Fieldwork Experience, Part II:  
The Supervisor's Dilemma

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This paper examines the distinguishing characteristics of the effective and the ineffective supervisor and the role, responsibilities, problems, and current needs of the occupational therapy student supervisor. Data were obtained through questionnaires received from 188 therapists and 127 students in 65 fieldwork centers nationwide. Responses indicate a perceived lack of adequate preparation of occupational therapists for the role of student supervisor and provide evidence that the profession needs to assume a more active role in providing formal, standardized training programs for the occupational therapy student supervisor. The results demonstrate a need for greater accountability for the quality of the fieldwork experience and the supervisory process guiding that experience.

General guidelines for the Level 2 fieldwork experience have been formulated by the American Occupational Therapy Association (AOTA) (1) and by individual curricula. In practice, however, the specific objectives, content, and format of the fieldwork experience are determined by the individual supervisor.

For a registered occupational therapist to become a student supervisor, the only requirement is one year of experience. Usually the process of becoming an effective supervisor is evolutionary and based on trial and error.

To explore the issues of supervisor qualifications and preparation in greater depth, the following questions were addressed:

- What are the distinguishing characteristics of effective versus ineffective student supervisors?
- Are occupational therapists adequately prepared for the role and responsibilities of student supervisor?
- What are the major problems and needs experienced by student supervisors?
- What effect does experience have on the supervisor's perception of the supervisory process?

Review of Literature

While articles addressing the topic of clinical supervision are not abundant in occupational therapy literature or the literature of other health-related professions, each field has made some effort to explore this area.

In the field of social work, Kadushin (2) attempted to apply game theory to the supervisor-supervisee relationship. He also surveyed these two groups to define more clearly what was occurring in their interactions (3). Rosenthal (4) also surveyed social work students to determine what kinds of offensive types of supervision they had experienced during their training.

Stritter (5) surveyed medical students to determine their opinions on the most effective clinical teaching behaviors. He found that the

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most effective clinical teacher approaches teaching with enthusiasm and energy, is readily accessible to the student, encourages students to raise questions and practice their own problem-solving skills, and gives feedback in a constructive manner.

Irby (6) surveyed both medical students and faculty members about their views on the characteristics of the best and worst clinical teachers. The most important characteristics of the best clinical teacher were skillful interacting with students, accessibility, organized presentations, enthusiasm, enjoyment of teaching, and interest in students. The worst clinical teachers lacked the above attributes and instead displayed clusters of negative personal traits such as arrogance, dogmatism, lack of self-confidence, insensitivity, and belittling of others.

In 1978, the American Speech and Hearing Association (7) issued a special report on the status of clinical supervision within their profession. Many of their concerns are shared and have been expressed by other professions (e.g., the need for data to validate the supervisory process, role definition for supervisors, better quality of supervision, training of supervisors, and special standards for supervisors).

In the occupational therapy literature, as early as 1928, Bryan (8) outlined the importance of a harmonious relationship between the supervisor and the student. In the same year, Lennit (9) suggested that an effective supervisor should formulate a definite, concrete program of procedures; hold regular conferences with the student, and develop the ability to criticize gently. Brunyate (10–12) reviewed the general responsibilities of the affiliation center, the important features of student supervisors, and the paradoxes of student behavior as they switch from academia to the clinics. Spelbring (13) questioned the quality of our clinicians as clinical educators and suggested that this area was being neglected. Schnebly (14) compared the roles of the clinician and the educator.

**Method**

**Population**

The research population was obtained through the cooperation of fieldwork centers recommended by occupational therapy curricula affiliated with Michael Reese Hospital and Medical Center in Chicago and from the AOTA OT Fieldwork Centers Manual. These centers represented all sections of the country and included large and small, traditional and nontraditional settings with established student programs. Table 1 summarizes population characteristics.

