Supervisor perceptions of the successful fieldwork student are an important area for research. Supervisors are the gatekeepers who maintain the quality standards of the profession by providing professional socialization and by acting as role models. Student supervisors reinforce and operationalize the norms of inquiry and sphere of practice of the profession. Professional socialization enhances the fit of the person within a profession—the embracing of the values, norms, and interests of the profession—which contributes to the retention and personal satisfaction of that person. In occupational therapy, issues of increased retention and decreased burnout are of critical importance. With increasing demands for occupational therapy services, rising costs associated with the provision of services, and rising education costs, the fit of the person with the profession becomes more critical.

Quantitative research on the learning styles of clinicians and students has begun to explore the issue of fit (Baker & Marks, 1981; Barris, Kiellhofner, & Bauer, 1985; Blagg, 1985; Cahill & Madigan, 1984; Fox, 1984; Hayden & Brown, 1985; Katz, 1990; Katz & Heimann, 1991; Markert, 1986; Stafford, 1986; Wilson, 1986). The qualitative study described in this article expands on the previous work by examining the clinical supervisors' perceptions of the learning characteristics of the successful occupational therapy student.

In this study, a focus discussion group with supervisors from the practice areas of physical disabilities and mental health was held at a large, urban medical center in the Midwest. Qualitative research techniques associated with ethnographic studies and conversation analysis were used to analyze the ensuing videotape for themes, frequency of characteristics mentioned, and interactive behavior among clinicians that reflected the themes. Recommendations are made for further study based on the hypotheses generated by this study.

Cultural Categories

In qualitative research, the cultural categories identified through a literature review and an examination of researcher foreknowledge provide a reference point for hypothesis generation in the analysis phase of the study. In this study, the terminology and concepts of Kolb’s Learning Style Inventory (LSI) (Kolb, 1976, 1985) were used to identify learning characteristics expressed and demonstrated by the student supervisors. A review of the literature identified the LSI as the most commonly documented in research with occupational therapists and students. The learning style characteristics described in the LSI fall along two axes and allow some comparisons with the constructs of other learning style inventories. One LSI axis represents a continuum of behavioral preferences from concrete experience to abstract conceptualization. The intersecting axis represents a preferential continuum.
from active experimentation behaviors to reflective observation behaviors. Kolb (1984) found a strong correlation between career choice and expressed preferences for personal learning styles along these axes. He hypothesized that a person's learning style influences the initial selection of a profession and is accentuated as the person learns the profession's norms.

**Literature Review**

The Kolb (1976, 1985), Rezler (Rezler & French, 1975), and Canfield and Lafferty (Canfield, 1974) learning style and learning preference inventories have been used to categorize learning preferences in allied health programs. Kolb's LSI has been used in several studies with occupational therapy students. Katz (1990) concluded that occupational therapy students with learning styles compatible with faculty teaching methods did better on examinations with less study time than students whose styles were incompatible with those teaching methods. Katz and Heimann (1991) found that first-year students in occupational therapy programs had varied learning styles but that occupational therapists working in the field emphasized the active experimentation learning mode over reflective observation in the treatment setting. Stafford (1986) found that an active experimentation learning style was the single best predictor of occupational therapy student success in Level II physical disabilities fieldwork. Cahill and Madigan (1984), using the Kolb LSI and the Rezler-French Learning Preference Inventories at two points in time, systematically exposed students to different modes of instruction and identified no statistically significant differences in student learning preferences between the two times. They concluded that faculty members' efforts to provide varying methods of instruction were warranted because the individual learning styles of their students did not change significantly and because varying presentation methods maximized educational opportunities for all students.

The Rezler Learning Preference Inventory was used in two additional studies that included occupational therapy students as subjects. Rezler and French (1975) explored differences in learning styles of students in six undergraduate, preprofessional allied health programs and found that students of all of these professions indicated a preference for teacher-structured, practice-oriented learning experiences dealing with concrete, technical competencies rather than the abstract, theory-based aspects of course content. Rogers and Hill (1980) found preferences in both bachelor's and master's level occupational therapy students for teacher-structured, concrete, interpersonal learning activities. A preference for abstraction on the Rezler Learning Preference Inventory was consistently related to higher academic achievement in these student cohort groups. A similar preference for teacher-structured, experiential learning was identified by Llorens and Adams (1978), who used the Canfield-Lafferty Learning Styles Instrument with occupational therapy students at the University of Florida.

