

EVALUATION OF ADAPTIVE SKILLS AND STRATEGIES TO MASTERING
LEVEL II FIELDWORK IN ACUTE CARE FROM OCCUPATIONAL THERAPY
STUDENTS AND PRACTITIONERS

A thesis submitted to the faculty at Stanbridge University in partial fulfillment of the
requirements for the degree of Master of Science in Occupational Therapy

by

Jina Chung, Heeju Jun, Jeanie Kim, and Yoseph Kim

Thesis advisor: Rebecca Wang, OTD, OTR/L

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Certification of Approval

I certify that I have read *Evaluation of Skills and Strategies to Mastering Level II*

Fieldwork in Acute Care from Occupational Therapy Students and Practitioners by Jina Chung, Heeju Jun, Jeanie Kim, and Yoseph Kim, and in my opinion this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy at Stanbridge University.

Rebecca Wang

Rebecca Wang, OTD, OTR/L

Instructor of Occupational Therapy

ACCEPTED

Myka Persson, OTD, OTR/L

Program Director, Master of Science in Occupational Therapy

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Abstract

The primary purpose of this mixed-methods study was to explore, evaluate, and understand the essential skills and strategies necessary in an acute care fieldwork setting to facilitate a successful learning experience. Occupational Adaptation model, an occupation-based frame of reference, was utilized with the aim of explaining the internal adaptation process of occupational therapy students who uncover skills and strategies to overcome challenges and adapt to their fieldwork in an acute care setting. An online survey was created with themes derived from the review of current literature and was distributed on the American Occupational Therapy Association's General Forum and via snowball sampling. Data analysis from a final pool of 22 responses have revealed a list of key personal skills and environmental factors for successful fieldwork experience in acute care. Adaptive strategies such as peer support, self-learning, preparation, and looking at the bigger picture were helpful in overcoming challenges in acute care fieldwork. Independent-samples t-test results have also shown that those with fieldwork-only experience valued resilience, clinical skills, time management skills, professionalism, and encouraging mentorship more than those with clinical experience. Overall, this study revealed that being flexible, developing a collaborative mentorship, and having peer support can help facilitate a successful completion of fieldwork level II in acute care settings. Further research is suggested to explore perspectives of different types of adaptive strategies or skills utilized by occupational therapy practitioners for successful fieldwork completion via qualitative methods.

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Evaluation of Adaptive Skills and Strategies to Mastering Level II Fieldwork in Acute Care from Occupational Therapy Students and Practitioners

Recent changes in health care policies and payment in the Patient Protection and Affordable Care Act of 2010 and Centers for Medicare and Medicaid Services have increased opportunities for occupational therapy (OT) practice in acute care settings for post-acute care decision-making and safe discharge processes (Pritchard et al., 2019). OT services in acute care aim to reduce hospital readmissions by “facilitating early mobilization, restoring function, preventing further decline, and coordinating care, including transition and discharge planning” (Bondoc et al., 2017). While there is evidence demonstrating the efficacy of OT interventions in reducing hospital readmission rates (Rogers et al., 2017), studies show that there is a lack of qualified practitioners to practice in these environments (Pritchard et al., 2019; Thomas et al., 2017). One barrier that precludes OT students (OTSSs) from pursuing a career in these settings is the feeling of being inadequately prepared (Gibbs & Dietrich, 2017). Patient care in an acute setting is fast-paced and requires mastery of clinical skills, such as quick problem-solving skills, and emotional intelligence to work in a multidisciplinary context. Students have indicated a higher probability of choosing this setting following adequate preparation with an acute care simulation and classroom observations. Data reveals the need for further consideration of the role of fieldwork training to address challenges faced by students to adequately prepare them for their new roles as student clinicians in an acute care placement for their level II internship.

According to the American Occupational Therapy Association ([AOTA]; n.d.), the goal of fieldwork is to “develop competent, entry-level generalist occupational therapists.” Fieldwork in OT education offers a unique opportunity for students to learn,

experience, and adapt to different roles and responsibilities in acute care settings.

Dissecting fieldwork experiences will address two AOTA research agendas. First, it targets optimizing instructional methods by “[identifying] optimal, coherent systems within which instructional methods can achieve entry-level practice competency among occupational therapy students” (AOTA, 2018, p. 4). Second, it “[identifies] the behavioral, social, and professional entry-level competencies expected of the occupational therapy practitioner” (AOTA, 2018, p.4). Understanding successful fieldwork performance and experience will facilitate evidence-based and clinical reasoning and promote transformative and lifelong learning among OTSs (Stanbridge University, 2022). Therefore, it is important to educate, orient, and prepare students emotionally as well as clinically by providing opportunities to practice in a low risk setting to succeed in fieldwork and to equip them to meet the increasing demands of an intensive care setting as competent professionals.

Statement of Problem

In this realm of research, studies have identified facilitators and barriers to successful fieldwork performance in acute care settings. For example, studies have uncovered general themes of ongoing challenges in acute care, including high caseload, time pressure, lack of clinical supervision and support to novice therapists, and lack of professional identity within the interdisciplinary team (Britton et al., 2015). Furthermore, facilitators such as personal factors such as resilience and self-confidence, hands-on simulations, and clinical supervision and support are positively related to successful fieldwork performance as well (Thomas et al., 2017; Brown et al., 2019; McCombie & Antanavage, 2017; Grenier, 2015; Gribble et al., 2017a). While a myriad of facilitators and barriers are identified, there is a lack of understanding of current perspectives on

skills and strategies for mastering fieldwork in today's acute care setting. The purpose of this study was to survey OT practitioners (OTPs) or OTSs with fieldwork experience in acute care to identify important adaptive skills and strategies needed to promote success or a sense of mastery in level II fieldwork in an acute care setting.

Literature Review

OT fieldwork education serves an important role in student preparation and career decisions. A study by Crowe and Mackenzie (2002) demonstrated that students guided their career decisions based on their fieldwork experience. Desired career paths were associated with students' fieldwork experiences in corresponding clinical areas, in addition to the self-appreciated level of skills required in those areas. Aiken et al. (2006) emphasized that all students need an experience to work with clients and highlighted the role of fieldwork education in preparing students as entry-level practitioners. During fieldwork, students work with clients under the supervision of fieldwork educators (AOTA, 2016). They apply clinical knowledge, incorporate client-centered care to evidence-based practice, develop advocacy and leadership skills, and shape a professional identity. In acute care settings where there is a mismatch between the demand for and the supply of OTPs, fieldwork education can serve a valuable role in developing student interests, preparing students as entry-level practitioners, and impacting students' career decisions in acute care. Identifying facilitators and barriers in students' experiences and successes in acute care fieldwork is imperative to not only strengthen the role of fieldwork in OT education, but also allow students to master fieldwork in acute care settings. A review of current literature on OT in acute care and clinical and fieldwork experience reveals three facilitators to successful fieldwork experience: role of high-fidelity simulation, positive personal traits, and role of supervision.

Role of High-Fidelity Simulation

First, several studies have addressed the role of high-fidelity simulation in improving student confidence and competence in acute care environments. Thomas et al. (2017) conducted a three-hour simulation lab and followed up with pre-and post-simulation surveys on both OTSs and physical therapist students. The simulation lab included a patient simulator, a program that mimics a patient, and standardized patients, individuals who simulate the role of a patient, caregiver, or other healthcare professional. The results revealed that students exhibited a significant improvement in their skills and knowledge for application in an intensive care unit (ICU) setting. The simulations in their study depicted the realistic nature of the ICU environment in terms of the high complexities and unpredictability involved in such a setting. They allowed a safe environment for students to apply their learnings into practice without incurring detrimental consequences. The benefits of simulations were also found in a study that offered physical therapy students similarly structured simulation labs in an ICU setting (Ohtake et al., 2013). A role-player nurse was involved in this study to incorporate a realistic interplay of professionals in a multidisciplinary team integral to an ICU setting. This simulation experience resulted in student satisfaction as these students also demonstrated a significant improvement in technical, behavioral, and cognitive skills. However, the study lacked an objective measure of student performance in critical care internships with a post-test or clinical instructors' feedback (Ohtake et al., 2013). When given a survey after a simulation to gauge OTSs' attitudes toward working in an acute care setting, the student responses of interest for future employment consideration increased (Gibbs & Dietrich, 2017). Another study found that the comprehensive practical exam helped promote OTSs' preparedness for level two fieldwork (Giles et al.,

2014). The comprehensive exam process included simulated patients and reflective video feedback. Overall, simulation labs provided a much-needed hands-on experience for students to feel better prepared with confidence and skills to apply in a high-acuity, complex acute care setting.