**Instrument and Procedure**

Open-ended questionnaires, specifically designed for this study, were sent to 108 fieldwork centers for distribution to occupational therapy students and student supervisors in those settings. Students and supervisors were asked to define the respective roles of student and supervisor and to list the primary responsibilities of each, together with the distinguishing characteristics of the effective and the ineffective supervisor. Additional questions explored the perceived readiness of therapists for assuming supervisory responsibilities; current supervisory training practices; and students' and supervisors' opinions on whether special training was necessary, and if so, what the nature of that training should be. Supervisors were questioned about the major problems and needs confronting them as supervisors. Experienced supervisors were asked several questions to determine whether experience changed their perception of the supervisory process. Pilot questionnaires for both the student and student supervisor populations were field tested. A return of 66% from 108 centers resulted in a total of

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<th>Table 1</th>
<th>Demographic Comparisons of Student Supervisors (N = 188)</th>
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<tbody>
<tr>
<td><strong>Sex</strong></td>
<td><strong>Age (years)</strong></td>
</tr>
<tr>
<td>Male: 12</td>
<td>22–29: 114</td>
</tr>
<tr>
<td>Female: 176</td>
<td>30–39: 43</td>
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<td></td>
<td>40–49: 22</td>
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<td>50–56: 7</td>
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<thead>
<tr>
<th><strong>Sex</strong></th>
<th><strong>Age (years)</strong></th>
<th><strong>Current Fieldwork Experience</strong></th>
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<tbody>
<tr>
<td>Male: 5</td>
<td>20–22: 64</td>
<td>First: 48</td>
</tr>
<tr>
<td>Female: 122</td>
<td>23–25: 39</td>
<td>Second: 54</td>
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<tr>
<td></td>
<td>26–30: 13</td>
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<td>31–39: 9</td>
<td>No Response: 2</td>
</tr>
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<td></td>
<td>40–49: 2</td>
<td>No Response: 7</td>
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This population represents students from 38 occupational therapy curricula.
127 individual responses from students and 188 from student supervisors. Results were analyzed separately for students and supervisors.

Results and Discussion

Distinguishing Characteristics of the Effective Versus Ineffective Supervisor

Supervisors and students concurred in their responses; both consistently linked certain behaviors with certain attitudes to distinguish the effective from the ineffective supervisor. For example, the effective supervisor gave feedback (behavior) "in a supportive manner" (attitude), while the ineffective supervisor gave feedback "in a way that is demeaning to the student." Thus, the critical difference between effective and ineffective supervisors appears to be the attitude with which supervisors carry out their responsibilities.

The effective supervisor. The characteristics named by 90% of the students and 85% of the supervisors were interpersonal and communication skills. Active listening was the skill mentioned most frequently while openness and honesty were the attitudes most often associated with effective interpersonal and communication skills. One aspect of communication, feedback, received special attention. The effective supervisor provided feedback that was timely, constructive, consistent, and growth-promoting.

The effective supervisor was able to adapt his or her supervisory approach and also structure and grade the program to meet the student's individual needs. Flexibility and open-mindedness were the attitudinal qualities associated with effectively meeting the needs of the student.

Other significant characteristics of the effective supervisor were being available, being competent as a clinician and as an educator, and being a good role model. Supervisors included organizational and teaching skills as additional characteristics.

The purely attitudinal characteristics of being supportive and empathetic were most frequently attributed to the effective supervisor by both students and supervisors. Other important attitudes included open-mindedness, acceptance and nondefensiveness, concern for the students' growth, commitment to the supervisory role, sensitivity to students' needs, patience, objectivity, and enthusiasm.

The ineffective supervisor. Both students and supervisors perceived the ineffective supervisor as characterized primarily by poor interpersonal and communication skills, noting particularly the inability to effectively provide feedback. Two other major characteristics were not being available and not being qualified to be a supervisor because of a lack of clinical experience or supervisory skills.

Rigidity was cited by one-third of the supervisors as a primary characteristic of the ineffective supervisor. Students noted a related characteristic of "stifling originality, creativity, and independent problem-solving." Whereas flexibility and open-mindedness were the attitudes most closely associated with effectiveness in adapting a supervisory approach to meet students' needs, rigidity was associated with ineffectiveness as it inhibited the students' creativity and problem-solving. Students frequently associated controlling, dominating, smothering, and restrictive attitudes in the supervisor with lack of independence and creative problem-solving opportunities for the students. This corroborates Rosenblatt's finding (3), which cited "constrictive supervision," or supervision that does not give students opportunities to solve problems on their own, as one of the most objectionable supervision styles according to students.

In addition to rigidity, other attitudes frequently mentioned were being unsupportive, uncaring, and unconcerned. This corresponded to Rosenblatt's findings that being an "unsupportive" supervisor was considered another objectionable supervise style (3).