**Role of Researcher Foreknowledge**

Professional practice can be described as a normative enterprise with a goal of wise action in a specific situation. Occupational therapists use theoretical knowledge to focus on changing environments, skills, or attitudes to allow clients to function in ways that are considered normal or average. Occupational therapists minimize differences and dysfunction by making wise (theory-based) decisions. Consideration of the social contexts of treatment to improve functional performance forms the basis for our clinical reasoning and the rationale for our use of purposeful activity. Reflection on my own practice provides the basis for these statements and the foreknowledge for this study.

Swinehart and Meyers (1993), in their comparisons of clinician, student, and faculty member purposes for Level I fieldwork, provide empirical support for my intuitive perspective. Among all three groups, the purpose of fieldwork was described as "apply hands-on treatment" (clinicians), "apply theory to practice" (students), and "learn by doing" (faculty) (p. 69). With their clients, occupational therapists formulate and implement plans for the clients to maintain or regain functional independence and personal satisfaction. Occupational therapists create opportunities during the fieldwork experiences to allow students to learn the normative ways of occupational therapy in making theory-based treatment decisions.

**Hypothesis Generation Based on Cultural Categories**

From the literature and reflection on foreknowledge, themes related to active experimentation and doing were expected to emerge in this study. It was also expected that the clinicians would identify the learning characteristics of successful students as those characteristics that they themselves demonstrated in their interaction in the focus group.

**Observation Design**

**Participants**

A large, urban hospital was selected for this study to provide perspectives from supervisors of students in mental health and physical disabilities. The facility selected has a teaching mission, in addition to the mission of providing health care services, and has an active training program for occupational therapy students at both the technical and professional levels. Eight occupational therapists, whose experience ranged from 3 to 12 years, agreed to participate in the focus discussion group of this study. All had supervised students. As a registered and
practicing occupational therapy educator, I led the discussion group; another researcher with no health care background videotaped the discussions. Of the discussion group members, 4 persons (including myself) represented the practice area of mental health, and 5 persons represented the practice area of physical disabilities.

Table 1 summarizes participant information in order of interaction in the subsection of text analyzed. The table identifies the current involvement of participants with the academic and the clinical preparation of students and the years of each participant’s experience as an occupational therapist.

Setting

The discussion group was conducted during one lunch hour in the hospital’s occupational therapy clinic where persons with physical disabilities are treated. Although the clinic itself is organized around the storage and use of functional equipment and illustrative charts, the single room providing staff member office space is crowded with personal objects, professional projects, and pictures of families, colleagues, and friends.

In the transcript of the videotape, a participant described this space by saying, “This is our home.” Another stated, “It’s your job, but I mean, you’re here more than you’re at home so you may as well enjoy it.” Although client treatment is provided in the clinic and the clinic functions as a home base for the occupational therapists practicing in physical disabilities (who also provide services on various floors of the hospital), the clinic also serves as a meeting room and departmental home base for occupational therapists practicing in both mental health and physical disabilities. The personal and individually meaningful objects (e.g., photographs, small hobby projects, greeting cards, pictures, equipment uniquely adapted to address a client’s need) that the participants have brought to the clinic office setting create a physical and psychological environment that reflects openness and willingness to share oneself with one’s colleagues. The personalized, sharing nature of the physical environment supports and validates use of the word home to describe the setting. The use of home as a descriptive term carries with it the implicit assertion of family, which implies collaboration.

Discussion Structure

Discussion questions to provide focus and reflect the research question were constructed with a funnel sequence (moving from general to specific questions). These questions served as a guide, rather than as a rigid structure, for the discussion. The beginning focus was broad and was intended to gather information regarding participant perceptions of the work environment by asking about participants’ current jobs. As the focus of the discussion narrowed, with questions such as, “What are the characteristics of students who have done well in your settings?”, the researcher used probes such as, “Can you illustrate your point with a story about one of your students?” to encourage narrative accounts of specific examples. The group was videotaped and audiotaped to ensure adequate sound recording for transcription and verification of dialogue.

