



THE UNIVERSITY OF BRITISH COLUMBIA

Occupational Therapy Fieldwork Educators' Manual

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TABLE OF CONTENTS

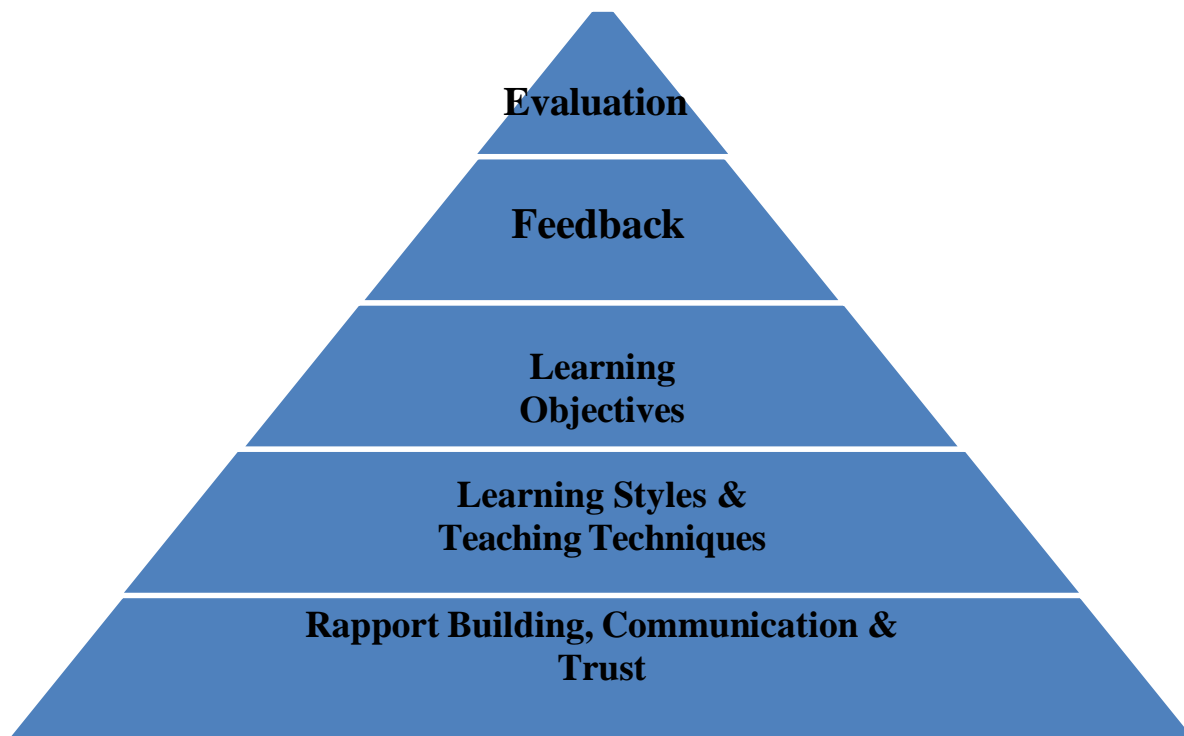
<u>WHAT MAKES A SUCCESSFUL OCCUPATIONAL THERAPY STUDENT PLACEMENT EXPERIENCE?</u>	5
<u>UBC CURRICULUM</u>	5
<u>GRADUATION</u>	8
<u>INTERPROFESSIONAL EDUCATION & FIELDWORK</u>	8
<u>IP COMPETENCIES</u>	9
<u>GOAL OF IP PRACTICE EDUCATION EXPERIENCES (IPPE)</u>	10
<u>KEY FIELDWORK DATES AND REMINDERS</u>	10
<u>CANADIAN FIELDWORK PLACEMENT SHARING SYSTEM</u>	11
<u>UBC OT STUDENT EVALUATION PROCESS</u>	11
<u>HOW TO USE THE RATING SCALE</u>	13
<u>WAYS TO PREPARE FOR THE MIDTERM AND FINAL EVALUATION</u>	13
<u>PITFALLS OF EVALUATION</u>	14
<u>HOW TO COMPLETE THE WRITTEN COMMENTS SECTION</u>	15
<u>EXAMPLES OF WRITTEN COMMENTS</u>	15
<u>WHAT DO STUDENTS SAY?</u>	17
<u>COMMON MISSES IN THE EVALUATION PROCESS</u>	17
<u>WHAT ARE THE EXPECTATIONS OF EACH LEVEL OF PLACEMENT?</u>	17
LEVEL 1 – KNOWLEDGE APPLICATION STAGE	18
LEVEL 1 PLACEMENT – TIPS & TRICKS	19
LEVEL 2 – TRANSITION STAGE	21
LEVEL 2 PLACEMENT – TIPS & TRICKS	21
LEVEL 3 – CONSOLIDATION STAGE	23
LEVEL 3 PLACEMENT – TIPS & TRICKS	23
<u>THE IMPORTANCE OF LEARNING OBJECTIVES</u>	24
<u>HOW DO WE WRITE GOOD LEARNING OBJECTIVES</u>	25
<u>LINKAGE TO THE CBFE – OT EVALUATION TOOL</u>	27
<u>TRANSITIONING FROM PRACTITIONER TO TEACHER: ADULT LEARNING AND TEACHING APPROACHES</u>	30
<u>LEARNING STYLES – WHAT’S ALL THE FUSS?</u>	30
<u>LEARNING STYLE INVENTORY</u>	31
<u>OTHER LEARNING STYLE RESOURCES</u>	35
<u>DOMAINS OF LEARNING: WHAT IS MY ROLE AS A PRECEPTOR?</u>	36
<u>STUDENT RETENTION OF LEARNING</u>	37
<u>THE LEARNING CYCLE</u>	37
<u>THE ROLES TAKEN ON AS A PRECEPTOR</u>	39
<u>CHARACTERISTICS OF EFFECTIVE TEACHERS</u>	40
<u>WHAT DO STUDENTS SAY?</u>	41
<u>CONCEPTS AND PRINCIPLES RELATED TO ADULT LEARNING</u>	41

TABLE OF CONTENTS

<u>FACILITATING CLINICAL REASONING</u>	45
CLINICAL REASONING STAGES.....	45
<u>QUESTIONING AS AN EFFECTIVE TEACHING STRATEGY</u>	47
<u>WAYS TO ASK QUESTIONS</u>	48
<u>CLINICAL STORY TELLING</u>	50
<u>THE ONE – MINUTE PRECEPTOR</u>	51
<u>FOSTERING REFLECTIVE PRACITCE</u>	52
<u>SETTING THE STAGE FOR PLACEMENT SUCCESS - ORIENTATION</u>	53
<u>MODELS OF FIELDWORK EDUCATION</u>	54
<u>EFFECTIVE COMMUNICATION</u>	55
<u>FEEDBACK</u>	58
WHAT IS FEEDBACK.....	58
WHY IS FEEDBACK IMPORTANT.....	58
ROLE OF FEEDBACK IN FIELDWORK.....	59
FUNCTIONS OF FEEDBACK.....	59
STRATEGIES FOR PROVIDING FEEDBACK.....	60
PROPOSED MODEL FOR PROVIDING FEEDBACK.....	64
NEW FEEDBACK SANDWICH.....	64
RECEIVING FEEDBACK EFFECTIVELY.....	66
FEEDBACK SCENARIOS.....	68
FEEDBACK SCENARIOS RESPONSES.....	69
FEEDBACK SHEET.....	70
FEEDBACK FORM.....	71
<u>SUPPORTING THE STRUGGLING STUDENT</u>	72
<u>APPENDIX 1 CURRICULUM MAP</u>	76
<u>APPENDIX 2 COURSE HANDOUT</u>	79
<u>APPENDIX 3 CIHC IP COMPETENCIES</u>	88
<u>APPENDIX 4 PRACTICE PLACEMENT IP ACTIVITIES</u>	89
<u>APPENDIX 5 T-RES</u>	96
<u>APPENDIX 6 SAMPLE LEARNING OBJECTIVES</u>	98
<u>APPENDIX 7 CONFIRMATION EMAIL SAMPLE</u>	101
<u>APPENDIX 8 MODELS OF SUPERVISION</u>	103
<u>APPENDIX 9-CBFE EVALUATION PACKAGE</u>	114

What makes a successful occupational therapy student placement experience?

The following “pyramid” highlights the key elements for ensuring that a placement is a fun, engaging and enriching experience for both the student and the OT.



UBC Curriculum

Please see curriculum map, [Appendix 1](#)

Please see detailed course handout, [Appendix 2](#)

Overview of Curriculum

- 2 years, following baccalaureate degree
- Pre-requisites to include minimum of
 - Behavioral science, e.g., psychology
 - Anatomy
 - Social science, e.g., sociology, anthropology
- 6 terms of integrated coursework and fieldwork, culminating in a conference

Annual enrolment is limited to 96 (Vancouver 56, Fraser and North 16, International students to maximum of 8). Primary consideration to BC residents.

GOAL

The Master of Occupational Therapy (MOT) degree prepares graduates to be self-directed, lifelong learners, who consciously use theory, evidence and critical thinking skills to maintain, evaluate and improve their practice of occupational therapy.

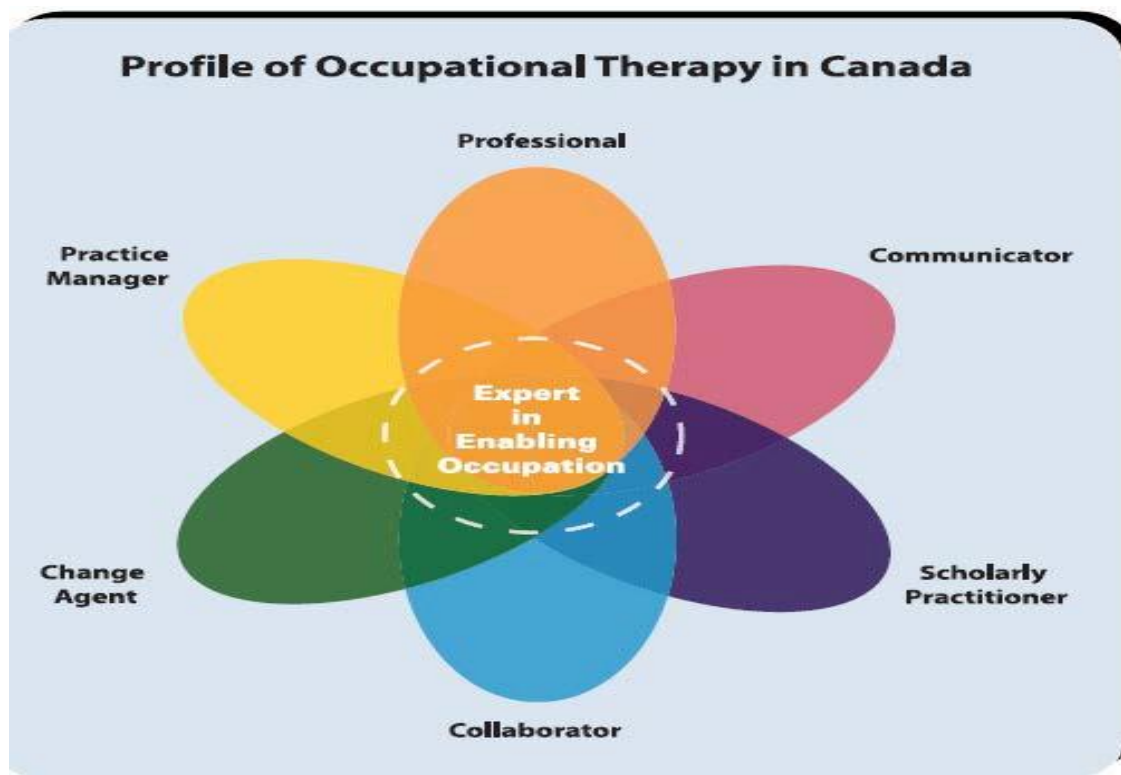
MOT CURRICULUM BUILT ON:

Association of Canadian Occupational Therapy Regulatory Organizations [ACOTRO]. (2012). [*Essential competencies of practice for occupational therapists in Canada, 3rd ed.*](#)

7 Competencies:

1. Assumes professional responsibility
2. Critical thinking
3. Demonstrates Practice Knowledge
4. Utilizes an Occupational Therapy Process to Enable Occupation
5. Communicates and Collaborates Effectively
6. Engages in Professional Development
7. Manages Own Practice and Advocates Within Systems

AND



Canadian Association of Occupational Therapists. (2012). [*Profile of occupational therapy practice in Canada*](#). Ottawa, ON: CAOT Publications.

Teaching Methods: A wide variety of proven effective methods are utilized to meet the diverse learner population. These include:

- Case based
- Experiential (FW, labs, clinic visits)
- Online/Flexible
- Didactic (lectures, seminars)
- Use of reflection and narrative
- Patient as educator
- Collaborative including interprofessional and

Methods of student assessment:

- Scholarly papers (individual and group)
- Self & Peer Evaluation (SGT as example)
- Online discussion postings
- Practical Demonstrations (exams)
- Lab based bell ringer
- MCQ + short answer quizzes
- Fieldwork
- Reflective writing
- Projects (research, device design, program development)
- Oral Presentations (group and individual; debates)
- Written exams (term 1, 2 & 6)



NOTE: this is relevant when considering a student project. UBC does not require students to complete a project. If you as an educator or your site would like a student to do a project, please make sure it is useful to you or will leave behind a legacy. Do not require students to “practice” skills that they are “tested” on listed above in the classroom setting. If you ask student to complete a project, it must not be more than 5% of the total placement hours and must be done during work hours.

GRADUATION

- ~ 96 weeks (22 months)
- Typical completion by mid-August (completion of all school work and grades submitted)
- Eligible for provisional registration with the regulatory College in mid-August
- Eligible to write national certification examination upon successful completion of coursework and fieldwork
- UBC November Convocation

INTERPROFESSIONAL EDUCATION & FIELDWORK

What is it and what do UBC OT students participate in?

Interprofessional Education (IPE)

When two or more professions learn with, from and about each other to improve collaboration and the quality of care. (CAIPE, 2002)



Interprofessional Education is about learning together to work together. Being aware of one's own learning style and exploring one's own understanding and experience of working in groups and teams will assist in understanding other members of the healthcare team and their various roles. Effective, well-functioning teams have enormous potential to improve healthcare delivery.

There is increasing evidence that interprofessional education is integral to addressing issues such as patient safety, chronic disease management and primary health care, through the formation of more effective healthcare teams.

OT students:

- Have many sessions "built into existing courses" : (eg. Ambulation class with PT's; year 2 advanced communication skills with PT, SLP and audiology as examples)
- MANY enrichment or extracurricular activities available on campus through the IP Passport (orientation to this to follow)
- Throughout the 2 year OT program, students participate in Integrated Curriculum with all UBC Health and Human Service Students. Content includes: Ethics; Indigenous Cultural Safety; Interprofessional Professionalism; Resiliency; Shared Decision Making; E-Health.

Some ideas to consider in your practice setting to encourage interprofessional collaboration:

When setting up an IP team, some things to think about are:

- Learning styles of team members
- Team member's experience of team work in the past
- The effect good communication, understanding of self and others, and good group skills have on healthcare delivery and the healthcare team

In order to learn from each other, it is necessary to understand how teams work. Some questions to consider include:

- What is the purpose of the team?
- What are the different roles within the team?
- What are some features of well-functioning teams?
- What are barriers to team work?

Effective teams do not happen by chance. They are a result of:

- Clear purpose and roles
- Effective relationships
- Communication
- Personal and team accountability

Since many highly effective teams have resolved team barriers and issues it is important to consider providing opportunities within an IP practice education experience to address:

- Who the members of the health care team are
- What stereotypes, assumptions and biases the students may have about other professions
- What ideas others have about their profession
- The specific roles and scopes of practice of team members
- Areas of overlap within the team

IP COMPETENCIES

The (Canadian) National Interprofessional Competency Framework provides an integrative approach to describing the competencies required for effective interprofessional collaboration. Six competency domains - role clarification, team functioning, patient-/client-/family-/community-centred, collaborative leadership, interprofessional communication, and addressing interprofessional conflict - highlight the knowledge, skills, attitudes and values that together shape the judgments that are essential for interprofessional collaborative practice. (See [Appendix 3](#) for the link to the full document).

The *National Interprofessional Competency Framework* provides Competency Statements that may be helpful in describing the attributes demonstrated by a collaborative health care provider, and Competency Descriptors which further describe the expectations of a health care provider in achieving the competencies within each domain.

Adopting a competency based approach comes with challenges. Competencies are limited in their ability to account for different contextual learning and practice environments.

GOAL OF IP PRACTICE EDUCATION EXPERIENCES (IPPE)

Two key purposes of students participating in an IPPE experience include:

1. Gaining experience in interprofessional team work and collaboration
 - a. Establishing and maintaining interdependent relationships with other professionals and students
 - b. Developing an understanding of interprofessional team structures, effective team functioning and knowledge of group dynamics
2. Understanding the roles and contributions of the professions with whom the students will interact during their IPPE placement
 - a. Understanding their own profession in relation to others
 - b. Providing patient-centred care that is personal, professional and community sensitive
 - c. Involving the patient/client and family as partners in group decision-making processes as part of an interprofessional care plan

Additional learning may include exposure and skill development in IP competencies of communication, conflict resolution and leadership. Please see [Appendix 4](#) for 3 Practice Placement IP Activities.

KEY FIELDWORK DATES AND REMINDERS

There are 5 block placements in the UBC OT program.

Level 1 placement- 5 weeks, full time occurs every January

Level 2A placement- 6 weeks full time occurs every May- June

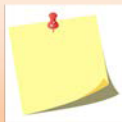
Level 2B placement- 6 weeks full time occurs every November- December

Level 3A placement – 6 weeks full time occurs every February – March

Level 3B placement – 7 weeks full time occurs every April - May

The UBC OT Fieldwork requirements include:

1. One out of 5 placements must be in Mental Health
2. One out of 5 placements must be in Long Term Care/Acute
3. Completion of Clinical tracking and reflective tool, T-RES. Please see [Appendix 5](#).



For policies related to placements such as sick time, job action, please refer to the UBC OT Fieldwork Site Manual available on our [website](#).

CANADIAN FIELDWORK PLACEMENT SHARING SYSTEM

Priority goes to UBC students Unmatched placements will be offered to out of province OT students upon receiving confirmation from the clinical site.