Unsupportive supervisory styles have potentially far-reaching effects on the profession. As noted in Part I, 21% of the 131 respondents listed personal emotional responses during the fieldwork experience (depression, stress, anxiety, lack of confidence, discomfort) as being the primary factor contributing to the decision not to work in a particular area of clinical practice. If students do not feel they can discuss such problems with a supportive supervisor, their unresolved negative feelings may contribute to the future avoidance of a particular area of practice or compromise the future therapist's ability to provide optimal patient care.

In summary, a consistent picture emerges as to what constitutes an effective and an ineffective supervisor. The effective supervisor fulfills basic supervisory responsibilities with strong interpersonal skills and with attitudes of supportiveness, interest, flexibility, and enthusiasm. The ineffective supervisor lacks essential interpersonal and organizational skills and, furthermore, displays negative personal attitudes such as unsupportiveness, rigidity, lack of enthusiasm, and insensitivity toward others.
Education/Training

An examination of supervisor training revealed a major discrepancy between the current mode of preparing student supervisors and the way supervisors themselves felt they needed to be trained.

A major problem in supervisor training is the lack of a standardized approach. This was immediately evident not only in the data related to the current status of supervisor training, its format and content, but also in the lack of adherence to whatever standards do exist. Twenty-one percent of the supervisor respondents did not have the minimal requirement of one year clinical experience when they initially became student supervisors, and 90% of supervisor respondents felt that clinical experience alone was not enough to become a student supervisor.

Sixty-four percent of the supervisor respondents felt prepared to assume the role of student supervisor. Their confidence was founded primarily on their clinical expertise, motivation, and interest in supervising students. Another frequently mentioned factor was the positive influence of good supervisor role models present in current work settings or in earlier fieldwork experiences. Not one of these “prepared” supervisors cited confidence in supervisory skills as a reason for feeling prepared. Several commented, however, that they needed more training and guidance for developing specific supervisory skills.

Thirty-two percent of the supervisors stated that they did not feel prepared to supervise, citing the same facts that the “prepared” supervisors had cited for being prepared, but using a different perspective. They complained that they had only their clinical experience or role models to rely on, and they felt more formal training was needed for their supervisory role.

Although 59% of the supervisors indicated that they had received some type of special training for supervisory responsibilities, the amount of training was variable: 25% had less than five hours of training; 25% had 5 to 25 hours; and 25% reported training “as needed.” The method of training was more consistent. The majority of supervisors received their training through informal discussion in personal meetings with the occupational therapy director or another designated registered occupational therapist at their place of work. The content of these discussions varied from site to site, including anything from crisis intervention to a formal orientation to supervisory responsibilities. Some supervisors stated their training consisted primarily of reading materials, telephone contacts with the university, or audiovisual presentations.

The majority (78%) of supervisors indicated a preference for a different mode of training. Therapists desired greater involvement by universities and AOTA, as well as the opportunity to share ideas with other supervisors. Workshops and organized fieldwork supervisors’ groups were the desired formats most often mentioned. Supervisors emphasized the need for standardizing supervisor training, using a variety of educational experiences with an experiential emphasis. The institution of supervised practica was also a popular suggestion. Sixteen percent felt that supervision content should be taught in the undergraduate occupational therapy curriculum. Less than 5% of supervisors felt no training was necessary to become a student supervisor.

In summary, the nature and quality of supervisor training, when it exists, varies dramatically from site to site. Major discrepancies exist between the current mode of preparing student supervisors and the method by which the supervisors themselves would prefer to be trained.

Supervisors’ Problems/Needs and Changed Perceptions

All supervisors were asked to identify the primary problems confronting them and to define their current needs for the further development of their supervisory skills. Only experienced supervisors were asked whether a supervisor’s perception of the supervisory process changes with experience.

Problems. Student supervisors listed, in descending order of importance, the following major problems confronting them as student supervisors: 1. dealing with students’ attitudinal and affective behaviors; 2. time management; 3. their own lack of supervisory problem-solving skills; and 4. the inadequate academic and theoretical preparation of students.