Analysis

Participants’ speech behaviors were analyzed for themes about learning characteristics used by successful students and for themes of supervisor preferences. The identified themes were correlated with the word choices of the Kolb LSI on the abstract-concrete and the active-reflective continua of response patterns (Kolb, 1985). In the LSI, a preference for concrete experiences is expressed in word choices that reflect a personal, involved, feeling response (e.g., “I am an intuitive person”) whereas a preference for abstract conceptualization is expressed in word choices that emphasize an analytical approach (e.g., “I rely on logical thinking”). The active experimentation preference is expressed by action-oriented word choices (e.g., “I learn best from a chance to try out and practice”). Reflective observation is emphasized in an impartial, observational approach (e.g., “I take my time before acting”). (Examples given are representative of the choices available on the 1985 version of the LSI.) The frequency of the themes in the participants’ speech was then tabulated.

A representational section of the transcript, selected

Table 1

Focus Discussion Group Participants

<table>
<thead>
<tr>
<th>Subject</th>
<th>Practice Area</th>
<th>Experience as Occupational Therapy Practitioner (yrs)</th>
<th>Current University Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.H. - white woman</td>
<td>Psychiatry</td>
<td>27</td>
<td>Faculty member</td>
</tr>
<tr>
<td>A.J. - white woman</td>
<td>Physical disabilities</td>
<td>12</td>
<td>Guest lecturer</td>
</tr>
<tr>
<td>C.R. - black woman</td>
<td>Psychiatry</td>
<td>3</td>
<td>Student</td>
</tr>
<tr>
<td>K.B. - white woman</td>
<td>Physical disabilities</td>
<td>10</td>
<td>None</td>
</tr>
<tr>
<td>A.C. - white woman</td>
<td>Physical disabilities</td>
<td>4</td>
<td>None</td>
</tr>
<tr>
<td>L.M. - white woman</td>
<td>Psychiatry</td>
<td>9</td>
<td>Guest lecturer</td>
</tr>
<tr>
<td>L.N. - white man</td>
<td>Physical disabilities</td>
<td>4</td>
<td>None</td>
</tr>
<tr>
<td>S.B. - black woman</td>
<td>Psychiatry</td>
<td>9</td>
<td>None</td>
</tr>
<tr>
<td>J.P. - Asian woman</td>
<td>Physical disabilities</td>
<td>3</td>
<td>None</td>
</tr>
</tbody>
</table>

Note: Presented in order of appearance in study subsection analyzed.
The themes of doing, active experimentation, flexibility, 
820 adaptability, and teamwork first surfaced as the group 
identified the demands of occupational therapy practice in 
the urban medical center setting. These themes were 
reiterated in the narratives about students and in the 
narratives of the supervisor's role in facilitating student 
transition from the academic setting to the clinic. One 
participant stated, "That's what your clinical experience is 
for. It's to practice to learn new things - you know, practical things - on top of your theory," and the group mem­bers concurred nonverbally by nodding their heads. The participants emphasized this active experimentation 
learning style and discussed an effective, active experimen­tation learning style in terms of the resources re­quired in this urban hospital setting: flexibility, adaptability, and teamwork. Participants stated that flexibility is 
required to do treatment ("Flexibility is the major de­mand... You have 30 seconds to get in there and make a splint in the operating room"). They also stated that it is required for team membership ("So we have to be flexible not only for [your] own time but respect each other's wishes and [help] out too"). Adaptability, according to statements, is required in structuring time ("You have to prioritize what you need to do"), setting ("The rest of the population is quite ill so they have to be seen bedside upstairs in the hospital"), and treatment approach ("We end up changing the whole total plan on what we intend doing with the group because of the [mental illness] level of the patients"). Teamwork is a way of life for these participants in both the physical disabilities and mental health practice areas. ("We try to team to do as much as we can for the patient while they are here"; "So we [occupational therapy staff members] have to have pretty open communication of what's going on and [communicate] with other staff members [psychiatrists and social workers] too.")

Expressed Preferences and Description of Turns and Moves

When participants were asked how they teach people to be occupational therapists in the clinic, their preferences 
for specific learning characteristics clearly related to themes of doing, active experimentation, flexibility, adaptability, and teamwork. This section of the videotape was analyzed for turns and moves (initiation, exchange, and identification of preferred or nonpreferred goal-directed response patterns) of clinician interactions. Identification of these elements allowed evaluation of congru­ence between participants' verbally identified themes and participants' actions.

