Three Faculty-Facilitated, Community-Based Level I Fieldwork Programs

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Key Words: education, occupational therapy, fieldwork, occupational therapy, Level I, teaching methods

Finding sufficient placements for students' Level I fieldwork experiences has become a major challenge in occupational therapy education and has led to the increased involvement of faculty members in facilitating these experiences. The conceptualization, site selection, program implementation, and outcome of three faculty-facilitated Level I fieldwork programs, designed for occupational therapy fieldwork students at Eastern Kentucky University, are presented here. The first program involved moving a faculty member and students to a small town in the mountains of Eastern Kentucky for 4 weeks and assigning the students to pediatric fieldwork at local agencies. The second, organized and developed by a faculty member and implemented by faculty members and students, provided an enrichment opportunity to adult consumers of psychosocial services. The third, also organized and developed by one faculty member and implemented by faculty members and students, provided day-care services to persons with Alzheimer's disease. In all three programs, persons receiving services as well as the agencies, students, and faculty members benefited from the experience. The use of faculty role models is recommended to demonstrate and reinforce the application of theory to practice.

The purpose of Level I fieldwork is to provide students with experiences that enrich didactic coursework through directed observation and participation with varied populations in selected aspects of the occupational therapy process (American Occupational Therapy Association, 1991). The conceptualization and delivery of Level I fieldwork stem from each academic program's priorities, philosophical base, conceptual model, and internal and external resources and constraints. Therefore, it is important to describe the academic setting that propelled and nurtured the development of each program described in this article.

Eastern Kentucky University is a regional, public university with an enrollment of 15,000 students. It is located in Richmond, Kentucky, a rural town 26 miles south of Lexington, one of the state's two major urban centers. The university's service region covers the Appalachian mountain area of southeastern Kentucky. The Department of Occupational Therapy is located in the largest college on campus: the College of Allied Health and Nursing. The university is not affiliated with a medical school or clinical facility.

Since the occupational therapy program began in 1976, the number of students and faculty members has increased rapidly. In addition to the graduate program, 50 students are admitted each semester as second-semester sophomores in the undergraduate program. Sixteen students are admitted once per year to the post-baccalaureate program. There are 24 full-time, tenure-track faculty...
members. The curriculum is based on concepts of human adaptation across the life span. Students are required to complete three Level I fieldwork experiences that provide opportunities for them to apply these concepts to each of the following life span divisions: children and adolescents, adults, and elderly persons. Approximately 170 students are enrolled in Level I fieldwork each semester.

History of the Level I Fieldwork Program

Early in the development of the university's occupational therapy program, it was recognized that because of the rural character of the region and the small number of occupational therapists in the state, there would be a need to use nontraditional sites for Level I fieldwork placements. Several strategies were developed to support this effort, including the designation of three faculty members as Level I fieldwork coordinators, the organization of fieldwork into small class sections supervised by academic faculty members, and the use of university vehicles for transporting students to fieldwork sites.

The three faculty members designated as Level I fieldwork coordinators hold the primary responsibility for site development. They also determine student placement, learning objectives, academic requirements, and evaluation methods. One coordinator is responsible for fieldwork experiences with children, one for experiences with adults, and one for experiences with elderly persons. Each coordinator strives to develop Level I fieldwork sites within the university's service region.

Level I fieldwork was designed to be provided in small class sections of six students each to ensure adequate faculty supervision of students assigned to fieldwork in widespread locations. Each class section is supervised by a faculty member. These faculty members are responsible for all course-related activities, including the observation of students at their fieldwork sites and the grading of fieldwork assignments. Student evaluations are based on specific learning objectives. These objectives are organized under three domains: attitudes, knowledge, and performance (Gronlund, 1991). As students progress through Level I fieldwork experiences, general instructional objectives and specific learning outcomes reflect higher levels of performance (Gronlund, 1991).

Students begin Level I fieldwork during their junior year in the occupational therapy program. In accordance with the program's curriculum design, students are first assigned to sites in which services are provided to children. During their senior year in the program, students complete two additional fieldwork assignments: one with adult populations and one with elderly persons. Students' fieldwork experiences occur concurrently with or after completion of didactic course work specific to the respective life span division.

