suggest, in part, how learning may take place. These theories offer a framework for supervisors to view the education process. Knowledge of a student's developmental level can aid the clinical supervisor in designing and fostering the learning experience.

Developmental theory seeks to map the individual's progress over time. The approach, using a biological model, assumes that development proceeds in an epigenetic pattern; that is, development proceeds through identifiable stages, with each stage increasing in complexity. At each new stage, qualities emerge that were not present at the previous stages (1). Recent theories of adult development provide models that describe the form that intellectual, moral, and personality development takes at specified stages. Since learning involves all three areas, clinical educators can benefit from understanding these current theories.

One of the most influential developmental stage theorists is Kohlberg (2). The model of moral development in adolescence and adults that Kohlberg describes draws heavily on Piaget's stages of intellectual development (3). Gilligan (4), an associate of Kohlberg's, expands the model by defining an element of morality not represented in Kohlberg's work, that of caring. Gilligan describes women's attempts to incorporate concern for justice with caring for others, and she hypothesizes that the stages of moral judgment are gender-related and may be based on self-definition.

Perry (5) formulated a developmental scheme based on his study of the intellectual and ethical development of college students. His work describes the transformation some students make: from an all-or-none, right-or-wrong construct, to one where many different perspectives are valid and where no single authoritative solution exists. Wilson (6), a British learning-theorist, presents a developmental model of student learning in higher education that incorporates development in adolescence and adults that Kohlberg describes draws heavily on Piaget's stages of intellectual development (3). Gilligan (4), an associate of Kohlberg's, expands the model by defining an element of morality not represented in Kohlberg's work, that of caring. Gilligan describes women's attempts to incorporate concern for justice with caring for others, and she hypothesizes that the stages of moral judgment are gender-related and may be based on self-definition.

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research findings in such areas as cognitive processes, learning contexts, and academic achievement. Loevinger (7) defined a model of personality development, calling it a description of “ego development.” She defines ego development as the way individuals make sense of the world. In this paper, Loevinger’s model is applied to occupational therapy clinical education. It was chosen because the author thinks it aptly describes affiliating students’ levels of intellectual and personality development.

Application of Loevinger’s Developmental Model to Clinical Education

Loevinger and her associates have identified nine stages (six major and three transitional) that reflect a discrete and relatively stable pattern of cognitive, intrapersonal, and interpersonal functioning. Of the nine stages, Ego Stage Levels 3, 3/4, and 4 best describe behavior typical of occupational therapy students on affiliation. Levels 1 and 2 describe behavior that is less mature than is exhibited by most affiliating students, while Levels 5 and 6 describe highly autonomous and integrated behavior that goes well beyond students’ capacity for functioning during fieldwork (see Table 1).

A discussion of student characteristics will help illustrate Loevinger’s developmental stages. Students at Stage Level 3 usually obey the rules without asking questions. There is a need to belong to a group and gain approval from peers and authority figures. The student possesses a limited amount of self-awareness and is uncomfortable with the idea that a problem has several solutions.

Stage Level 3/4 shows a shift in complexity of thinking. Questions of causality arise, and the individual is able to see different possibilities and alternatives. Intropective ability increases as the student begins to differentiate individual responses to others. There is a tension between wanting to stand out in a group (to be an individual), yet a desire not to be outside the group. Although the student has the cognitive ability to understand the complexities of different viewpoints, the individual expresses his or her own beliefs and values with dogmatism and rigidity. The student does not want to discover anything that will confuse his or her configuration of the world.

Students at Stage Level 4 possess a high level of conceptual skill that includes an acceptance of multiple viewpoints and an ability to understand the complexities of problematic situations. Students internalize standards of performance, but are hypercritical and overly concerned with self-improvement.

