Level I Fieldwork: Issues and Needs

(education, occupational therapy; evaluation; fieldwork, objectives)

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Level I fieldwork in occupational therapy is coming under close scrutiny by fieldwork sites and schools as accountability in health care becomes increasingly significant. The Wisconsin Council on Education (Wiscouncil) has been examining the problems encountered in implementing Level I fieldwork at both the technical and professional levels since fall 1982. A survey of 169 occupational therapy clinicians and educators was conducted in Wisconsin to address the following: objectives, assessment, scheduling, cost-effectiveness, and areas of responsibility. Results of this survey indicated that the concerns identified within the state may exist at a broader level. Two members of Wiscouncil expanded the project to look at Level I fieldwork issues nationwide.

The nationwide survey results indicate a strong concern among clinicians about the cost-effectiveness of implementing Level I fieldwork. There appear to be different beliefs about the overall objectives of Level I among clinicians, occupational therapy educators, and occupational therapy assistant educators. The majority of clinicians felt that uniform objectives and a uniform evaluation for Level I fieldwork would help facilitate the experience for them.

The Wisconsin Council on Education (Wiscouncil) refers to the combined council of occupational therapy education programs in the state of Wisconsin. The six programs of occupational therapy are Mt. Mary College, the University of Wisconsin–Madison, the University of Wisconsin–Milwaukee, Fox Valley Technical Institute, Madison Area Technical College, and Milwaukee Area Technical College. The Wiscouncil membership consists of academic educators, fieldwork supervisors, and student representatives from the three professional and three technical schools. The standard operating procedure of Wiscouncil (revised Spring 1984) lists six purposes of the organization: (a) to provide a forum for academic educators, fieldwork supervisors, and students; (b) to assist in the development and maintenance of general educational standards; (c) to encourage the coordination of academic and fieldwork education; (d) to provide continuing education for both academic and fieldwork educators; (e) to serve as a communication link between the Commission on Education (COE) of the American Occupational Therapy Association (AOTA) and the members of the Wisconsin Occupational Therapy Association (WOTA); and (f) to serve as a local working unit of the COE.

Because of the increased emphasis on the cost-effectiveness of providing occupational therapy services, discussions about Level I fieldwork began in 1982. Cost-effective delivery of Level I fieldwork was a concern for clinical facilities because they coordinate programs for multiple academic institutions and the schools as they seek suitable placements for students. Members of Wiscouncil generated a list of learning objectives for Level I, and they identified the following problems in implementing the fieldwork programs: different requirements at each school, different expectations of clinics and schools, coordination of programs and scheduling, the time commitment of clinicians, and finding suitable placement for a large number of Level I students. As a result of this meeting, Wiscouncil charged a task group to examine Level I fieldwork further.

Review of the Literature

The 1983 Essentials of an Accredited Educational Program for the Occupational Therapist (1)
The authors addressed the need for a "reciprocal attitude" between faculty and fieldwork educators to maintain occupational therapy's professional identity.

A presentation on changes in higher education and their impact on occupational therapy preparation and practice identified four major dimensions of change: enrollment patterns, student characteristics, fiscal resources, and institutional issues. Of particular relevance to Level I fieldwork are shifts in students' values from a theoretical or service orientation to useful and practical knowledge and changes in financial support for public agencies that are causing cutbacks in fieldwork programs. The shift in students' values may result in greater demands for fieldwork experience in academic curricula at a time when agencies are already reducing or eliminating fieldwork programs. These authors suggest that the Essentials be modified for “maximum flexibility in curriculum design and fieldwork education” (20, p. 672). This suggestion implies that (a) more students may need to do fieldwork during evenings or weekends to accommodate clinical programs or (b) Level I fieldwork education may occur more frequently without direct supervision from an occupational therapist.

A cost-benefit analysis of Level II fieldwork education programs at Eastern Michigan University attempted to address many complex issues, including agency costs in personnel, space, equipment, miscellaneous items such as stipends or room and board, and other costs less easily measured such as staff overcrowding (21). The study addressed the following benefits to agencies: revenue-producing services provided by students; low-cost labor; and intangible benefits such as recruiting advantages, staff incentives, and quality of patient care. The quantitative model actually used in the study addressed only instructional personnel costs and the revenue-producing benefit of students. The investigators also considered the cost-benefit relationship for students in first and second fieldwork placements. The authors inferred from their results that "on the average, instructional personnel costs of affiliating clinical facilities were about equal to the tangible revenue generated by the occupational therapy students" (21, p. 225). However, larger clinical facilities seemed to incur lower instructional cost than smaller facilities, with both receiving about the same amount of student services. The authors also found no difference between first and second fieldwork placement students with regard to instructional cost and service delivery.