If you get a call from a student, immediately refer them back to their respective fieldwork faculty member at their university. STUDENTS ARE NOT ALLOWED TO SOLICIT THEIR OWN PLACEMENTS

UBC OT STUDENT EVALUATION PROCESS

There are the following 4 forms that are part of the Fieldwork experience:

- Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE- OT)
- Addendum to CBFE (UBC specific)
- Student Fieldwork Experience Evaluation Form (completed by students on every placement)
- OT Educator Evaluation of FW experience (survey link emailed out to preceptors towards end of placement)



Might seem overwhelming but the process of student assessment is more than just the *forms*

Please check [Appendix 10](#) for the full CBFE package.

Objectives of Fieldwork Assessment include:

- to provide a record of student's performance in the practice education setting
- to develop student's competency as an OT
- one of many contributing factors to ensure the student is qualified to enter professional practice

Benefits of the CBE-OT:

- Focus is on core competencies
- Student can take an active role through development of personalized learning objectives
- Applicable to any level of fieldwork
- CBE are consistent with expectations for competence in practicing OT's

What is Competence?

- The capacity to conceptualize and operationalize the performance necessary for a certain type of outcome in a given situation
- The adequate performance of different activities
- Knowledge, skills, behaviours, values that underlie adequate performance of professional activities
- **It is an entrusted capacity that is given to a professional group for the good of the public**
- **We have a responsibility to ensure that our clients receive safe and effective service**

Contributors to Competence:

- Past learning experiences
- Time
- Current learning situation (OT curriculum)
- Global pattern of development

Seven (7) Core Competencies from CBE-OT:

1. **Practice Knowledge:** *Discipline specific theory & technical knowledge*
2. **Clinical Reasoning:** *Analytical and conceptual thinking, judgment, decision making, problem solving*
3. **Facilitating Change with a Practice Process:** *Assessment, intervention, planning, intervention delivery and discharge planning*
4. **Professional Interactions and Responsibility:** *Relationship with clients & colleagues, legal & ethical standards*
5. **Communication:** *Verbal, non-verbal & written*
6. **Professional Development:** *Commitment to profession, self directed learning and accountability*
7. **Performance Management:** *Time and resource management, leadership*



Think about your OT practice. Describe what is required of you in each of the 7 competencies

1. Practice Knowledge
2. Clinical Reasoning
3. Practice Process
4. Professional Interactions
5. Communication
6. Professional Development
7. Performance Management

HOW TO USE THE RATING SCALE

- It measures qualitative range of behaviour
- upper & lower limits of scale:
 - Performances outside the boundaries indicate variation from the description of typical developmental progressions
 - Low end = RED FLAG
 - Educators should circle the number on the scale that **best represents your judgment of student performance**
 - No quantitative stats will be used to pass/fail student at this time
 - no national “pass/fail”
 - If you wish to mark the student outside of the range you must give specific examples of performance that indicates they are above the rating

WAYS TO PREPARE FOR THE MIDTERM AND FINAL EVALUATION

- Discuss with student evaluation procedure, arrange date, time and meeting place.
- Review the student’s learning objectives
- Examine your own attitudes toward student
- Differentiate between knowledge, skill and personality issues
- Review documented records of the student
- Ask student to complete self-evaluation (optional)

- Request input from colleagues
- Review evaluation procedure (reduces student anxiety)
- Exchange evaluation forms with student (student completes a self-evaluation)
- Present an overview of student's performance
- Utilize written evaluation as framework & provide specific descriptive feedback to student
- Relate student's performance back to student's learning objectives.
- Discuss patterns of behaviours, identify strengths, problem areas and areas for future growth
- Review evaluation of the learning process in the fieldwork placement from student (Student Eval of Fieldwork Experience)
- Recognize that the student, after reflecting on the evaluation, may wish to further discuss some of the issues.

What are the potential consequences of not providing a comprehensive and balanced evaluation?

Students:

- ✘ do not receive accurate feedback
- ✘ motivation, confidence and appreciation of evaluation is undermined

Therapists:

- ✘ Not dealing honestly with a student whose performance has been poor can be demoralizing

Profession:

- ✘ Inadequately prepared students are graduated and reflect poorly on the profession

PITFALLS OF EVALUATION

- **Error of Central Tendency**...if you have not been specific about the information obtained about the student's performance, the student may be rated as "fair" or "average"
- **Halo Effect**....tendency to make a global judgement about a student's performance based on one or two incidents and to continue to perceive all future performance in a similar way
- **Mum Effect** – unless the student is going to fail you don't need to say anything.
- **Contrast Error**...tendency to evaluate the student using yourself as the standard. For example, the highly organized supervisor may expect the student to be equally organized.
- **Leniency Bias**...avoid giving negative/critical evaluation.

HOW TO COMPLETE THE WRITTEN COMMENTS SECTION

What does a useful evaluation look like?

- Concise yet descriptive
- Describes the behaviours, skills, or experiences of the student
- Provides direction for next placement
- Supportive, constructive & instructive
- Describes therapist's impression based on what s/he has seen
- A progression between the midterm & final comments
- Cites the situation the behaviour was demonstrated
- Comments build on previous ones, are new not repetitive

EVALUATIONS THAT ARE NOT USEFUL

- Does not provide constructive & instructive feedback
- There are no directions for improvement
- Vague, not specific
- Chatter about the value of "the future"
- Final evaluation does not follow-up from midterm
- Does not describe current skills or performance
- Comments do not relate to section being evaluated
- Comments that reflect prejudice
- "blaming" the placement for its inadequacies with no focus on the student

EXAMPLES OF WRITTEN COMMENTS

Do:

Describe observable behaviours and what you hear the student say.

The student was organized and prepared for the initial interview, having generated a list of questions to ask as well as have the database form in front of them to refer to.

The student requires more time than an experienced therapist to complete tasks but has a thorough and organized approach to completing her work.

The student has demonstrated techniques to ensure both their own safety and the safety of the client with mobilization activities.

The student has been late 8 times since the beginning and mid-term which has impacted their opportunity for client contact as they have missed morning ADL's. They have expressed they are experiencing difficulties at home and are not sleeping well. A plan will be put in place to assist the student with this behaviour between now and final so they can participate in all aspects of care and demonstrate competence.

The student's charting shows clear, relevant, and descriptive observations offering the reader and hence other professionals reading the chart, a clear view on her assessment findings. In addition, their ability to analyze their observations and translate them into their functional implications is developing.

The student is able to select appropriate assessments as a result of reading the consult and ask appropriate, thoughtful questions to the therapist and then using in the moment clinical reasoning.

The student's professional interactions with other team members and with ward staff and doctors were done in a mature, calm and respectful manner. They received feedback easily and incorporated it where necessary.

I observed the student raising their voice to the social worker and repeating speaking in an angry manner.

Don't:

Include your interpretation of what might be happening

The student is not coping well and is never organized for meeting new clients

The student is unorganized and sleep deprived therefore takes far too long to complete tasks.

The student is habitually late and is not achieving mid-term competencies. They are blaming their lateness on external factors (traffic, broken alarm clock, noisy neighbours and can't sleep) rather than owning it and dealing with it.

Include hearsay

One of the other OT's thinks the student is struggling.



Written Feedback Scenario

Using clear behavioural statements, formulate written feedback. Include something positive as well as feedback for change. Consider within which competency it would be noted.

Scenario #1: You are currently providing education for a student in their clinical placement. The student "Taylor" seems unable to work as independently as you had anticipated based on the university course outline that was sent out. Although Taylor identifies what needs to be done to prepare for a session with a client, they appear unprepared for sessions and are easily flustered with clients. As a student fieldwork educator/preceptor, this is affecting your work performance as you are currently carrying a heavy client load.

Notes...

WHAT DO STUDENTS SAY?

- Schedule time for midterm evaluation upon arrival
- Obtain feedback from other staff members who may have seen the student
- Include specific areas for improvement and expectations for accomplishment
- Discuss in the midterm and final evaluation meeting the rationale behind the comments. Clarify by providing examples to support the feedback.
- Maintain positive approach to evaluation - provide areas of improvement balanced with areas of strength
- Keep improvements to a workable amount so student can focus on these
- Set aside time each week to discuss the placement overall
- Recognize that each placement is unique and allow time for the student to adjust

Most importantly, NO SURPRISES PLEASE!!!



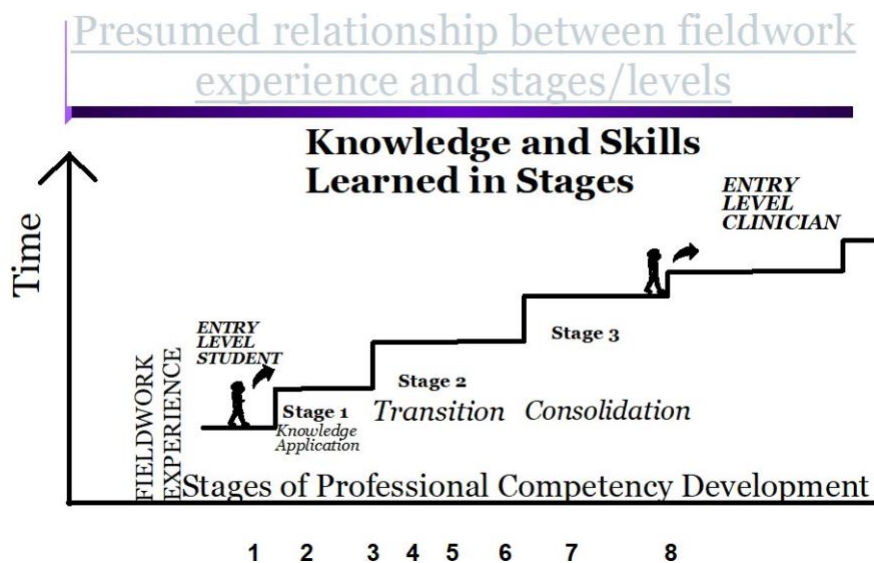
COMMON MISSES IN THE EVALUATION PROCESS

- Concerns at midterm that are not reflected in the scores on the form only in the comments (students don't notice the comments as much)
- Completing objectives
- **Calling** the UBC Fieldwork Coordinator **too late** in the placement- trust your gut and call early!!

WHAT ARE THE EXPECTATIONS OF EACH LEVEL OF PLACEMENT?



Every placement is unique and will require orientation to and learning about, hence suggest you grade a placement as you would grade an activity.



Level 1- Knowledge Application Stage

Primary emphasis for level 1 student is:

- Exploring the role of OT specific to your practice area
- Development of interaction skills, including establishing a therapeutic relationship with clients, family members, fieldwork educators and other health care personnel
- Ability to carry out basic health care interview (of some sort)

Primary Role of Preceptor:

- Educator- teach... teach... teach...
- Articulate performance expectations and objectives clearly
- Provide specific instructions of 'how to' do things – both practical and professional skills and interactions
- Supervision should be consistent, direct, active and always readily available.

A comment about supervision...



LEVEL 1 PLACEMENT- TIPS & TRICKS

During this first placement, the students should be “doing” as much as possible versus observing...

- the focus in this placement is on the professional skills!
- do they look, behave, approach this placement in a professional manner?
- are they socially appropriate?
- managing to develop relationships with patients and other team members?
- taking initiative to learn and asking appropriate questions at the appropriate time?
- do they understand where to find information? Are they able to find this information?
- are they feeling more comfortable in this health care environment?
- are they sensitive to and aware of the hierarchy, politics, “who is who”, and the general running of your site

Suggestions:

- visits to other sites/community services/equipment vendors etc. are encouraged
- assign them tasks/activities that you would teach a family member, volunteer, or assistant.
- identify 1 day/week that the student is responsible for organizing e.g., visits to sites relevant to their placement/caseload i.e., acute care, equipment/wheelchair vendor.
- the student should report back re: what they learnt and how it is relevant
- students need to be sensitive that sites may say “no” to visitors due to workload, inappropriateness etc.
- visits to sites where their classmates will explain service area/caseload/activities etc.
- spend ½ day – full day with other team members.
- student can follow patient to visits with other team members (if consent given)
- have student explain how the team members’ roles are different
- whenever possible, encourage students to work together if there is more than one student at your facility, e.g. - visit sites/community services/equipment vendors together (see above)
- practice assessments typically used by your site...e.g., an initial interview
- ROM, MMT, Jebsen Hand Function etc....
- have students orient each other to different service areas
- encourage students to communicate with each other to share experiences and problem solve (email, phone etc)
- focus on active observation skills (versus passive)
- ask the student to observe something specific re: the client e.g., it may be the way they sit in the wheelchair, how they move or transfer etc.?
- ask the student to concisely and clearly describe their observations to you
- ask the student to observe your interactions with a client and to problem solve what the symptoms are? impact on functional independence? equipment needs? what is the diagnosis?
- select particular patients (vs. all of them) that you would like your student to interact with and/or observe. have your student go to resources and find out more re: diagnosis, appropriate assessments, activities etc. and report back to you.
- feel free to say to a student, “that is a great question, why don’t you go and explore it a bit and tell me what you find out...?”
- if you work with a very busy caseload you may like to ask the student to write down their questions and save them until a quieter time or pre-scheduled meeting time.
- ask your student to spend ½ day becoming familiar with the location, contents and use of... activities, equipment, assessments etc. found within your department/site resources available to OTs within your program/department/site resources available to patients/clients via your site (patient education etc.).

- some settings have found that by the end of this placement the student is able to run a particular patient education group (e.g., hip/knee) or can assess for simple bathroom equipment, make recommendations, fill out a form, and provide education to the client on its use.
- the student can practice taking quick, concise, clear written notes for you as you assess the client.
- ask for the student's opinion re...appropriate activities, adaptations, equipment, or services.
- a student could accompany a client to a Day Program or their other therapies (if consent given)...participate and observe the program and client's participation...and report back...again working on observation skills.
- ask student to analyze an occupation or select a therapeutic activity for a client and give rationale (eg, why this activity?)
- request that the student present a summary of 1 of their university assignments to you or at a staff meeting or in-service

Students benefit greatly from time spent with clients....

- allow the student time to become comfortable "chatting" with patients
- ask the student to "collect" specific information from patients e.g., ADLS (leisure, productivity etc.).
- patients are usually very interested in students and often ask questions about school, where they are from etc...This is a great opportunity for the students to define "What exactly is Occupational Therapy?"

Ask the student to read a client's chart...

- to see how goal directed charting is done, then discuss how to set "client-centred goals"
- ask the student if the goals are "SMART" (Specific, Measurable, Attainable, Realistic, Time orientated)

Feel free to ask your student to assist in any student or University related activities e.g.,

- input into a "Student or Orientation Binder"

This placement is a wonderful opportunity for the student to experience diversity:

- clients, their family, friends and social situations, community resources
- diagnoses
- many roles of OT

Notes...

Level 2- Transition Stage

- **Primary emphasis is:**
- As much practice and experience in professional problem-solving, assessment, intervention and outcome measurement as possible!
- **Primary role of preceptor:**
 - Promote student self-reflection
 - Prompt with appropriate questions
 - Engage in discussion of several solutions to occupational performance problems and encourage student to begin to make decisions about the most viable course of action.
 - Coach



Think about coaching- teach specific skills during practice time, then at game time, let the players execute and then provide feedback after.

Primary emphasis for level 2 students is:

- To contribute more fully as a team member
- To have increased practice with assessment & intervention skills
- To develop own ideas & insights into practice
- To provide possible solutions to clinical problems
- For them to share & integrate previous learning experiences



LEVEL 2 PLACEMENT- TIPS & TRICKS

Provide students with the opportunity to:

1. Continue to develop professional knowledge, skills, and attitudes.
2. Begin to demonstrate clinical/professional reasoning and problem-solving skills.
3. Begin to demonstrate and integrate independent work skills (e.g. time management, setting priorities, etc.).
4. Plan, implement, and evaluate all aspects of the client's program with supervision as required.
5. Integrate constructive feedback into performance.
6. Integrate previous academic and fieldwork experiences with current experiences.

Level of Student Involvement and Degree of Supervision

The emphasis during the level of placement should be on actual practice in professional problem-solving, assessment and intervention. Students should begin to share and assume responsibility for some components of client-centred practice such as assessment, planning, implantation of intervention programs, discharge planning, and follow-up. Students should be encouraged to try and develop their own ideas and insights regarding their clients after dialogue with therapist. They should be able to begin to engage in discussion of a possible solution(s) to occupational performance problems and with guidance begin to make decisions about the most viable course of action. Students must be encouraged to engage in self-analysis and reflection and to share and integrate previous learning experiences into their practice.

Recommended Strategies for the Fieldwork Educator:

- Have student identify occupational performance goals
- Prompt with appropriate questions
- Encourage a search for alternatives and options & engage in discussion of viable solutions
- Leads student to see that not all solutions are equally good and explain reasoning
- Provide 2-3 alternative suggestions – allow students to form own opinions & choose course of action
- Guidance
- Facilitate student self-analysis by modeling own self-reflection or provide concrete methods for students to engage in self critique (journal templates, feedback sheets, etc.)
- Allow as much independence and practice with routine repetitive situations so students develop confidence in performing skills
- Model desirable outcomes in complex situations
- Provide positive reinforcement for creativity when possible

Notes...

Level 3- Consolidation Stage



- **Primary emphasis for students is:**
 - Final preparation for entry to practice
 - Independence in application of the occupational therapy process
 - Consultative
- **Primary role of preceptor:**
 - Mentor
 - Consultative
 - Student self-reflection should be self-initiated
 - Encourage student to identify and pursue professional learning needs
 - Work "collegially" with the student.

LEVEL 3 PLACEMENT- TIPS & TRICKS

Provide students with the opportunity to:

1. Continue to develop professional knowledge, skills, and attitudes.
2. Continue to demonstrate clinical/professional reasoning and problems-solving skills.
3. Demonstrate and integrate independent work skills (e.g. time management, setting priorities, etc.).
4. Plan, implement, and evaluate all aspects of the client's program.
5. Integrate constructive feedback into performance.
6. Integrate previous academic and fieldwork experiences with current experiences.

