The Intentional Fieldwork Educator: Applying the Intentional Fieldwork Education Model (IFWEM)

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THE INTENTIONAL FIELDWORK EDUCATOR: APPLYING THE INTENTIONAL FIELDWORK EDUCATION MODEL (IFWEM)

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A FUNDAMENTAL COMPONENT

• A vital bridge connecting didactic education to clinical practice (Ryan & Beck, 2018)
• Broadens clinical knowledge base (Brzykcy, Geraci, Ortega, & McWilliams, 2016)
• Enriches coursework (Brzykcy et al., 2016)
• Develops competency and skills (Ryan & Beck, 2018)
• Cultivates professional behaviors and the therapeutic use of self (Brzykcy et al., 2016)
ACOTE AND PROGRAMS: EXPECTATIONS

Educational program requirements
- Level I and level II experiences embedded into OT/OTA programs

Accrediting Council for Occupational Therapy Education (ACOTE) requirements
- Standards set by ACOTE
- Includes A, B, C standards
- 101 content standards; 27 fieldwork standards

(ACOTE, 2012)
THE FIELDWORK EDUCATOR

• An essential role of the OT practitioner
• A professional obligation
• Cultivates professional growth as an educator
• Develops competency
• Grows the profession

(Chapman, 2016; Ryan & Beck, 2018).
STUDENT PERCEPTIONS: FIELDWORK SIGNIFICANCE

FW perceived as the most significant part of OT education
Formation of professional identity

(Ryan & Beck, 2018)
YOU AS THE EDUCATOR: ASSIMILATING THE ROLES

Clinician

Educator
<table>
<thead>
<tr>
<th>Models</th>
<th>Current models and frameworks</th>
<th>Necessity of a comprehensive model</th>
</tr>
</thead>
<tbody>
<tr>
<td>May be used to clarify assumptions, guides professional reasoning, and provides solutions</td>
<td>Peer learning, supervision and collaborative models</td>
<td>To enhance student outcomes</td>
</tr>
<tr>
<td></td>
<td>(Owen, Adams, &amp; Frenszen, 2014)</td>
<td>To increase FWE / student competency</td>
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<tr>
<td></td>
<td></td>
<td>Is relevant to fieldwork education</td>
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<tr>
<td></td>
<td></td>
<td>Has utility</td>
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<td></td>
<td>(Grenier, 2015; Lynam, Corish &amp; Connolly, 2014; Kinsella &amp; Piersol, 2018)</td>
<td>(Grenier, 2015; Evenson, Roberts, Kaldenberg, Barnes, &amp; Ozelie, 2015)</td>
</tr>
</tbody>
</table>
THEORETICAL FRAMEWORK FOR THE INTENTIONAL FIELDWORK EDUCATION MODEL (IFWEM)

• Transformational Learning Theory (Canton & Taylor, 2012)

• Experiential Learning Theory (Lisko & O’dell, 2010)

• Pedandragogy (Samaroo, Cooper & Green, 2013)
intentional

adjective. done on purpose; deliberate.
APPLY THE OT LENS
IDENTIFY PERSONAL & CONTEXTUAL FACTORS

Acknowledge your role as an educator

Recognize Identify your teaching style

Identify Identify your student’s learning style

Assess Assess your communication style

Determine Determine the best methods to provide feedback
 Acknowledge the culture of the clinic/organization

Reflect on the context and environment

Consider personality and attitudes

Assess experiences and preparedness

Understand how adults learn

Understand how adults learn
IDENTIFY THE STUDENT’S INDIVIDUALIZED LEARNING NEEDS
ENGAGING IN THE INTENTIONAL LEARNING CONTINUUM

- Establish a collaborative relationship
- Assimilate student into the culture
- Apply the OT lens of analysis
- Utilize optimal supervisory style
- Employ optimal teaching style
ENGAGING IN THE INTENTIONAL LEARNING CONTINUUM