Using Loevinger’s model of ego stages, Lasker and deWindt (8) created a schema that correlates stage of ego development with a hierarchy of learning experiences that progresses from impersonal didactic situations to personal application situations. Table 1 is a

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<th>Table 1</th>
<th>Loevinger’s Ego Stages Pertinent to Occupational Therapy Clinical Education</th>
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<tr>
<td><strong>Ego Stage</strong></td>
<td><strong>Character Development</strong></td>
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<tr>
<td><strong>Level 3</strong></td>
<td>Conformity to external rules, guilt for breaking rules</td>
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<tr>
<td><strong>Level 3/4</strong></td>
<td>Differentiation of norms, goals</td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
<td>Self-evaluated standards, self-criticism, guilt for consequences, long-term goals and ideals</td>
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composite taken from Loevinger's description of behavior at Ego Stage Levels 3, 3/4, and 4, and Lasker's schema that describes how knowledge is perceived and how learning takes place at each level.

Lasker's schema for matching learner to learning experience supports the author's hypothesis that better clinical supervision can result from matching student level to supervisory approach. There is considerable research that correlates educational achievement with level of ego development (9-17). In addition, several prominent writers in the field of adult education (18-20) advocate matching student to learning experience by using developmental theory as one way to understand learners and how they might be taught more effectively.

### A Method for Clinical Supervision

The clinic is the site for a minimum of six months of fieldwork Level II experience which, according to the “Essentials for an Accredited Educational Program” (21), provide the opportunity to apply theories and knowledge learned in the classroom. The clinic provides a structured educational experience with significant opportunity for rational analysis and practice where performance can be evaluated. The learning process is one of discovery through logical analysis where more than one solution is possible. The role of the teacher is as model and evaluator. The student role is to learn through doing and engage in frequent personal interaction with the teacher where behavior is analyzed and critiqued. It is presumed that the student will be able to perform as well as an entry-level therapist upon completion of the affiliation.

Supervision of affiliating students involves clinical teaching, administrative instruction, and counseling. Table 2 illustrates

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<th>Student Group</th>
<th>Teaching Approach</th>
<th>Supervision Sessions</th>
<th>Administrative Instructions</th>
<th>Counseling Intervention</th>
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<tr>
<td>Conscientious (Stage Level 3)</td>
<td>Assume student sees supervisor as ‘authority’ and expert. Present information; show how several solutions can work. Lead toward student identification of problems, solutions.</td>
<td>Structure, with clear description of expectations. Make assignments to think about, bring to next meeting.</td>
<td>Delineate rules. Expect student to follow. Show disapproval if student does not.</td>
<td>Student desires acceptance, wants things to go well. Student will be upset with problems and look to supervisor for answers. Lead student to join supervisor in seeking answers.</td>
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<tr>
<td>Explorer (Stage Level 3/4)</td>
<td>Assume student in process of developing own system of problem solving. Discuss how student's view is worthwhile, problematic. Lead student toward accepting multiple viewpoints. Encourage exploration with clearly-defined limits.</td>
<td>Negotiate: Explain supervisor expectations, seek student input. Lead, but allow some flexibility in goals.</td>
<td>Delineate rules. Expect student will not follow if rules conflict with own ideas. Discuss implications if student chooses to follow own inclination.</td>
<td>Student will be dogmatic and upset when things do not work according to plan. Lead student to see several ways to be effective. Support student through confusion.</td>
</tr>
<tr>
<td>Achiever (Stage Level 4)</td>
<td>Assume student has developed systems of beliefs, problem solving, Challenge ideas. Discuss implications. Lead toward greater analytic competence in problem solving. Encourage exploration with feedback.</td>
<td>Discuss supervisor expectations and student's. Collaborate on discussing best method to achieve goals.</td>
<td>Delineate rules. Discuss origins where appropriate. Expect student to seek exceptions. Explain when supervisor can/cannot be flexible.</td>
<td>Student will be hypercritical of failures. Help student see when guilt is appropriate, when student is exceeding reasonable limit of responsibility.</td>
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a method for clinical supervision. The material cited under Teaching Approach is an extrapolation from Loevinger's description of behavior at Ego Stage Levels 3, 3/4, and 4, and Lasker's description of how individuals at those levels perceive the learning experience. Working from these descriptions of learner behavior, the table illustrates how a supervisor would conduct supervision sessions, administrative instruction, and counseling intervention. The supervisor can use the table first by identifying whether a student's behavior pattern fits into Loevinger's Ego Levels 3, 3/4, or 4 (see Table 1), and second, by matching the designated level to the teaching approach in Table 2.

