Mini-Councils: A Solution to Fieldwork Supervision

(clinical, education, curriculum, academic)

Jean R. Still

In 1977, the Occupational Therapy faculty at San Jose State University, with support from a Special Improvement Grant, embarked on a 3-year curriculum revision. One issue of particular concern was the need to devise a system for involving the clinical faculty in the revision process regardless of geographic relationship to the university. The system that evolved became known as Mini-Councils, regional groups consisting of students and clinical and academic faculty who participate in fieldwork experience at the University. Mini-Councils replaced the on-site visit system and shifted the emphasis from supervision of individual students to discussion groups focusing on general educational issues of mutual concern to faculty and students. The Mini-Councils have also strengthened the relationship between academic and clinical educators by providing a practical, efficient means of maintaining contact with students in fieldwork, and by helping integrate academic and clinical education.
Fieldwork experience is an essential part of the educational preparation for practice in occupational therapy. Integrating theory learned in the classroom with actual practice and the opportunity to develop clinical skills under the supervision of experienced clinical instructors is critical in facilitating the transition from student to therapist. According to the Essentials, this period of transition for registered occupational therapists must include 6 months of fieldwork experience in approved fieldwork facilities (1), and must be a minimum of 2 months of fieldwork experience for certified occupational therapy assistants (2).

In addition, academic programs must include fieldwork experience in order to enhance the learning of basic material. Referred to as Level I, this fieldwork is designed to provide clinical experience at a level appropriate to the student’s knowledge base as they progress through the curriculum. Through clinical application, theoretical material is reinforced as it is being learned, allowing the student to better use and retain the information. Answers to questions prompted by clinical situations contribute to a breadth of information that might not otherwise be touched on until much later, if at all.

Level I fieldwork experience presents an opportunity for students to observe therapists at work and to test their clinical skills and attitudes for the first time. As a result, students may find they are not suited for the occupational therapy profession and be encouraged to seek another career before completing the academic program. Conversely, they may discover formerly unrecognized skills and aptitudes, thus being stimulated to explore areas of interest in more depth than otherwise possible.

Integration of Academic and Clinical Education

Pedagogical research has clearly established the need to integrate academic and clinical education. The American Occupational Therapy Association (AOTA) provides general guidelines to encourage collaboration (5). Two guidelines in the Essentials focusing on collaboration are. 1. “Fieldwork faculty shall be appointed as official members of the faculty, with or without salary,” and 2. “Fieldwork faculty must be active members of the Educational Program’s Council.” (1) Other guidelines include recommendations for demonstrating consistent integration between academic and clinical education such as student reports, on-site visits, and oral communication or consultation with other curricula within the facility.

Despite these guidelines, a number of elements hamper efforts to achieve the desired integration between these two parts of the educational process. For example, the common practice among facilities to accept students for fieldwork experience from other schools throughout the country means that fieldwork faculty must be prepared to work with students from curricula that, although using the same Essentials for curriculum development and accreditation, have distinct individual strengths and weaknesses as well as differing admission criteria, grading policies, curriculum designs, and so on. The acceptance of students from several schools also poses difficulties in meeting the accreditation requirement that fieldwork faculty belong to the Educational Program’s Council. Questions arise: to which council do they belong? What does belonging to a fieldwork council mean?

In 1975, the AOTA Council on Education appointed a committee to design a system for “meaningful interaction of local councils with the Council on Education.” (4, p 1) One finding made by this committee was that as changes were occurring in fieldwork scheduling patterns and the composition of local councils, the purpose of the local councils shifted, thereby creating a need to establish a different type of communication mechanism between each school and its fieldwork centers. The committee recommended that regional fieldwork councils be formed to improve efficiency and reduce costs. It also found that one-third of the curricula did not have active councils and that there were no requirements for the formation of schools councils nor guidelines for their structure and function. It recommended that the purposes of fieldwork councils be:

1. to provide a general forum at the regional level for academic and fieldwork education;
2. to coordinate academic and fieldwork education in a general sense, not school specific, and to maintain general educational standards;
3. to communicate between local and national staff regarding educational matters and act as a working arm of the Council on Education;
4. to encourage development and continuing education for educators (not for clinical continuing education per se).
The final recommendation of this committee was that schools form small clinical advisory groups that are school specific, since regionalization would deter the fieldwork councils from effectively providing this advisory function (4).