Positive Traits

The second common theme derived in our literature review was that positive personal traits correlate to successful fieldwork performance and transition experience. One such trait is self-efficacy, as Andonian explored in a 2017 study. Andonian focused on OTSs' self-efficacy as well as the meaningfulness of their fieldwork experience. The results from a pool of 199 participants from various fieldwork settings, including an inpatient hospital, emphasized a positive correlation between student self-efficacy and the relevance of the fieldwork experience, including personal growth opportunities and active decision-making. The study further suggested that sharing development plans with fieldwork educators, including goals related to the student's personal and professional growth, can help improve the student's self-efficacy. In an earlier study, Andonian (2013) stated that OTSs with higher skill levels of emotional intelligence exhibited greater fieldwork performance scores, specifically in intervention skills: i.e., selecting relevant occupations, implementing client-centered interventions, and modifying approach and environment. In a different study, resilience was a predictor of successful fieldwork performance. Brown et al. (2019) examined the relationship between resilience and performance in fieldwork for enrolled OTSs at different levels in their program. The results indicated that OTSs who underwent stress and were able to manage it effectively were the ones that were identified as having a purpose in their profession, which also led to successful performance outcomes in fieldwork. Other studies (McCombie &

Antanavage, 2017; Grenier, 2015) observed that professional self-confidence is a significant positive factor for the successful transition from student to entry-level therapist. However, one study showed conflicting results regarding confidence. While the lack of self-confidence was a barrier to student learning in fieldwork education, overconfidence was also found to impede student learning (Grenier, 2015). Similarly, confidence was not selected as an essential professional behavior attribute by at least 75% of the participants and was seen as more of an emerging characteristic throughout the fieldwork experience (Campbell et al., 2015). Research is inconclusive as to whether these personal traits can facilitate or hinder student fieldwork performance.

Role of Supervision

The final common theme found across several studies emphasized the role of supervision in cultivating confidence and facilitating the learning experience (Gribble et al., 2017b; McCombie & Antanavage, 2017; Grenier, 2015). Britton et al. (2015) found that challenges in acute care arise due to the lack of clinical supervision and support for novice therapists. Similarly, McCombie and Antanavage (2017) revealed that not having a proper mentor was one of the primary obstacles to a successful adjustment. As noted by one participant in their study, mentors encouraged "clinical and professional skill development including stress management as well as interpersonal and communication competency" (p. 10). The entry-level therapists with mentors were more likely to experience a positive transitional experience, high job satisfaction, and minimal job stress than those who did not have mentors (McCombie & Antanavage, 2017). Studies have also identified a fieldwork educator profile conducive to student learning. Fieldwork supervisors and fieldwork site personnel who were approachable and supportive also contributed to student learning (Grenier, 2015). The confidence and competence level

were higher among those who had supportive supervisors. Students who received more robust supervisor assistance with emphasis on a structured but welcoming environment, open and honest feedback on performance, and quality role-modeling, felt like they had a higher sense of self-efficacy than those who did not report otherwise (Gribble et al., 2017a). In a separate study from the same year, Gribble et al. (2017b) showed that students learned best when their supervisors had higher emotional intelligence (EI). EI can be defined as a set of emotional and social skills affecting self-perceptions and expressions, allowing individuals to develop and maintain relationships through emotional information to cope with social challenges in a meaningful yet effective way. The study showed that fieldwork supervisors who fostered a safe learning environment by demonstrating and role-modeling EI skills positively impacted the therapy students. Encouraging and structured supervision that facilitates a collaborative relationship can help promote student success in an acute care fieldwork rotation.

Based on the current literature review, many studies have shown that OTSs or entry-level occupational therapists have difficulties adjusting to their new roles in acute care settings. Each of the studies addressed factors that facilitate student learning and performance in various settings of fieldwork. Though several studies centered around fieldwork education in America, there was limited research found specifically on acute care fieldwork experience in America. Since successful fieldwork experience is instrumental in developing professionalism in OTSs, it is important to identify factors that facilitate optimal learning experience in acute care fieldwork. Additionally, there was a lack of understanding of other factors, strategies, or tools OTSs or entry-level occupational therapists utilized to guide their transition into an acute care environment. Much of the evidence relied on personal attributes or external forces such as program

structure, availability of high-fidelity simulation labs, or supervisory dynamics. While specific personal attributes such as resilience and self-efficacy were quantitatively measured and studied, there was not much evidence demonstrating how to cultivate those factors. There was a well-established understanding that students or entry-level occupational therapists have experienced difficulties in their acute-care fieldwork in terms of preparedness, anxiety, and competence. More studies are needed, however, to address specific areas students feel unprepared for in the United States and investigate strategies to tackle those problems.

Overall, the studies supported the importance of understanding students' and entry-level occupational therapists' difficulties in clinical settings. Our study utilized a survey with a mixed-methods approach to evaluate the relevance and importance of skills and strategies identified in the literature review that OTPs or OTSs with level II fieldwork experience used in acute care. We projected two hypotheses: first, personal skills such as clinical, time and stress management, teamwork, communication, and professionalism are important in completing acute care fieldwork; second, various environmental factors facilitate success, such as structured supervision, mentorship, and preparatory courses.

Theoretical Framework

The occupational adaptation (OA) model was developed by Schkade and Schultz in 1992 when the profession's knowledge of adaptation advanced positively with the expansion of brain research (Cole & Tufano, 2020). OA is an occupation-based practice model that aims to explain the internal adaptation process of an individual who encounters challenges in their occupation. To understand the relationship between adaptation and occupational functioning, it is essential to comprehend how internal

neurological elements combine with external environmental factors to create different responses. The OA model focuses on three elements: the person, the occupational environment, and the interaction between the person and the environment (Schkade & Schultz, 1992). In other words, the OA model is a comprehensive practice model that combines brain research and OT practice. OTPs believe that OA is necessary for functional performance and satisfactory engagement in occupations.

Person

As humans, we have occupations that we naturally want to seek and master. When a person is faced with challenges in their occupation, they respond to the problems in a distinct way. They evaluate and learn from the outcome and integrate appropriate feedback (Schultz & Schkade, 1992). This whole process is called the occupational response. A person generates an occupational response to the occupational challenges. To better understand how an occupational response is generated, the OA model focuses on a person's three internal systems of a person: cognitive, sensorimotor, and psychosocial (Schultz & Schkade, 1992). These non-fixed and changeable internal systems determine one's uniqueness and individuality by interacting with the specialized demands and challenges of occupation in different circumstances.

Environment

The environment is both the physical and social contexts in nature where all occupations take place. Compared to the environment, the context is less tangible but significantly influences OA. The context includes cultural, personal, temporal, and virtual factors of an occupation. The context and environment are external to the person and can enable or restrict occupational performance, affecting the quality of one's adaptation responses (Schkade & Schultz, 1992).

Interaction between the Person and the Environment

When completing a task during an occupation, there are internal person variables and external environmental factors involved in the process. Internal and external variables are composed of the person, role, environment, and challenges to their occupation. Occupations naturally cause an intersection of these variables, affecting the adaptation process. The outcome of the intersection of both internal and external factors is called the occupational response (Schkade & Schultz, 1992).

In this framework, occupations serve as the means to offer individuals opportunities for adaptation as various tasks create demands for one to adapt to their environment. When occupations are personally meaningful to the individuals, as the agents of change, the desire to master tasks and occupations increases in the adaptive process. With the desire and demand for mastery to adapt and engage in occupations, individuals press for mastery. Pressing for mastery is key to OA as it allows one to act on their desire and take control of their environment (Walder et al., 2019). Once an individual successfully masters occupational challenges, they demonstrate adaptiveness and relative mastery. Subsequently, the more adaptive one becomes, the more functional they are in their participation with the task or situation.

As a practice model, OA takes a holistic approach to intervention and emphasizes the creation of a therapeutic climate, using occupational activity, and the importance of relative mastery (Schultz & Schkade, 1992). Relative mastery is the belief that every person has a desire to master their occupation and environment. OA theory identifies four key components when assessing one's occupational response and relative mastery: efficiency, effectiveness, satisfaction with self, and satisfaction with society (Schkade & Schultz, 1992).

In OA, maladaptive response occurs when a person struggles within the adaptation process to overcome occupational challenges. To prevent this type of response, OA can be applied to the understanding mastery of occupations. In our study, we aim to apply the framework of OA to understand how occupational therapists mastered fieldwork in an acute care setting. In their concept analysis, Walder et al. (2019) conclude that adaptive strategies can facilitate the development of personal control and that successful OA can lead to competence. OTSs who encounter occupational challenges in high-paced, high-acuity, and time-sensitive acute care settings similarly undergo adaptive processes to achieve successful occupational performance or fieldwork performance. By identifying the internal and external factors that helped therapists master fieldwork in acute settings, we can uncover skills and strategies used in the adaptation process of a therapist in a new environment and role.