Typically, students spend approximately 6 hr per week throughout a semester at an assigned site. These sites are within a 1-hr driving radius of the university. This proximity allows students to complete their fieldwork commute either immediately before or after attending classes on campus. Over the years, a variety of scheduling options have developed. Students may choose to complete their fieldwork assignments by attending sites once per week (full day) or twice per week (half day) throughout the semester, or they may complete their assignments during the week of spring break or during the 4-week intersession that follows the spring semester and precedes summer school.

Since its inception, the university's occupational therapy program has developed a variety of nontraditional fieldwork experiences. Students have had Level I fieldwork experiences in Head Start programs, senior citizens centers, adult day-care centers, and outpatient mental health programs. Faculty members have become used to working with these nontraditional fieldwork sites.

This history, coupled with administrative support from all levels of the university, prepared occupational therapy faculty members to take the next step in developing and implementing Level I fieldwork programs. This article describes three unusual approaches to Level I fieldwork. These approaches were created and directly facilitated by faculty members, and they reflect the most recent national trends in the evolution of Level I fieldwork.

Literature Review

A number of innovative models of fieldwork have been reported in the literature. Articles published in the 1970s have described fieldwork in nontraditional sites, including a parent education program (Grossman, 1974), human services agencies (Cromwell & Kielhofner, 1976), and a camp for diabetic children (Gill, Clark, Hendrickson & Mason, 1974).

A more recent trend in fieldwork is for students to serve as program staff members and academic faculty members to serve as supervisors. Implementation of this type of Level I fieldwork has been reported in the following settings: a federal correctional facility (Platt, Martell, & Clements, 1977), a college-based community clinic (Kimbball, 1983), a program for long-term psychiatric patients in a Veteran's Administration hospital (Cole, 1985), classes demonstrating communication techniques for children with handicaps (Kramer, 1985), and a service learning model in pediatrics and physical disabilities (Germain, Miller, & Pang, 1986). In a program described by Neistadt and O'Reilly (1988), students, who were supported by off-site faculty members, served as volunteers in a variety of settings and led groups in the development of independent living skills. Subsequent findings revealed that this program was successful in facilitating student learning and service provision in clinical sites that served...
young adults and populations that routinely used group treatment (Niestadt & Cohn, 1990b).

**Initiating a Residential Fieldwork Experience**

**Conceptualization**

With the financial assistance of a rural health grant and Kentucky's Area Health Education System, which supports rural health education for students in health care professions, a residential fieldwork option was first developed for the 1991 intersession. Under this option, six senior-year occupational therapy students and their faculty supervisor worked and lived in a rural Kentucky community for 1 month while completing a Level I fieldwork experience in pediatrics. The students were placed in various nontraditional sites that served children. The faculty supervisor traveled between these sites and provided supervision to the students and consultation services to the agencies.

**Site Selection**

Hazard, Kentucky, was chosen for this residential experience for several reasons. It is a community of approximately 15,000—a population large enough to offer many local services that would benefit from occupational therapy. Although occupational therapy services in Hazard and in its surrounding counties are very limited, Hazard was able to offer the program multiple support services through its local Area Health Education Center (AHEC). In addition, because Hazard is located in a mountainous area of southeastern Kentucky, it offered students a unique opportunity to live in and provide services to a new and different culture.

Personnel from the AHEC office in Hazard assisted considerably in the development of this fieldwork experience. They obtained housing in a local hotel for the students and the faculty supervisor at a reduced rate. An AHEC administrator contacted and compiled a list of programs that served children and adolescents. The university's pediatric fieldwork coordinator and the faculty supervisor assigned to Hazard then selected the final fieldwork sites. Four programs in or near Hazard were selected. They included: (a) a day-care program for preschool children, (b) a Head Start program for at-risk children, (c) a residential school for children with behavioral disorders, and (d) an early intervention home-based program for children with handicaps. In addition, AHEC personnel assisted the faculty supervisor in planning the field trips for the students to enhance their community awareness and cultural experience. These field trips included a visit to Appalachian (an organization that supports Appalachian culture), a tour of a coal mine, and a hike in the Appalachian mountains.

**Program**

The faculty supervisor contacted each agency that had been selected and consulted with the on-site supervisor to determine areas for student placement and to organize the student role (from observer to implementor) within the agency. The faculty supervisor was available to orient staff members at each site to Level I fieldwork. This orientation included explaining the purpose and function of the pediatric fieldwork experience, explaining the role of occupational therapy within the context of the site, and coaching staff members as needed in regard to faculty members, students, and fieldwork responsibilities.

