As we approach the 21st century, our changing health care system places new and challenging demands upon service-oriented professionals. Health care providers are called upon to address these expectations with the skills necessary to respond to change. It is essential that occupational therapy continue to adapt to current changes in our health care system. A proactive approach to the development of innovative clinical training models will enable the profession to strategically plan for the future rather than react to its changes.

To meet the professional challenge for recruitment and retention and the educational demands for student supervision, many academic settings have expanded the traditional fieldwork model. As the number of fieldwork clinical sites has decreased, the interest in exploring alternatives to the traditional 6-month fieldwork experience mandated by the American Occupational Therapy Association (AOTA) (1991) has increased. Strickland and Crist (1991) evaluated the changing needs of students and practice in their workshop on fieldwork alternatives. Nontraditional fieldwork programs, such as allowing students to work part time, helps meet the needs of some students (Adelstein, Cohn, Baker, & Barnes, 1990). Other models have been created that supplement the 6-month format with programs designed to facilitate the educational process. In one model, clinical reasoning theory incorporated into the fieldwork experience acts as a foundation to enhance early skills (Cohn, 1989); in another, a stress-reducing seminar was used to help both students and supervisors turn conflict situations into part of the learning process (Yuen, 1990). The purpose of this article is to describe a 12-month internship program, to analyze the motivational operations inherent to this alternative model of the Level II fieldwork experience, and to report on what we interns saw as advantages and disadvantages of the program.

Description of Internship

A 12-month internship was created at the Irene Walter Johnson Institute of Rehabilitation in Barnes Hospital of St. Louis, in cooperation with the Washington University program in occupational therapy, to offer occupational therapy students their required Level II fieldwork experience and to simultaneously provide needed clinical services at the Institute. The internship is unlike a traditional fieldwork experience in that interns sign an employee contract, are salaried, and earn employee benefits including sick leave and vacation time, as well as medical and dental group plan benefits.

The internship is available in two tracks. In track A, the first 6 months focus on completion of Level II fieldwork experience requirements in two different occupational therapy areas within the Institute; the remaining 6 months are spent in an area in the Institute agreed upon
by the intern and the Institute, according to mutual
needs. Track A interns receive half the annual salary of an
entry-level therapist over the 12-month internship peri­

od. In Track B, the first 3 months are completed at an
outside facility and the remaining 9 months are complet­
ed in one area at the Institute. Track B interns receive
three quarters the annual salary of an entry-level therapist
over the 9-month period spent at the Institute.

The fieldwork opportunities offered at the Institute
are in adult community programs, work performance
programs, upper extremity and hand rehabilitation, acute
and long-term neurology, general medicine and surgery,
and community pediatrics. The Institute does not offer a
fieldwork opportunity in psychiatry, at least not with pa­
tients having psychiatric disorders as the primary diagno­
sis. To give students more experience with psychiatric
diagnoses, special emphasis is placed on investigating the
psychological and emotional impact of traumatic physical
injury. Where appropriate, students are encouraged to
combine psychological and physical interventions into
the rehabilitation treatment plan. Interns are also en­
couraged to take day trips to facilities within the St. Louis area
that offer more specialized psychiatric services.

Selection criteria for interns include a grade point
average of 2.5 or better, successful completion of occupa­
tional therapy academic requirements from an accredited
education program, references from one faculty member
and one Level I fieldwork supervisor, and a written essay
stating the student's qualifications and what he or she
hopes to accomplish during the internship. In this case,
faculty members at Washington University screened and
interviewed all applicants and forwarded three names to
the internship committee, which was composed of Insti­
tute rehabilitation supervisors, therapists, and education
coordinators. The committee then interviewed these
three candidates.