Methodology

Design

This study took a mixed-methods approach utilizing a survey to investigate current and retrospective views on successful level II acute care fieldwork. Survey research was an excellent way of gathering information from a specific cohort because this method has significant statistical power as it can draw data from a larger population than interviews alone. Also, surveys are an effective way to incorporate Likert scales and quantify the level of importance of each skill and strategy. Additionally, since we conducted it online, it was both cost- and time-efficient.

Survey questions were drafted from a literature review of facilitating and hindering personal skills and environmental factors in adapting and mastering fieldwork in an acute or intensive care setting. They have been separated according to the OA

concepts of person, environment, and interaction between the person and the environment (see Appendix A). Each question was carefully constructed to focus on the scope of OA. All survey questions were individually reviewed by the research team who came to a consensus.

The study population included OTPs—therapists and assistants—and OTSs with fieldwork or clinical experience in an acute care setting. In other words, those who were not OTPs or OTSs, those who did not have experience in acute care, and non-English speakers were excluded from our survey. The survey ended automatically when participants did not pass the screening questions.

Participants completed a survey comprising four main sections: demographics, skills, challenges, and strategies. The survey started with a page outlining the title and purpose of the study, participant qualifications, and informed consent (see Appendix B). The end of the informed consent allowed the respondent to decide whether they agree to participate or not; if they agree, they proceeded to the survey by pressing the “NEXT” button. This indicated implied informed consent. If they did not agree to proceed with the survey, they could exit the survey, and no data was collected or submitted. For the participants to proceed with the survey, they had to meet the inclusion criteria. The next screen prompted screening questions asking if the participants are OTPs, OTSs, or OT assistants and if they have had any fieldwork or clinical experience in acute care settings. Only the participants who answered yes to both questions were qualified and proceeded with the survey.

The first section of the survey contained demographic questions which address participants' characteristics, including experience as a level II fieldwork student or a fieldwork educator in an acute care setting, gender, length of experience as an

occupational therapist, and current work environments. Identifying information, such as names, addresses, or places of employment was not gathered. The second section addressed skills used in acute care settings. Participants were prompted to rate the importance of five items of personal traits, five of valuable personal skills, and four of personal challenges on a five-point Likert scale where "1" is "not at all important" and "5" is "very important". The third section asked about supportive and hindering environmental factors to succeeding in level II fieldwork in acute care settings. The last section dealt with strategies participants used to overcome challenges in acute care. Participants rated seven items on the same five-point Likert scale with one open-ended question. The open-ended question was developed to survey unexplored perspectives on the skills and strategies not mentioned in the survey.

Ethical Considerations

To ensure anonymity and privacy, the surveys did not ask for personal identifiers such as names, age, education history, or current employment site. The informed consent disclosed the purpose of the research, the expected duration of participation, any foreseeable risks and their levels, any benefits from the research, the extent to which confidentiality will be maintained, and subject rights, i.e., the right to discontinue participation at any time without penalty or loss of benefits (see Appendix D). The benefit of participating in the survey in the informed consent is that the participants can contribute to form knowledge that will help prospective students successfully transition and adapt to their new role in acute care fieldwork. One possible risk included in the informed consent is that although the surveys do not directly inflict physical or mental distress on our participant population, they may indirectly invoke temporary psychological distress as the respondents reflect and enter their information on their past

fieldwork experience in an acute care setting. In addition, the informed consent was provided at the beginning of the online survey and formatted to allow the respondents to confirm their participation with knowledge of possible risks before entering and submitting their information. The survey was set up to ensure that participants fit the inclusionary criteria and agree with the contents of the consent form to proceed with the study. Ethics approval to conduct this study was secured through Stanbridge University's institutional review board before starting data collection (see Appendix E).

Data Collection

The data was collected using a researcher-designed online survey using an online platform called Google Forms (see Appendix B). A Gmail account was created that is password-protected and accessible to student researchers only for use of Google Forms. As for our sample collection, we mainly utilized the AOTA General Forum dedicated to research surveys and snowball sampling to gather our sample. We synthesized an online flyer that we attached to our thread (see Appendix C). The flyer contains the purpose of our study as well as the participant qualifications. Those who are interested could access the survey by scanning the QR code or typing the link embedded within the flyer. The projected number of participants was 50, and a total of 23 participants participated. The survey was available for 34 days, from August 24, 2022 to September 25, 2022. All participants remained anonymous with no identifiers attached to the data, and all data will be deleted 3 years from our study completion date of October 22, 2022.

Data Analysis

All responses were analyzed by both quantitative and qualitative methods. All answers were imported from Google Forms into Microsoft Excel to obtain descriptive statistics of our sample from the demographic questions. We also divided the participants into two groups of those with fieldwork-only experience and those with clinical experience to calculate the differences in the importance of each Likert-scale item by years of experience. Clinical experience ranged from less than a year to over 20 years. Under the guidance of the University's statistician, an independent-samples t-test was performed on two groups. For each item, mean and standard deviation were calculated to obtain the t-value and p-value. For the responses from the open-ended question, we used thematic analysis to identify themes.

Results

The survey was distributed and open for 34 days, and a total of 23 participants responded to the survey. One response did not meet the inclusion criteria and was excluded from the final data analysis, so a total of 22 responses was included in the final data analysis.

Demographics

The first part of the survey included a series of demographic questions. The participants in the study consisted largely of OTPs with experience of 0-5 years as depicted in Figure F1. Forty-six percent of the participants had 0-5 years of acute care experience (see Figure F2). Ninety-one percent of the participants had their level II fieldwork in acute care (see Figure F3). Fifty-five percent of the participants have been a fieldwork educator in the acute care setting (see Figure F4). Sixty-eight percent of the participants were female (see Figure F5). Seventy-three percent of the participants were employed full-time (see Figure F6), and half of the participants are currently working in an acute care setting (see Figure F7).

Skills and Strategies

The next section of the survey entails a series of Likert scale questions where participants rated the importance of each of the personal traits and skills conducive to a successful completion of fieldwork in acute care. The results show that 95% of the participants rated 'Flexibility' as the most important trait (see Table 1). 'Self-efficacy and self-confidence' rated the next highest.

Table 1

Number of 'Very Important' Personal Traits and Skills for Success in Acute Care Fieldwork

Personal Traits and Skills	Percentage	n/N
Flexibility	95%	21/22
Self-efficacy & self-confidence	86%	19/22
Time management skills	82%	18/22
Interpersonal relationship skills	82%	18/22
Resilience	77%	17/22
Professionalism	77%	17/22
Clinical skills	73%	16/22
Stress management skills	73%	16/22
Inclusivity & cultural sensitivity	55%	12/22
Leadership	23%	5/22

Note. N = Total participants of the survey; n = Total participants who rated that skill as being important

The next section of the survey is comprised of a series of Likert scale questions where participants rated the importance of each of the environmental factors for successful acute care fieldwork. The results show that 73% of the participants rated 'Encouraging mentorship that facilitates a warm collaborative relationship' as the most important environmental support (see Table 2). Approximately 45% of the participants rated 'Non-supportive, non-welcoming group' as a hindering factor to completing acute care fieldwork successfully.

Table 2

Number of ‘Very Important’ Environmental Factors that Support or Hinder Success in Acute Care Fieldwork

Environmental Factors	Percentage	n/N
Encouraging mentorship, facilitating a warm collaborative relationship	73%	16/22
Quality role-modeling	68%	15/22
Structured supervision with immediate, constructive feedback	55%	12/22
Interdisciplinary collaboration	55%	12/22
Non-supportive, non-welcoming group (e.g., colleagues, supervisors)	45%	10/22
Quality fieldwork preparatory courses	32%	7/22
Extenuating life circumstance(s) (e.g., family, financial, etc.)	18%	4/22
Distance from home (e.g., commute & familiarity)	0%	0/22

The next question allowed participants to identify as many personal challenges as possible that affect performance in fieldwork. The results showed that about 82% of the participants identified ‘Anxiety’ as a personal challenge affecting performance in fieldwork (see Table 3).

Table 3

Personal Challenges Affecting Performance in Fieldwork

Personal Challenges	Percentage	n/N
Anxiety	82%	18/22
Professional identity/role crisis	55%	12/22
Personal medical need(s)	27%	6/22

The last section of the survey encompasses a few strategies for overcoming challenges as well as an open-ended portion that allows participants to note other

strategies. The results showed that ‘Peer support and peer learning’ and ‘Doing, researching, applying the knowledge to doing, and repeating the process’ were identified as strategies used by 73% of the participants in overcoming challenges in acute care fieldwork (see Table 4).