Problems with attitudinal/affective behaviors centered on students’ immaturity, stress, and anxiety; negative student attitudes, such as defensive reactions to supervision; unprofessional student attitudes and resultant behaviors; lack of student interest and motivation in learning; and lack of student interest in a specific area of occupational therapy practice. It appeared that while new supervisors may feel prepared to guide the student in developing clinical competencies, they are not prepared for supervisory responsibilities relevant to the
student’s growth in the affective domain. Through experience supervisors realize they have more responsibility for guiding the student’s personal, attitudinal, and professional behavior than they had originally anticipated.

The problems with *time management* appear to arise from a lack of preparation for the role of student supervisor. Most experienced supervisors felt they were neither prepared for nor aware of the variety of roles that would be demanded of them as student supervisors. As a result, beginning supervisors did not realize the need to reorganize their time to fulfill the responsibilities of this additional role. Supervisors stated that they had great difficulties in effectively integrating the various roles that are essential to being a student supervisor, balancing the responsibilities of those roles, and setting priorities among them.

Another major concern was their own *lack of supervisory problem-solving skills*. Supervisors were not always able to identify students’ needs and problems in a timely fashion. Responses indicated difficulties in determining different learning styles; in developing basic supervisory observation skills; in objectively assessing students’ affective behaviors; and in the formal evaluation of students’ performance. Supervisors also noted difficulties in knowing when and how to structure or modify the program and supervision to meet individual student needs. Flexibility received particular emphasis as this quality was viewed as essential to effectively modifying the supervisory approach. Experienced supervisors indicated that their ability to recognize a student’s individuality and to adjust their supervisory approach to that student’s needs was developed through trial and error.

Finally, supervisors were concerned about the inadequate academic and theoretical preparation of students. They considered modifying the fieldwork program and their supervisory approach to meet the differences in students’ academic preparation.

**Needs.** To more effectively and confidently manage the problems confronting them, supervisors expressed four major needs: 1. support; 2. growth in professional competency and currency; 3. supervisory skills development; and 4. teaching skills development. Only 9 of the 188 supervisors indicated that they have no current need for improving their supervisory skills.

Over 50% of the supervisors expressed a need for support (a need named more than twice as often as any other). On site, supervisors felt they needed more guidance, support, and feedback not only from their immediate supervisors, but also from students and other experienced supervisors in the fieldwork setting. Supervisors expressed a need for forming active, problem-solving support groups with other supervisors.

Increased, ongoing communication with universities was seen as being of critical importance. Specifically, supervisors wanted to be informed of curriculum changes and fieldwork expectations and receive guidance for handling students’ problems. However, fewer than 10 of 188 supervisors felt that communication with the university was the responsibility of the student supervisor. This may indicate that there is a need to clarify the respective roles of the curriculum and the fieldwork center and to define the means whereby involved staff may fulfill those roles.

At the national level, supervisors wanted AOTA to assume more responsibility for the standardization and quality assurance of the fieldwork experience.

Being a student supervisor appears to challenge a therapist’s level of personal confidence. This stimulates the need to keep abreast of current education and clinical practices to ensure growth in professional competency and thereby promote personal confidence when working with students.

To improve their *supervisory skills* supervisors felt a great need to develop competency in assessing the needs of the student, establishing performance objectives and expectations, evaluating student performance, structuring the experience, and adapting the supervisory approach to meet identified student needs.

The need to develop more effective feedback skills was also frequently mentioned. Over 23% of the supervisors expressed “difficulty in providing negative feedback and confronting students.” The fact that poor feedback was identified as one of the major characteristics of the ineffective supervisor makes this particular need even more important.

To develop their *teaching skills*, supervisors asked for a theoretical understanding of the clinical teaching-learning process and for guidance in developing specific techniques to facilitate this process.

In summary, supervisors’ responses concerning their problems and needs reinforced the impression that current supervisory training practices are inadequate. Supervisors felt a need for and asked for initial, as well as additional, formalized training in developing their supervisory skills. They felt that continuing education experiences should be predominantly multitaxiexperiential, problem-solving experiences designed to meet the
needs of supervisors at different stages of experience. Only 9 of the 188 supervisors indicated their needs in this area could be met by other means (i.e., reading, research, smaller patient loads, or more effective time management).

Changed perceptions. Supervisors' perceptions changed as a direct result of experience in the following three areas: 1. the role and responsibility of the student supervisor; 2. the role and responsibility of the student; and 3. the factors that contribute to effective supervision.