Although not specific to Level I fieldwork, these articles give valuable information and insight into issues pertinent to effective clinical education. Yet the dearth of literature on Level I fieldwork education cannot be ignored. Presseller (2), in an article addressing the history and importance of fieldwork...
education in occupational therapy, does not even mention Level I fieldwork and its integral role. However, the issues she discusses relative to Level II fieldwork, particularly the cost-effectiveness concerns of hospital administrators and potential cutbacks in student programs, may be more pertinent to Level I fieldwork. It is at this level of clinical education, where the facility never recoups the lost revenue-producing time spent in student instruction and supervision, that occupational therapy department heads must consider cutbacks in student programs. It was this potential situation in Wisconsin, where six different academic programs are placing demands on clinical facilities, that prompted Wiscon-council to identify ways to assist fieldwork supervisors in providing Level I fieldwork in a more time- and cost-effective manner.

Wisconsin Survey

A task group of six academic and fieldwork educators developed a survey that addressed the Level I issues that had been raised, including objectives, assessment, scheduling, cost-effectiveness, and areas of responsibility. The task group sent surveys to fieldwork supervisors and faculties of the six academic programs in Wisconsin. Any faculty member who wished to respond to the survey was encouraged to do so.

Of the 169 surveys sent, 66 (54 from clinics, 12 from schools) were returned, yielding a 39% return rate.

In answering the first question, the respondents ranked ordered the 10 Level I objectives previously identified at the Wisconsin meeting. Selected as the number one objective for Level I fieldwork was “provide initial clinical exposure to occupational therapy through observation of evaluation and treatment.” Table 1 shows the ranking of all the objectives.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Clinics</th>
<th>OTR (n = 35)</th>
<th>COTA (n = 34)</th>
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<tbody>
<tr>
<td>1. Provide initial clinical exposure to occupational therapy through observation of evaluation and treatment.</td>
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<td>2</td>
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<td>2. Provide opportunities for students to explore their feelings about their interactions with patients and their reaction to the observed practice of occupational therapy.</td>
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<td>3</td>
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<td>3. Develop an awareness of the patient as a whole person as it relates to occupational therapy.</td>
<td>3</td>
<td>5</td>
<td>7</td>
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<td>4. Develop a beginning awareness of how occupational therapy philosophy is implemented in practice.</td>
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<td>1</td>
<td>2</td>
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<td>5. Provide feedback on beginning strengths and weaknesses in professional behavior.</td>
<td>5</td>
<td>6</td>
<td>6</td>
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<tr>
<td>6. Provide an opportunity to use evaluation and treatment techniques.</td>
<td>12</td>
<td>7</td>
<td>12</td>
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<tr>
<td>7. Provide an opportunity to observe a multidisciplinary approach to treatment.</td>
<td>11</td>
<td>12</td>
<td>9</td>
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<td>8. Provide an opportunity to develop beginning writing and treatment planning skills.</td>
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<td>3</td>
<td>11</td>
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<td>9. Provide an opportunity for role identification (e.g., OTR-COTA; OTR-patient; supervisor-student)</td>
<td>10</td>
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<td>10. Provide an opportunity to observe continuity of care.</td>
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<td>13</td>
<td>13</td>
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<td>11. Provide exposure to a variety of diseases/disabilities.</td>
<td>7</td>
<td>11</td>
<td>8</td>
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<tr>
<td>11. Provide hands-on experience with clients.</td>
<td>6</td>
<td>4</td>
<td>10</td>
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<tr>
<td>11. Provide an opportunity to develop basic communication skills.</td>
<td>8</td>
<td>10</td>
<td>5</td>
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<tr>
<td>11. Provide an opportunity to observe occupational therapy in nontraditional settings.</td>
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</table>

Final four items were generated by the Wisconsin survey and included in the nationwide survey. Rank orders of same items from the nationwide survey are indicated at right.

OTR, registered occupational therapist. COTA, certified occupational therapy assistant.
I experience, and 92% (61 of 66) felt that the academic instructor should design the assessment format. When asked how the Level I fieldwork experience should be assessed, 80% of the respondents preferred a structured evaluation.

Regarding preference in scheduling of Level I fieldwork (all current program schedules by Wisconsin schools were listed), responses varied greatly depending on the type of clinical setting and the curriculum of the academic institutions. Ranked from most desirable to least desirable, the responses were as follows:

1. full days for one-half semester;
2. half days for one semester;
3. one week during spring break;
4. one week during the summer;
5. one week during winter break; and
6. full days in alternating weeks for a semester.

In response to a question about the cost-effectiveness of Level I fieldwork, 58% of the respondents expressed “serious concern” that the benefits of having a Level I fieldwork program in their facility might not be in proportion to the time and resources invested. “No concern” was expressed by 30%, and 12% expressed “some concern.” Continuing education provided by academic institutions was viewed as the most desirable form of reimbursement for clinicians who supervise Level I fieldwork students.