This proposed method enables a supervisor to match an individual student's behavior to a supervisory approach that is based on a description of how students at a particular level experience learning.

The teaching approach for the Conscientious group (Loevinger's Ego Stage Level 3) is based on the assumption that the student views the supervisor as an expert. So the student must be led through structured questioning to see that he or she can also provide viable solutions to clinical problems. A student in the Explorer (level 3/4) group is in the midst of developing his or her own system for problem solving. An effective teaching approach, then, is to guide the student through the problem to help him or her see which solutions are most effective and why they are viable. Students in the Achiever (level 4) group are able to define the problems and develop solutions to a clinical situation. They need a teaching approach that will help them examine the merit of their solutions and their problem-solving procedure, and lead them to develop more sophisticated skills in interpretation.

In supervision sessions, the Conscientious student will predictably respond best to supervision where questions are highly structured with follow-up assignments given. Students in the Explorer group will benefit from limited exploration of a topic. To avoid confusion, the supervisor should watch for the point when the amount of data overwhelms the student. The student in the Achiever group will respond well to a discussion of why and how, and to an examination of any discrepancies between previously-acquired knowledge and new information given in the clinic.

For administrative instruction, the Conscientious student will not be bothered by the imposition of rules and will strive to obey them. The Explorer will challenge the rules if they do not fit within his or her value system. The Achiever will do best when the origin of the rules is explained so he or she can understand them better.

In counseling the Conscientious student, the supervisor should be aware that the student greatly desires acceptance and will tend to personalize criticism. The focus, then, would be on separating the student's view of personal worth and professional performance. The Explorer student may be inflexible when feedback contains a viewpoint that the student does not share. The supervisor needs to help the student gain perspective when it comes to comparing the merit of his or her own view with others' professional judgment. The Achiever student may need counseling to help set standards of performance that are realistic and achievable.

Discussion

The approach to supervision of occupational therapy students described in this paper is based on Loevinger's theory of adult development. Because adult development is a relatively new field, few of the theories have been tested to prove that they paint an accurate portrait of the way adults grow, change, and learn. Thus, Loevinger's description of ego stages might be criticized on the grounds that it is not a faithful portrayal of adult development. It could be argued, however, that Loevinger's theory is built on a strong foundation. Loevinger is a psychometrician who created her ego development construct from the results of a projective test (a 36-item sentence completion) that has been correlated with clinical observation. The test has been subjected to a number of reliability and validity studies and also used in a variety of research programs (15). While most of the adult development theories are based on empirical observation, Loevinger's is one of the few constructs created from the results of test data. Thus, the test can be used to replicate her research and examine her findings.

Developmental stage theory implies that "higher is better." To remove this hierarchical judgment, Ego Stage Levels 3, 3/4, and 4 were renamed in Table 2. The supervision approach in this paper is based on the assumption that each level has its strengths and potential problems, and that an effective supervisory approach should take both into account. There is research that shows a correlation between stage and years of education (15), and that education can stimulate development (22-24). Since professional standards for perfor-
placement heavy demands on students, it is desirable that they reach the developmental level that will enable them to best meet these demands. I believe that students at Level 3, 3/4, and 4 can meet the general fieldwork requirements. However, it may also be true that students at a certain level will have a better fit with a particular clinic. This match depends on the kind of demands placed on students within the different clinical programs.

Developmental stage theory could be accused of pigeonholing people into categories and levels. Probably no individual fits entirely into any one theorist's level. A construct such as Loevinger's has the additional problem of combining several areas of development, in this case cognitive, interpersonal, and intrapersonal. For example, the potential for discrepancy is greater than in Kohlberg's work where he only addresses the two areas of intellectual and moral development. However, the fact that many occupational theory clinical educators have found value in Loevinger's description cannot be dismissed and needs to be considered along with the potential for incorrect classification and stereotyping.

Conclusions

Research is needed to evaluate the validity of applying Loevinger's construct to occupational therapy clinical education. In addition to Loevinger, all of the adult developmental theorists mentioned in this paper provide theories that suggest patterns of learning behavior. Models based on these theories could provide supervisors with a methodology for clinical supervision. The method described here is an example of such a model.

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REFERENCES


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