The section of the videotape begins, after a 7-sec pause in group discussion, with the discussion leader--researcher, G. H., acknowledging the effect of the wide variety and quantity of demands placed on clinicians in this setting and the effect of these demands on student training. The comment provoked appreciative laughter from the group and a response from the most senior clinician, A. J., who stated, "We had a wonderful discussion about this just recently amongst ourselves." She went on to describe her perception that students encounter difficulty when they make the transition from the structured and primarily passive learning of the academic setting to the active learning required in the clinical setting. She described the need for active experimentation by students and flexibility and adaptability in the often confusing, rapid-paced clinic setting, a setting that requires constant awareness of treatment objectives and willingness to reorganize treatment priorities. She identified the role of the clinical supervisor as promoting active involvement of the students ("We try to get the students to interact"), allowing the students to make mistakes ("They have to learn that way to see what they did wrong"), and watching carefully to maintain quality of care standards for patients ("We watch them very carefully so that patient care is not substituted [compromised] by that [mistake]"). All of these actions are part of a hypothesis of doing. She then checked for group consensus by looking around the room and asking, "Any of us feel any different on that?"

The most junior member of the group, C. R., responded immediately by establishing her credentials as the person most in touch with student issues. (She is both an employee and a student.) The group acknowledged this fact with supportive laughter. C. R. supported A. J., named her specifically (indicating teamwork), and stated, "Applying the knowledge is the most important thing."

K. B. responded, again without an obvious pause between speakers, to identify the theme of teamwork and the need to learn from other group members. She also talked about the decreased emphasis in the clinic setting on the common student focus of grades. She reiterated A. J.'s points by stating that there is no "spoon feeding in the clinic" and that students need to try to become more actively involved and to trust their supervisors to pick up the pieces. She then identified and built on the idea of being open to new learning opportunities for information
Participant A. J. immediately supported K. B. and clarified the role of the school as providing "background and theory" and the role of the clinic as a place "to learn new things— you know, practical things—on top of your theory" and restated A. J.'s hypothesis of doing. She concurred with K. B. that there is often a problem with student openness to new learning, stating, "They think that maybe something's wrong with them because they don't know that already." Participant L. M., the director of the occupational therapy department, followed up this statement with an elaboration of the different learning opportunities that have been available for staff members and students in the last year and the importance of "allowing yourself" to be open to new experiences.

An announcement was broadcast over the public address system at this time and, in typical hospital fashion, everyone ignored it after determining that it did not apply to them. During the announcement, eye contact increased with the speaker, L. M., who stated that students sometimes "come in with an attitude—not wanting to let you know that they don't know . . . and that doesn't work in a setting like this." The clinicians, all of whom had been engaged at various times in nonverbal support of the various speakers, nodded vigorously at her statements.

Participant A. J. took the next turn and returned to K. B.'s statements about students' focus on grades and emphasized that the person with the best grades is not necessarily the best clinician. This again met with considerable nonverbal support from the group and a rapid response from L. N., the only man in the group. He supported A. J. by stating that worrying about grades detracts from what the student is really learning. He specifically identified K. B. as the originator of this idea. The group was strongly supportive of L. N. and provided several appreciative laughs and overlapping comments to his remarks.

For the first time, an identifiable pause of no longer than 1 sec occurred before the next speaker, S. B., began. She introduced the possible conclusion that the student may be psychologically uncomfortable in the clinic setting and that this is why he or she is unable to admit to gaps in knowledge. S. B. suggested that professional responsibility includes being able to admit that you do not know everything but that you are open to learning. S. B. recommended that this need be addressed in the classroom before students begin their clinical work. The group agreed nonverbally with this (by nodding, increasing eye contact, and smiling) and there was a 4-sec pause, which indicated closure to the current exploration of this topic.

During this sequence J. P. did not speak, but the videotape revealed that, of all the group members, she communicated most extensively nonverbally to indicate agreement and support of the various speakers.

In the videotape, these participants come across as so team-oriented that they appear almost able to finish each other's thoughts and sentences. The pauses apparent in the normal conversation of groups (Nofsinger, 1991) that would indicate opportunities to take turns did not exist for this group. At no point in the videotape did two or more persons overlap speech, although more than three group members overlap on four occasions in nonverbal and verbal concurrence with the speaker. Eye contact by the speaker or by the researcher does not appear to influence turn-taking, nor does proximity to the speaker. Turn-taking appears unrelated to practice area, status (based on length of experience), or the length or sequence of turns. The group's focus was on expressing jointly held beliefs as opposed to individual opinions. Such expression met with active, concurrent, nonverbal group support and verbal recognition by subsequent speakers. Participant behaviors in the focus discussion corresponded very closely with their expressed beliefs on the importance of teamwork.

