Fieldwork is an integral and valuable aspect of occupational therapy education (Presseller, 1983). It provides the practical application that helps to make meaning of the theoretical constructs given in a classroom setting. In recent years, there have been decreased numbers of traditional fieldwork sites, particularly in the area of mental health because fewer occupational therapy supervisors are available. Since 1973, the percentage of registered occupational therapists practicing in mental health settings has declined from 18% to 11.7%, and for certified occupational therapy assistants from 26.6% to 16.5% (American Occupational Therapy Association [AOTA], 1991). This trend, combined with an increased number of qualified occupational therapy students and the addition of newly developed certified occupational therapy assistant and occupational therapy educational programs nationwide, has made it difficult to secure both fieldwork placements.

The lack of sufficient fieldwork sites identified in both the United States and Canada (Atwater & Davis, 1990; Kautzmann, 1987; Ryan, 1987; Thompson & Proctor, 1990) has prompted several suggestions for alternative models of fieldwork education (AOTA, 1987; Bell, 1986; Crist, 1986, 1993). Proposals have included more education for fieldwork supervisors (Gohn & Frum, 1988; Kautzmann, 1990); a 2:1 student—clinical instructor model (DeClute & Ladyshewsky, 1993; Ladyshewsky & Healey, 1990); a split placement model, that is, one fieldwork experience with more than one supervisor or setting (Gaipzman & Fruma, 1991); a group model, in which groups of students at one site are supervised by one or more supervisors (Crist, 1993); a self-directed learning model, which increases the students' responsibility for their own learning (Gaipzman & Anthony, 1989); a change in the number of hours for or the schedule of fieldwork (Adelstein, Cohn, Bakes, & Barnes, 1990; Crist, 1993; Missiuna, Polatjakko, & Ernest-Conibear, 1992); and the use of nontraditional sites that do not offer occupational therapist supervision (Thompson & Thompson, 1987a, 1987b).

Many of these suggestions minimal changes to traditional models without actually changing their foundations. Opacich (1993) however, proposed an alternative fieldwork model, suggesting that each fieldwork setting be viewed in light of all three of the traditional domains (biological, psychological, and sociological) that characterize occupational therapy practice across the life span. Each fieldwork setting would therefore be identified by the primary emphasis it placed on a particular domain. For example, a brain injury setting might place primary emphasis on the biological domain, secondary emphasis on the psychological domain, and tertiary emphasis on the sociological domain. This method of describing and identifying fieldwork sites allows recognition of the psychosocial component in all occupational therapy practice. This recognition of the psychosocial component would then serve to broaden fieldwork education, facilitating a more holistic view of clients and settings and potentially facilitating the number of sites available for placement students.

The Issue

Although the Opacich model provides an interesting alternative, we wondered whether fieldwork sites would be able to accommodate to those changes. Therefore, University of New England (UNE) fieldwork educators decided to survey New England sites to determine their willingness to adapt their fieldwork programs to the Opacich model. We developed a survey consisting of six questions, one of which asked for a determination of areas of focus (identifying each of the three domains as primary, secondary, or tertiary), and another that questioned their willingness to change the definition of these sites to be more intentional about including a psychosocial component. Additionally, we asked questions to determine the site's ability to use innovative supervision as well as to seek feedback on alternative or innovative approaches to fieldwork. A total of 302 surveys were mailed along with copies of the Opacich article; 229 were returned, for a total return rate of 75.8%.

The Issue Is: Will the Opacich Fieldwork Model Work?

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Analysis

An analysis of the responses yielded a number of contrasting results. When asked if fieldwork sites would be willing or able to adapt their setting to include a greater emphasis of the fieldwork experience in an additional domain of practice, approximately 60% of respondents said no, 31% said yes, and the remaining 9% said maybe or did not respond. Of the 69 positive respondents, the largest percentage thought that they could add a social (50%) or psychological (40%) component, whereas 4% would add a biological component where there previously was none. More traditional medical-institutional sites were less willing or able to alter the focus of the fieldwork experience they offer, a small percentage labelling themselves as community sites were more willing or able to adapt. The majority of sites (171) that declared their primary focus as biological were unwilling or unable to change their focus, possibly because of the more structured parameters that a medical model imposes. However, 71 sites listing a primary psychosocial focus were equally divided about whether they would add a social or psychological component, whereas 4% would add a biological component.

Contributing factors to an unwillingness or inability to change the focus of their sites are staff shortages, financial and reimbursement requirements, constraints imposed by a medical model, and the overwhelming nature of the change itself. Inferences derived from these factors point to the escalating demands of the health care arena: acuity of clients, productivity pressures, and an increasingly reimbursement-driven practice. The energy and focus required by practitioners to meet these demands are draining and do not create a climate where other requests for changes in a student program are easily accepted or adopted.