The final question of the survey asked, “If the OTR [registered occupational therapist] and OTA [occupational therapy assistant] programs could develop uniform objectives and evaluations for Level I fieldwork, do you feel that these uniform standards would facilitate the Level I process for you?” A positive response was received from 78% of those surveyed.

**Nationwide Survey**

To determine if the issues and concerns of Level I fieldwork identified by Wisconsin were shared on a broader level, a nationwide survey of academic educators and fieldwork supervisors was conducted.

**Method**

A total of 281 surveys were sent: 111 to directors of all occupational therapy and occupational therapy assistant programs and 170 to clinical sites. Clinical sites were identified using AOTA’s fieldwork centers manual (22). An effort was made to identify clinical sites in areas near schools because Level I fieldwork is usually done in close geographic proximity. However, some states did not list clinical sites either in the vicinity of schools or anywhere. Thus surveys were sent to clinical sites in only 31 of the 39 states with academic programs (see Table 2).

An attempt was made to represent evenly the four major practice areas among the clinical sites; 51 surveys were sent to physical disabilities settings, 50 to psychiatric settings, 42 to pediatric settings, and 27 to gerontology settings.

Of the 170 surveys sent to clinical sites, 114 were returned completed, although only 99 had active Level I fieldwork programs and were used in the final survey results. Twenty were returned unopened, indicating a completed return rate of 76%. Forty-four (77%) of the surveys were returned by the 57 occupational therapy programs, with 35 completed. Forty-two (78%) were returned by the 54 occupational therapy assistant programs, with 34 completed. The overall return of 200 surveys (77%) indicates a great deal of interest in Level I fieldwork nationwide.

**Subjects**

Of the 99 clinical settings, 47 were described as acute care, 9 as long-term care, and the remainder as primarily rehabilitation sites or both acute and long-term care. The respondents from the clinics were primarily directors of the occupational therapy programs or student program coordinators. Of these 99 clinics, 56 (57%) supervise only occupational therapy Level I students, 7 (7%) supervise only occupational therapy assistant Level I students, and the remainder su-
pervise both. The number of schools from which students come to any individual clinical site ranged from 1 to 12, with a median of 1, and a mean of 2.3.

The 35 occupational therapy programs responding were represented by either the director for the program (n = 15), a faculty member whose course was involved with Level I fieldwork (n = 9), or the clinical coordinator (n = 11).

Of the 34 occupational therapy assistant programs, 30 were represented by the director of the program, with two faculty members and two clinical coordinators responding.

Results

Survey respondents ranked their objectives for Level I fieldwork from essentially the same list of objectives that was used in the Wiscouncil survey. Four additional objectives were added, which had been generated from the Wiscouncil survey. Table 1 presents the ranking of these objectives, with the differences among the orders of fieldwork supervisors, occupational therapy assistant and occupational therapy programs noted. Interesting differences among the three groups include occupational therapy programs rating "hands-on experience with clients" as the fourth most important objective, while occupational therapy assistant programs ranked this item tenth, and clinics ranked it sixth. In contrast, occupational therapy assistant programs ranked "opportunity for role identification" as their fourth choice, while this item was ninth for occupational therapy programs and tenth for clinics.

The majority of respondents (170 of 200, or 85%) indicated that the academic instructor/setting should be responsible for developing the objectives of Level I fieldwork and designing the assessment format. A majority also indicated that the fieldwork supervisor should be responsible for designing the learning experiences (147 of 200, or 74%) and assessing student performance (170 of 200, or 85%). There was no remarkable difference between how fieldwork supervisors and academic educators responded in this area.

A structured written evaluation assessing Level I fieldwork was preferred by 95% of the respondents. However, many respondents indicated there should be ongoing unstructured verbal and written feedback in conjunction with a structured evaluation. They also suggested other methods of evaluation such as competency checklists.

Preference for scheduling Level I fieldwork varied tremendously among the three choices provided on the survey, which included half days every other week during a semester, full days every other week during a semester, and one week during semester break or vacations. The only pattern that seemed to emerge is that no one method of scheduling works well for everyone.

The cost-effectiveness of Level I fieldwork is of concern to 68% of the fieldwork supervisors responding nationwide. When asked in what ways the Level I program could be made more cost-effective for them, the fieldwork supervisors indicated that "more structure provided from schools, so less time is spent in planning" would be most helpful. As reimbursement to clinical facilities, occupational therapy assistant and occupational therapy programs would like to offer continuing education, access to school resources, staff in-services, and clinical and research consultation. "Continuing education at reduced or no cost" was the preferred choice of 88% of fieldwork supervisors as reimbursement for providing fieldwork education to students.