Each student was assigned to one of the four sites and introduced to the on-site supervisor at the respective agency. These supervisors represented the professions of education, recreational therapy, and social work. Each on-site supervisor was responsible for providing students with an orientation to the agency, an assignment of responsibilities, and an evaluation of performance.

At each agency, students provided the children with individual and group activities that would facilitate their sensorimotor development and play skills. With the assistance of the faculty supervisor, students screened children for developmental and sensorimotor problems. The faculty supervisor was available to demonstrate specific testing procedures and to coach students on how to acknowledge and appreciate the developmental abilities of these children. During weekly discussions, the faculty supervisor emphasized therapeutic communication and cultural understanding.

**Outcomes**

At the end of the 4 weeks, the students were given the opportunity to reflect on the value of their experiences. Some of their comments follow:

I think the most important thing that I have gained from this experience is a more open mind. All the classes in the world cannot accurately show you how important it is to take a person's culture seriously, to always take into account what is important to each person, what they value, how they deal with things, and who is important in their life. These issues are highly controlled by a person's culture. If you don't have an open, inquisitive, and caring attitude about these issues, very little will happen in a client-therapist relationship—successful treatment will not exist.

The benefits are numerous, but being around the culture is a learning experience as well as the closeness of the students. They worked well together and seemed to help each other when needed. It's also a chance to get individualized attention from instructors.

Students not only reflected on Appalachian culture and the support of the other students and faculty members, they also recognized the need for occupational therapy services in the region. One student stated, "It is rewarding to know you've made a difference in these people's lives." Another student said, "There is a great need for occupational therapists in this area." Twelve of
the 18 students who have participated in this fieldwork experience since 1991 have stated that they would return to work in this area of Kentucky if the opportunity arose.

This experience has proved to be meaningful not only to the students, but also to the agencies. Agency personnel and community members of Hazard have continually demonstrated how much they appreciate the visiting faculty members and students. Each agency has requested continued participation in this fieldwork program.

**Initiating a Program in a Community Mental Health Agency**

**Conceptualization**

Community-based psychosocial rehabilitation programs that are part of comprehensive care centers were among the first nontraditional sites chosen for the university students' Level I fieldwork experiences. Because there are no occupational therapists employed in these outpatient mental health programs, Level I fieldwork students were integrated into the existing programs and received on-site supervision from staff members who represented the disciplines of social work, psychology, and nursing. Faculty supervisors were responsible for reviewing students' documentation, visiting the sites as needed, and helping students apply their occupational therapy knowledge and skills to the clinical setting. Although these sites were appropriate settings for Level I fieldwork students, faculty members recognized that at many of these programs, on-site staff members were inexperienced in planning and implementing purposeful activities. Therefore, a decision was made to develop a new fieldwork program that could serve as a model for Level I fieldwork experiences in community-based mental health settings.

**Site Selection**

In choosing a fieldwork site, the following criteria were observed: (a) the site had not been used previously for occupational therapy fieldwork, (b) the site was within a 1-hr driving radius of the university and within its designated service region, and (c) the agency was committed to student education.

With assistance from the Central Administration Office of the Kentucky Department of Mental Health, the psychosocial rehabilitation program of the Cumberland River Comprehensive Care Center was selected. This site, located in Corbin, Kentucky, met all of the preestablished criteria. Although a variety of activities and work assignments were included in the psychosocial rehabilitation program, these activities did not include a wide range of functional tasks or offer as much consistency and structure as the proposed program.

The staff members and the consumers of the center were enthusiastic about the program. Staff members were pleased because the proposed fieldwork activities provided an additional dimension to the existing program without an additional cost to them. Staff members were not required to plan educational experiences for the fieldwork students or supervise them directly; however, the staff members willingly extended themselves by offering personal and administrative support to the program. Consumers were asked whether they would be willing to help the students practice the skills that they had been learning in their classes. They readily agreed.

**Program**

The students and faculty supervisor provided an enrichment program that was open to anyone who attended the existing psychosocial rehabilitation program. The enrichment program was offered once per week and was held in a house that served as a group home and halfway house for the consumers. The living room, dining area, and large back yard were used for activities. These activities were scheduled from 9:00 a.m.-10:45 a.m. and from 11:45 a.m.-2:00 p.m. Between these two periods, the students and faculty supervisor joined the consumers and staff members for lunch. The students and the faculty supervisor used the time spent traveling to and from the site to discuss students' observations and performance and to plan activities for the following week.