Level of Student Involvement and Degree of Supervision

The emphasis during this level of placement should be on actual **practice** and **experience** in professional problem-solving, assessment and intervention. Students should begin to share and assume responsibility for all components of client-centred practice such as referral analysis, assessment, planning, implementation of intervention programs, discharge planning, and follow-up. Students should be encouraged to try and develop their own ideas and insights regarding their clients. They should be able to engage in discussion of several solutions to occupational performance problems and begin to make decisions about the most viable course of action. Students should be encouraged to engage in self-analysis and reflection and to share and integrate previous learning experiences into their practice.

Recommended Strategies for the Fieldwork Educator:

- Have student identify occupational performance goals
- Prompt with appropriate questions
- Encourage a search for alternatives and options & engage in discussion of viable solutions
- Lead student to see that not all solutions are equally good and explain reasoning
- Provide 2-3 alternative suggestions – allow student to form own opinions & choose course of action
- Gentle guidance
- Facilitate student self-analysis
- Increase challenge in complex situations

- Provide positive reinforcement for creativity when possible

THE IMPORTANCE OF LEARNING OBJECTIVES

- Objectives clearly define realistic expectations of the placement relevant to the level of student
- This is done by stating WHAT it is they are to do and to WHAT DEGREE they are expected to perform it at
- Learning objectives can be met through formal teaching and informal activities available to the learner
- It is more important that the student is exposed to an array of **quality** learning opportunities rather than a large **quantity** of learning opportunities

Examples of Opportunities for Learning During Fieldwork:

- | | |
|---|---|
| • Direct demonstration by therapist | • Student/therapist tutorials |
| • Observation of therapist | • Student presentation |
| • Demonstration followed by practice | • Family conferences |
| • Interviewing clients | • Orientation activities |
| • Treatment/ assessment of assigned patients | • Observation of procedures |
| • Review findings with therapist | • Record keeping |
| • Discharge planning | • Demonstration on therapist or student colleague |
| • Planned interaction with other health professionals | • Audio-visual resources |
| • Library | • Videoing sessions |
| • Community visits and resources | • Self-evaluation |
| • Policy and procedure manuals | • Relevant theoretical background review |
| • Simulations | • Participation in groups |
| • Discussion with colleague | • Contributing at rounds and meetings |

HOW DO WE WRITE GOOD LEARNING OBJECTIVES?

Objectives should include these 4 elements:

1. Audience (the student)
2. Action or Behaviour (usually a verb)
3. Conditions (“rules”)
4. Standard (level of performance expected)

1. AUDIENCE

- Objectives are written to describe **outcomes for student** not educator
- “Who is to perform the desired task?”

Objectives are statements of what the audience (learner, participant, client, patient, student) will do

2. BEHAVIOUR

- The behaviour element is a phrase containing an action or behavioural verb that ties what the learner is to perform or exhibit to the object of the behaviour e.g.
 - Will make an inhibitive foot cast
 - Will describe two precautions for this treatment
 - Will propose ways in which patient fear may be relieved

Examples of strong skill action verbs include:

Achieve	Initiate	Promote
Administer	Instruct	Publicize
Analyze	Interpret	Reason
Answer	Invent	Recruit
Approve	Investigate	Reorganize
Assess	Judge	Research
Budget	Lead	Resolve
Calculate	Listen	Review
Collaborate	Maintain	Schedule
Communicate	Manage	Share
Counsel	Market	Strengthen
Create	Mediate	Supervise
Demonstrate	Negotiate	Support
Develop	Obtain	Teach
Document	Organize	Tend
Establish	Persuade	Track
Evaluate	Plan	Train
Facilitate	Predict	Tutor
Formulate	Prepare	Unified
Gather	Present	Upgrade
Generate	Problem-Solve	Verbalize
Implement	Process	Verify
Improve	Program	Write

Fuzzy words or phrases to avoid when writing performance statements or objectives*

To:	To show:	To become:
Know	Awareness of	Aware of
Learn	Appreciation of	Capable of
Believe	Enjoyment of	Familiar with
See	Feeling for	
Feel	Knowledge of	To develop:
Comprehend	Interest in	Critical thinking
Perceive	Comprehension of	Intelligence
Realize	A proper attitude for	
Understand	A capacity for	
Think		
Conceptualize		

3. **CONDITION**

Condition is determined by the stipulation of any restrictions or requirements for the student as they attempt to meet the objective, any information, tools, source material or time factors. For example:

Using the department guidelines and form, the level 2 student will...

4. **STANDARD (degree to which they will perform)**

- “How well do students need to achieve an objective in order for their performance to be judged satisfactory?”
- Standards for acceptable **level of performance** may be stated in terms of limitations, number of correct responses or range of accuracy (with **supervision, assistance, independently, efficiently, without guidance** etc...)

Example of a learning objective:

- Using the **department guidelines and form** the student will **independently complete** 1 Mini Mental assessment **within 10 minutes**.

Audience Behaviour Conditions Standard



HINT! Avoid cramming too much into one objective, or being too vague.

LINKAGE TO THE CBFE-OT EVALUATION TOOL

- Each of the 7 competency areas has a space for writing personal LO's
- Learning Objectives:
 - Facilitate student orientation
 - Assist student/therapist in directing the learning experience
 - Help identify the progress of the student
 - Help student direct own learning
 - Are an accountability mechanism
 - Set climate for student/therapist communication

OBJECTIVE	RESOURCES	EVIDENCE	VALIDATION
What do you hope to learn or develop?	What will you utilize to achieve your objective?	What proof will you offer that demonstrates your acquisition of the objective?	How do you want your evidence to be evaluated?

Sample of Vague vs Measurable Objective

Vague objective – *develop rapport with patients.*

How will this be measured? Perhaps this can be written as such-

Measurable objective - *by the end of placement, I will continually demonstrate the ability to develop rapport with clients with acquired brain injury with minimal guidance from my supervisor.*

Please see [appendix 6](#) for sample learning objectives.

Notes...



Brainstorm 10 things you do in your day

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.



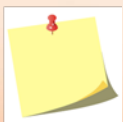
Write an objective for one item on your list



Share & gently critique it with a partner



Identify which competency area it fits into



When you are back at work, take the 10 things from your list above and generate 10 student-learning objectives

TRANSITIONING FROM PRACTITIONER TO TEACHER: ADULT LEARNING AND TEACHING APPROACHES

In order to prepare for your role as teacher/educator the following principles will be reviewed in this section:

- The role of learning styles
- Domains of Learning
- The Learning Cycle
- Adult Learning Principles
- Various Teaching Roles
- Characteristics of Effective Teachers
- Facilitating Clinical Reasoning
- Effective Use of Questioning
- Clinical Story Telling
- Teachable Moments
- The One-Minute Preceptor Approach
- How to Foster Self Reflection

LEARNING STYLES- WHATS ALL THE FUSS?

Learning is the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping experience and transforming it. - Kolb (1984, 41)

Being aware of how we like to “learn”, is something that allows us to understand how we and others approach situations and how we can better relate to one another.

- Promotes a self-awareness and ability to be more responsible for personal learning
- Facilitates expansion of repertoire of learning skills and styles
- Promotes use of wider variety of instructional methods in teaching/learning situations
- Creates an ability to recognize and appreciate the diversity of learning styles and the value of different approaches
- Encourages a collaborative, rather than competitive atmosphere, in which the learners and educators work and learn together

Learning-Style Inventory

To complete this inventory, think of ways you most frequently go about learning or prefer to learn new things. If you are preparing to teach other people about a topic, how do you most easily prepare yourself? **Check the column which best describes you** or where you feel you fit on the continuum. Use the sentences that precede each section to help you decide which word or phrase best describes you.

Generally, I learn best by:

	A	B	C	D	
Talking	_____	_____	_____	_____	Listening
Acting	_____	_____	_____	_____	Reacting
Taking small steps	_____	_____	_____	_____	Observing overall picture
Being quick	_____	_____	_____	_____	Being deliberate
Experimenting	_____	_____	_____	_____	Digesting
Carrying out ideas	_____	_____	_____	_____	Thinking up ideas
Changing	_____	_____	_____	_____	Remaining constant
Being animated	_____	_____	_____	_____	Being reserved
Doing	_____	_____	_____	_____	Watching
Being goal-oriented	_____	_____	_____	_____	Being process-oriented
Being practical	_____	_____	_____	_____	Seeing ideals
Changing as I go	_____	_____	_____	_____	Mapping out in advance
Finding solutions	_____	_____	_____	_____	Identifying problems
Formulating answers	_____	_____	_____	_____	Formulating questions

Total up each column and write the totals below.

A_____ B_____ C_____ D_____

In learning situations, I am:

	1	2	3	4	
Intuitive	_____	_____	_____	_____	Logical
Personally involved	_____	_____	_____	_____	Impersonally objective
Emotional	_____	_____	_____	_____	Intellectual
Supportive	_____	_____	_____	_____	Critical
Eager to discuss with others	_____	_____	_____	_____	Prone to analyze by myself
Interested in new experiences	_____	_____	_____	_____	Interested in new ideas, models
A believer in opinion	_____	_____	_____	_____	A believer in theory
Accepting	_____	_____	_____	_____	Questioning
Feeling	_____	_____	_____	_____	Thinking
A quick risk taker	_____	_____	_____	_____	A slow risk taker
Prone to trial and error	_____	_____	_____	_____	Prone to planning and organizing
People-oriented	_____	_____	_____	_____	Task-oriented
Ready to jump in	_____	_____	_____	_____	Wanting facts first
Dependent	_____	_____	_____	_____	Independent

Total up each column and write the totals below.

1 _____ 2 _____ 3 _____ 4 _____

Transfer your totals from this page into the space below. Circle you highest A/B/C/D and your highest 1/2/3/4

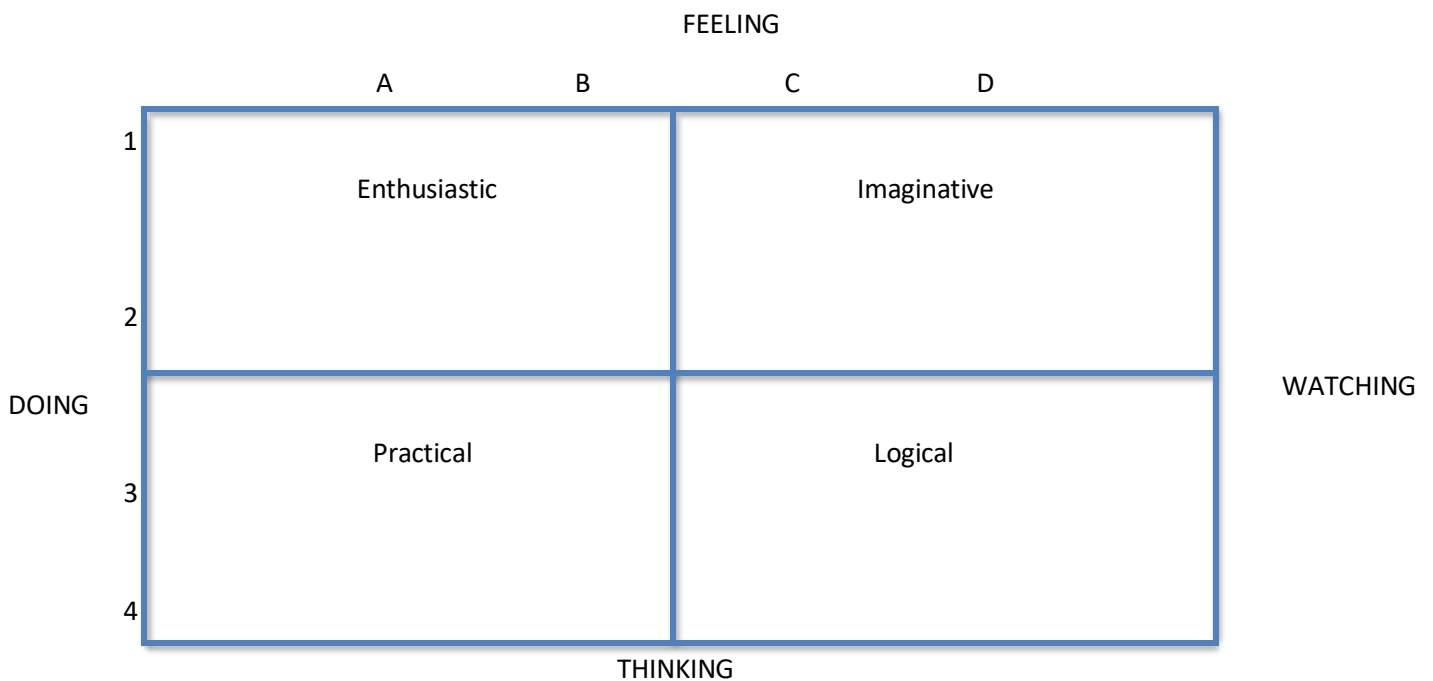
Example:

A 3 B 8 C 3 D 0
 1 2 2 4 3 7 4 1

Your totals:

A _____ B _____ C _____ D _____
 1 _____ 2 _____ 3 _____ 4 _____

Plot your 2 highest scores in the grid below. See * example in the grid below: B= had highest total and 3 = had highest total places them in the Practical box.



Where do you fall? **Enthusiastic, Practical, Imaginative or Logical.** Please refer to the descriptors below of each domain.

Reference: Hagberg, J & Leider, R. (1984). The Inventurers: Excursions in life and career renewal.

PRACTICAL

- Applies ideas/theories to solving problems in “real” situations
- Has detective skills and the patience to search thoroughly
- Unemotional
- Uses reason, logic to meet goals and to take action
- Speculates on alternatives
- Likes to be in control
- Sets up projects, pilot studies – likes the challenge of starting new
- Acts independently, then gives feedback
- Responsible, reliable
- Learns by working alone, testing probabilities and coming to conclusions

LOGICAL

- Good theorist, planner, new model builder
- Good synthesizer of detail
- Precise, thorough, careful
- Organized, follows a plan
- Process-oriented
- Reacts slowly and wants facts
- Works independently
- Redesigns, retests, digests
- Rational, analytical
- Learns individually often reshaping an existing plan, model, or theory

ENTHUSIASTIC

- Starter of new activities
- Operates on “trial and error” gut reaction
- Involves, inspires others
- Gets opinions, relies on them
- Seeks new experiences
- Likes risks, changes, incentives
- Dislikes routine
- Adapts well to situations
- Willing to try, jump in, can be impulsive
- Likes learning through group “doing” and discussion “trying it out”

IMAGINATIVE

- Oriented to the whole
- Uses eyes, ears, and translates through imagination
- Good observer – can model behaviour
- Able to see self in different situations
- Unhurried, casual, calm, friendly
- Avoids conflict
- Timing important, cannot push or be pushed until ready
- Likes assurance from others
- Learns by listening then sharing ideas with a small number of people



Take home message about learning styles:

- Cherish the differences
- There is no “best” way to learn
- Learning styles are NOT related to intelligence or mental ability
- Learning styles are preferences that will surface under stress
- Understanding our own learning style assists us to understand the frustrations we occasionally feel when working with others in specific situations

OTHER LEARNING STYLE RESOURCES

[VARK Learning Styles](#)

[Honey and Mumford](#)

[Kolb Learning Styles](#)

DOMAINS OF LEARNING: WHAT IS MY ROLE AS A PRECEPTOR?

COGNITIVE

Concerned with intellectual activity- it is ok to ask the students questions that get at knowledge solidification particularly if it is important to your practice. Examples might include questions related to anatomical structures, rote –recall procedures; signs & symptoms

PSYCHOMOTOR

- Concerned with manipulative and motor skills

AFFECTIVE

- Concerned with states of feeling and valuing i.e. attitudes, judgments, and values. This is the area we need you to focus because you are providing the “lived experience”. Ask your students **How did that make you feel?** Or **Did anything about that surprise you?**

These 2 questions will allow the student to discuss feelings, challenges, triggers with you that your setting, clientele, practice might evoke in them. Topics of grief, death, dying, suicide are all best tackled in the moment in the setting. If you can discuss coping strategies and how you compartmentalize your feelings and/or your personal from your professional life, you will really assist in the growth and development of healthy reflective OT’s.

Notes:

STUDENT RETENTION OF LEARNING

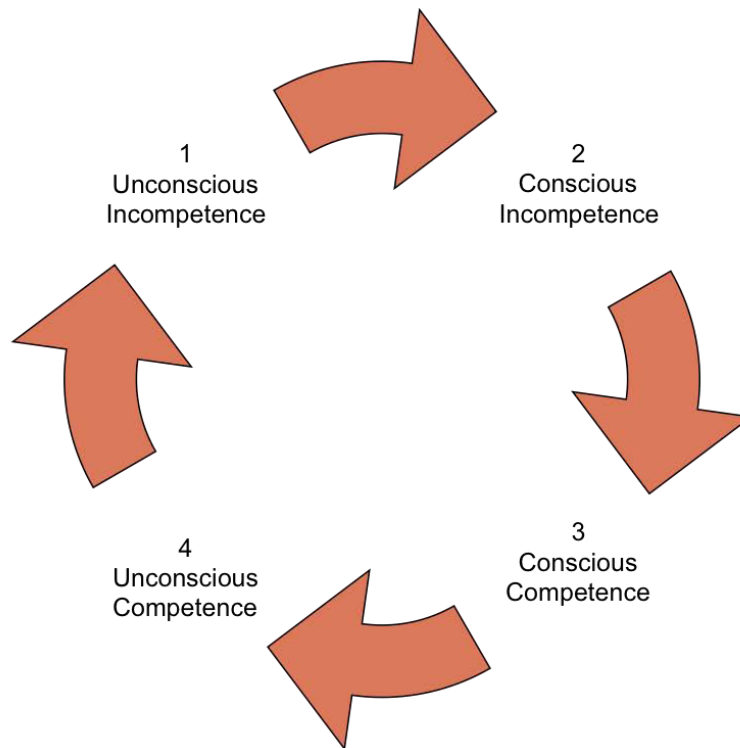


Teach others includes “talking out loud”. Student learners **must** talk out loud when on placement. If they see you model this, they will be more inclined to do it!

THE LEARNING CYCLE

The learning cycle helps to:

- Outline the different stages adults move through as they gain mastery in a subject or a skill
- Remind us that over time, therapists tend to forget the theoretical principles and steps behind each procedure – they just do it.
- Reflect on why OT’s may find it difficult to explain to someone in the early stages of the learning cycle.
- Remind us to go back and become consciously competent when we have students as those OT’s are often good teachers because they are able to explain the steps involved in a procedure or clinical reasoning
- Remember that learners need to do things in order to move through the cycle
- Affirm that mistakes will, and should occur. Learners must feel okay (safe) acknowledging that they lack knowledge or skill at various stages
- Learners must feel comfortable discussing their mistakes.