Table 4

Strategies to Overcoming Challenges in Acute Care Fieldwork

Strategies	Percentage	n/N
Peer support and peer learning (e.g. reflecting together to problem solve situations and reflecting back)	73%	16/22
Doing, researching, applying the knowledge to doing, and repeating the process	73%	16/22
Looking at other people’s perspectives and the bigger picture	73%	16/22
Therapeutic use of self	68%	15/22
Sharing development plans w/ fieldwork educators	68%	15/22
Completed additional training coursework or continuing education	50%	11/22
Journaling and/or self-reflections	9%	2/22

Table 5 illustrates themes identified from the responses in the open-ended portion. Thematic analysis revealed that strategies such as gaining support from the fieldwork educators and mentors as well as preparing before and during fieldwork were helpful strategies in successfully completing fieldwork in acute care.

Table 5*Other Strategies to Overcoming Challenges in Acute Care Fieldwork*

Themes	Response
Support from Fieldwork Educators (FWEs)	“School support from fieldwork coordinators” “need to ask a lot of questions”
Mentorship	“ask mentors or people in the field”
Preparation	“Googling everything I didn’t know during the charting process until eventually it became part of my knowledge base” “gather resources from all prior experiences, handouts, classes, etc. take initiative, be prepared ahead of time, learn, study ahead of time” “know your assessment skills”

Differences by Years of Experience

The responses were further statistically analyzed by dividing the group into those with fieldwork-only experience and those with clinical experience in acute care. Table 6 details descriptive and inferential statistical data analyses, including an independent-samples t-test. As shown in Table 6, participants who have performed fieldwork only scored significantly higher ($p < .05$) in ‘Resilience’, ‘Clinical skills (e.g., decision making, documentation, research, etc.)’, ‘Time management skills’, and ‘Professionalism (e.g., being open to constructive criticism)’ compared to those who have up to 20+ years of experience in the setting.

Table 6*Differences by Years of Experience: Personal Traits and Personal Skills*

Area	Item	How many years of experience do you have in acute care?	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>
Personal traits	Resilience	fieldwork only	4	5.00	0.00	0.000	0.042
		0-20+ years of experience	18	4.56	0.86	0.202	
	Self-efficacy & Self-confidence	fieldwork only	4	5.00	0.00	0.000	0.425
		0-20+ years of experience	18	4.72	0.67	0.158	
	Inclusivity & Cultural sensitivity	fieldwork only	4	4.25	0.96	0.479	0.878
		0-20+ years of experience	18	4.33	0.97	0.229	
	Leadership	fieldwork only	4	3.75	0.96	0.479	0.754
		0-20+ years of experience	18	3.89	0.76	0.179	
Flexibility	fieldwork only	4	5.00	0.00	0.000	0.649	
	0-20+ years of experience	18	4.94	0.24	0.056		
Personal skills	Clinical skills (e.g., decision making, documentation, research, etc.)	fieldwork only	4	5.00	0.00	0.000	0.028
		0-20+ years of experience	18	4.56	0.78	0.185	
	Time management skills	fieldwork only	4	5.00	0.00	0.000	0.042
		0-20+ years of experience	18	4.78	0.43	0.101	
	Stress management skills	fieldwork only	4	4.75	0.50	0.250	0.915
		0-20+ years of experience	18	4.72	0.46	0.109	
	Interpersonal relationship skills (e.g., teamwork, communication skills, etc.)	fieldwork only	4	4.75	0.50	0.250	0.712
		0-20+ years of experience	18	4.83	0.38	0.090	
	Professionalism (e.g., being open to constructive criticism)	fieldwork only	4	5.00	0.00	0.000	0.020
		0-20+ years of experience	18	4.72	0.46	0.109	

Note. n=sample size, M=mean, SD=standard deviation, t=t-value, p=p-value.

Differences in environmental factors were also performed between the same two groups. Table 7 delineates analyses results, which show that participants who have performed fieldwork only scored significantly higher ($p < .05$) in 'Encouraging mentorship, facilitating a warm collaborative relationship' compared to those who have up to 20+ years of experience.

Table 7*Differences by Years of Experience: Environmental Factors*

Area	Item	How many years of experience do you have in acute care?	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	
Environmental factors - Supportive	Structured supervision with immediate, constructive feedback	fieldwork only	4	4.75	0.50	0.250	0.077	
		0-20+ years of experience	18	4.06	1.06	0.249		
	Encouraging mentorship, facilitating a warm collaborative relationship	fieldwork only	4	5.00	0.00	0.000	0.016	
		0-20+ years of experience	18	4.56	0.70	0.166		
	Interdisciplinary collaboration	fieldwork only	4	4.25	0.50	0.250	0.871	
		0-20+ years of experience	18	4.33	0.97	0.229		
	Quality role-modeling	fieldwork only	4	4.50	0.58	0.289	0.616	
		0-20+ years of experience	18	4.67	0.59	0.140		
	Quality fieldwork preparatory courses (e.g., simulations, workshops, etc.)	fieldwork only	4	4.00	1.15	0.577	0.849	
		0-20+ years of experience	18	3.89	1.02	0.241		
	Environmental factors - Hindering	Distance from home (e.g., commute & familiarity)	fieldwork only	4	3.00	0.82	0.408	0.354
			0-20+ years of experience	18	2.44	1.10	0.258	
Non-supportive, non-welcoming group (e.g., colleagues, supervisors)		fieldwork only	4	4.50	0.58	0.289	0.587	
		0-20+ years of experience	18	4.28	0.75	0.177		
Extenuating life circumstance(s) (e.g., family, financial, etc.)		fieldwork only	4	3.75	0.50	0.250	0.666	
		0-20+ years of experience	18	3.50	1.10	0.259		

Note. n=sample size, M=mean, SD=standard deviation, t=t-value, p=p-value.

Discussion and Limitations

The study results revealed that personal traits of flexibility, self-efficacy, and self-confidence help facilitate a successful fieldwork experience in acute care settings.

Contrary to our predictions, inclusivity, cultural sensitivity, and leadership were not deemed as important factors for OTPs to possess. The environmental factor of having encouraging, collaborative mentors was not only deemed important in supporting success in fieldwork education, but also served as a strategy to overcoming challenges. For

example, many OTPs experienced anxiety during fieldwork, but strategies such as peer support, self-learning, and preparation helped participants overcome various challenges that arose during their acute care fieldwork.

In comparing OTPs with fieldwork-only experience to those with clinical experience ranging from 0 to 20+ years, the ones with fieldwork-only experiences were identified to be valuing certain traits, skills, and environmental factors attributed to successful completion of fieldwork in acute care. Although the consensus for leadership skills was ranked low in general for all participants, the group with only fieldwork experience valued this skillset. Furthermore, resilience and professionalism were deemed more important for those with fieldwork-only experience as well. It is possible that those with fieldwork-only experience may have had a different recollection of their experiences due to the duration of fieldwork, which can vary from 1 week to 12 weeks, so they may have had less time to adjust their perception of skills needed in acute care settings. However, the caveat is the small sample size studied, which limits this finding. There were 4 participants with fieldwork-only experience, as opposed to 18 participants with clinical experience.

There were a few other limitations to this study. The survey was available for approximately a month, so sample collection was limited. Also, the convenience, snowball sampling and a small sample size weaken the generalizability of our findings to the entire OT population in acute care settings. Due to time limitations, other inferential tests could not be performed to study the differences among participants with various years of experience. Furthermore, during demographic collection, the entry-level OTPs were not distinguished from the population of 0-5 years, which could affect the findings of the study. Although the study identified those with level II fieldwork experience and

those without, the study did not perform a statistical difference in this population. Additionally, there was no information collected regarding the location of fieldwork education, and the results may not generalize to the American acute care settings.

Overall, our study identified internal personal traits, external environmental factors, and adaptive strategies that facilitate successful fieldwork in an acute care setting. As proposed, our study results align with AOTA research agenda of identifying instructional methods and learner characteristics and competencies (AOTA, 2018, p. 4). We hope that current and prospective occupational therapy students in anticipation of starting or entering fieldwork in acute care may find these results resourceful in preparing and developing their ability for a successful experience in fieldwork.

Summary, Conclusion, and Recommendations

The purpose of our study was to evaluate the importance of skills and adaptive strategies in successfully navigating through and completing level II fieldwork in an acute care setting. Our review of literature has shown limited current information on this topic, and so skills and strategies explored in various studies and fieldwork settings were incorporated in designing the survey questions. Overall, our results showed that personal traits of flexibility; self-efficacy; and self-confidence; personal skills of time management and interpersonal relationship skills; and environmental factors of encouraging mentorship that facilitates a warm, collaborative relationship, were relevant and important for success in fieldwork in acute care. Mentorship was also identified as an environmental support and an adaptive strategy. Other adaptive strategies such as peer learning, self-learning and preparation reached the highest consensus among all the other options.