Another element that hampers efforts to coordinate clinical and academic education is that academic programs are responsible for approving fieldwork sites, advising and scheduling students for fieldwork, negotiating contracts, and many other tasks associated with fieldwork experience that are not directly related to instruction. These activities carry or are associated with some stress since academic institutions value research, writing, curriculum development, instruction, and other intellectual pursuits, whereas tasks such as administering fieldwork programs are valued less.

This was demonstrated at the 1977 Commission on Education meeting where a proposal that the responsibility for coordinating fieldwork experience be transferred from the schools to the AOTA generated heated discussion. The proposal received support from a number of faculty who welcomed the possibility of relinquishing a complex, time-consuming responsibility neither fully understood nor supported by their college or university administration; however, this proposal did not address the issue of how the integration of clinical and academic education would be facilitated for Level II fieldwork experience if these responsibilities were removed from the schools.

Development of Mini-Councils

In 1977, the Occupational Therapy faculty at San Jose State University, with support from a Special Improvement Grant, embarked on a curriculum revision project. It was considered imperative that clinical faculty be involved in the revision process regardless of geographic relationship to the university. Since financial resources were not sufficient to bring clinical faculty to the campus meetings and correspondence was considered inadequate, members of the curriculum revision project and certain members of the academic faculty (the fieldwork coordinator and other faculty with fieldwork responsibilities) planned to meet with clinical faculty and students in state regional groups.

The first series of meetings was planned after the fieldwork facilities within the State had been divided into approximately ten geographic clusters. The purposes of the meetings were to discuss general educational issues, engage in problem-solving discussions related to clinical education, and improve the coordination between clinical and academic programs. Subsequently, these meetings were labeled Mini-Councils and included both curriculum revision and general educational issues. (The name Mini-Council came into use because the participants were the same as those participating in the school’s council and because the purposes paralleled those of the councils.) Topics such as writing behavioral objectives, evaluating student performance, and facilitating independent learning were included.

Including these topics met the need of academic faculty, which was participation of clinical faculty and students in designing the new curriculum, and attempted to meet the need of clinical faculty and students, which was for open dialogue between academic and clinical educators.

The meetings proved so successful in facilitating this dialogue that once the curriculum revision was completed, the Mini-Councils continued, replacing on-site visits by academic faculty. Previously, academic faculty members had tried to schedule at least one on-site visit with fieldwork students assigned to them during each of the student’s fieldwork experiences. This practice was difficult to maintain because of cost in faculty time and travel. Also, there was little evidence that the on-site visit affected the quality of the educational experience except those instances of student-related problems where timely intervention by the faculty member could lead to early resolution of the problem.

The Mini-Councils shifted the focus from individual student contact, where the primary emphasis was on the performance of the particular student, to group problem solving, where the emphasis is on general clinical education issues and coordination between academic and clinical education. This change in focus has long-range consequences for the curriculum, perhaps the most significant being the fostering of a stronger sense of unity and equality between academic and clinical faculty. By meeting together in relatively small groups, people are able to address specific issues or problems and find that their concern is shared by others. This reduces the feeling of isolation that often is a part of clinical supervision.

The change also affects the role of the fieldwork coordinator and academic faculty who previously made
routine site visits. Now they keep in contact with their fieldwork students by phone and schedule a site visit only if the student or clinical supervisor requests it.

Relationship of Mini-Councils to Field Work Council and Curriculum
Since the Mini-Councils were not initially designed to fill the role they assumed, the relationship of Mini-Councils with other parts of the curriculum such as the Field Work Council, was unclear. The Mini-Councils combined the on-site faculty visits with the Field Work Council in such a way that official recognition and clarification of the relationship with the Field Work Council and the curriculum were required.

Before the establishment of Mini-Councils, the Field Work Council at the University was an active organization with the clinical faculty responsible for organizing and planning the Council's role and functions. It was important that this organization continue to function much as it had as an effective link with clinical faculty; therefore, it was necessary that the Mini-Councils complement rather than compete with the Field Work Council (FWC). The workable arrangement that emerged allows the Field Work Council to continue with an Executive Board chaired by a clinical faculty member; the FWC has the responsibility to sponsor an annual workshop and also has reduced from twice to once a year, thus reducing travel cost and the difficulty in obtaining reimbursement for leave from work.

The Northern California Field Work Council has officially recognized the Mini-Councils by incorporating the following statement on page 2 of their Standard Operating Procedures: (The Field Work Council) "supports the concept of the Mini-Council meetings and encourages participation as an additional interface between San Jose State University and the Field Work settings."