Frequency of Themes

When the transcript was analyzed for concept frequency along the two LSI axes, active experimentation was overwhelmingly the preferred mode of behavior. Of 31 transcribed paragraphs that specifically addressed clinician roles, student roles, or descriptions of behaviors in the clinic, 18 paragraphs described active experimentation modes of behavior. When these paragraphs were analyzed for verbs associated with the LSI continua, it was found that action verbs (e.g., do, apply, practice, perform, give, and adapt) occurred with much greater frequency (52% of the time) than verbs related to the concepts of concrete experience (29%), reflective observation (11%), or abstract conceptualization (8%).

Discussion

A limitation of qualitative research is that an in-depth analysis of a specific situation compromises the validity of generalizing the results to other populations and settings. The participants in this setting demonstrated behavior in the focus discussion group that was highly congruent with their verbally identified success themes for students.

The participants demonstrated, as well as discussed, the importance of teamwork by building upon each other's ideas, giving credit verbally to other team members, and using eye contact and body language to indicate recognition and support. Speakers never appeared surprised at the quantity, quality, or source of support. In fact, support was so accepted and expected that it appeared to require no acknowledgment. Teamwork appears to be the norm for this group.

The themes of doing, active experimentation, flexibility, and adaptability are also clearly supported by the content analysis. Although the analysis of turns and

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moves demonstrates teamwork and not the other themes, a logical assumption is that this demonstration of teamwork among group members would not exist without a previous history of actions to support the expressed beliefs in flexibility, adaptability, and active experimentation in job performance. The learning characteristics that the clinicians indicated they prefer in students are characteristics that the clinicians did, in fact, model. They interacted as a unit rather than as individuals to build upon the ideas presented; they gave credit to each other; and their focus was one of cohesive functioning to provide as much insight as possible from complementary perspectives. This required that they listen to each other and compare the input with their own experiences. The nonverbal communication of the clinicians indicated shared perceptions through the use of nods, eye contact, and facial responses. These therapists, regardless of years of experience or practice area, concurred verbally and behaviorally on the importance of teamwork, active experimentation, flexibility, adaptability, and doing as professional norms for the urban medical center setting.

Kolb (1985) hypothesized that a person’s learning style influences the initial selection of a profession and is accentuated as one learns the profession’s norms. It is unknown whether these clinicians demonstrated or expressed preferences for an active experimentation learning style before their professional training. They accentuate it now in words and actions. The degree of congruence between words and actions leads one to believe that they will express the importance of active experimentation and model it for their students.

Conclusion

This study triangulates content analysis of participant statements with observation of participant interactions and the findings of quantitative studies on learning characteristics of occupational therapists and occupational therapy students. Katz and Heimann (1991) found that clinicians emphasized an active experimentation learning style in the treatment setting. Stafford (1986) found that an active experimentation learning style was the best predictor of student success in Level II fieldwork. The working hypothesis generated in this study was that themes related to active experimentation and doing would emerge as normative, preferred learning characteristics for students. This hypothesis was supported by the analysis. An additional hypothesis was that the fieldwork supervisors would identify the learning characteristics of successful students as those characteristics that they themselves demonstrated in their interaction in the focus group context. This hypothesis was also supported. The themes that emerged from this analysis to provide a profile of preferred learning characteristics of a successful student were teamwork, active experimentation, flexibility, adaptability, and doing.

It is the extensiveness of these shared perceptions of desired characteristics in this clinic that provides insights into the occupational therapy profession and reinforces the need for research on professional socialization. In this clinic setting, the team is so valued that persons who do not share the norms, values, and interests related to doing, active experimentation, flexibility, adaptability, and teamwork would not be able to function there effectively. Future research on the importance of these themes in settings that do not carry the descriptors urban and teaching hospital would provide increased validity for generalizing the study’s findings. Research on the fit of a person within the occupational therapy profession will also contribute to staff member retention and personal satisfaction.

Future directions for research include investigation of student perceptions of success characteristics and the comparison of therapist perceptions with student perceptions. Academic programs, which reinforce and reward abstract conceptualization and adherence to structure, may benefit from a reexamination of assignments and reward systems to facilitate the transition of the student to the doing, active experimentation demands of the clinic environment that require teamwork, adaptability, and flexibility. ▲

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References