To further expand the evidence of this study, future research can explore entry-level OTPs by dichotomizing subjects into those with entry-level experience (0-1 year of experience) and those with longer experience. Other inferential statistics can be performed to find a significant difference among groups with various years of experience. The participants can also be further narrowed down to specifically those with level II fieldwork experience in acute care. A larger population with specified fieldwork location in a geographical area can strengthen the generalizability of the findings. Lastly, future studies can utilize qualitative methods to uncover different types of adaptive strategies or skills utilized by OTPs to master fieldwork.

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Appendix A

Survey Questions - Draft

PAGE 1. Master's Thesis Research Study: Identifying skills and strategies for students to master level II acute care fieldwork

If you are an OT/A student with experience in level II fieldwork in acute care, OR an occupational therapist with fieldwork or clinical experience in acute care, we invite you to participate in a study exploring your perspectives on successful fieldwork experience in acute care.

Study Purpose

Informed Consent (see Appendix D)

PAGE 2. Screening Questions

1. Are you currently an OTR, OTA, or OT/A student?
 - a. Yes
 - b. No
2. Have you had any fieldwork or clinical experience in acute care?
 - a. Yes
 - b. No

PAGE 3. Demographic Question - Continued

1. **How long have you been an OT/A**
 - a. Currently a student
 - b. 0-5 years
 - c. 6-10 years
 - d. 11-20 years
 - e. 21+ years
2. **How many years of experience do you have in acute care?**
 - a. Fieldwork only
 - b. 0-5 years
 - c. 6-10 years
 - d. 11-20 years
 - e. 21+ years
3. **Did you have your level II fieldwork in an acute care setting?**
 - a. Yes
 - b. No
4. **Have you been a fieldwork educator in the acute care setting?**
 - a. Yes
 - b. No
5. **What is your gender?**
 - a. Male
 - b. Female
 - c. Other: _____
6. **What is your current employment status?**

- a. Full-time
 - b. Part-time
 - c. Unemployed
- 7. What is your current work setting?**
- a. Pediatric - Outpatient
 - b. Pediatric - Inpatient
 - c. Acute Care/ICU
 - d. Acute Rehabilitation Facility
 - e. Outpatient Adult Settings
 - f. Home Health
 - g. Skilled Nursing
 - h. School
 - i. Community-based setting
 - j. Other: _____

PAGE 4. How important are the following personal traits for success in acute care fieldwork?

Not important at all 1 2 3 4 5 Very Important

1. **Resilience** (Brown et al., 2019)
2. **Self-efficacy & Self-confidence** (Andonian, 2017; McCombie & Antanavage, 2016; Grenier, 2015)
3. **Inclusivity & Cultural Sensitivity**
4. **Leadership**
5. **Flexibility** (Kemp & Crabtree, 2016)

PAGE 5. How important are the following personal skills for success in acute care fieldwork?

Not important at all 1 2 3 4 5 Very Important

1. **Clinical skills** (e.g., decision making, documentation, research, etc.) (Andonian, 2017; Britton et al., 2015; Campbell et al., 2015)
 2. **Time management skills** (Britton et al., 2015; Campbell et al., 2015; Kemp & Crabtree, 2018; Dancza et al., 2013)
 3. **Stress management skills** (Brown et al., 2019)
 4. **Interpersonal relationship skills** (e.g., teamwork, communication skills, etc.) (Britton et al., 2015; Campbell et al., 2015; Kemp & Crabtree, 2018)
 5. **Professionalism** (e.g., being open to constructive criticism) (Campbell et al., 2015; Kemp & Crabtree, 2018)
- 6. What personal challenges affect performance in fieldwork? (Please check all that apply)**
- a. **Anxiety**
 - b. **Professional identity/role crisis** (Britton et al., 2015; Lamash & Fogel, 2021; Brown et al., 2019)
 - c. **Personal medical need(s)**
 - d. **None**

PAGE 6. How important are the following personal skills for success in acute care fieldwork?

Not important at all 1 2 3 4 5 Very Important

1. **Structured supervision with immediate, constructive feedback** (Gribble et al., 2017a; Andonian, 2017)
2. **Encouraging mentorship, facilitating a warm collaborative relationship** (Gribble et al., 2017a)
3. **Interdisciplinary collaboration** (Conrad et al., 2012)
4. **Quality role-modeling** (Gribble et al., 2017a)
5. **Quality fieldwork preparatory courses** (e.g., simulations, workshops, etc.) (Tal-Saban & Weintraub, 2018)

PAGE 7. What environmental factors hinder success?

Not important at all 1 2 3 4 5 Very Important

1. **Distance from home** (e.g., commute & familiarity)
 2. **Non-supportive, non-welcoming group** (e.g., colleagues, supervisors)
 3. **Extenuating life circumstance(s)** (e.g., family, financial, etc.)
 4. **Did you or any of the students use any of the following to overcome challenges in your/their fieldwork in acute care? (Please check all that apply)**
 - a. Therapeutic use of self (Cartensen & Bonsaksen, 2016)
 - b. Sharing development plans w/ fieldwork educators (Andonian, 2013)
 - c. Peer support and peer learning (e.g., reflecting together to problem solve situations and reflecting back) (Dancza et al., 2013)
 - d. Journaling and/or self-reflections (Gribble et al., 2017a)
 - e. Doing, researching, applying the knowledge to doing, and repeating the process (Dancza et al., 2013)
 - f. Looking at other people's perspectives and the bigger picture (Dancza et al., 2013)
 - g. Completed additional training coursework or continuing education
 - h. Other: _____
 5. **If you have any comments, please address below.**
-

Appendix B

Survey Questions - Google Forms

Page 1

Master's Thesis Research Study: Identifying skills and strategies for students to master level II acute care fieldwork

If you are an OT/A student with experience in level II fieldwork in acute care, OR an occupational therapist with fieldwork or clinical experience in acute care, we invite you to participate in a study exploring your perspectives on successful fieldwork experience in acute care.

jeanie.kim93@gmail.com (not shared) [Switch account](#)

PURPOSE:

This study aims to conduct a qualitative research study by employing an online survey to investigate skills and strategies OT students and/or practitioners find most important in mastering their acute care fieldwork. This knowledge will help equip prospective students entering level II fieldwork or an entry-level position in acute care with skills and adaptive strategies to help them successfully transition and adapt to their new roles.

Informed Consent

Stanbridge University

Jina Chung, Heeju Jun, Jeanie Kim, and Yoseph Kim, graduate students in the Master of Occupational Therapy Program at Stanbridge University, are conducting a research study to examine skills and strategies that OT practitioners and/or students with clinical and/or fieldwork experience in acute care identify as being important in succeeding Level 2 fieldwork in acute care. You are being asked to complete this survey because of your clinical experience in acute care settings.

Participation is voluntary. The survey will take approximately 20 minutes to complete. You must be 18 years or older to complete this survey.

There are no foreseeable serious risks involved in this study. Please try to answer all questions. However, please skip any questions that make you feel uncomfortable. You may discontinue participation at any time, and refusal to participate will not involve any penalty or loss of benefits.

Your responses are anonymous.

Please feel free to contact student investigators if you have any questions or concerns:

Student Investigators
occupationaladaptation@gmail.com

If you have questions about your rights as a research participant, you may contact the Stanbridge University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. Please call IRB Office at 949-794-9090 or via email at irb@stanbridge.edu.

If you would prefer not to participate, please do not fill out a survey.
If you consent to participate, please complete the survey.

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Clear form

Master's Thesis Research Study: Identifying skills and strategies for students to master level II acute care fieldwork

jeanie.kim93@gmail.com (not shared) [Switch account](#)

* Required

Demographic Questions

Are you currently an OTR, OTA, or OT/A student? *

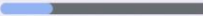
Yes

No

Have you had any fieldwork or clinical experience in acute care? *

Yes

No

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Master's Thesis Research Study: Identifying skills and strategies for students to master level II acute care fieldwork

 jeanie.kim93@gmail.com (not shared) [Switch account](#)



* Required

Demographic Question - Continued

How long have you been an OT/A? *

- Currently a student
- 0 - 5 years
- 6 -10 years
- 11 - 20 years
- 21+ years

How many years of experience do you have in acute care? *

- Fieldwork only
- 0 - 5 years
- 6 -10 years
- 11 - 20 years
- 21+ years

Did you have your level II fieldwork in an acute care setting? *

- Yes
- No

Have you been a fieldwork educator in the acute care setting? *

- Yes
- No

What is your gender? *

- Male
- Female
- Other: _____

What is your current employment status? *

- Full-time
- Part-time
- Unemployed

What is your current work setting? *

- Pediatric - Outpatient
- Pediatric - Inpatient
- Acute Care/ICU
- Acute Rehabilitation facility
- Outpatient Adult settings
- Home Health
- Skilled Nursing
- School
- Community-based setting
- Other: _____

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[Clear form](#)

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**Master's Thesis Research Study:
Identifying skills and strategies for
students to master level II acute care
fieldwork**

jeanie.kim93@gmail.com (not shared) [Switch account](#)

* Required

Reflecting on your experience, how important are the following personal traits for success in acute care fieldwork?