The four stages are:

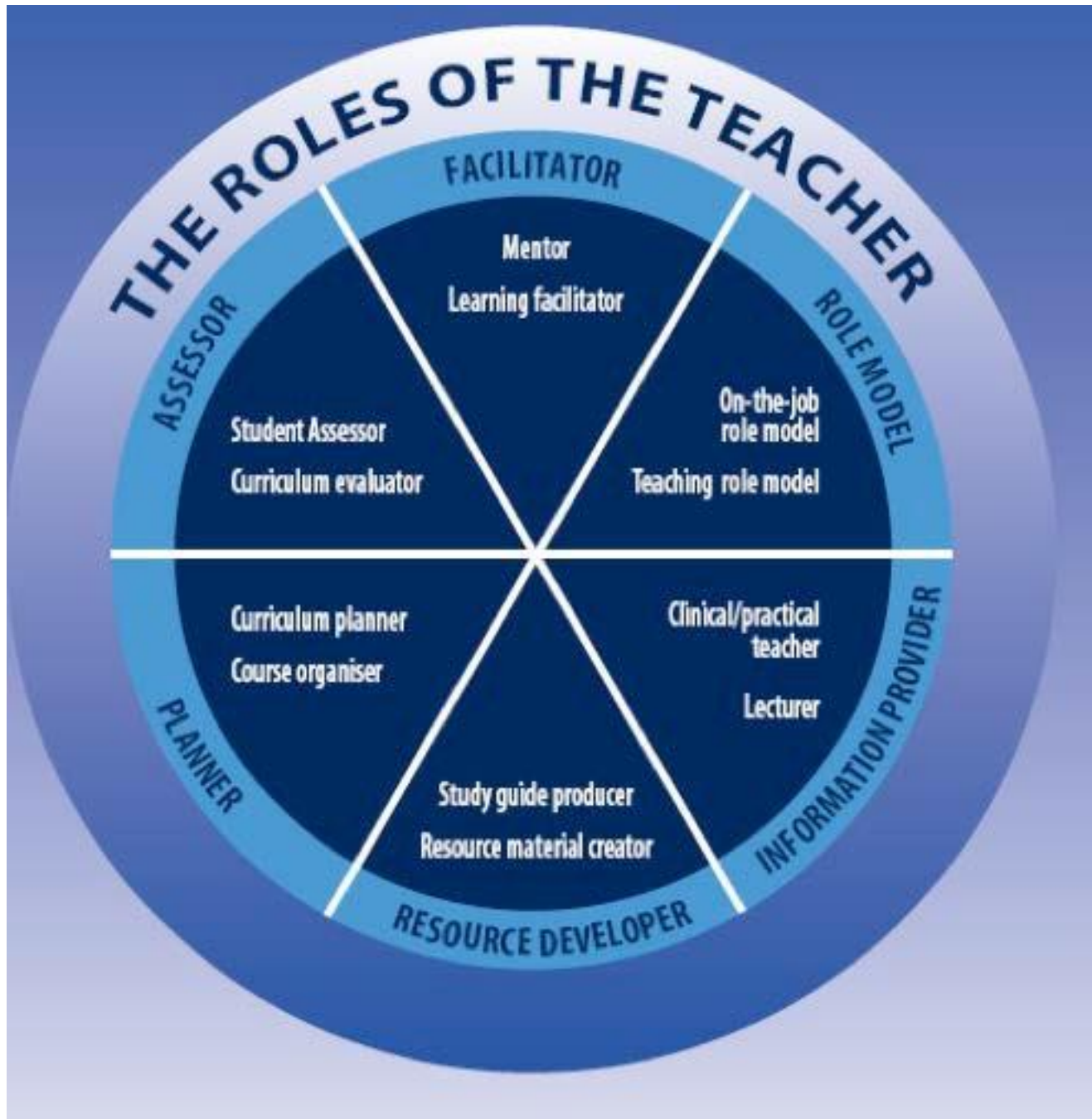
Unconscious Incompetence- If the awareness of skill and deficiency is low or non-existent; that is, the learner is at the unconscious incompetence stage. The learner may not see the need for learning. It's essential to establish **awareness** of a weakness or training need (conscious incompetence) prior to attempting to impart or arrange training or skills necessary to move learners from stage 2 to 3.

Conscious Incompetence- the learner becomes aware of the existence and relevance of the skill; therefore also aware of their deficiency in this area, ideally by attempting or trying to use the skill; realises that by improving their skill or ability in this area their effectiveness will improve; ideally the person has a measure of the extent of their deficiency in the relevant skill, and a measure of what level of skill is required for their own competence and the learner makes a commitment to learn and practice the new skill, and to move to the 'conscious competence' stage

Conscious Competence- the learner achieves 'conscious competence' in a skill when they can perform it reliably at will; the person will need to concentrate and think in order to perform the skill; can perform the skill without assistance; will not reliably perform the skill unless thinking about it - the skill is not yet 'second nature' or 'automatic' the person should be able to demonstrate the skill to another; the learner should ideally continue to practice the new skill, and if appropriate commit to becoming 'unconsciously competent' at the new skill **practice** is the single most effective way to move from stage 3 to 4

Unconscious Competence - The skill becomes so practised that it enters the unconscious parts of the brain - it becomes 'second nature'; common examples are **driving**, sports activities, typing, manual dexterity tasks, listening and communicating; it becomes possible for certain skills to be performed while doing something else, for example, knitting while reading a book; the learner might now be able to teach others in the skill concerned, although after some time of being unconsciously competent the person **might actually have difficulty in explaining exactly how they do it - the skill has become largely instinctual**

THE ROLES TAKEN ON AS A PRECEPTOR



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CHARACTERISTICS OF EFFECTIVE TEACHERS



Think back to a recent particularly useful, beneficial, enjoyable course/class or learning experience.

List the features/actions of the INSTRUCTOR that made the learning so positive.

-
-
-
-
-
-
-
-

Think back to a class/course/workshop that was not particularly successful. List the features of this experience.

-
-
-
-
-
-
-
-



Compare your list of features with people near you. People have different preferences and expectations but I think you will find commonalities.

Create a list of desirable features of the positive aspects of teaching. Keep these in mind when you prepare for hosting a student placement experience.

-
-
-
-
-
-
-
-
-
-

WHAT DO STUDENTS SAY?

- Makes them feel welcome and that teaching and learning is valued by the organization and therapist
- Demonstrates positive regard for student
- Shows enthusiasm for clinical education
- Sets clear goals and responsibilities
- Provides balanced frequent feedback
- **Demonstrates** skills to be learned
- **Allows** student to gain **independence** with clients
- **Open to discussing issues** with students and other members of the team
- **Consistently** available to student
- **Sensitive** to student role in organization
- Acknowledgement of student (introduction, involvement in Rx sessions)
- Introduction (method)
- Knowledge – challenges a student
- Provide feedback in a sensitive way in appropriate setting
- Treated as potential colleagues
- Organized, prepared for placement
- Assists students with goals/objectives
- Sense of humour

CONCEPTS AND PRINCIPLES RELATED TO ADULT LEARNING

1. Adults are **practical**: They are motivated to learn by the “need to know” the new information or skill. What is the practical purpose, how will this information be used, what are the advantages/ disadvantages to acquiring or not acquiring the knowledge?

Implications for the educator:

- Provide specific, learner-oriented objectives
- Describe a realistic scenario that demonstrates the application of the knowledge

2. Adults are **autonomous and self-directed**: They are responsible for their own decisions, and are capable of self-direction in choosing what they need or want to learn

Implication for the educator:

- Offer choices, create self-directed modules or elements that engage the learner to explore concepts at their own speed, to their own standard.

3. Adults are **goal-oriented**: They know what they want to achieve, and appreciate being able to see the link between learning activities and their goals.

Implication for the educator:

- Match learning activities to objectives, summarize why this topic/ these activities are relevant to the learners' goals

4. Adults have, and want to use, **prior experience**: Adults bring varied life experiences to their learning, in terms of both quantity and quality of prior learning. Thus, a group of adult learners are a rich resource to enhance the learning of all; they will want to individualize their learning (go through some material faster or slower based on their current level of understanding); may have biases about learning methods or topics that the educator may wish to help them examine.

Implications for the educator:

- “pre-test”: ask a questions that assesses current state of knowledge, identifies group members with prior experience who can help those with less experience
- Enrich discussion by asking for examples from learners past experiences
- Coach or encourage full participation when biases present as barriers to learning
- Respect the opinions and contributions of all learners

5. Orientation to learning: Most adults have a life-centered, or task- centered or problem- centered orientation to learning, i.e I need this skill to get a job, to do this task, or solve this problem.

Implications for the educator:

- Link the learning activities/ topics to the needs or goals of the group
- The role of the learner is active rather than passive – requiring learners to engage in the process (note: this does not imply psychomotor activity alone; it can be intellectual engagement as well). Active learning/ participation facilitates retention of new knowledge and skills.



“Quick Tips” to consider when planning teaching/learning sessions:

- **Motivate participants:** Set the stage with an introductory **example, story** or exercise that demonstrates why this topic is useful, interesting, or engaging.
- **Reinforce material** throughout the lesson: Use **repetition**, generalization, positive feedback throughout to reinforce new learning.
- **Facilitate retention** of material: Provide **opportunities to practice** new learning with a lab activity or exercise that requires learners to apply new concepts to situations that are relevant to them; provide homework or take home exercises for additional practice
- ***Facilitate transference**, the ability to use information taught in the session, but in a different setting or environment: Help learners to associate new knowledge with prior learning; contrast and compare new learning with previous theories/ ideas/ skills.

Notes...



Components of Effective Clinical Teaching

1. Clarify expectations

- a) Communicate your expectations: for example, a discussion of goals and objectives at the beginning of a placement, a review of expectations for next week at the end of each week, a brief explanation when assigning a task, a clarifying comment when you observe an error or omission...
- b) Determine what the student wants from you: for example, ask if the student knows how to get started, needs direction or demonstration, how or where to find resources.
- c) Negotiate mutual roles and responsibilities: re-cap who will do what and when

2. Stimulate thinking

- a) Obtain student's commitment: ask the student what they think about a case or situation, ask what they would like to do next, or otherwise require the student to "commit" to the next step in the clinical reasoning process
- b) Probe for underlying understanding: determine why the student chose that particular next step (what other options did you consider? What led you to that choice?)
- c) Help student consolidate learning: explain why the student's next step and rationale is appropriate or potential problems or flaws in their reasoning. A student may have selected an appropriate step for the "wrong reason" (eg. May have chosen the appropriate assessment for a reason unrelated to the case, not because they had picked up on cues from the client), or may have selected an inappropriate next step for the "right reasons" (e.g suggested an inappropriate assessment to conduct, due to lack of knowledge or experience, but have recognized that additional client assessment was required). Therefore, the preceptor's role is to help consolidate learning by making reasoning explicit.

3. Provide knowledge of results

- a) Observe student's performance: plan observation in consultation with the student
- b) Comment on specific good work and its effect: ensure "good work" is repeated in the future, and the student continues to build on and develop skills
- c) Describe what was wrong and how to correct it: help prevent errors or omissions from being repeated, make links between contextual factors (sometimes the mistake was inappropriate "under the circumstances" but not an error in and of itself)

FACILITATING CLINICAL REASONING

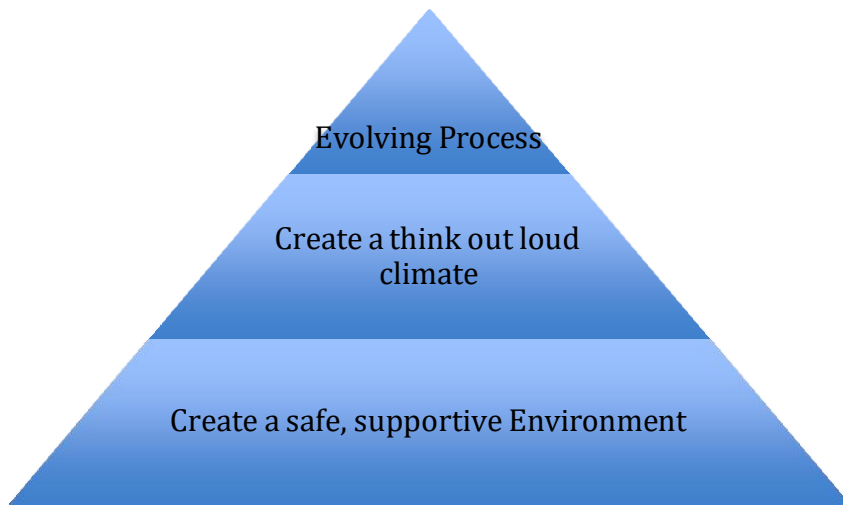
What is clinical reasoning?

- Clinical reasoning is defined very broadly as the thinking and decision making processes associated with clinical practice
- It is being able to say why you do what you do, each step of the way
- In practical terms it is the active thought process that guides practice
- Gives words to what goes on in your mind
- Requires us to “think about how we think” and make that explicit to students

What does it look like?

- Talking out loud while reasoning so that the student can hear what is going on in your mind
- Encourage students to make their thinking process explicit so you can discover gaps in their understanding

To do that:



Clinical Reasoning Stages

Novice learner:

- Good with concrete facts
- Relates to what they see and hear- often not good with context
- Does not create links
- Likes to follow procedure, pathways and flowcharts

Role of Preceptor

- Try to move the learner to the next level using your questioning skills
- Encourage learners to heed the client and environmental cues
- Use of story sharing gives them a greater reference point from which to reflect

Intermediate Learner

- Learns to pay attention to other cues like environment and people
- Sees client as a person rather than a problem
- Still looking for familiar patterns to help problem solve

- Possible difficulty with priority setting for/with client
- Beginning to use judgment to guide decision making
- Flexibility may still be challenging

Role of Preceptor

- Have learner think about hypothetical scenario to challenge and enhance reasoning skill repertoire
- Engage in several discussion of several solutions to client issues
- Encourage learner to begin to make decisions about the most viable course of action

Advanced Learner

- Can recognize and deal with unfamiliar situations
- Have a sense of direction for their clients
- More attentive to long term outcomes for clients (conditional reasoning)
- Perceive a situation as a whole rather than isolated parts
- Are to be flexible to modify their initial hypothesis

Role of Preceptor

- Use high level of questioning (see questioning section in this manual)
- Ask learner to propose multiple alternatives to achieve desired outcomes
- Make the learner answer their own “what if...” questions



Sample questions used to promote critical thinking focus on the following:

DEPTH What makes this situation more complex?

BREADTH How could we look at this differently?

LOGIC How does this fit with what the evidence says?

SIGNIFICANCE Which of these test results is most important?

FAIRNESS Are we listening to the client’s wishes as well as to our own?

CLARITY Could you give me an example?

ACCURACY How do you know this is true?

PRECISION Could you be more specific?

RELEVANCE How do these findings relate to the diagnosis?

QUESTIONING AS AN EFFECTIVE TEACHING STRATEGY

Teaching is often thought of as the activity of telling students something, or giving them information. In fact, **asking good questions**--not telling--should be the dominant activity of clinical instruction.

- Questioning allows the preceptor to:
 - determine learning needs
 - stimulate thinking
 - transfer responsibility for learning to the learner
 - model essential professional behavior

As a preceptor, you must know both what **types of questions** to ask and **how to ask questions effectively**

Questions can be categorized as follows:

- As addressing either **low-level**
- or **higher-level** tasks
- As cognitive or **affective** in nature
- As closed or **open**
- **Questions to avoid**

Low-level questions:

- Ask for recall of facts, concepts, principles, or definitions.
- For example: "What is the recommended timetable for polio immunization?"

While this type of question can be useful to help you assess a student's understanding of basic facts, health professions education often focuses too much on lower-level cognitive performance.

Higher-level questions:

- Ask students to analyze, synthesize or evaluate information and to form judgments.
- For example: "What would you recommend with regard to screening mammography for this 45-year-old patient?"

Such questions enable the preceptor to see how learners use their knowledge to make decisions.

Questions to avoid

Leading questions:

"You understand why this drug is inappropriate, don't you?"

Assertions that masquerade as questions:

"This is obviously migraine, wouldn't you agree?"

Questions that humiliate or put students on the spot:

"Haven't most students learned about taking sexual histories long before they reach this stage of training?"

Open questions (divergent):

- Allow a range of possible answers, invite reflection and speculation, and stimulate problem solving.
- Require higher-level cognitive performance and elicit longer answers.
- Expose student's thinking processes and level of expertise.
- Allow students to display what they know and don't know.
- Should be used as often as possible, and in a sequence that helps students build their understanding.

Open questions can be used to prompt students to:

Diagnose: "What is your interpretation of the data?"

Decide: "What interventions do you suggest?"

Hypothesize: "What would you do if this patient were 20 and not 40 years old?"

Challenge: "What leads you to that conclusion?"

Summarize: "What are the important issues that emerged today?"

Affective questioning: (covered in early section on Domains of Learning)

Raising questions about affective issues is important, in addition to cognitive questioning, because it helps students **identify their own attitudes and feelings** and conveys the preceptor's attitude that **affective issues are important in clinical work**.

For example:

"How did you react when this patient became sad and tearful?"

"What do you think are the reasons for your anger toward Mr. Smith?"

WAYS TO ASK QUESTIONS

1. Allow sufficient "wait time" for the student to respond and to respond--the most important rule for effective questioning.

- Wait at least 3 seconds:
 - after asking the question
 - after the student stops speaking.

This gives the student time to formulate and think through their response.

Pausing for three seconds results in dramatic increases in student participation, length of response, and more elaborate and better-supported responses.

2. Ask one question at a time--A barrage of questions is confusing

Effective Questioning Self-Evaluation

(Adapted from Westberd J, Jason H. Collaborative clinical education: the foundation of effective health care. New York: Springer-Verlag, 1993.)

Using the checklist below as a guide, reflect on how you think use questioning techniques with students. Rate yourself on the scale of 1 = needs improvement to 5 = excellent.