With guidance from the faculty supervisor, the students assumed responsibility for planning and structuring the activities and the environment for consumers. Like the psychosocial rehabilitation program, the enrichment program was based on the concept of consumer empowerment. Allen's work (Allen, Earhart, & Blue, 1992) on cognitive levels, including structuring the environment to match each person's ability to process sensorimotor information, provided the basis for program planning. King's (1990) work on the use of movement and Kielhofner's (1992) Model of Human Occupation also guided program development. Activities were selected that would provide consumers with opportunities to learn functional performance skills, practice coping and interpersonal skills, increase self-esteem and self-confidence, and promote a sense of mastery.

Students had the opportunity to administer selected evaluations to consumers and use the results to aid in planning appropriate activities. The Allen Cognitive Level Test-90 (Allen et al., 1992) was used to assess consumers' abilities to process new sensorimotor information. Students used functional performance evaluations of consumers' daily living skills and assessments of their role performance to guide the selection of psychoeducational topics and activities.

Although the assessments were administered individually, all of the other activities were completed in groups. The high ratio of students to consumers allowed individual support and attention to consumers during
group activities. This individual support and attention, coupled with faculty expertise, made it possible for severely disorganized consumers to participate appropriately in the program. Students used a psychosocial approach to provide consumers with information and engage them in grooming and hygiene, money management, and stress reduction activities. The students found the Independent Living Skills group protocols for adults (Neistadt & Cohn, 1990) to be very helpful in planning and implementing activities.

Because opportunities to engage in physical activity were lacking in the consumers’ lives, gross motor activities (e.g., new games, relays, balloon volleyball) became a vital component of the program. These activities generated a considerable amount of laughter and interaction. They catalytically drew consumers to the program and solidified their interest in attending.

Outcomes

The program proved to be extremely beneficial both for students and for consumers. The students learned to feel comfortable while interacting with consumers. They gained confidence in their abilities to plan and structure activities and environments. They became more adept in administering several evaluation instruments. They were able to move from a focus on their own behavior and performance to a focus on consumers’ needs and on facilitation of adaptive responses. They learned to look beyond diagnosis and symptomatology to recognize the individual person struggling to live with the effects of severe and persistent mental illness.

Students also recognized their growth in these areas. Their written responses indicated that they were surprised by their enjoyment of the experience. Many re-ordered their list of practice preferences, placing mental health higher on their priority scale of practice settings. Students also realized how they could apply what they had learned in this fieldwork experience to Level II fieldwork and to future work situations.

Students indicated that the presence of a faculty member role model was critical to their growth and confidence in interacting with consumers and in implementing group activities. In addition, their prolonged exposure to the same consumers helped give them the insight and information that they needed to document the consumers’ behavior and performance in progress notes and treatment plans. An added benefit was the opportunity for students to work as a fieldwork team in planning and implementing the program.

The agency has been pleased with the outcomes of the program. Staff members were impressed with the students’ abilities to engage the consumers in purposeful activity. In addition, staff members have reported observable changes in the consumers since the fieldwork program was initiated. The consumers are more animated, more spontaneous, and less socially isolated during group activities. They have learned new skills and are able to use them in their everyday lives. Although the program’s structure and activities have had positive effects on all of the participants, the program has been particularly valuable for those persons who had been too disorganized to participate regularly in the existing psychosocial rehabilitation program. The structure and specificity of the activities, combined with the high student-to-consumer ratio, allowed these persons to engage in the activities appropriately and successfully.

This program has been offered for five semesters. When each semester has ended, the consumers, staff members, and students have expressed enthusiasm for the program’s continuation.

Initiating an Alzheimer’s Day-Care and Respite Program

Conceptualization

This fieldwork opportunity differs from the two preceding experiences in that it was not built on an existing program; instead, it was planned, developed, and implemented by one of the faculty members in the university’s occupational therapy department. It continues to be coordinated by departmental faculty members; the only on-site staff member involved in this day-care and respite program is the one faculty member who serves as both the academic supervisor of the students and as the director and site supervisor of the day-care and respite program.