Resilience *

1 2 3 4 5

Not at all important Very important

Self-efficacy & Self-confidence *

1 2 3 4 5

Not at all important Very important

Inclusivity & Cultural sensitivity *

1 2 3 4 5

Not at all important Very important

Leadership *

1 2 3 4 5

Not at all important Very important

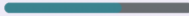
Flexibility *

1 2 3 4 5

Not at all important Very important



What personal challenges affect performance in fieldwork? (Please check all that apply) *

- Anxiety
- Professional identity/role crisis
- Personal medical need(s)
- None

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Master's Thesis Research Study: Identifying skills and strategies for students to master level II acute care fieldwork

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* Required

Reflecting on your experience, how important are the following for success in acute care fieldwork?

Structured supervision with immediate, constructive feedback *

1 2 3 4 5

Not at all important Very important

Encouraging mentorship, facilitating a warm collaborative relationship *

1 2 3 4 5

Not at all important Very important

Interdisciplinary collaboration *

1 2 3 4 5

Not at all important Very important

Quality role-modeling *

1 2 3 4 5

Not at all important Very important



Quality fieldwork preparatory courses (e.g., simulations, workshops, etc.) *

1 2 3 4 5

Not at all important Very important

Page 7

**Master's Thesis Research Study:
Identifying skills and strategies for
students to master level II acute care
fieldwork**

 jeanie.kim93@gmail.com (not shared) [Switch account](#) 

* Required

Reflecting on your experience, what environmental factors hinder success in acute care fieldwork?

Distance from home (e.g., commute & familiarity) *

1 2 3 4 5

Not at all important Very important

Non-supportive, non-welcoming group (e.g., colleagues, supervisors) *

1 2 3 4 5

Not at all important Very important

Extenuating life circumstance(s) (e.g., family, financial, etc.) *

1 2 3 4 5

Not at all important Very important

Did you or any of the students you supervise(d) use any of the following to overcome challenges in your/their fieldwork in acute care? (Please check all that apply) *



- Therapeutic use of self
- Sharing development plans w/ fieldwork educators
- Peer support and peer learning (e.g. reflecting together to problem solve situations and reflecting back)
- Journaling and/or self-reflections
- Doing, researching, applying the knowledge to doing, and repeating the process
- Looking at other people's perspectives and the bigger picture
- Completed additional training coursework or continuing education
- Other: _____

If you have any comments, please address below.

Your answer _____

Page 8

**Master's Thesis Research Study:
Identifying skills and strategies for
students to master level II acute care
fieldwork**

 jeanie.kim93@gmail.com (not shared) [Switch account](#) 

Thank you for your participation!

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Appendix C

Flyer

MASTER'S THESIS RESEARCH STUDY

SEEKING OT/A STUDENTS & OT PRACTITIONERS WITH EXPERIENCE IN ACUTE CARE

if you are an OT/OTA student with experience in level II fieldwork in acute care, or an occupational therapist or OTA with fieldwork or clinical experience in acute care, we invite you to participate in a study exploring your perspectives on successful fieldwork experience in acute care.

PURPOSE: TO IDENTIFY SKILLS AND STRATEGIES FOR STUDENTS TO MASTER LEVEL II ACUTE CARE FIELDWORK

PARTICIPANT COMMITMENT: 20-MINUTE ANONYMOUS ONLINE SURVEY

**PLEASE VISIT THIS LINK TO PARTICIPATE:
[HTTPS://FORMS.GLE/OH655LULZNWY9RHB9](https://forms.gle/OH655LULZNWY9RHB9)**



THIS PROJECT HAS BEEN REVIEWED BY
STANBRIDGE UNIVERSITY'S INSTITUTIONAL
REVIEW BOARD

**FOR QUESTIONS, PLEASE CONTACT:
OCCUPATIONALADAPTATION@GMAIL.COM**



Appendix D

Informed Consent

Stanbridge University

Jina Chung, Heeju Jun, Jeanie Kim, and Yoseph Kim, graduate students in the Master of Occupational Therapy Program at Stanbridge University, are conducting a research study to examine skills and strategies that OT practitioners and/or students with clinical and/or fieldwork experience in acute care identify as being important in succeeding Level 2 fieldwork in acute care. You are being asked to complete this survey because of your clinical experience in acute care settings.

Participation is voluntary. The survey will take approximately 20 minutes to complete. You must be 18 years or older to complete this survey.

There are no foreseeable serious risks involved in this study. Please try to answer all questions. However, please skip any questions that make you feel uncomfortable. You may discontinue participation at any time, and refusal to participate will not involve any penalty or loss of benefits.

Your responses are anonymous.

Please feel free to contact student investigators if you have any questions or concerns:

Student Investigators
occupationaladaptation@gmail.com

If you have questions about your rights as a research participant, you may contact the Stanbridge University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. Please call IRB Office at 949-794-9090 or via email at irb@stanbridge.edu.

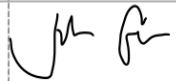
If you would prefer not to participate, please do not fill out a survey.

If you consent to participate, please complete the survey.

Appendix E
IRB Approval Letter

Dear Dr. Rebecca Wang and Students,

The Stanbridge University Institutional Review Board has completed the review of your application entitled "Occupational Therapy (OT) and Occupational Therapy Assistant (OTA) Students and Practitioners' Perspectives on Strategies to Mastering Level II Fieldwork in Acute Care." Your application (MSOT011-502) is approved and categorized as Expedited.

IRB Application Number	MSOT011-502
Date	08/24/2022
Level of Review	Expedited
Application Approved	X
Conditional Approval	
Disapproved	
Comments	The requested Minor changes have been reviewed and confirmed as completed by the IRB. (08/24/2022)
Signature of IRB Chair	

Please note that any anticipated changes to this approved protocol requires submission of an IRB Modification application with IRB approval confirmed prior to their implementation.

Sincerely,
Julie Grace, M.S., M.A.
IRB Chair

Appendix F

Figures

Figure F1

How long have you been an OT/A? (N=22)

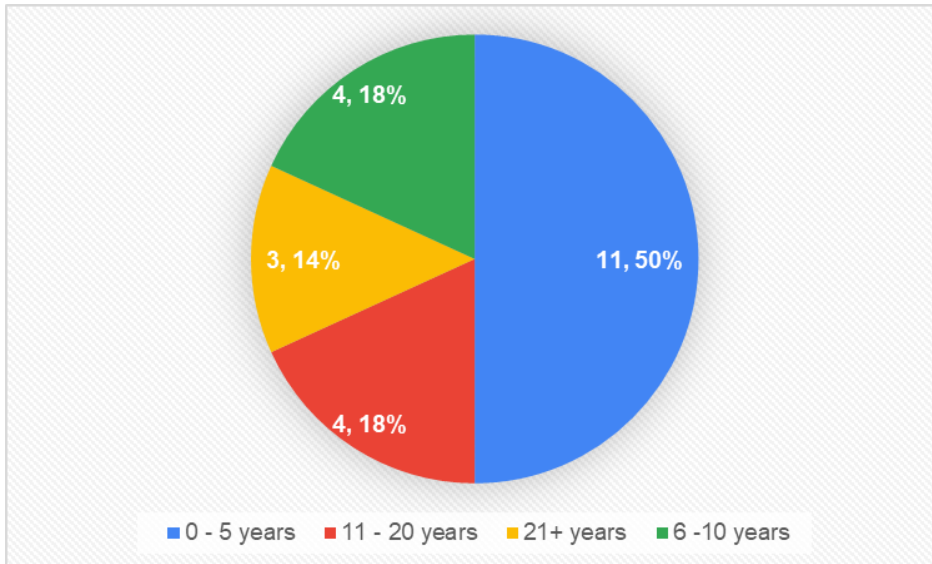


Figure F2

How many years of experience do you have in acute care?