1. Whenever possible, I asked questions rather than gave information. 1 2 3 4 5
2. I asked mostly open-ended questions. 1 2 3 4 5
3. I avoided leading questions. 1 2 3 4 5
4. I asked one question at a time. 1 2 3 4 5
5. I waited at least three seconds after stating a question to allow the student to formulate a response 1 2 3 4 5
6. I waited at least three seconds after the student's response to allow the student to elaborate. 1 2 3 4 5
7. I avoided questions that would put the student on the spot. 1 2 3 4 5
8. I asked questions that would help the student explore his or her attitudes or feelings. 1 2 3 4 5
9. I modeled the questions that would help the student explore his or her attitudes or feelings. 1 2 3 4 5
10. I avoided assertions masquerading as questions. 1 2 3 4 5
11. I remained noncommittal to avoid unintentionally conveying the response I wanted. 1 2 3 4 5
12. I emphasized higher-level questions that asked the student to analyze, synthesize, evaluate and form judgements. 1 2 3 4 5
13. When questioning the student in the presence of a patient, I was sensitive to the patient's needs. 1 2 3 4 5
14. I asked questions in a sequence to build greater levels of understanding 1 2 3 4 5



Take home message about Questioning:

- Whenever possible, ask rather than tell
- Ask one question at a time as concisely as possible
- Include questions that help students address their feelings and attitudes
- Ask questions about process as well as outcome
- Model the kinds of questions you want students to ask themselves
- Avoid playing “guess what I’m thinking”

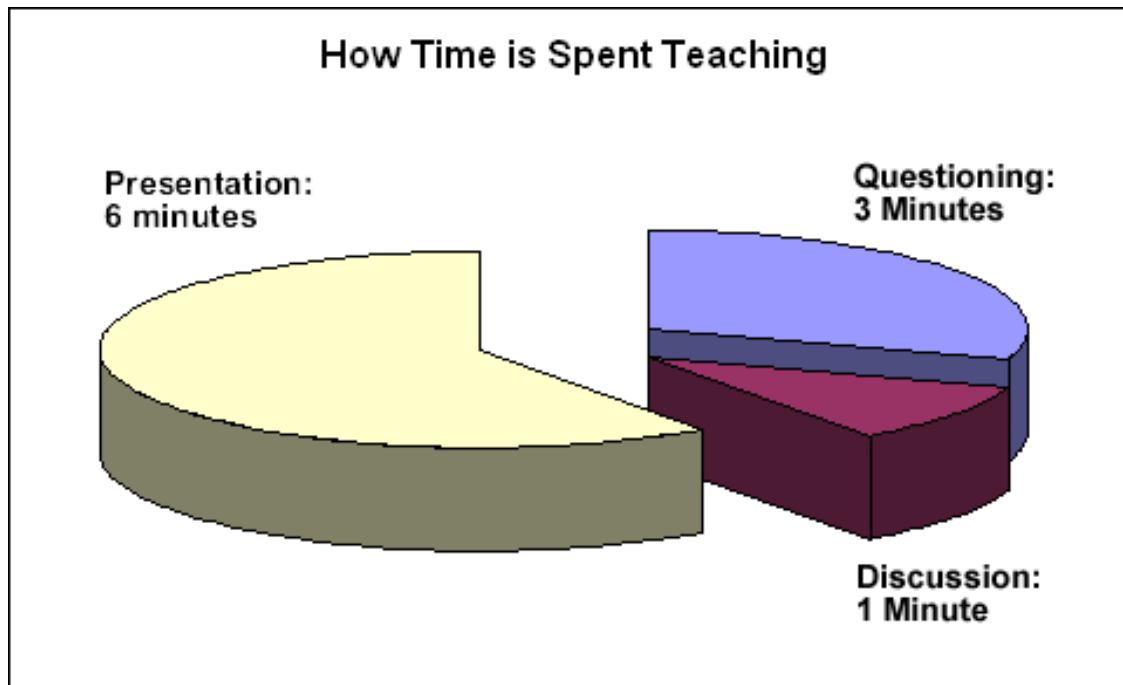
CLINICAL STORY TELLING

- Teaching through stories can be an effective way of helping the student get the bigger picture of clinical practice and client care
- It is useful to share clinical stories that have helped you develop as a practitioner

TEACHABLE MOMENTS

- Maximize Teachable Moments
- Teachable moments can happen anywhere, anytime.
- Teachable moments occur when:
 - the student's readiness is at a peak
 - the student is open to learn
 - often actively seeking it

THE ONE-MINUTE PRECEPTOR



Much of clinical teaching involves the learner interviewing and assessing a patient, and then presenting the information to the preceptor. This strategy is common both in inpatient and community based settings. Studies have indicated that, on average, these interactions take approximately 10 minutes and the time is divided into several different activities. (See Figure 1.) Much of the time is taken up by the presentation of the client by the learner. Additional time is spent in questioning and clarifying the content of the presentation. As a result, only about one minute of time is actually spent in discussion and teaching.

What does the one- minute preceptor look like?

- Stage 1.** Get a commitment from the learner
- Stage 2.** Probe for supporting evidence: Asking students to reveal their thought process allows you to find out what they know and if /where there are any knowledge gaps.
- Stage 3.** Teach general rules: Provide general rules or concepts targeted to the students level of understanding.
- Stage 4.** Reinforce what was right
- Stage 5.** Correct mistakes: Mistakes left unnoted could be repeated

Example:

Student: I just saw a 60 year old woman with RA. Her hands are really swollen and have deformities. She says she has trouble grasping things and also feels some joint stiffness.

Stage 1: Educator: What do you think is going on with this patient?
What treatment do you think would be most effective?
What would you like to accomplish in the next visit with the patient

Stage 2: Educator: *What other treatments did you consider?
What findings led you to identifying that as an OPI for the client?*

Stage 3: Educator: *A... type of splint is usually provided when there is pain, swelling and instability at the wrist joint. ETC.
In this case only the hand joints are involved therefore a wrist splint is not an appropriate intervention at this time*

Stage 4: Educator: *You interviewed that client very well and obtained pertinent information. You listened well and in the long run saved a lot of time by getting to the heart of her concerns.*

Stage 5: Educator: *When you were saying goodbye to Mrs. Jones you proceeded to provide a firm grip handshake. This may have been very uncomfortable for Mrs. Jones based on all the information you just gathered from her. Just something to keep in mind for next time.*

FOSTERING REFLECTIVE PRACTICE

Self-reflection is an invitation to think deeply about our actions so we may act with more insight and effectiveness in the future. It gives meaning to an experience:

- was the goal accomplished
- how did we do
- how is the patient served by this
- how is this part of a larger effort

Reflective Practice is a large part of the UBC Curriculum. How can you facilitate reflective practice in your students?

- Create a climate in which students can be self-critical
- Give learners the opportunity to practice self critique, invite it, critique the self-critique
- Make sure learners understand what they are critiquing
- Model posture of self-critique helping learners value being self critical throughout their careers
- Encourage identification of what was done well
- Help learners identify what they *want* to work on
- Help learners identify what they *need* to work on



Note about reflection

Reminder that UBC students are **required** to submit weekly or periodic journal entries via their clinical encounter tracking tool, **T-RES**. Please refer to [Appendix 5](#) for more details

SETTING THE STAGE FOR PLACEMENT SUCCESS- ORIENTATION

Think about these topics prior to your student arriving:

- Preparing your facility
- Preparing your patients
- Orientation process
- What educational process you plan to engage in. Do you plan to:
 - Assess the Learner (get to know them, learning styles, their intro letter etc.)
 - Formulate Objectives (provide site objectives and/or assist student in developing their LO's)
 - Select Methods to Achieve Objectives
 - Implement the Program (let student participate)
 - Evaluate the Program (student/therapist evaluation – Midterm formative eval as well as Final summative evaluation of both the student and the placement experience overall).



Note about Orientation

Ask yourself:

- What are the basics that will assist the student to feel welcome and comfortable in this environment?
- **Calling in sick?**
- What does the student need to know before seeing a patient?
- Conducting an assessment?
- Writing on a chart?
- Responding to an emergency?
- Planning a treatment session?

Preparing your Facility

- The learner's first day at the facility should not begin with surprise or confusion
- Colleagues and office staff need to be aware of student in your facility
- Notify well in advance and ask for active participation in orientation and teaching the student

Preparing your Clients

- Notify your patients beforehand (if possible) that a student will be coming
- Patients should be informed when making their appointment or when they arrive
- **Ask patients for permission to involve a student in their care and thank patients at the end of their visit.**



Note about Student Introduction Letter

Prior to placement, review the academic information contained in the Fieldwork site manual (www.osot.ubc.ca), the Confirmation of placement email (See [Appendix 7](#)), and **student's letter**** in order to discuss with the student the following:

- Readiness to learn
- Personal interest, motivation, goals
- Previous experience
- Knowledge, skills and attitudes relevant to practice area

MODELS OF FIELDWORK EDUCATION

Please see [Appendix 8](#) for detailed descriptions of various models for hosting students at your site.

Most common models are:

- 1 student: 1 OT
- 1 student: 2 OT's
- 2 + students: 1 OT



Note about 1 Student: 2 OT's Supervision Model

- Must ensure that expectations are very clear between all 3 individuals
- OT's must have regular communication
- Designate 1 OT as the prime contact/mentor for the student
- Designate 1 OT to write the evaluation with input from the other OT
- In this model it is good to get the student to complete the CBFE as a self eval
- If you work 4 days/week, do not worry about having another OT "supervise" on the fifth day- assign student duties they could do without direct supervision or let them take that day each week to work on a project, visit other services, shadow other professions
- Supervision contingency can include other team members, CPL or PPL

EFFECTIVE COMMUNICATION



Listen to the instructions and follow the directions.

Reasons for unclear or inaccurate communication include...

- OT is uncomfortable with being an evaluator
- OT may be unprepared
- OT might be intimidated by the student, professionally or personally
- OT has too little experience in providing constructive feedback to do so kindly and clearly.

And we know that we all have different styles and different circumstances invoke certain styles.

What's your communication style?

- Different styles -> produces different outcomes
- Communication style is often context specific
- Cultural influence



We need to be able to analyze & understand our own style and the style of our communication partners.

There are factors that contribute to conflict in communication:

- Personal differences
- Differences in facts
- Incompatible goals/expectations
- Differences in interests and positions
- Differences in learning styles
- Ineffective or unacceptable methods
- Role Incompatibility
- Environmental stressors
- Generational Differences

Analyzing the source and focus of conflict is an important first step in dealing with interpersonal conflict.

Generally four (4) styles discussed in the literature.

PASSIVE

PASSIVE-AGGRESSIVE

AGGRESSIVE

ASSERTIVE

PASSIVE:

Failing to effectively communicate your thoughts, feelings and perceptions due to choosing to be passive/unresponsive.

Characteristics include:

- Agreeing with others when different opinion
- Not expressing any opinions/feelings
- Avoiding criticism or disapproval

AGGRESSIVE:

Communicating thoughts, feelings and perceptions in ways likely to be perceived as offensive.

Characteristics include:

- Elicits defensive response from others
- Disrespect for others
- Hostile
- Sarcastic

PASSIVE-AGGRESSIVE

Annoyance, anger or frustration is communicated through indirect means:

Characteristics include:

- Difficulty recognizing/expressing negative thoughts/feelings
- Accepting tasks don't want to do & then 'forgetting'
- Doing tasks so poorly someone else takes over
- Speaking negatively of others and denying it when confronted

ASSERTIVE

Communicating your thoughts, feelings and perceptions in an inoffensive and direct manner that conveys respect for the other person.

Intent: Enhanced effective communication -> positive interpersonal relationship

Characteristics include:

- Use of “I” statements
- Sticking to the issue at hand or in the moment
- Willingness to take a risk by raising an issue, stating perceptions, feelings, making suggestions for change



Assertive Communication Strategy- DESO

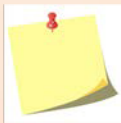
Describe the situation rationally & briefly

Express your feelings about the situation: Use ‘I’ statements

Specify desired changes

Outcome or results that may occur if specified changes made

Ref: Paterson, R.J. (2000). The assertiveness workbook. Oakland, CA: New Harbinger.



Effective Communication Reminders

Effective communication promotes improved personal and professional relationships. There are several techniques to communicating effectively. Here are just a few.

- Speaking clearly is very important.
- Be clear and concise, but provide enough information to explain your point.
- Open communication, which involves verbal, nonverbal, and two-way communication, offers the clearest picture to the receiver.
- Ensure that two-way communication by promoting an exchange with the receiver(s). Encouraging people to ask questions for clarification.
- Use verbal and non-verbal cues. Intonation, expression, hand gestures, body language are all very important aspects of communication.

FEEDBACK

This section will review:

- Purpose/Function of feedback
- Feedback models: How to give feedback
- How people receive feedback
- Tools to assist with giving feedback



WHAT IS FEEDBACK?

Giving feedback requires courage, skill, understanding and most importantly respect for yourself and others.

Most supervisors conceptualize feedback as communicating to the supervisee an evaluation of particular behaviours as either on target or off, as either progressing toward competence or diverging in a different direction.

Clarity of supervisors' communications is of paramount importance. Each message will affirm, challenge, discourage, confuse or anger a supervisee.

Some of the most important data we can receive from others consists of feedback related to our behaviour. Feedback is in many ways like a mirror in which we use the reactions of others as our means of observing our performance. This personal feedback makes us more aware of what and how we do things and should increase our ability to modify and change our behaviour.

WHY IS FEEDBACK IMPORTANT?

Feedback is an essential part of the learning process - Not only giving and receiving it, but also being able to provide ourselves with feedback.

- Learners need feedback on their learning, early and often.
- To learn well; to become independent, we need to learn how to give ourselves feedback.
- "Supposing is good, but finding out is better" (Mark Twain)
- Practice educators need to ensure that their provision of constructive feedback is regular and timely
- Furthermore, providing feedback shows that practice educators show interest in and provide support for students (Kirke et al., 2007)



Think about some feedback that you have received How did it make you feel?



ROLE OF FEEDBACK IN FIELDWORK

- Students want to know...
- How am I doing?
- How can I improve?



- What does my supervisor think of my work?
(Gaipman & Anthony, 1993)

- Students reported that timely feedback about their practice was the single most important part of their learning
- They appreciated feedback given routinely, generously and without prompting.

- Casual or immediate supervision, given directly after some form of student intervention, was also important, especially at the start of the placement

(Rodger, S, et al, 2011)

FUNCTIONS OF FEEDBACK

1. To **confirm** strengths: students need to know that they are doing OK- nothing is worse than that vague feeling that "well I must be doing OK because nobody has said anything."

Example- "You adjusted your voice well to accommodate for Mrs. S. and checked it with her to be sure"

2. To **learn** about mistakes: students have not had a lot of opportunity to practice - especially with real clients

Example- "You need to take each step of the transfer a little slower so you can be sure balance is adjusted as you go"

3. To **identify** barriers to goal achievement

Examples- "We need to develop strategies about how you could speed up your assessment/report writing"

"You seem uncomfortable with Mrs. S. Can we talk about that"

4. To **encourage** alternative behaviours and actions

Examples- "If you took a few notes during the assessment you could get more info and speed up a bit"

"Next time try being more directive with your instructions"

5. To **provide** motivation for change

Examples- "you have info that needs to be shared- your clients will be better off if you do this"

"Therefore it would be helpful if you spoke up more in rounds & meetings"



Guidelines for Providing Effective Feedback

1. **Clarify specific performance expectations:** The student and supervisor need to be clear about what the student is expected to do and what level of performance is expected. Both the student and the supervisor are involved in deciding what the focus of the feedback will be. It can be exciting for students to have input regarding what behaviours they will receive feedback on. It can reassure students to know that they won't be receiving detailed feedback on every aspect of performance.
2. **Observe the student's practice (direct/indirect):** The more direct the observation, the more accurate the feedback. It is often time consuming to arrange to directly observe a student. Be Prepared: Think about it before you do it.
3. **Be Selective:** Get to the main points; don't cover all the details.
4. **Be Succinct:** Emphasize quality not quantity
5. **Take responsibility:** Use "I" language, owning that the opinions expressed are your own. Don't assume that all others would agree.
6. **Teach by example:** A critique is a performance unto itself. People learn as much or more from how we say things as from what we say.

STRATEGIES FOR PROVIDING FEEDBACK

- Make sure it is **specific & behavioural** feedback (not general)
 - ✘ Focus on what was said or done
 - ✘ How it was accomplished (i.e. behaviour and actions)
 - ✘ **Avoid "all", "never", "always"** etc., and try to be more specific
 - ✘ Use "I" statements method:
 - "When you
 - I feel.....
 - because...."



Examples of *HOW* to Begin Giving Feedback

"I would like to talk to you about (the activity you just completed)"

"After beginning that technique, I noted that you... ..(left out a step, did X before Y, etc...)"

"Witnessing your actions made me concerned about..."

"I became confused when I heard... When I saw..."

"I was pleased to see... .. to hear"

"Can you tell me more about how what?"

"Can you help me understand your thinking as you?"

"Another way to manage this situation is to... .."

"I have found that works well in this situation."

"There is a lot to think about when doing this procedure. It usually takes practice to put it all together."



Effective Feedback is:

- ✓ Descriptive and specific
- ✓ Nonjudgmental
- ✓ Directed towards something that is modifiable
- ✓ Frequent and timely
- ✓ Constructive
- ✓ Private
- ✓ Sensitive
- ✓ Clearly understood by the recipient
- ✓ Valued by the recipient



Quick Reminders About General Feedback Principles

- Feedback should be balanced between extremes:



Confirming

corrective



- Feedback should be kept to a reasonable amount
- Give bite-sized, time-limited chunks of feedback that are easy to comprehend and digest
- Avoid trying to give feedback in one giant lump. Like a large gulp of ice cream, it can be hard to swallow.



STRATEGIES FOR PROVIDING FEEDBACK (Cont'd)



CUSP Method



- **C**onstructive
- **S**upportive
- **U**seful
- **P**rivate



Feedback Delayed Is Feedback Denied. FAST Method

- **F**requent
- **A**ccurate
- **S**pecific
- **T**imely

Timely, not rushed; Just-in-time feedback



PI method

- Emphasize **positives** and then give suggestions for **improvement**
- Be careful about the use of 'But'
- i.e. talk about all the things the person is doing well BUT.....
- Sometimes all they will hear is the second half of the information

PROPOSED MODEL FOR PROVIDING FEEDBACK



- Emphasize **positives**
- Discuss the '**weaknesses**' in the middle and then
- Provide **suggestions** for improvement
- Summary of the **positives** at the end.