When asked if uniform objectives developed by AOTA would assist in planning and implementing Level I fieldwork, 73% of cli-

| Table 3 |
|---------------------------------|-----------------|
| **Responses From Nationwide Survey Regarding Desirability of Having Uniform Objectives and a Uniform Evaluation for Level I Fieldwork** |                  |
| **Nationwide Survey** | **Yes** | **No** | **Maybe** |
| If AOTA developed uniform objectives for each type of Level I fieldwork (OTA and OTR), would this assist you in the planning and implementation of Level I fieldwork? Clinics (n = 99)* | 72 | 23 | 4 |
| OTR programs (n = 31)* | 12 | 16 | 3 |
| OTA programs (n = 29)* | 15 | 10 | 4 |
| If AOTA developed a uniform evaluation for each type of Level I fieldwork (OTA and OTR), would this assist you in the assessment of student performance in Level I fieldwork? Clinics (n = 99)* | 79 | 15 | 5 |
| OTR programs (n = 31)* | 16 | 11 | 4 |
| OTA programs (n = 27)* | 16 | 9 | 2 |

*a = number responding to this question.

AOTA, American Occupational Therapy Association. OTA, occupational therapy assistant. OTR, registered occupational therapist.
nicians responding said “yes.” This response was in sharp contrast to only 39% of occupational therapy programs and 52% of occupational therapy assistant programs indicating “yes” (see Table 3).

The response to the usefulness of a uniform evaluation for Level I fieldwork was similar, although slightly more positive. Among clinicians, 80% felt a uniform evaluation would facilitate level I fieldwork for them, and 52% of occupational therapy programs and 59% of occupational therapy assistant programs concurred (see Table 3).

Discussion

Nationwide survey results supported the Wiscouncil survey results. Because the survey was sent to all schools, the nationwide survey better reflects the position of academic educators. Academic and clinical responses were not differentiated in the Wiscouncil survey because the purpose of the survey was to look at the membership in its entirety. With the larger sample in the nationwide survey, it was possible to identify how the different groups responded (e.g., clinicians vs. academic educators). This differentiation between groups was particularly relevant in the rank ordering of objectives for Level I fieldwork. This variation in rankings clearly reflects the different needs and philosophies of the two levels of academic programs (focus on students’ needs) and clinical settings (focus on patients’ needs). An awareness by all three groups (occupational therapy programs, occupational therapy assistant programs, and clinics) of the objectives of the others would be a major step toward making Level I fieldwork a more satisfying experience for everyone.

Regarding the scheduling of Level I fieldwork, no one significant scheduling pattern emerged as preferable. That schools should be responsive to the needs of clinics was apparent. Long-term care facilities may be better able to accommodate students during an entire semester, while an acute care facility may be able to provide a better learning experience during a one- or two-week period. Schools probably need to be flexible in scheduling their students at different times in different clinical settings.

The degree of concern over cost-benefit and ability to provide quality supervision seems to be directly related to the number of schools from which clinical sites receive fieldwork students; the more schools involved, the greater the need to streamline Level I fieldwork. This relationship was apparent in responses to the questions on scheduling, cost-effectiveness, uniform objectives, and uniform evaluation.

The suggestion to develop uniform objectives for Level I fieldwork received both criticism, primarily from academic programs, and support, primarily from clinics. Positively, it was suggested that uniform objectives would provide more consistency in expectations of students and serve as useful guidelines. However, it was pointed out that the objectives might need to be so general that they would not be useful and, if they were too restrictive, some clinical sites might be eliminated.

There was similar criticism but more support, by both academic programs and clinics, of the concept of a uniform evaluation for Level I fieldwork. Some clinics who supervise students from several schools indicated that a uniform evaluation would help streamline their Level I programs and enhance consistency among schools. In addition, students would be more aware of what is expected of them. However, again there was concern that a uniform evaluation might be too general to be useful and could not be objective and measurable. Some respondents suggested that a basic format upon which clinics and/or schools could expand might be most useful.

Concerns about the cost-effectiveness of Level I fieldwork (benefits received vs. time and resources invested) were even greater at the nationwide level than among Wiscouncil membership. The Wiscouncil survey, unlike the nationwide survey, was done prior to the implementation of the Medicare prospective payment system. Some clinics in Wisconsin have eliminated Level I programs because of this concern, and the same was reported nationwide. Survey results indicate that continuing education, access to school resources, in-services, and clinical and research consultation may help offset the cost-benefit issues.

Conclusion

In response to the Wiscouncil survey, a task group was formed to design a uniform student performance evaluation for Level I fieldwork to be used by the six member
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REFERENCES