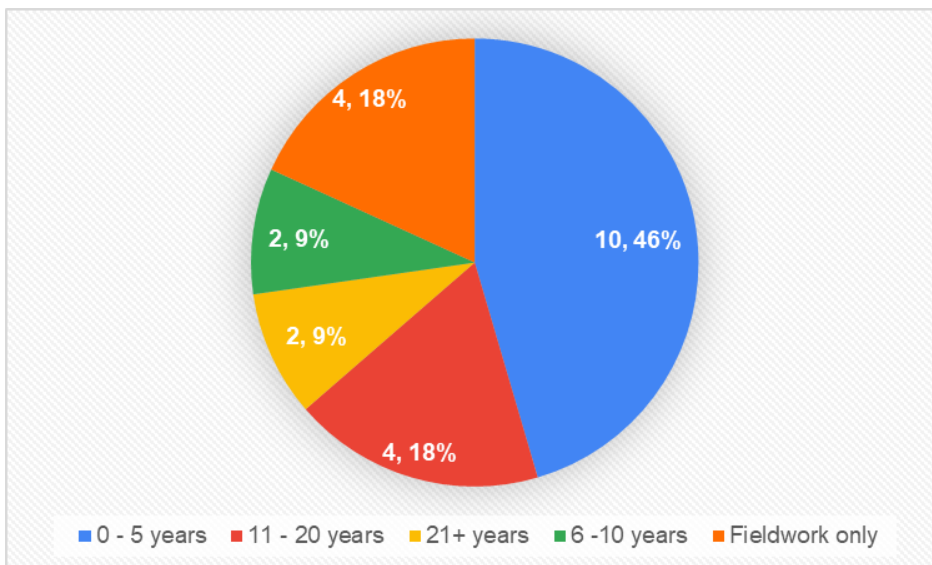
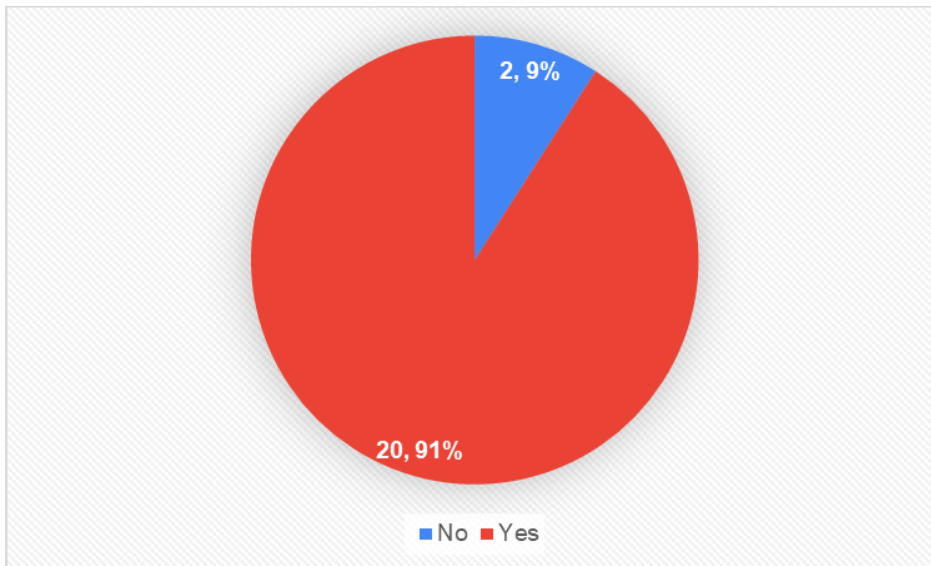


Figure F3

Did you have your level II fieldwork in an acute care setting?

**Figure F4**

Have you been a fieldwork educator in the acute care setting?

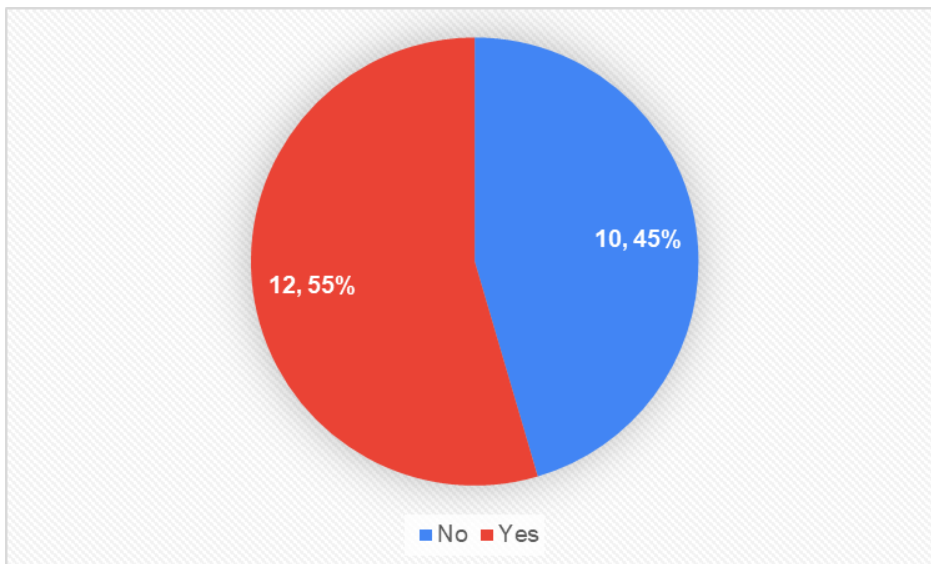
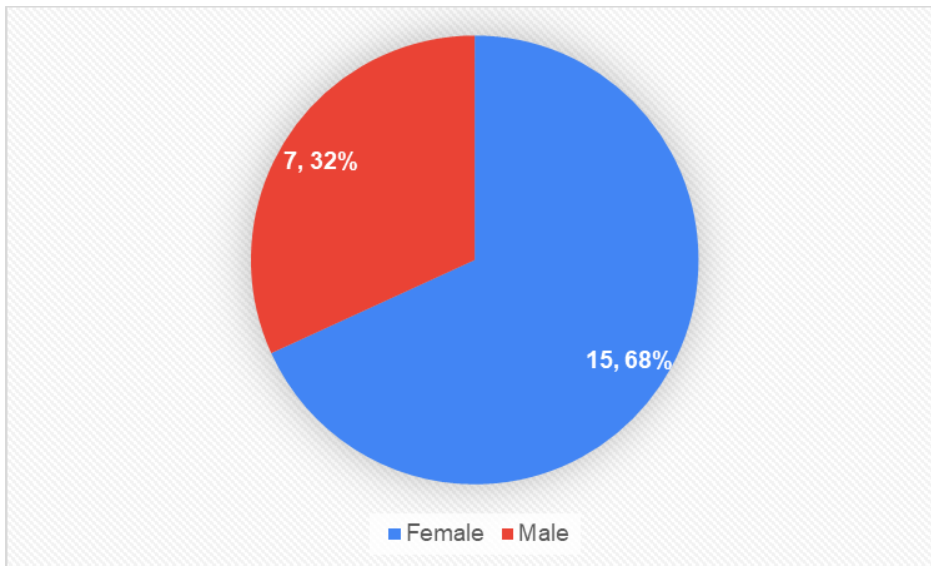


Figure F5

What is your gender?

**Figure F6**

What is your current employment status?

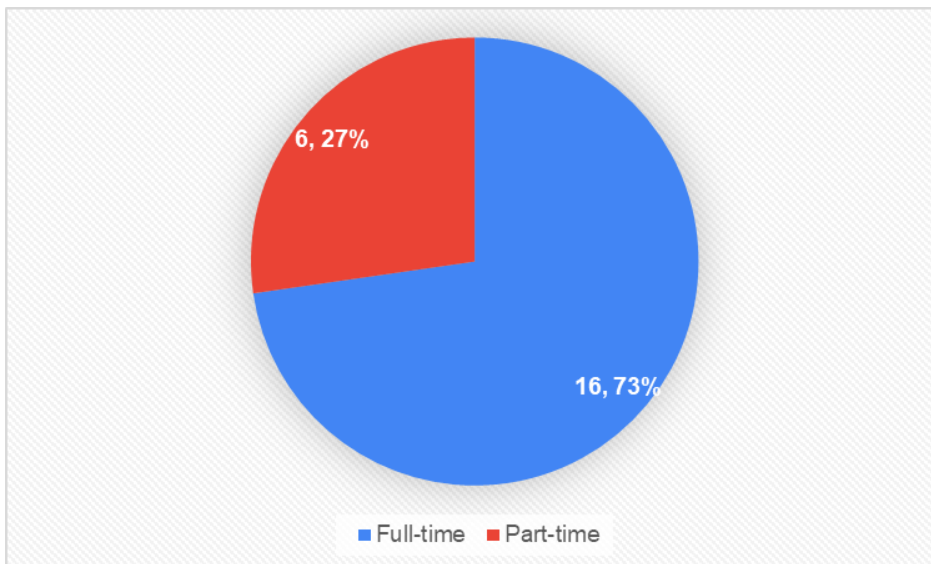


Figure F7

What is your current work setting?