- Utilize effective communication/feedback
- Pace progression throughout the learning experience
- Anticipate and recognizes teachable moments
- Intentionally create learning experiences
- Modify learning experiences/task demands based on student responses
THE NUTS AND BOLTS......
THE COLLABORATIVE RELATIONSHIP

Is established through a trusting relationship (Chapman, 2016)

Will promote engagement and self-efficacy (Andonian, 2017; Samaroo et al., 2013)

Is linked to enhanced student outcomes (de Beer & Vorster, 2012)

Is demonstrated through reciprocal interactions (Koski, Simon & Dooley, 2011)
BUILDING A COLLABORATIVE RELATIONSHIP

• Establish trust through open, honest communication and interactions
• Demonstrate mutual respect
• Embrace a mentorship role
• Promote mutual discussions
• Inclusive decision making as appropriate

(Chapman, 2016; Grenier, 2015)
ASSIMILATE THE STUDENT INTO THE CULTURE

- Acknowledge your clinic/organization’s culture
- Ascertain how the culture may facilitate or impede student learning
- Create a sense of belonging to promote self-actualization and competence
- Welcome, orient, invite, include, value

(Berg-Poppe, Karges, Nissen, Deutsch & Webster, 2017)
• Apply the principles of analysis throughout the educational experience

• Analyze:
  • Performance skills
  • Student responses
  • Task demands
  • Contexts and environments
  • Role, habits, routines

(AOTA, 2014)
Analysis: Observations and Questions to Consider

- What is the student’s current skill set?
- What do they need to develop first, second, etc.?
- Do the task demands match the ability of the student?
- Is the pace of the setting impacting student performance?
- Is the complexity of the caseload meeting student learning needs?
- Is the environment conducive to student learning?
- Does the institution invite student learning?
- Are my/student’s habits, roles, routines impacting student learning outcomes?
- Are cultural attitudes/expectations impacting learning?
- Does the student have a clear understanding of expectations?
MODIFY LEARNING EXPERIENCES/TASK DEMANDS BASED ON STUDENT RESPONSES

• An optimal fieldwork experience is modified as the student learns and skill develops during the continuum of learning (Rodger, Fitzgerald, Davila, Millar & Allison, 2011)

• Modifying tasks / experiences is an effective teaching strategy (Provident, Leibold, Dolhi, & Jeffcoat, 2009)

• Students prefer learning experiences that are graded to fit their individual learning needs (Grenier, 2015)

• Create the “just right challenge”
INTENTIONALLY CREATE LEARNING EXPERIENCES

• Consider that learning experiences go beyond learning assignments
• Deliberate client assignment
• Provide opportunities for specific skill development
• Pre-plan evaluation process
• Pre-plan treatment sessions
• Provide opportunities for intraprofessional and interprofessional interactions
• Reflect on evaluation and treatment sessions and client responses
TEACHABLE MOMENTS: DON’T PASS THEM UP!

- Utilize “downtime” to the fullest
- Be observant: recognize and seize learning opportunities
- Facilitate inquiry during client interactions
- Discuss what went right when.....during....because of ....
- Discuss what could be improved upon
- Use client, caregiver, family, team member responses to enhance learning
- Point out the impacts of culture, age, gender, education, socioeconomics, health literacy
A TEACHABLE MOMENT

- Provides opportunities for skill development
- Develops an understanding of pathologies and presentations
- Facilitates critical thinking and clinical reasoning
- Highlights issues related to safety, precautions, contraindications
A TEACHABLE MOMENT……

- Is a building block for self-efficacy and confidence
- Promotes an understanding of the roles and responsibilities of interdisciplinary team members
- Develops professional behaviors
- Increases an awareness of time and resource management
UTILIZE OPTIMAL SUPERVISORY STYLE

Supervisory styles are demonstrated during student interactions (Gedamu, 2017)

Each person has their own preferred style of supervision (Gedamu, 2017)

FWE should be flexible and apply varied supervisory styles based on student needs and situations (Gedamu, 2017)