Therapists working in psychosocial settings may have more flexibility because they have the broader parameters of a psychosocial model and do not have reimbursement pressures related to DRGs (diagnosis-related groups). Having fewer stressors and barriers to overcome, they may be more able and willing to adapt their focus. However, their openness does not address the need for more psychosocial settings, and, in fact, may contribute to the watering down of mental health programs a few of the respondents expressed concern about.

The number and diversity of responses to the survey indicate a widespread concern about fieldwork. Even those who commented negatively about changes were careful to explain that their current circumstances prevented them from engaging in that change process. Practitioners appeared eager not only to provide written feedback but also to engage in a dialogue with other clinicians and academicians. Respondents appeared concerned about the future of fieldwork: they value its role in preparing the basic preparation of occupational therapists and want to have a voice in shaping it for the future.

Recommendations

Other implications drawn from the survey suggest a need to increase efficiency in securing fieldwork sites, decrease competition, and increase the fairness for Level II students. The use of regional coordinators may be a way to begin to address these needs. Although student choice would be minimized, if not abolished, in such a scheme, the number of current cancellations decreases any illusion of real choice. This approach would also affect the amount of autonomy an individual academic institution has. However, having one person calling fieldwork sites within a particular region would diminish the amount of time that fieldwork educators and clinical supervisors need to devote to taking and returning phone calls. It would also provide academic fieldwork coordinators with more time to offer concrete help to fieldwork sites for visits, consultations, and development of guidelines for innovative placements.

Serious consideration also must be given to the use of and increased reliance on fieldwork placements that are not supervised by occupational therapists. Canadian occupational therapists have employed this practice successfully on a limited basis (Thompson & Thompson, 1967a, 1987b). Can such sites be used for a percentage of required Level II fieldwork hours? The use of sites not supervised by occupational therapists would require a continued investment of off-site occupational therapist supervisory time, engaging academicians, academic fieldwork coordinators, or contracted community therapists. A system of regional coordination might provide academic fieldwork coordinators with the additional time that this approach would require.

Collaboration with the Canadian Association of Occupational Therapists on how its model differs from ours, how we could build on each other’s strengths and how we might share sites might help us resolve some of our fieldwork difficulties. Research on the efficacy of the model of one supervisor to two students (as currently used in physical therapy) or a group of students need to continue to be conducted so that fieldwork education can benefit from its findings.

Summary

One of the dilemmas for occupational therapy fieldwork education is how to maintain and promote a holistic approach when our traditional model is a separatist one. Traditionally and historically, most Level II fieldwork education has been offered in 2- or 3-month experiences, with one affiliation being in a physical disabilities setting, another in a mental health setting, and a third, if chosen, in a pediatrics or specialty setting, although this arrangement has never been prescribed by AOTA. The shortage of psychosocial fieldwork sites and the increasing demands for efficacy have forced us to examine not only how we will meet the unrelenting need for sites but also how we will fulfill the expectations for effective and meaningful applied education for our students. Although health care delivery, and even health care reform, are reimbursement driven, we cannot abandon the humanistic and holistic values on which our profession was built. Reflection on our roots leads us to the importance of the inclusion of psychosocial considerations for every client. One way to accomplish this is to have sites that function within a medical model, where the primary focus is biological, include psychosocial issues in their treatment planning more overtly, just as sites whose primary focus is psychosocial need to become more overt about addressing clients’ biological needs. A collaborative approach between academic and fieldwork educators would be necessary to pro-
provide training and support for affecting these changes.

The fieldwork reconceptualization offered by Opacich is intriguing. However, the results of the New England survey indicate that its acceptance and implementation by fieldwork sites may be limited even though it is apparent that a small percentage (31%) of them would be willing to try the Opacich model. Because the survey is regional, it will be important to conduct a nationwide survey to determine the generalization of these results. A pilot study done with a small number of mature, independent students with flexible learning styles is also recommended. It would focus on implementing the Opacich model and determine whether this holistic and innovative approach can be effective in preparing future occupational therapy practitioners to meet the needs of clients within the health system of the 21st century.

Only the holistic and flexible perspective on the part of field educators, both academic and clinical, will allow us to begin to effectively resolve the current dilemmas of fieldwork education. The use of a model that is built on an integrated foundation and the consistent and overt voicing and evaluation of such a perspective, regardless of whether the primary focus of the particular site is biological, psychological, or sociological, may allow us to initiate viable solutions.

References


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