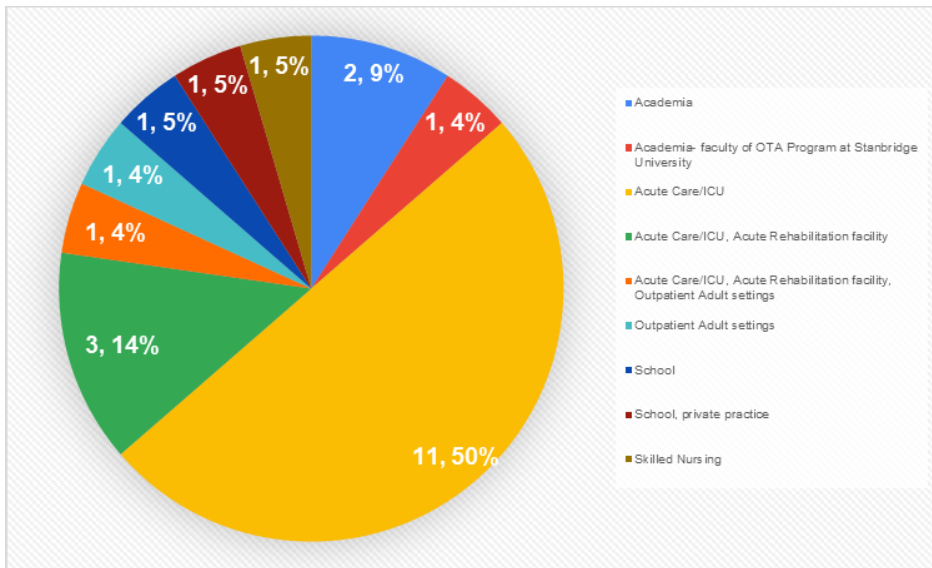


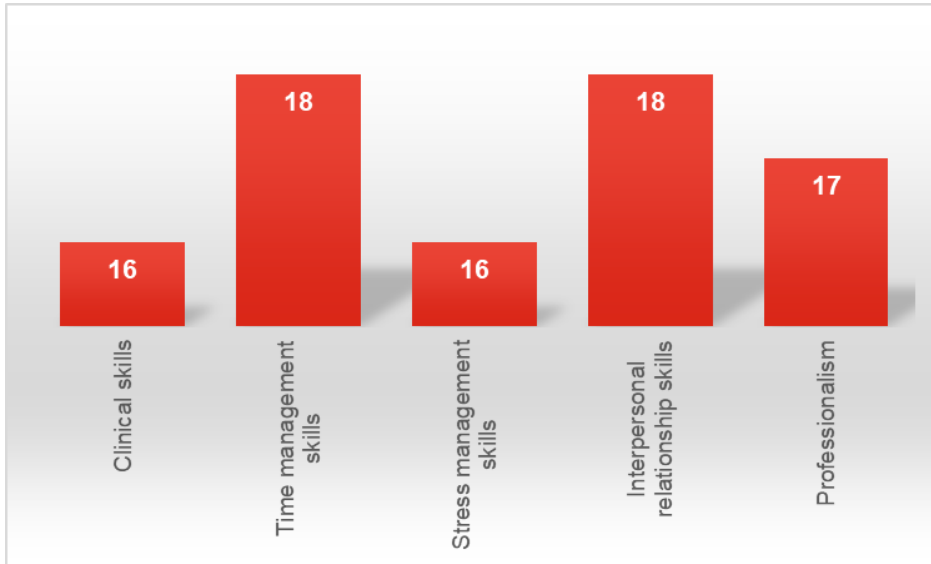
Figure F8

How very important are the following personal traits for success in acute care fieldwork?



Figure F9

How 'very important' are the following personal skills for success in acute care fieldwork?

**Figure F10**

How 'very important' are the following personal skills for success in acute care fieldwork?

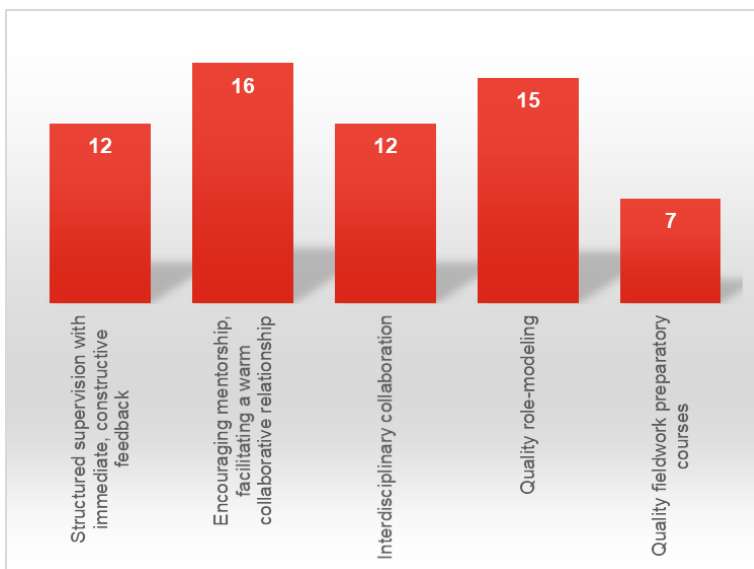


Figure F11

What environmental factors hinder success ('very important')?

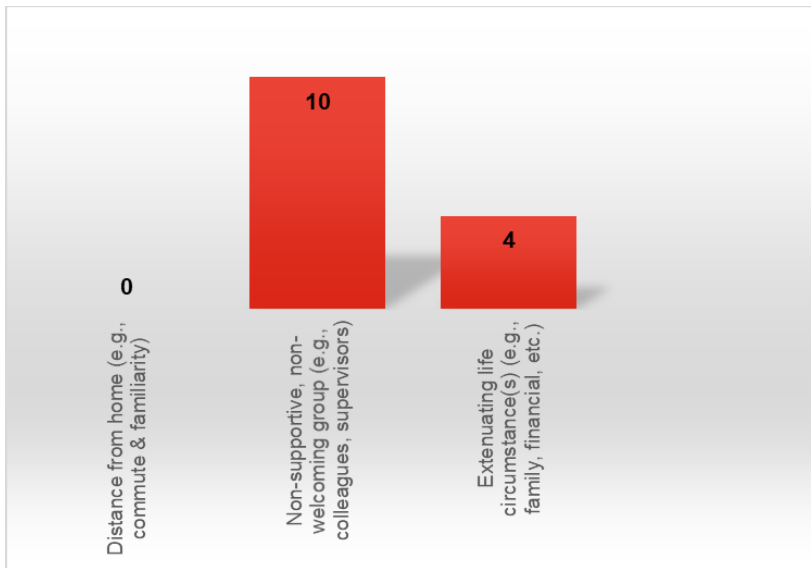


Figure F12

What personal challenges affect performance in fieldwork? (Please check all that apply)

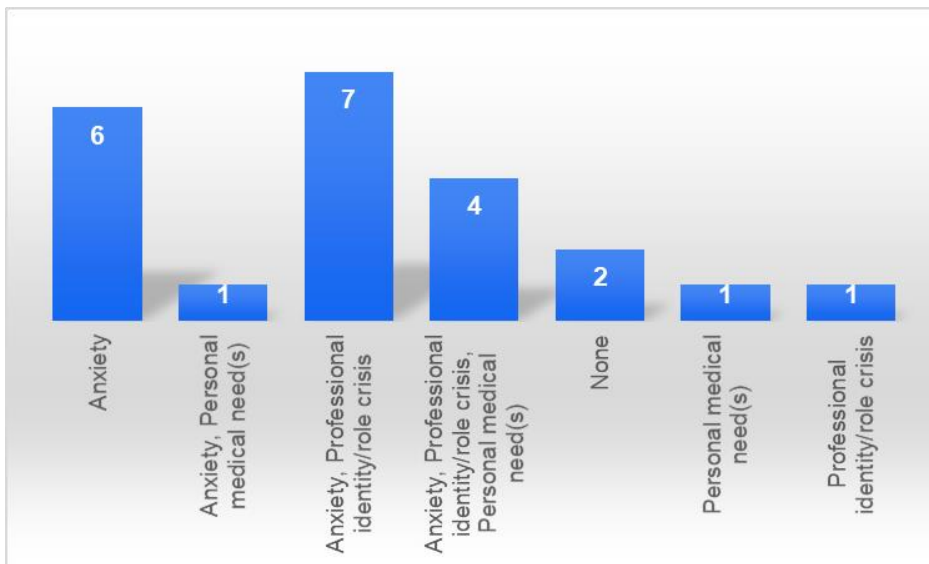


Figure F13

Did you or any of the students you supervise(d) use any of the following to overcome challenges in your/their fieldwork in acute care? (Please check all that apply)