Consider generational differences in learning and supervision (Davis & Rosee, 2015)
TYPICAL SUPERVISORY STYLES

Authoritarian supervision

Laissez Faire supervision

Companionable supervision

Synergistic supervision

(UC Davis Center For Student Involvement, 2014)
communication

*noun.* The definition of communication is the 2-way exchange of opinions, news and information by writing, speech or gestures including body language and facial reactions.
Engage in effective communication

Communication between FWE and student underpins a successful fieldwork experience (de Beer & Vorster, 2012)

Communication styles can create barriers or effective interaction
- Passive, aggressive, passive-aggressive, assertive
  (Ciocan, Plămădeală, & Jorgić, 2017)

• Communication Styles
Feedback is a significant element in the education process.

The provision of appropriate feedback is perceived by students to be one of the most significant components of a good FWE.

“Provision and acceptance of feedback is necessary to learn the required skills and behavior to become competent clinical providers” (Snyder, 2018)

(Chapman, 2016; Gedamu, 2018; Snyder, 2018)
FEEDBACK

- Develops coping skills
- Enhances learning
- Provides opportunity for self-correction
- Develops clinical skills
- Develops professional behaviors
- Is valued and necessary

(Chapman, 2016; Snyder, 2018)
FEEDBACK DELIVERY

- May be formal or informal
- May be direct or indirect
- May be non-verbal
- Should be specific
- Should be private
- Should be timely
- Should always be factual

(Chapman, 2016; Snyder, 2018)
EMPLOY OPTIMAL TEACHING STYLE BASED ON STUDENT NEEDS

- **Expert**: highlights their own expertise; concerned with sharing information and preparing students

- **Formal Authority**: demonstrates knowledgeable status; concerned with providing structure, feedback, and typical approaches

- **Personal Model**: teaches by example; guides, directs and encourages; expects emulation

- **Facilitator**: guides and directs; explores, suggests and develops critical thinking

- **Delegator**: focuses on developing autonomy

Teaching Style Inventory

(Provident, Leibold, Dolhi & Jeffcoat, 2009)
INTEGRATE LEARNING STYLES INTO LEARNING EXPERIENCES

VISUAL
VERBAL
KINESTHETIC

(Roberson, Smellie, Wilson, & Cox, 2011)
PACE PROGRESSION THROUGHOUT THE LEARNING CONTINUUM

- Consider Bloom’s Taxonomy
- Provide opportunities for observation
- Model desired behaviors and techniques
- Discuss and describe client performance
- Have the student identify client factors that impact function
- Encourage planning, reflection, inquiry
- Transition student from passive learner to active learner
- Guide and coach

(Chapman, 2016; Grenier, 2015; Provident et al., 2009)
IN A NUTSHELL....

INTENTIONAL FIELDWORK EDUCATION = OPTIMAL STUDENT OUTCOMES

- Autonomous
- Competent
- Confident
- Utilizes the therapeutic use of self
- Demonstrates professional behaviors
- Utilizes EBP
- Engages in safe ethical practice
- Identifies the need to be a life-long learner
- Assimilates into the OT culture
- Assumes the role of entry level practitioner
Mary is an OT student assigned to an acute rehab hospital for a level II fieldwork rotation. In the classroom, Mary was known to be a conscientious, quiet and introspective student. She is in the 3rd week of her first rotation and has been evaluating and treating a diverse population. While Mary is enjoying the caseload she is unsure if she is being therapeutic and if her skill development is on target. At lunch Mary seeks out a quiet place in the cafeteria and may be observed texting her classmates and friends. Mary perceives that the staff enjoys working at the facility and are a tight-knit group who obviously engage socially.