Because there were no day-care programs within a 30-mile radius of Richmond for persons with Alzheimer’s disease, the development of an Alzheimer’s day-care and respite program that would meet the needs of these persons, their caregivers, the community, and the university’s fieldwork students seemed appropriate and timely. The process of gathering information for adult day care and dementia-specific day care began with a literature review (American Occupational Therapy Association, 1986a, 1986b, 1986c; Gitlin & McCracken, 1991; Goldston, 1989; Hasselkus, 1992; Panella, 1987; Smith, 1986; Webb, 1989). Additional information was gathered through one faculty person’s attendance and participation in workshops and conferences on Alzheimer’s disease. This person also visited model programs and consulted with their staff members. The program was heavily publicized during the summer before it was implemented. News releases were sent to all area physicians, local hospitals, nursing homes, the local home health agency, area churches, the regional Alzheimer’s Association, and the Alzheimer’s Disease Research Center. Area newspapers and radio stations carried information and updates about the program.
Site Selection

The Baptist Student Center, located on the university's campus, donated its facility at no charge to the day-care and respite program for one day per week. The center has a very large all-purpose room with an adjoining kitchen and bathrooms, as well as ample, convenient parking. These features were well-suited for the program and for its participants.

Program

The program was held one afternoon per week from 12:30 p.m.-4:00 p.m. Students met the faculty supervisor-program director from 11:00 a.m.-12:15 p.m. to discuss the day's program and review the participants' cases. Each student was assigned to one participant per day. The primary emphasis of the program was on the appropriate use of goal-directed activities for persons with Alzheimer's disease.

At the beginning of the semester, each student completed an assessment of one of the program participants. This information was used to help determine the functional abilities of individual participants and of the group. Examples of assessment tools used included the interview of a family member, which provided information on a patient's life history, the Parachek Geriatric Rating Scale (Parachek & King, 1986), the Mini-Mental State Exam (Folstein, Folstein, & McHugh, 1975), and the Allen Cognitive Level Test 90 for cognitive disabilities (Allen et al., 1992).

On the basis of students' assessments, appropriate goals were developed for the program participants, and activities that best met these goals were selected. Activities focused on physical and gross motor and psychosocial skills, including exercise, movement, and games. In addition, arts and crafts, baking and cooking, and mental and memory activities appropriate for each program participant's level of cognitive functioning were used. Each student was responsible for planning and implementing the day's activities for two afternoons during the semester.

Outcomes

The day-care and respite program has now been used as a fieldwork site for five semesters. During this period, the university's occupational therapy department and the community of Richmond have gained a valued resource. The vitality of the program has been maintained through the commitment of the faculty coordinator and students and through the continued interest of the families who use and command its services.

The persons with Alzheimer's disease who have taken part in the program have also benefited from the activities. Many of the participants have been able to remain in their home settings because respite services provided family members with time for self-renewal. One family member stated, "I know that once a week for 3½ hours I can leave Mom with you and know that she's safe and loved, and I can do something for me and not feel guilty."

Students have described this fieldwork experience as extremely "educational, worthwhile, and meaningful." The students involved have developed an awareness of the personal, familial, and social ramifications of Alzheimer's disease. Through ongoing interactions with these persons, students have also developed an appreciation for the individuality of each program participant. Students have come to recognize the significance of the moment for these program participants, and they have based structured activities on the participants' habitual behaviors. Students have completed this fieldwork experience with the requisite skills needed to work with persons with Alzheimer's disease and with their families.

Discussion and Conclusions

The use of academic faculty members to plan and implement Level I fieldwork has been an effective means to increasing the number of sites available for fieldwork placements. At Eastern Kentucky University, administrative support and faculty member familiarity with student supervision in nontraditional fieldwork sites have resulted in the development of three highly innovative programs previously unserved by occupational therapists. Developing and implementing these three programs accomplished the initial objectives of providing additional placements for Level I fieldwork students. The programs provided services to persons who did not have access to occupational therapy. The recipient communities and agencies have reported continued interest and support for the programs.

Both students and faculty members perceived the fieldwork experiences as beneficial. Students felt supported by their close working relationships with faculty supervisors and, as a result, were willing to take on new responsibilities and challenges. Faculty members valued the opportunity to model professional behavior, skills, and clinical reasoning to their students. In addition, faculty members have demonstrated the application of theory to practice and described the clinical reasoning process in one way of reducing the disparity between occupational therapy education and clinical practice.

Acknowledgments

We thank all of the community agencies who have assisted the development of these Level I fieldwork opportunities. These experiences would not have come to fruition without their support.
References


Owings Mills, MD: National Health.