Participants discover how the sense of unity facilitated by mini-councils can stimulate collaboration and strengthen the educational process from classroom to clinic.

Simultaneously with the emergence of the Mini-Councils was the decision on the part of the four occupational therapy curricula in California to form one council, become affiliated with the Occupational Therapy Association of California (OTAC), and share the financial responsibility for student and faculty representation on the AOTA Commission on Education. Many of the clinical faculty who participated in the San Jose State University Field Work Council and the Mini-Councils were also members of the Southern California Field Work Council; this situation raises the issue of multiple council membership mentioned earlier as a concern of the 1975 AOTA Council on Education study.

The Field Work Council of OTAC consists of a Steering Committee composed of representatives from the Northern California Field Work Council (San Jose State) and the Southern California Field Work Council (Loma Linda University, Los Angeles City College, University of Southern California). The Northern and Southern California groups retain a certain amount of autonomy with their individual standard operating procedures defining specific functions, purposes, components, and their relationships to the statewide Field Work Council.

One purpose of the Field Work Council of OTAC is to ensure representation from California at the AOTA Commission on Education. Other purposes include promoting quality education; coordinating efforts of mutual concern between Northern and Southern California students, fieldwork faculty, and academic faculty; coordinating with the Education Committee of OTAC; implementing the AOTA standards for fieldwork programs; and encouraging research in occupational therapy. Clearly, the purposes and functions of the Mini-Councils reflect those of the Field Work Council, but are limited in scope.

Mini-Council Design
The responsibility for arranging the Mini-Council meetings (time, place, agenda, etc.) is shared by the fieldwork coordinator and other faculty. By mailing a master meeting schedule to clinical faculty at the beginning of the semester, clinical faculty and students have the option of attending meetings other than the one in their area if they choose. Occasionally, it is difficult for both student(s) and supervisor(s) to be absent from work at the same time. The master schedule includes the name of the academic faculty liaison responsible for each region and asks that clinical faculty notify their liaison about which meeting they plan to attend and the number of people to expect from their faculty.
Clinical faculty are asked to invite affiliating students from other schools to the meetings. According to feedback from these students, participation has been beneficial and the meetings have provided stimulating contact with faculty and students with whom they would otherwise not have had the opportunity to share their clinical experiences and to exchange information and ideas. Many of them are far from home and welcome the opportunity to discuss educational issues with faculty and students from another part of the country. They are reassured to know that their concerns and frustrations are shared by others.

During the 3 years that the Mini-Councils have existed, participants have evaluated the meetings and suggested preferred meeting times, locations, frequency of meetings, and topics for future meetings. Of 136 responses, 134 participants indicated that the meetings were productive, the topics were of interest, and that they would like the meetings to continue regularly.

The meetings have generally been held once a semester, although in some instances constraints have limited them to one meeting per academic year. Various clinical facilities by rotating the responsibility for hosting the meetings have given students and faculty the opportunity to visit different facilities.

The most frequently suggested meeting topics relate to student supervision, such as evaluating student performance, solutions to "problem" students, how much outside work to expect from students (i.e., written assignments, projects), methods of facilitating growth from student to professional, teaching methods suitable to the clinical setting, and so on. Other topic requests include descriptions of content of courses taught in the curriculum, research methods, and grant writing.

**Student Participation**

Participation in the programs has given students a sense of involvement and purpose in being there and helped them recognize the vital role they play in the educational process. When time has permitted, the academic faculty have met briefly with students either before or after the meetings to discuss issues the students might not wish to share in the Mini-Council and to talk about their fieldwork experiences with former classmates.

Mini-Council agendas have included discussions by panels of clinical faculty and students, with academic faculty acting as facilitator(s). For example, faculty and students described strategies for facilitating independent learning that they found had encouraged independent problem solving and professional growth from their perspective as either students or educators. The informal setting provides a comfortable, nonthreatening environment for students to express their ideas and to assume an active role in the learning process. The participation of students and clinical and academic faculty in planning and presenting the programs has enhanced the closer sense of unity between academic and clinical educators.

**Summary**

The Mini-Councils have helped solve two problems that are common to fieldwork education: 1. They have provided an efficient method of fieldwork supervision in terms of faculty time and travel by shifting from individual site visits to regional meetings; and 2. They have facilitated collaboration between academic and clinical educators, thereby helping to integrate the two parts of the curriculum. The goal of both academic and clinical educators is to provide quality education to occupational therapy students. By working together, a unified sense of purpose is fostered.

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**RELATED READINGS**

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