Often people tend to hear only the negative, so in order to keep up their confidence, start and end feedback with the positives.

Example= "You explained your rationale well"

"Remember to make sure the patient understands and gives consent prior to beginning treatment"

"I was very impressed with that transfer, you have been practicing"

NEW FEEDBACK SANDWICH



ASK- LEARNER SELF ASSESSMENT

- Makes feedback interactive conversation
- Assesses student level of insight
- Promotes reflective practice

Your task as a Preceptor is:

- Be an active listener
- Ask questions- You might ask:

- How do you think that went?
- What is going well?
- What are you trying to work on?
- What do you need to work on?
- What would you do different next time?
- What do you want feedback about?
- Reflect back what you have heard and understood

TELL (WHAT PRECEPTOR/EDUCATOR WILL SAY)

- Tell them about their self-assessment (confirm or correct)
- Tell them what you observed (positive and corrective)
- Tell them an action plan (suggestions for how to improve or what to try next time)

ASK (AGAIN) - STUDENTS & PRECEPTORS SHOULD:

- Ask you what you understand to be the areas you need to work on
- Ask you how you are going to work on the identified areas
- Commit to monitoring improvement together (what opportunities they will provide and what level of standard you will try to complete tasks at)



After giving feedback a good educator will provide direction

- FW Educator needs to evaluate: Do I like the direction in which things are going? If not, how do I help the student change direction? “ (Poertner, 1986)
- Student also needs to evaluate: Do I like the direction in which things are going? If not, what must I do to change direction?





Barriers to Effective Feedback

- Busy clinical environment
- Noise
- Volume of people coming & going
- Shortage of time
- Clear communication between student and fieldwork educator.
- How student **RECEIVES** feedback

RECEIVING FEEDBACK EFFECTIVELY

- Factors that influence reception:
 - Receiver's self confidence
 - Relationship between giver & receiver

4 categories of how OT students receive feedback

- Defensive
- Teflon
- Neutral, accepting & thankful
- Never good enough!

HOW TO PREPARE YOURSELF FOR HOW FEEDBACK IS RECEIVED

Sometimes you may need to “signpost” feedback

Students should be prepared for feedback, however there are a few things you can tell them:

- Prepare yourself- remember that feedback is valuable to all of us
- It is part of the evaluation process
- Remember it will also confirm your strengths

Suggest they:

- **Attend carefully** to the entire feedback- do not react immediately
 - Listening indicates a willingness to communicate
- Try **not to be defensive** or argumentative

- Repeat the content of the feedback
 - Paraphrase to ensure you understand the intent
- **Recognize the validity** of feedback and **accept** it!
- Ask them to **express what they intend to do differently** based on the feedback received



Difficult Feedback Situations

- Professionalism
- Lack of Receptivity
- Lack of Insight

REALLY GOOD FEEDBACK VIDEOS

- [Introduction to Feedback](#)
- [Relationships](#)
- [Emotions](#)
- [Quality](#)
- [Reflection](#)
- [Conclusion.](#)

Notes...



Feedback Scenarios

Instructions:

Discuss potential problems/ issues that the fieldwork educator should be aware of in each scenario. Write down some phrases you may want to try with the student.

Scenario # 1

The student is a shy, insecure and nervous individual. They have a good understanding of theory and a caring attitude. Still, they seem afraid to touch a client. Time has been set for a meeting with her fieldwork educator.

Scenario # 2

The fieldwork educator has heard from her colleagues and from the family members of several clients/ patients that the student is rude and abrupt. The fieldwork educator has felt that the student is too opinionated and full of herself. The student does have good skills but seems unmotivated. Time has been set for a meeting with her fieldwork educator.

Scenario # 3

The fieldwork educator is very busy. They feel rushed and haven't been able to find time to give their student thorough feedback. The student has come to work several times dressed inappropriately and with a carefree attitude. There has also been an incident where the student has offended the social worker at the agency. The fieldwork educator meets the student in the hallway and starts to address these issues.

Scenario # 4

The student appears to be an open and agreeable type of person. They are always polite and receives feedback non-defensively. However, they rarely follows through with changes or behaviours that they promise to implement. They are well- liked by the clients/patients and team members. The fieldwork educator feels frustrated because on the surface this is an 'ideal' student. Time has been set for a meeting with their fieldwork educator.

Feedback Scenarios Responses

Scenario # 1 “Shy” Student– Potential Issues for Fieldwork Educator

- Avoid giving feedback because of student’s good understanding of theory and caring attitude.
- Feedback on personality characteristics (eg. shy & insecure) rather than on behaviours and consequences of these behaviours.
- Avoid specifying expectations for change...because student is “shy”, “insecure”, and “nervous” (supervisor want to protect the student).
- Supervisor may assume role of student’s “therapist”.

Suggestion: Ensure that feedback to student is specific, with clear behavioural examples, Balanced with comments on student’s strengths as well as problems, and Constructive with discussion of strategies to enable student to modify behaviour.

Scenario # 2 “Rude” Student– Potential Issues for Fieldwork Educator

- Supervisor focuses only on problems and only provides negative feedback.
- Provides feedback on personality characteristics (e.g. rude, abrupt) rather than behaviours and the consequences of these behaviours.
- Supervisor's own frustration gets in the way of objectivity and ability to be constructive.
- Supervisor rationalizes that it is all right to avoid feedback because clinical skills are good.

Suggestion: Supervisor should clarify the importance of interpersonal skills as a component of professional practice. A focus only on critical feedback can be very discouraging and thereby hinder change.

Scenario # 3 “Abrupt” Preceptor– Potential Issues for Fieldwork Educator

- Fieldwork educator delivers feedback in public.
- Supervisor's own frustration leads to not following guidelines for providing effective feedback.

Suggestion: Supervisor sets a specific time to meet with the student. Supervisor uses criteria for effective feedback. Specific examples of behaviour that illustrate patterns are provided. Supervisor presents the feedback as part of a plan, identifies target behaviours to modify, monitors the use of feedback.

Scenario # 4 “Teflon” Student– Potential Issues for Fieldwork Educator

- Supervisor overlooks problems because the student is so well liked by team members and clients.
- Supervisor’s frustration interferes with effective delivery of feedback.
- Supervisor focuses on understanding the underlying cause of the behaviour rather than making explicit the expectations for performance.

Suggestion: Acknowledge strengths. Identify the behavioural patterns. Be direct - state problem clearly. Provide specific examples of behaviours that are a problem.

TEMPLATES TO USE FOR PROVIDING/STRUCTURING FEEDBACK

Develop a template that allows you to make notes about what you see/hear the student doing. Give them the same sheet so they can self-critique. When you have time you can compare your sheets.

Develop “headings” that work for you. This is just a sample.

Feedback Sheet

Client name:

Date:

1. Rapport with client
2. Instructions
3. Task selection
4. Materials/preparation
5. Maintenance of on-task behaviour
6. Flexibility
7. Feedback to client
8. Data Collection
9. Self-evaluation

Feedback Form

This form may be used to provide comments and suggestions to the student following a session. Asking students to **name 2** things they did well and **2** things they would like to try differently is an example way to use this form

Date: _____

Client: _____

Activities: _____

Things that you did well...	Things to try next time...

SUPPORTING THE STRUGGLING STUDENT

Remember...

- 99.9% of the time things go fine...
- your time, effort and expertise are greatly appreciated, HOWEVER, remember you are a Gatekeeper to your profession
- we thank you for your dedication to making our profession the best it can be!

Occasionally there may be problems. They can be categorized as follows:

Cognitive Problems

- weak knowledge base
- underdeveloped clinical skills
- decreased problem solving
- difficulty organizing information

Professionalism/Behavioural Problems

- poor motivation
- negative attitude
- overconfident
- poor team player
- impolite and hostile
- tardiness
- other communication or lack of professional behaviours as defined by your setting/practice area

Intervention Process

- review this manual
- review resources on www.osot.ubc.ca website
- check your assumptions with a colleague, CPL, PPL etc
- try asking/answering these questions:
 - What exactly is the problem?
 - Whose problem is it?
 - When did I decide this is problem?
 - How did I make this decision, that is what behaviours led me to this?
 - What is the impact on the client, staff, ME, system, the student?
 - Is it a problem that must be changed?

Gather your Data

- Talk to student
- Observe student in different situations
- Review and discuss student cases, feelings, perceptions of what is happening
- Use the **SOAP** method

Subjective

- Usually consist of labels or “feelings you have about the student- slow, disinterested, unmotivated, challenging etc.
- Check your assumptions

Objective

- What specific behaviours indicate a potential problem:
 - late 3 times this week
 - spoke harshly to the receptionist
 - unable to recall info on condition taught the previous day
- be as specific and detailed as possible

Assessment/Analysis

Determine if it is ...?

- **Cognitive**
 - Knowledge base/ Clinical skills less than expected? Why?
 - Dyslexia?
 - Spatial perception difficulties?
 - Communication difficulties?
 - Lack of effort/interest?
 - auditory processing difficulty
- **Affective:**
 - anxiety
 - depression
 - anger
 - fear
- **Valuation:**
 - Expects a certain level of work
 - Expects a certain grade
 - Does not value the rotation
 - Does not want to be at your site
 - Does not value your teaching
 - Holds principles that conflict with those of you or your patients
- **Environmental**
 - external stressors (commute, child care, home life)
 - issues with the setting? Comfort level with population
- **Medical**
 - depression
 - anxiety disorder/panic
 - recovering from recent illness
 - sleep disorder
 - pre-existing illness or condition in poor control
 - substance abuse
- **Generational**
 - varying expectations especially with communication styles/strategies

Plan

Prevention is key...

Primary: Prevent the problem before it occurs.

Secondary: Detect problem early before significant/more difficult to manage.

Tertiary: Manage a problem to minimize impact. Seek advice early. Don't be a martyr!

Steps

1. What problem are you trying to address?
2. How will you address it?
3. Who should be involved in the intervention?
4. What is your time frame?
5. How will you document your intervention?
6. How will you evaluate the outcome?
7. How will you involve the student?
8. How will assure confidentiality and follow due process?

Is there readiness for change?

If student lacks insight into problems:

- Professionalism issues = focus on changing behaviors, not attitudes
- Walk through possible consequences of actions
- **Continuous involvement with academic institution liaison & with student**

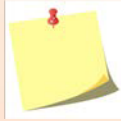
Intervention Options

- Further assessment
- More time in placement setting if possible
- Student- OT FW Coordinator discussions
- Increased observation and feedback
- Changes in schedules to allow for increased interactions and practice
- Peer support
- Specific skill training
- Remedial (repeat placement)
- Counseling/therapy
- Leave of absence



Remember... all the above is RARE

- 99.9% of the time things go fine
- You are the gatekeeper to your vibrant, exciting evidence based, client centered profession
- Your time effort and dedication are greatly appreciated
- You will always have support and assistance from the academic program



When is it appropriate to ask for help from the university?

- Anytime! All the time. We love to hear from you. 😊
- Uncertainty or inconsistency in performance expectations.
- Anytime!
- You will always have support and assistance from the academic program



THANK YOU!

HELPFUL RESOURCES



E-Tips for Practice Education

A series of 8 web based interactive education modules designed to develop skills and confidence for health care providers, clinical educators, fieldwork supervisors, mentors and more.

Find E- Tips [here](#): or at www.practiceeducation.ca

- Preceptor Education Program (PEP) for Health Care Professionals and Students www.preceptor.ca

Appendix 1: MOT Curriculum Map

TERM 1			TERM 2			TERM 3			
Aug 27 – Aug 31	Sep – Dec 15 Weeks	Dec 17 – Jan 6	Jan 7 – Feb 8 5 weeks	Feb 11 – April 26 11.5 weeks	Apr 29 – May 3	May 6 – Jun 19 6 weeks	Jun 17 – Jul 5 5 weeks	Jul 22 – Aug 2	Aug 5 – Aug 30
Introductory Workshop Prerequisite to Term 1	OSOT 511 Fundamentals of Occupational Theory: Theory, Conceptual Models and the Practice Process	Vacation	OSOT 528 Occupational Therapy Practice: Fieldwork I Fieldwork Level I (4 days per week)	OSOT 513 Health, Illness and Occupation (concludes)	OSOT 547 Developing Evidence for Occupational Therapy Practice Independent Study	OSOT 538 Occupational Therapy Practice: Fieldwork II Fieldwork Level 2 (5 days per week)	RHSC 420 Elements of Neuroanatomy and Neurophysiology	OSOT 547 Project Work Note: Capstone Conference Attendance Compulsory	Vacation
	OSOT 513 Health, Illness and Occupation			OSOT 519 Professional Development of the Occupational Therapist I (continues)			OSOT 519 Professional Development of the Occupational Therapist I (concludes)		
	OSOT 515 Occupation in Practice I: Foundation of Occupational Therapy Assessment and Intervention			OSOT 525 Occupation in Practice II: Advancing Theory, Assessment and Intervention			OSOT 547 Developing Evidence for Occupational Therapy Practice		
	OSOT 519 Professional Development of the Occupational Therapist I			OSOT 527 Becoming an Evidence-Informed Occupational Therapy Practitioner					

TERM 4			TERM 5			TERM 6		
Sep 3 – Nov 1 9 weeks	Nov 4 – Dec 13 6 weeks	Dec 16 – Jan 5	Jan 6 – Feb 7 5 weeks	Feb 10 – Mar 27 7 Wks	Feb 10 – May 22 1 wk Apr 6 – May 22 7 Wks	May 25 – Jul 17 8 weeks <i>CAOT Conference May 6-9</i>	Jul 20-31	
OSOT 545 Occupation in Practice III: Occupational Therapy Assessment and Intervention	OSOT 538 Occupational Therapy Practice: Fieldwork II (continues) Fieldwork Level 2	Vacation	OSOT 551 Societal and Environmental Influences on Occupation and Occupational Therapy Practice	OSOT 558 Occupational Therapy Practice: Fieldwork III Fieldwork Level 3	OSOT 547 Developing Evidence for Occupational Therapy Practice – Project Work	OSOT 558 Occupational Therapy Practice: Fieldwork III (continues) Fieldwork Level 3	Capstone Conference – Date TBD	
OSOT 547 Developing Evidence for Occupational Therapy Practice			OSOT 553 Innovations in Occupation: Developing and Evaluating Occupational Therapy Programs					OSOT 553 Innovations in Occupation: Developing and Evaluating Occupational Therapy Programs (concludes)
OSOT 549 Professional Development Of the Occupational Therapist II			OSOT 545 Occupation in Practice III: Occupational Therapy Assessment and Intervention (continues)					OSOT 545 Occupation in Practice III: Occupational Therapy Assessment and Intervention (concludes)
			OSOT 547 Developing Evidence for Occupational Therapy Practice (continues)					OSOT 547 Developing Evidence for Occupational Therapy Practice (concludes)
			OSOT 549 Professional Development Of the Occupational Therapist II (continues)			OSOT 549 Professional Development Of the Occupational Therapist II (concludes)		

PLEASE NOTE: **Dates subject to change**

The MOT program is a full-time graduate program, and students are expected to attend classes as scheduled between 8 AM and 5 PM Monday through Friday. Typically, classes run 9-12 and 1-4 and average 21 hrs/week, and fieldwork is scheduled in accordance with the assigned agency, for 35-37.5 hrs/week.

Appendix 2 Course Handout

24-Month Basic Schedule:

MOT Year 1:

<u>TERM 1</u> <u>September –</u> <u>December</u> (4 weeks) Academic Courses	<u>Level 1</u> <u>Fieldwork</u> January – February (5 weeks, 4 days/week)	<u>TERM 2</u> <u>February – April</u> (11 weeks) Academic Courses	<u>Level 2 Fieldwork</u> May – June (6 weeks)	<u>TERM 3</u> June – July (5 weeks) Academic Courses
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MOT Year 2: <u>TERM 4</u> <u>September –</u> <u>October</u> (8 weeks) Academic Courses	<u>Level 2</u> <u>Fieldwork</u> November – December (6 weeks, 5 days/week)	<u>TERM 5</u> <u>January –</u> <u>February</u> (6 weeks) Academic Courses	<u>Level 3</u> <u>Fieldwork</u> (2 placements) February – May (14 weeks; two 7- week placements, 5 days/week)	<u>TERM 6</u> <u>May – July</u> (9 weeks) Academic Courses
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Knowledge Level of Student upon entrance to the program:

Students admitted to the MOT have completed an undergraduate degree in Arts or Sciences with the following pre-requisite courses:

- a course in behavioural sciences
- a course in sociological sciences
- a course in approved* human anatomy

** All anatomy courses must be reviewed and approved by a member of the MOT Admissions Committee in order to ensure that content needed for the MOT program is sufficiently covered.*

The following is a brief summary of the courses and academic preparation students will receive. A reminder that each term has case-based tutorials to link term curriculum content and continue to build clinical reasoning skills of students.

OSOT 511 Fundamentals of Theory and Practice: Theory, Conceptual Models and the Practice Process | Term 1

This course introduces the foundations of occupational therapy practice, including core values and beliefs in occupational therapy, key conceptual models, client-centred principles, and practice process frameworks. Professional reasoning skills are introduced and demonstrated through case-based resolution of occupational issues. The application of critical appraisal skills fosters enriched understandings of the theoretical underpinnings, values and beliefs of occupational therapy, further developing the student's occupational perspective on participation, health and wellbeing.

Topics Addressed:

- Theoretical foundations, values and beliefs, and historical development of occupational therapy;
- Concept of client-centered/family-centered practice, and application of principles of each to resolve occupational performance issues in case examples;
- Critique of common conceptual models and practice frameworks, including:
 - the Canadian Model of Occupational Performance (and Enablement) (CMOP, CMOP-E),
 - the Model of Human Occupation (MOHO),
 - the Occupational Performance Process Model (OPPM),
 - the Canadian Model of Client-Centered Enablement (CMCE),
 - the Canadian Practice Process Framework (CPPF);
- Generic and specific theoretical approaches and give examples of their application to occupational therapy practice;
- Introduction of clinical reasoning skills and evidence to support practice decisions;
- Principles of effective teamwork in tutorials and group activities;
- Occupational therapy core concepts, processes and evidence to address common actual or potential occupational performance issues encountered in self-care, productivity and leisure occupations in case-based activities (with clients of different ages, abilities, and life circumstances reflecting basic occupational therapy practice).