Mary’s FWE is an experienced clinician who has had multiple students. The FWE is very organized and prefers to schedule times to meet with the student to discuss progress, caseload, and any relevant issues. The FWE is known to have a “shoot from the hip” approach as she communicates with staff, students, and clients.
• Assimilation into clinic culture: encourage inclusion
  • Invite her to lunch, make her feel part of the team vs. a “student”, value what she brings to the table, include her in conversation and inside jokes
• Supervisory style: use synergistic vs authoritarian style
• Feedback: provide specific, factual, timely, and frequent feedback
• Self-efficacy: promote development with appropriate feedback and opportunities for success
VIGNETTE B: PAUL

- Paul is an OTA student completing a level II rotation in an acute care setting. He is really excited about all of the hands-on opportunities the setting promises to offer. He immediately shares with his fieldwork educator that he is a “doer” and likes to jump in with both hands and feet.

- The FWE takes students as assigned, is experienced, self-assured, and highly skilled. The FWE’s typical approach to fieldwork education is to model therapeutic interventions with little verbal directives. The FWE provides Paul with an occasional “attaboy” as he sees fit and ponders as to why Paul’s skill development is progressing slowly.

- While working on the stroke unit, the PT approached the FWE and Paul to ask for assistance in transferring a bariatric client. The FWE quickly agreed and instructed Paul to go ahead of him to review their next client’s chart.
VIGNETTE B: PAUL

• Teaching-Learning style: Increase opportunities for kinesthetic learning

• Communication style: Avoid passive and use assertive communication style

• Teachable moments: Recognize and seize opportunities for learning (example: student assist with transfer of the bariatric client)
VIGNETTE C: GABRIELLA

• Gabriela is an OT student completing her second level II rotation in an out-patient pediatric clinic. She is a confident and driven student with high expectations of herself and others.

• Gabriela’s FWE is pleased with Gabriela’s performance and determination. During the 2nd week of the rotation Gabriela appeared eager to take on more responsibilities and gain more independence. The following Monday the FWE announced to Gabriela that she was being assigned the full caseload.

• Gabriela was surprised by the FWE’s decision but did as she was instructed. As the week progressed she became overwhelmed, frustrated and a bit angry. After comparing experiences with other students on FB, she felt that she was “working for free”.

• While the FWE has noted a change in Gabriela’s demeanor and creativity she assumed that she would acclimate to the demands in time.
Establish collaborative relationship: Begin open dialogue, build trust, include student in decision making, engage in mentoring.

Analysis of student response/skills: Identify, analyze and respond to changes in demeanor and creativity.

Grading / modifying the learning experience: Review progression guideline recommendations and modify learning experience by reducing caseload size and/or complexity.
Dylan is in the 3rd week of his first level II rotation in a sub-acute facility. He is instructing a client in adaptive dressing and transfer techniques in the facility’s busy gym. Dylan, an already anxious student, has been observed looking over his shoulder to see if others are watching him and is having difficulty completing the treatment session.

The FWE notes Dylan’s difficulty, comes to his aid and finishes the session to ensure the client’s needs are met. Later that day he tells Dylan “everyone is nervous in the beginning”. The FWE decides to remove the client from Dylan’s schedule and places him on his own schedule the following day. When reviewing the schedule for the next day, Dylan observes the change and wonders how he will get through the rotation.
VIGNETTE D: DYLAN

• Analysis of the context / environment on response: Identify the impact on the environment on student response and learning and change the environment as necessary. (ex: allow Dylan to treat in a space that is less busy).

• Dependency / autonomy: Ensure optimal learning environment, provide opportunities for skills development, give adequate and timely feedback

• Role assimilation of the FWE: Identify and assume the role of educator and clinician. Recognize the characteristics of an educator, identify the learner’s needs, and engage in intentional fieldwork education
HELPFUL LINKS AND CONTACTS

- Communication styles: https://www.uky.edu/hr/sites/www.uky.edu.hr/files/wellness/images/Conf14_FourCommStyles.pdf
- Learning Style Inventory: https://www.middlesex.mass.edu/ace/downloads/lsi.pdf
- Teaching Style Inventory: http://longleaf.net/teachingstyle.html
- For more info contact:
  - Nadine @ NKH20@msn.com
  - Joy @ ocokeisle@gmail.com
THANK YOU!

QUESTIONS???
REFERENCES


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