An intern's progress is evaluated formally in midterm
and final evaluations with the AOTA fieldwork assessment
form. Progress is also monitored informally by the clinical
education coordinator at Washington University, who
pays attention to the intern's needs and growth areas. As
Institute employees, interns also receive performance ap­
praisals after 6 months and 1 year. Additionally, as em­
ployees, interns can take advantage of on-the-job learning
opportunities such as monthly educational inservices and part­
cipation in various clinical action committees. If
at any time the intern is not able to meet the require­
ments for Level II fieldwork or fails to pass the American
Occupational Therapy Certification Board exam, employ­
ment is terminated. After completion of the 12-month
internship, the student may continue employment at the
Institute on the basis of his or her needs and those of the
facility.

As interns, we initiated the fieldwork experience in
June 1991. We both participated in Track A. The remain­
der of this article will discuss the intrinsic and extrinsic
motivational concepts that are enhanced by this method
of clinical education, as well as the advantages and disad­
vantages of this type of fieldwork program.

Motivation and the Educational Process

In occupational therapy education we are taught the im­
portance of motivation in facilitating quality performance.
We teach our clients to be their own advocates and en­
courage internal motivation and investment as a means to
overcome challenges. These issues can be applied to
clinical training to determine the most effective road to
clinical competency. The quality of student behavior,
leading to the development of solid clinical skills, can be
directly influenced by the presence of intrinsic and extrin­
sic motivational factors. The internship model is unique
because it views the student as an employee and, through
this relationship, incorporates the essential qualities of
motivation into the educational process.

Application of Motivation Theory

Human behavior is influenced by both external and inter­
nal factors. Herzberg (1976) specifically delineated these
factors in relation to employment and the workplace. For
example, he identified hygiene (environmental and exter­
nal) factors and motivator (personal and internal) factors
for job satisfaction, indicating that a balance between the
two was necessary for complete job satisfaction (see Ta­
ble 1). Hygiene (external) factors represent the work en­
vironment (one's instinct is to avoid pain from one's sur­
roundings), whereas the motivator (internal) factors
represent the human source of happiness (one's instinct
is to use personal talents and pursue psychological
growth).

The internship defines students as having employee
status, a well-defined place in the personnel hierarchy,
with a commitment to a 40-hr work week and to the
general mission of the facility. As employees, we de­
veloped a mutually rewarding investment in the Institute
that resulted in personal and professional growth.

We will examine how the internal and external fac­
tors of workplace motivation are influenced by the inter­

Table 1
Profile of Motivating Factors in the Workplace

<table>
<thead>
<tr>
<th>External Factors</th>
<th>Internal Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy/administration</td>
<td>Advancement</td>
</tr>
<tr>
<td>Supervision</td>
<td>Achievement</td>
</tr>
<tr>
<td>Interpersonal relations</td>
<td>Growth</td>
</tr>
<tr>
<td>Working conditions</td>
<td>Work itself</td>
</tr>
<tr>
<td>Security</td>
<td>Internal locus</td>
</tr>
<tr>
<td>Status</td>
<td>Responsibility</td>
</tr>
<tr>
<td>Salary</td>
<td>Recognition</td>
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</table>

ship process. Analysis of these factors will illustrate the unique way in which employee status acts as a motivational force to enhance the fieldwork experience.

Internal Factors

Locus of control. A central idea in views of motivation is that people desire to have control over certain aspects of their lives. Rotter (1966), a social learning theorist, stated that “If the person perceives that the event is contingent upon his own behavior or his own relatively permanent characteristics, we have termed this a belief in internal control” (p. 1). As employees, we were given choice in clinical placements, a voice in program development, and the responsibility to be an active part of departmental change. We were given the resources and encouragement to exhibit power within the system, not to be controlled by it.

Self-efficacy. According to Maslow's hierarchy of needs fulfillment (1970), once basic human needs such as security and physical comfort are addressed, a person can attend to higher levels of quality performance. This theory can be applied to the internship experience as students attend to the internal factors of growth and achievement. Fieldwork students who are not on payroll struggle to deal with basic needs such as food, housing, and health care. The environmental factors inherent to the 12-month internship, such as salary and benefits, minimize the need to attend to these distractions, thus the intern is able to focus energy on a higher level of performance, such as refining clinical skills.