Through experience, and predominantly through a trial and error process, supervisors felt they were able to begin to differentiate between their responsibilities as supervisors and those of the student. Supervisors discovered there was much more to their role than clinical competence; certain additional skills, not initially anticipated, were necessary to effectively fulfill their role. This seemed especially true of the skills needed for dealing with the students’ affective behavior. They also felt more confident and comfortable in their role as their supervisory skills became more clearly defined and developed.

Two-thirds of the experienced supervisors felt students should assume greater responsibility for the fieldwork experience, take more initiative in communicating their needs to the supervisor, and be more active in ensuring that their needs are met. Experienced supervisors also developed higher expectations for students with regard to independent functioning, particularly in the areas of independent learning, use of independent problem-solving skills, and creativity.

Responses seemed to indicate that the fieldwork experience should be a shared, collaborative process between the student and supervisor. A strong contrast existed, however, between these responses and responses earlier in the study where only 4 of the 127 students and 4 of the 188 supervisors mentioned that the fieldwork experience should be a shared, collaborative process. Supervisors seemed to place minimal emphasis on student initiative and responsibility when questioned earlier about their perception of student versus supervisor roles. This seems to indicate that supervisors are giving students “mixed messages” regarding expectations of their responsibilities. Supervisors strongly indicated that students should be more active in the fieldwork experience, yet they perceived the role of the student as being relatively passive.

Experienced supervisors felt that the two major distinguishing factors of effective supervision were effective interpersonal skills and a recognition of the impact of the attitudinal environment on the growth of the student.

Theoretical Growth and Development Sequence of the Occupational Therapy Student Supervisor

An analysis of experienced supervisors' changed perceptions, which was then related to findings throughout both parts of this study, indicated that the supervisor goes through a learning or growth process to become effective. This growth process appeared to be marked by the following specific stages of supervisory development.

New supervisors appear to feel totally responsible for the success or failure of the fieldwork experience. A rigid program is developed and applied to each student regardless of individual needs. New supervisors feel the need to control every aspect of the program and also seem to have a “self-centered” approach to the fieldwork experience (e.g., “Will I be able to answer all of the student’s questions?”). This preoccupation with their personal performance seems to interfere with their ability to see beyond themselves to the needs of the students.

With experience, supervisors seem to realize that they are not totally responsible for the success or failure of the fieldwork experience and that the student also has a responsibility for learning. The supervisor gradually recognizes the student’s individuality and the importance of assessing individual needs and learns to modify the overall fieldwork program and supervisory approach to meet those needs. The holistic concept, referred to in clinical practice as treating the “total patient,” is gradually adopted in the supervisory process as the therapist begins to see the “total student.” Parallel to this, the supervisor seems to lessen “controls” and becomes more flexible in adapting the supervisory approach and the program to meet the needs of the individual student. It appears that flexibility in the supervisor’s approach increases with experience and is directly related to increased confidence levels in the supervisor.

With experience, therapists perceive the supervisory role as being more encompassing than they originally expected. They see themselves as a resource person, facilitator and guide, rather than as the person who gives or has all the answers, takes all the responsibility, directs, controls, or dominates.

As therapists reach this stage of development, they place greater importance on supporting and promoting students' individuality and
creativity and increasing students’ responsibilities and independence in the fieldwork experience.

Conclusion

This study examined the impact of the fieldwork experience on the professional development of the occupational therapist. Its findings underscore the importance of the role of the student supervisor.

The student supervisor was identified as a primary influence in the formation of a therapist’s preference for a specific area of clinical practice. Both student and supervisor respondents perceived the supervisory process as the most critical element in distinguishing the good versus poor fieldwork experience.

Presently, it is primarily through trial and error experience that supervisors develop a clear perception of their responsibilities and learn to be effective. Few facilities or universities prepare prospective supervisors sufficiently for supervisory functions. Training programs which do exist are variable in quality because AOTA provides no standards or guidelines for their content. Because the supervisor’s role in molding future practitioners is so very important, we conclude that formal, standardized training programs are needed to replace the current trial and error method.

ACKNOWLEDGMENT

The authors wish to acknowledge the increased attention that has been given to fieldwork education since the completion of this study in 1981. Research articles published after 1981 are not included in the references.

REFERENCES