OSOT 513 Health, Illness and Occupation | Term 1 and 2

Concepts and models of occupation, health, and illness are introduced and appraised through interactive seminars. Narratives from person with lived experience, discussion groups, film, and interactive assignments are used for acquiring biopsychosocial information on common conditions and illnesses that impact occupational performance and engagement across the lifespan and diverse life experiences.

Topics Addressed:

- The impact of major determinants of health on the well-being of individuals and populations;
- The distinction between illness and disease and common explanatory models of health and illness behavior;
- Illness experiences from gender, class, geographic and racial perspectives;
- The conceptual basis of occupation and describe how it influences the individual's perception of wellness and participation in activities throughout the life span;
- Occupational performance across the life span, integrating body functions and structures, personal factors and environmental influences on health and participation;
- Acquire information about health conditions from a variety of sources and identify factors potentially limiting occupational performance as a result of such conditions by:

- Differentiating basic pathology underlying dysfunction of physical, cognitive and affective performance components, such as the immune response, inflammation, healing of soft tissue and bone injuries, and pathological influences on brain function and behavior;
- Analyze effects of selected health conditions on the person-environment-occupation interaction.

OSOT 515 Occupation in Practice I: Foundation of Occupational Therapy Assessment and Intervention

| Term 1

Labs, simulations and tutorials provide opportunities to practice evidenced based foundational skills, techniques and approaches in preparation for occupational therapy practice in the local and regional context. Topics are congruent with theoretical concepts and the practice process and include interpersonal communication, occupational analysis, selection of assistive and rehabilitative technologies, and adaptive strategies to enable occupations of individuals across the life span.

Topics Addressed:

- The principles required to complete a basic health care interview;
- ROM, manual muscle strength testing; patient mobility (bed mobility, lifts & transfers);
- Tests and Measures: definition of measurement, scales of measurement, measurement frameworks, statistical foundations, process of test construction, overview of outcome measures review form, reliability, validity, clinical utility, feasibility, and research approaches to determining reliability and validity;
- Given case examples, select, analyze, and demonstrate at least one interview or tool suitable for assessing each of the following aspects of occupational performance:
 - Play, leisure, and work
 - 1.2 Basic (self-care) and instrumental activities of daily living
 - 1.3 Occupational role and occupational balance
 - 1.4 The client's perspectives and priorities.
- Select and demonstrate the use of assistive devices and techniques to enable clients to engage in self-care, productivity and leisure occupations for specific client examples and occupational performance problems; including manual wheelchairs; basic wheelchair seating; aids and adaptations;
- Assess and analyze environmental resources and constraints prior to the implementation of adaptive strategies to improve occupational performance;

OSOT 519 Professional Development of The Occupational Therapist | Terms 1-3

This course will introduce students to the roles within occupational therapy. It focuses on professionalism, reflexivity, cultural humility and interprofessional collaboration to develop the skills of a self-directed, culturally safe, lifelong learner, who consciously uses theory, evidence and critical thinking skills to maintain, evaluate and improve their practice of occupational therapy. It is comprised of small group case-based learning; clinic visits; class seminars; self-directed online study and interprofessional integrated learning activities. All instructional methods offer opportunities for and require peer-support, peer-consultation, peer-teaching, and self-reflection.

Topics Addressed:

- Small group tutorial case based learning;
- Compare basic research paradigms and their contributions to occupational therapy knowledge;

- Use selected databases to systematically search the literature to gather evidence;
- Apply the College of Occupational Therapists of British Columbia (COTBC) Code of Ethics to practice scenarios representative of introductory fieldwork;
- Integrate the Essential Competencies for occupational therapists in Canada with learning goals;
- Integrate communication principles and self-awareness (beliefs, values, biases) to facilitate professional relationships with clients, families, colleagues and others;
- Use problem-solving methods and empathic responses to resolve interpersonal communication problems and help clients to identify problems and solutions;
- Ethics, indigenous cultural safety and health, interprofessional collaborative practices, integrated curriculum on professionalism (health mentors);
- Six clinic visits to various facilities throughout lower mainland to practice occupational therapy skills (interviewing, lifts & transfers, professional OT behaviours, adult & paediatric, neurology, wheelchair seating & positioning).

OSOT 525 Occupation in Practice II: Advancing Theory, Assessment & Intervention | Term 2

Building on theory and foundational occupational therapy assessment and intervention knowledge developed in Term I, this course is designed to support student application of the occupational therapy practice process by building professional reasoning skills in the selection of theory, client-centered assessments, and interventions to enable occupation. Learning activities consider the diversity of clients with whom occupational therapists work and the various contexts in which occupational therapists work. Students will select, administer, and interpret assessments of occupational performance components, as well as plan, implement, and evaluate occupational therapy interventions based on psychosocial, biomechanical, and neuro-rehabilitative frames of reference.

Topics Addressed

Biomechanical – Assessment & invention

- Biomechanical application for activities and activity analysis
- Pressure application & edema management
- Splint design, fabrication and materials analysis
- Joint protection, energy conservation
- Application to special population issues
- Commercial orthoses
- Integrating practice techniques, theory, and clinical reasoning

Psychosocial – Assessment & Intervention

- Biopsychosocial spiritual needs of a person with mental health concerns
- Mental illness and occupation participation
- Voices and client centeredness – implication in recovery
- Recovery & psychosocial rehabilitation principles, and strengths-based approach
- Application of OT theory to psychosocial context
- Group therapy
- Participation in occupation in the context of living with mental illness
- OT assessment in mental health: from acute to community
- Motivational interviewing
- Risk assessment: awareness, prevention and the role of OT
- Application of frames of reference to psychosocial context

Neuro-rehabilitation – Assessment & Intervention

- Neuro-rehabilitation theory
- Neuro-rehabilitation assessment of involuntary movement
- Neuro-rehabilitation intervention of involuntary movement
- Involuntary movement in paediatrics
- Neuro-cognitive rehabilitation theory
- Cognition, perception & challenging behavior
- Sensory integration and sensory processing: theory and intervention
- Paediatric assessment
- Developmental coordination disorder

Synthesis and Integration of Biomechanical, Psychosocial and Neuro-rehabilitative modules

- Seating & positioning
- Goniometers

OSOT 527 Becoming An Evidence-Informed Occupational Therapist | Term 2

This course is designed to explore the assumptions and principles of qualitative and quantitative research designs relevant for occupational therapy practice. Elements of basic research designs and methodologies for investigating and evaluating occupational performance and diverse issues relevant to occupational science and occupational therapy practice will be introduced. Critical appraisal of occupation focused research literature will be emphasized.

Topics Addressed:

Quantitative Research Module

- Use of WICKED module 3: appraising the evidence
- Validity and types of sampling
- Overview of quantitative review form
- Experimental research designs
- Common statistics used in rehabilitation research
- Non-experimental research designs
- Single-subject research designs
- Evaluating systematic reviews and meta-analyses
- Discussion of quantitative research assignment
- Review quantitative research methods used in rehabilitation

PICO/Database Search Skills

- Database search skills and acquiring evidence for practice
- Hands-on exam on PICO and database search skills

Qualitative Research Module

- Introduction to qualitative research
- Evaluating qualitative research
- Trustworthiness strategies in qualitative research
- Discussion of the qualitative assignment
- Developing a research plan
- Grounded theory
- Sampling and collection methods
- Critiquing qualitative research

- Phenomenological research design
- Reflexivity
- Constructing interview questions
- Ethnographic research
- Data management; confidentiality
- Data analysis

Needs Assessment and Program Evaluation Module

- Needs Assessment as a means of gathering evidence for practice
- Program evaluation research

OSOT 528 Occupational Therapy Practice: Fieldwork I | Terms 1-2

The purpose of this fieldwork course is to provide the students with an opportunity to integrate and utilize the knowledge and skills introduced in term 1 of the MOT program, and to demonstrate basic Occupational Therapy competencies in varied settings for a total of 5 weeks of supervised fieldwork experience in affiliated agencies. Students will have opportunities to observe and work with occupational therapy clients. Students are expected to adhere to relevant Standards of Practice and professional / ethical codes of conduct at all times during the placements, and to be self-directed towards identifying and fulfilling their learning needs. Successful completion of this course will require a safe, professional, and evidence based approach to occupational therapy practice process and may include participation in the following: basic assessment, treatment planning, intervention and re- evaluation of clients and documentation in the assigned practice areas under supervision of a registered Occupational Therapist.

Topics Addressed:

- Compose occupational therapy entries for a typical health care record consistent with agency policies, effective practice, and legal obligations. (For example: summary of an initial interview, a progress note, a discharge summary.);

OSOT 538 Occupational Therapy Practice: Fieldwork II | Term 5

The purpose of this fieldwork course is to provide the students with an opportunity to integrate and utilize the knowledge and skills introduced in term 1 & 2 & 3 & 4 of the MOT program, and to demonstrate Occupational Therapy competencies in clinical settings for a total of 12 weeks of supervised fieldwork experience in affiliated health agencies. Students will have opportunities to observe and work with occupational therapy clients. Students are expected to adhere to relevant Standards of Practice and professional / ethical codes of conduct at all times during the placements, and to be self-directed and reflective towards identifying and fulfilling their learning needs. Successful completion of this course will require a safe, professional, reflective and evidence based approach to occupational therapy practice process and may include participation in the following: occupational therapy assessment administration, interpretation and documentation; treatment planning based on assessment results, evidence of advanced clinical reasoning in the decision making process and participation in the complete client process (intake through to discharge).

RHSC 420 Elements of Neuroanatomy and Neurophysiology | Term 3

An introduction to the structure and function of the human nervous system.

Topics Addressed:

- Overview of CNS;
- Meninges;
- Development of the CNS;
- Cellular neurobiology;
- Sensory receptors;
- Spinal cord;
- Autonomic NS;
- Brainstem;
- Cerebellum;
- Cranial nerves;
- Diencephalon;
- Internal capsule;
- Basal ganglia;
- Cortex;
- Ascending/Descending Tracts;
- Ventricular system;
- Blood supply;
- Vestibular system and reticular activating system;
- Motor system;
- Limbic system;
- Neuropsychology;
- Neuroplasticity.

OSOT 545 Occupation in Practice III: Occupational Therapy Assessment and Intervention | Terms 4-5

This 3-term course builds upon prior knowledge and skills from year 1 to further develop professional reasoning skills, synthesize theory and practice approaches in occupational therapy, and provide opportunities to compare assessment and intervention skills with the competencies required to enter occupational therapy practice. Models of delivery and targeted interventions to address needs of diverse populations with an emphasis on local, regional and global contexts are also addressed. Labs and workshops provide opportunities to develop practice skills and integrate theory, evidence and professional reasoning.

Topics Addressed:

- Vocational rehab principles and theory;
- Job demand analysis;
- Functional Capacity Evaluation (FCE): introduction, tests and measures;
- Graded return to work;
- Motivation;
- Depression and GRTW;
- Autism;
- Advanced hand therapy;
- Driver rehabilitation;

- Obstacles;
- PSR in enabling productivity;
- Ergonomics: principles and theory, conditions and risk factors, anthropometry/work design, NIOSH lifting , manual material handling, office ergonomics;
- Play among children and adolescents;
- Leisure;
- Introduction to dysphagia: assessment and management;
- Issues in gerontology;
- Enabling occupational performance through assistive technology.

OSOT 547 Developing Evidence for Occupational Therapy Practice | Terms 4-6

This course enhances knowledge of the research (or program evaluation) process through the use of evidence in the practice of occupational therapy. It provides a hands-on experience to create, inform, and disseminate evidence relevant to occupational science or occupational therapy. Students complete a small-scale research project under the supervision of a faculty member, often in partnership with clinicians from local or regional sites.

Topics Addressed:

- Learning to disseminate finding of research through abstract writing;
- Learning recruitment, data gathering, data analysis strategies;
- Data management and analysis;
- Tips on preparing manuscripts for publication / the review process / journal impact factors;
- Podium and poster presentation skills;
- Research conference – poster and podium presentations (August of each year).

OSOT 549 Professional Development of The Occupational Therapist II | Terms 4-6

This second year advanced occupational therapy professional practice course focuses on professional identity, professionalism, reflexivity, cultural humility and interprofessional collaboration to develop the skills of a self-directed, culturally safe, lifelong learner, who consciously uses theory, evidence and critical thinking skills to maintain, evaluate and improve their practice of occupational therapy. Activities are designed to support students to develop advanced skills necessary to become an evidence informed practitioner and leader in the profession of occupational therapy.

Topics Addressed:

- Debrief level 2 Fieldwork placement;
- Ethics and ethical Issues (combined with PT students);
- Teaching and learning: education as an intervention in OT; assessing the audience; teaching different ages, individuals & small groups; low literacy; designing learning; teaching strategies; formal presentations;
- Preparing for the job: resume writing and job interview skills;
- Supervision of support personnel;
- Managing change;
- Conflict resolution;
- Professional parameters – COTBC role and legal issues;
- Social and professional issues: debate;
- Performance expectations for Level 2 and 3 fieldwork placements;
- Advanced societal and professional issues seminars.

OSOT 551 Societal and Environmental Influences on Occupation and Occupational Therapy Practice | Terms 5-6

This course explores current legislative, socio-political, economic, cultural, and service delivery issues influencing occupational therapy practice. The structural, systemic, and contextual influences upon clients' health and occupations are also examined.

Topics Addressed:

- Influences at the Societal Level: client-services-society model, institutional environment, how funding shapes practice, private vs. public funding, costs and cost control, social construction of disability, models of disability, disability policies, socio-economic environment, advocacy;
- Influences at the Service Level;
- Influences at the Client Level.

The above 3 topics will be addressed through small group student led seminar series in conjunction with other topics from *RSOT 549- Professional Issues* in Term 6.

OSOT 553 Innovations in Occupation: Developing and Evaluating Occupational Therapy Programs | Term 5-6

In this course you will learn, critique, and apply program development principles and strategies to the creation of programs or services designed to meet the occupational needs of selected client populations. Program development principles include needs assessment, program design, budgeting/human resource planning, marketing, program evaluation, and proposal writing.

Topics Addressed

- Identify a program idea;
- Program development approaches and context;
- Needs assessment, Hypothesis statement, and Funding resources;
- Program design and development a strong rationale;
- Budget and resources planning;
- Promotion / marketing;
- Program evaluation.

OSOT 558 Occupational Therapy: Fieldwork III | Terms 3-4

The purpose of this fieldwork course is to build on previous clinical experience provided in OSOT 528 & OSOT 538; to incorporate the additional knowledge and skills provided in term 5 and to provide a venue for the students to demonstrate synthesis and integration of the knowledge and skills from all aspects of the MOT program. Students will be given opportunity to demonstrate entry level clinical competence in a variety of settings (including international if applicable) with both basic and more complex clients. Students will demonstrate Occupational Therapy competencies in varied clinical settings for a total of 14 weeks of supervised fieldwork experience in affiliated health/community agencies. Students will have opportunities to observe and work independently with occupational therapy clients. Students are expected to adhere to relevant Standards of Practice and professional / ethical codes of conduct at all times during the placements, and to be self-directed towards identifying and fulfilling their learning needs. Successful completion of this course will require a safe, professional, and evidence based approach to the assessment, treatment planning, intervention and re-evaluation and documentation of complex clients in the assigned practice areas.

Appendix 3 CIHC IT Competencies

Click below for the document.



A National Interprofessional Competency Framework



FEBRUARY 2010



Appendix 4 Practice Placement Activities

This activity series provides a flexible means for learners to learn with, from and about colleagues from other professions. The activity sheets outline **self-directed** interprofessional education activities that learners can complete while on clinical placement. Download the activity sheets and work with your clinical instructor to determine how best to complete the activities while on placement.

Activities

Each activity can be completed during a different clinical placement. Learners will earn **15 points** towards their **Interprofessional Education Passport** for each activity. Learners should complete all three activities before the end of their program:

1. **Reflection on an Interprofessional Education Session**
2. **Shadowing a Team Member**
3. **Participation in a Team Meeting**

Why Interprofessional Education?

There is a growing need to change the way health care is delivered to ensure timely access to health and human service professionals who provide comprehensive care. Interprofessional collaboration is increasingly acknowledged as the best means of accomplishing this.

Interprofessional Collaboration “is designed to promote the active participation of each discipline in patient care. It enhances patient and family centred goals and values, provides mechanisms for continuous communication among care givers, optimizes staff participation in clinical decision making within and across disciplines and fosters respect for disciplinary contributions of all professionals” (Health Canada, 2003).

In order to have the skills and knowledge to practice interprofessionally, health care providers need to be trained interprofessionally.

Interprofessional Education occurs on “occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (CAIPE, 2002).

Ideally, interprofessional education should be integrated throughout the continuum of learning, which starts with pre-licensure, university-based education; includes practice-based education that occurs during placements; and is maintained through continuing professional development. Most learners spend at least 40% of their training in clinical settings that range from acute care settings to community-based offices and clinics throughout the province, making this an idea space for them to learn with, from and about other professions.

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Interprofessional Education Component in a Clinical Placement Activity Sheet #1 - Reflection on an Interprofessional Education Session

During their clinical placements learners have a variety of opportunities to learn with, from and about colleagues from other professions during a range of education sessions. This activity sheet will guide learners through a structured reflection about one of the interprofessional educational sessions that take place during their clinical placement.

Educational sessions that may be appropriate include: lunch and learn sessions; journal club discussions; practice-based discussions; and grand rounds.

Learning Objectives

This activity will enable learners to:

- Develop a different understanding of issues of common concern for a range of health care providers
- Understand the roles of other health care providers and the contributions they make to the health care team

ACTIVITY DESCRIPTION

1. Choose an interprofessional education session to reflect on. The session should include:
 - Two or more professions
 - Interactivity between participants
 - Opportunities to learn about, from and with one another
 - Interprofessional teaching/learning moments that are discussed/addressed
2. The learner should review the learning objectives above and the reflective questions below with their clinical supervisor.
 - The pre- and post-session questions are a suggested guide and may be modified.
3. Prior to engaging in the interprofessional education session, the learner should record their pre-session reflections and share these with their clinical supervisor.

Pre-Session Reflection Questions

- What is the purpose of the education session?
- What do you hope to learn through participating in the education session:
 - About the topic?
 - About the team/other team members?

4. After completing the interprofessional education session, learners will write a one-page written reflection using the reflection questions as a guide. Learners should find out from their program how to submit their reflection.