External Factors

Financial compensation. Money has a great influence on people (Cass, 1975), especially on students who may be encumbered with loans for their education. The salary and benefit options in the internship are attractive components reducing the need for students to finance the fieldwork experience or to request additional loans. We found this comforting and the money proved sufficient to support our basic monthly needs. Fieldwork at the Institute rewarded us for our efforts, not only educationally but financially, which created a feeling of security and an investment in the workplace. Committing to receive half salary for a full year is an obvious advantage to some students, but others rejected the idea. The important point is that this program offers an opportunity for students to relieve the pressure of financial burden while allowing the individual to focus time and energy on refining clinical practice skills. Initially, money works to attract the student to the facility, acting upon the internal drive for self-preservation. Secondary, monetary rewards relinquish this focal position, and take their place among the many environmental factors contributing to professional employee motivation. In other words, the money appears to get the students, but it is the entire package of benefits that becomes meaningful and sustains investment in the program throughout the 12-month period.

Environment. The environmental factors of interpersonal relationships, work conditions, and security were enhanced by the internship. Training in one setting decreases the amount of time spent learning procedural tasks, and the consistency of interpersonal relations afforded by the 12-month time span provides for greater teamwork than is found in a 6-month experience. For example, time required to orient new students at 3 months and new employees at 6 months was used to sharpen clinical skills and open opportunities for ongoing collaborative research and program developments. By contracting to remain at a single facility, we felt secure about the immediate future. There was no stress triggered by an upcoming job search. The relationships developed with our supervisor, occupational therapy staff members, and interdisciplinary team members were enhanced by the consistency of the workplace environment. We were able to observe various management and treatment styles and develop personal attributes that were recognized and respected as they supplemented those of existing colleagues. Our familiarity with physicial referral sources enhanced communication and treatment effectiveness. As noted here, the benefits of the 12-month consistent environment lead to both personal and professional growth.

As Herzberg (1976) stated, a balance of internal and external factors leads to job satisfaction and subsequently to a higher quality of work performance. A 12-month internship model of clinical training promotes this balance by providing the student with employee status and the benefits inherent to this position. The internal and external motivators unique to the workplace are incorporated into this model of Level II fieldwork and lead to greater professional development and clinical competency.

Advantages and Disadvantages of the Program

The program can be evaluated from the perspective of both the facility and the student. Advantages to the student include all the environmental motivators previously discussed: salary, benefits, and employee status. The student intern is also able to explore a variety of clinical settings throughout the 12-month period. Although variety may be offered, training at a single facility is seen by some students as a limitation of resources and a definite disadvantage of this type of program.

The facility, by providing the internship, is receiving an intern who is committed to its system and will have training in many different service areas. Facilities are able to interview the internship candidates and choose a good fit, which will enhance retention and job satisfaction.

One drawback to this model is that it requires coop-
eration from facilities that are large enough to offer the student a variety of experiences. Without this element, the intern may not develop the range of competencies necessary for future function in a diverse health care profession.

The rewards and sacrifices of this type of fieldwork model must be weighed on an individual basis. The program establishes a solid alternative to the traditional approach. As more nontraditional students enter the field, occupational therapy clinical training models must also consider nontraditional options to meet changing needs.

Conclusion

The intended outcome of the Level II fieldwork experience is growth in clinical and professional skills. Certainly a 12-month fieldwork experience provides more opportunities than a 6-month experience for this growth. This article has provided educators with information on an alternative clinical education fieldwork model based on motivation theory that facilitates desired professional development and clinical competency. By examining aspects of motivation, we can more effectively promote goal-directed behavior in the development of occupational therapy practice skills, and subsequently use this information in the initiation and evaluation of new clinical education models. ▲

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References