Reflection Questions

- Who was involved? (e.g. team members, other health care staff, community members)
- What was the value in learning with other professionals? What were the benefits of and challenges to learning together in this experience?
- What did you learn about your professional role and the role of others in the context of the session?
- What could have been different during this session to enable additional interprofessional learning about, from and with each other?
- How will you apply what you learned today in the future?

Interprofessional Education Component in a Clinical Placement Activity Sheet #2 - Shadowing a Team Member

During their clinical placement learners will have a variety of opportunities to interact with team members from a wide range of professions. Through interviewing and shadowing, they can have the opportunity to learn about, from and with other health care professionals more formally. This activity sheet will guide learners through the process of interviewing and shadowing other health care professionals.

Learning Objectives

The activity will enable learners to:

- Describe their own roles, responsibilities, values and scope of practice effectively to a team member
- Explain how other professions' goals are related to and different from their own role
- Relate their learning to patient/client goals
- Describe why or why not interprofessional collaboration is required for patient/client care
- Explain the concept of a team
- Demonstrate effective team skills by:
 - Sharing information effectively
 - Listening attentively
 - Using understandable communications
 - Responding to feedback from others

ACTIVITY DESCRIPTION

1. Learners should review the learning objectives, interview questions and reflective questions with their clinical supervisor and modify as appropriate.

Things to consider before you begin

- The shadowing may be completed individually or in a group (e.g. 3 students could shadow an occupational therapist at the same time, if appropriate)
- The questions are a suggested guide and may be modified
- Learners may wish to conduct additional research on the professions they will be observing (e.g. review the professional association websites)

2. Learners should arrange to shadow another profession.

3. During the shadowing experience, learners should explore the questions outlined below.

Suggested Questions

- How did you decide to enter your profession?
- How would you describe your scope of practice and is this a typical role for your profession?
- On this team, what does your assessment and intervention usually involve?
- What are the biggest challenges in enacting your role?
- I would like to practice explaining my role (learner's professional role) to other team members. Please provide me with feedback on the following description of my role...
- How can the role of my profession support you in your role?
- I am also learning how to describe other team members' roles. Knowing what I now know, here is how I would describe your role. What feedback do you have for my description of your role?
- Please tell me about your involvement with this team. Who do you consider a part of your team here and outside of here? How would you describe your role as a part of the team?
- Who on the team do you work with most closely? Can you provide a specific example?
- How would you describe the teamwork here? (e.g. Does the work seem coordinated? Do the team members seem to be communicating well with each other?)

4. After completing their shadowing experience, learners should consider the reflective questions below in a one-page written reflection. Learners should find out from their program how to submit their reflection.

Reflection

- What did you learn about the roles on this team that you did not know previously?
- What are the similarities and differences between the roles (including yours)?
- What else do you want to learn about the team and its members? What new learning objectives have now emerged for you?
- How will this experience influence your role as a professional and team member?

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Interprofessional Education Component in a Clinical Placement

Activity Sheet #3 - Participation in a Team Meeting

During their clinical placements, learners will have a variety of opportunities to engage in meetings with members of other professions. This activity sheet will guide them through a structured reflection about the interprofessional team meetings they take part in during their clinical placement.

Interprofessional meetings may include: patient/client rounds; iCare rounds; discharge planning meetings; and patient/client/family meetings.

Learning Objectives

The activity will enable learners to:

- Identify factors that contribute to or hinder team collaboration
- Recognize the dynamic nature of teams
- Consider conditions that promote collaboration
- Analyze team dynamics and stages of team development

ACTIVITY DESCRIPTION

1. The learner should review the objectives for this activity and add additional ones that may be important for them.
2. The learner should work with their clinical supervisor to identify a team meeting that they can take part in, which will help them meet the learning objectives.

Things to consider before you begin

Learners should think about:

- What supports will you need to perform as an effective interprofessional team member and how should you prepare for collaborating in team meetings?
- What do you expect will happen through collaborating? E.g. what type of information do you expect you will receive? What information will they expect from you?
- What do you expect will happen when you participate in and observe the team meetings? E.g. How will the team function? What will support the team to reach its goals?

3. After attending the meeting, learners should consider the reflective questions below in a one-page written reflection, which they will debrief their clinical supervisor.

Reflective Questions

- Briefly describe the purpose of the meeting and your role and your profession's role in it.
- Who was involved? (e.g. patient/client, team members, other health care staff, community members) Who wasn't there and how was information from that person/profession shared? (e.g. how was the patient's voice expressed?)
- What 'group roles' were evident such as chair, facilitator, mediator, clarifier?
- Describe the group process or how the team interacted (e.g. consider how team members behaved, communicated, solved problems, made decisions, provided and responded to feedback, addressed conflict).
- What did the team do well? What could have been done differently?
- What did you learn that you can apply to your own practice in your role? What learning will you take as a team member in the future?

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Appendix 5 T-RES

What is T-res?

T-what? T-res is a web and mobile application that allows the UBC Occupational Therapy students to track and record all of their clinical experiences on the go- using smart phones, or the internet. Students are able to actively record their learning experiences and sync them to a hosted (Canadian) server which I, Donna Drynan (Fieldwork Coordinator) can login and assess student progression throughout their academic program. It also allows for electronic submission of reflections which is what I am most excited about.

The students need to track their daily activities in 4 main areas:

1. Direct Client Care
2. Indirect Client Care
3. Non-Client Care
4. Reflection

They have been instructed in how to do this and have a manual available to them.

In a nutshell, this is what they see...

Edit Activity

Save Save and New Save and Duplicate Delete

Activity Type: Direct Client Care

Activity Setting

Placement Date: 29-Apr-2013 Facility: Prince Rupert Regional Hospital

Practice Setting: Geriatric

Client Interaction

Student Encounter #: 2A001DD Diagnoses: Diabetes

Client Age Group: Senior (> 65) Gender: Male

Activity: Chart review Occupational Performance: Affective, Cognitive, Physical

Level of Participation: Independent Patient Discharged

There are drop down menus for them to select activity. After they have selected what they have done they go to the right side of the screen and indicate what area of occupational performance they were working in. The level of participation allows students to indicate to what level they participated in the activity (observed, with supervision, with assistance, independently).

Another feature on the Direct Client Care Screen is the Self Evaluation section. This is a personal area for students to use the sliding scale to record how they felt they performed in the interaction.

Self Evaluation

Personal Comfort: N/A | 1 | 2 | 3 | 4 | 5

Personal Confidence: N/A | 1 | 2 | 3 | 4 | 5

Personal Competence: N/A | 1 | 2 | 3 | 4 | 5

Personal Learning: N/A | 1 | 2 | 3 | 4 | 5

Profile of Practice: Type to search

Check this box when your patient has been discharged. When you are viewing activities you can customize columns (see page 3) and add the **Patient Discharged** field to the visible columns. That way, you can see which patients are discharged in **View Activities** and quickly sort by the **Patient Discharged** column.

The profile of practice field refers to the “roles” OT’s practice within. This is based on the CAOT Profile of Practice (2012). This allows students to reflect on the various roles they are undertaking while on placement.

This is a screen shot of the reflection screen.

Activity Type: Reflection

Reflection

Placement Date*: 29-Apr-2013

Facility*: Prince Rupert Regional Hospital

Client Age Group*: Type to search

Notes

Submit Reflection

When they are ready, they click submit in order for the UBC AFC to receive it. They are **required to submit** weekly reflections. UBC AFC reads and responds to them all.

Appendix 6 Sample Learning Objectives

By the end of the (insert level here) placement the OT student will:	# Times	Learning Resource	Evidence	Validation	Level of Supervision
1. Practice Knowledge					
Articulate the role of the OT in the (insert your setting here) setting	<ul style="list-style-type: none"> • Level 1 = at least once • Level 2 = 2-3 times • Level 3 = as required within caseload 	Supervising therapist; other team members; brochures; OT handouts; facility website	Will accurately describe role to set number of clients, families, caregivers as appropriate	Feedback from supervisor on how thorough my knowledge was and ability to describe role clearly	<ul style="list-style-type: none"> • Level 1 = with supervision • Level 2 = with minimal guidance • Level 3 = independently
2. Clinical Reasoning					
At the end of every client visit demonstrate an understanding of the client's OPIs with regards to the OT models of practice utilized at (insert your facility/program/team here) through discussion with supervising therapist	<ul style="list-style-type: none"> • Level 1 = at least once • Level 2 = 2-3 times • Level 3 = as required within caseload 	Supervising therapist; OT notes; chart review; review of assessments I have chosen; textbooks	Write up of client assessments will illustrate understanding of OPIs and discussion of my chosen action plans will link to OT theory	Feedback from supervisor	<ul style="list-style-type: none"> • Level 1 = with supervision • Level 2 = with minimal guidance • Level 3 = independently
3. Facilitating Change with a Practice Process					
Be able to plan and lead a group.	<ul style="list-style-type: none"> • Level 1 = at least once • Level 2 = 2-3 times • Level 3 = as required within caseload 	Supervising therapist; OT notes, textbooks; notes from school; observation of prior groups; role play role of leader before doing group	Supervisor will be in attendance at group and evaluate if I completed steps as outlined	Feedback from supervisor; review of written write-up of group	<ul style="list-style-type: none"> • Level 1 = with supervision • Level 2 = with minimal guidance • Level 3 = independently

4. Professional Interactions					
Regularly discuss difficult client psychosocial situations whilst reflecting on their personal values, ethics, and professional boundaries	<ul style="list-style-type: none"> • Level 1 = at least once • Level 2 = 2-3 times • Level 3 = as required within caseload 	Supervising therapist; OT notes, textbooks; notes from school; observation of prior groups; role play before doing group		Feedback from supervisor	<ul style="list-style-type: none"> • Level 1 = with supervision • Level 2 = with minimal guidance • Level 3 = independently
5. Communication					
Regularly discuss difficult client psychosocial situations whilst reflecting on their personal values, ethics, and professional boundaries	Ongoing	Supervising therapist; other team members	<ul style="list-style-type: none"> • Discussion with supervisor and other team members • Progress notes and care plan 	<ul style="list-style-type: none"> • Feedback from supervisor and other team members • Progress notes 	<ul style="list-style-type: none"> • Level 1 = with supervision • Level 2 = with minimal guidance • Level 3 = independently
6. Professional Development					
Be able to reflect and identity own strengths and weaknesses	Ongoing	Supervising therapist; self; Debrief times after client interactions; use of self-reflection sheets	During discussion with supervisor and other team members I was able to identify things I do well and where I need improvement	<ul style="list-style-type: none"> • Feedback from supervisor • Self-reflection; journaling 	<ul style="list-style-type: none"> • Level 1 = after seeing this modeled by therapist; may need assistance to identify areas for growth • Level 2 = with minimal guidance • Level 3 = independently & regularly

7. Performance Management					
To seek assistance and feedback appropriately	Ongoing	Supervising therapist; self; review of "how to give and receive feedback" resources	<ul style="list-style-type: none"> • Ask for help and discussion as needed with supervisor and other team members • Make noticeable change based on feedback 	<ul style="list-style-type: none"> • Feedback from supervisor • Self-reflection 	<ul style="list-style-type: none"> • Level 1 = with supervision & often • Level 2 = with minimal guidance & often • Level 3 = independently when appropriate

Appendix 7 Confirmation Email Sample

MEMORANDUM

Date: March 15, 2016

To: Name of contact person – Site name

From: Donna Drynan, OT Academic Fieldwork Coordinator

RE: PLACEMENT CONFIRMATIONS: May 9 – June 17, 2016

Thank you very much for your generous fieldwork placement offers for Master of Occupational Therapy (MOT) students from UBC during the period of May 9 – June 17, 2016. The student(s) assigned to *site name*:

MOT Placements

<u>DATE</u>	<u>STUDENT NAME</u>	<u>LEVEL</u>	<u>AREA OF PRACTICE</u>
May 9 – June 17, 2016			

I have attached the following evaluation documents for these students:

- **Competency Based Fieldwork Evaluation (CBFE) form**
- **Addition to CBFE**
- **Definitions to help guide you to completing the Visual Analog Scale**
- **Student evaluation of the placement**

Alternatively, these forms are available from our website at <http://osot.ubc.ca/fieldwork/clinicians/fieldwork-education-documents/>.

The students will be bringing their own copy of the **Competency Based Fieldwork Evaluation for Occupational Therapists** to share with their supervising therapist during their time on placement. Please note that there are 2 new pieces to the evaluation process- one an additional short form to complete and another set of guidelines to assist you in completing the evaluation form.

All UBC OT students have completed the Criminal Record Check (CRC) process. These CRC records are maintained at UBC in the student's personal file. If you require a hard copy of the CRC result, please contact the student and they will be responsible for producing this hard copy for you.

All UBC OT students are required to maintain up-to-date certification in Standard First Aid (SFA) that includes CPR Level C for the duration of the Master of Occupational Therapy program. All students are also required to undergo annual N95 respirator fit testing, and are requested to keep their respirator cards on hand at all times while on placement. All students have completed the Mandatory Student Practice Education Core Orientation (SPECO) and the completion certificate resides at UBC. In addition, all UBC students are required to complete a mandatory bullying and harassment module when they enter the program.

A reminder that the May 9 – June 17, 2016 placement is 5 days per week for 6 weeks. The students should be expected to work the same schedule as their fieldwork educator (e.g. a 7.5 hour work day; be granted universal closure days, stat holidays etc.).

Policy on retaining OT student Fieldwork Evaluation Forms

We receive many questions from fieldwork educators and students about the practice of copying the students **Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT)** forms. According to the University's policy on Student records, student evaluations are part of the student record and the contents are confidential. This is also in keeping with the Privacy legislation on disclosure of personal information which has been in effect since January 1, 2004. It may not appear that making and retaining a copy of the student's performance evaluation is a breach of confidentiality, since an employee of the health care facility completed the evaluation. The student evaluations however, are prepared for the purpose of recording the student's performance during clinical placements in the context of their program of studies. If the health care facility would like a copy of the student performance evaluation for future hiring purposes, they must obtain specific written authorization from the student authorizing the facility to make and keep a copy.

Please do not hesitate to contact Donna Drynan, Academic Fieldwork Coordinator, at donna.drynan@ubc.ca; if you have any questions or concerns.

Thank you once again for your continued support of the MOT program.

Appendix 8 Models of Fieldwork Supervision

① The Full-Time Student: Part-Time Therapist Model

Description:

A fieldwork model that involves one student completing a full-time placement while being assigned to a supervising therapist who works on a part-time basis.

How it Works:

In this model, the student is paired with one fieldwork educator who takes responsibility for the overall placement while working on a part-time basis. This model is suitable for a clinician who only works part-time, or who works in two different programs/facilities where only part of the workload or caseload may be suitable for a fieldwork placement. The student consults with this fieldwork educator throughout the placement for skill learning, reflection on practice, and guidance on the role of occupational therapy in that particular setting. Different approaches can be used to maximize the student's learning during the time that the fieldwork educator is not on-site. These include:

- **Delegated Direct Service:** the student continues to be involved with the fieldwork educator's caseload on days when he/she is not present. The fieldwork educator and student develop a plan that the student can engage in while the therapist is off-site; how the student will be coached by the fieldwork educator in his/her absence (e.g. via phone and/or e-mail for consultation) ; other staff that are available for consultation; and emergency contact personnel (e.g. Academic Fieldwork Coordinator).
- **Invited Learning:** the student seeks out learning opportunities from other staff members (who may or may not be occupational therapists) at the site during the fieldwork educator's absence.
- **Non-clinical Roles:** When the fieldwork educator is not on site, the student engages in non-clinical roles such as working on a project, program planning, and/or research.

It is important that the student have two support systems in place should concerns arise while the fieldwork educator is off-site. One support system should be that of another staff member of the site, to answer facility specific questions. Additionally, the student should have contact with an occupational therapist for urgent situations. This back up may be another OT on site, or may be access to an occupational therapist via telephone and/or e-mail.

Strategies for Success:

The role of the fieldwork educator in this model is to facilitate student learning. Strategies are as follows:

- Provide comprehensive orientation material for the student so that less direct time needs to be spent providing orientation and to increase independence in the fieldwork educator's absence.
- Prepare clear and measurable objectives for the student in advance of the placement which will be reviewed with the student at the beginning of the placement period and further individualized to include student-identified needs and objectives.
- Review placement objectives regularly to address any concerns and ensure attempts are being made to meet them in order eliminate any surprises at evaluation time.
- Make use of tools such as a learning contract, observation logs and/or a reflective journal.

- Provide plenty of opportunities for the student to practice skills in a supportive environment.
- Establish a regular meeting schedule (at least once a week) in order to address performance issues, answer questions, offer feedback, review placement objectives, and address any concerns.
- Set up an environment that encourages open communication.
- Promote the student as a junior colleague in the profession.
- Role model clinical skills and reflect out loud actions and decisions to facilitate development of professional reasoning in the student.
- Role model collaboration with other occupational therapists and health care professionals.
- Facilitate other learning opportunities in the setting that may complement the student's experience.

The role of student in this model is to be an equal participant in the learning process by accepting responsibility for his/her own learning and to work collaboratively with others. Strategies for doing this are as follows:

- Share ideas and intervention planning with the fieldwork educator when available.
- Self-evaluate and reflect on interactions with clients, family members, and other health care professionals.
- Be an active learner by expressing interest, seeking out information from sources other than the fieldwork educator, and by asking questions.
- Clearly understand the learning objectives and request clarification as needed.
- Request assistance from other staff at the facility and/or organization when appropriate.

The role of the facility/organization in this model is to provide an appropriate level of back up support for the student when the fieldwork educator is not present.

The role of the University includes: educating students and fieldwork educators about this model, and assisting with preparation for a placement for both the fieldwork educators and student to ensure that all have the same information and that roles/expectations are clear. The University will also be available to provide ongoing guidance and advice to the student and fieldwork educator during the placement. Assistance with providing off-site supervision during the fieldwork educator's absence may be provided if appropriate.

Advantages to this model include:

- The student takes more responsibility for his/her own learning and learn to function independently while still having support at a distance.
- The student has increased time to reflect on practice without the fieldwork educator present.
- Open communication is promoted among all members of the learning team.
- Teamwork and communication skills are emphasized with other members of the facility.
- Clinicians with part-time positions have the opportunity to be actively involved in student learning by providing fieldwork placements.

References (Note: Suggested readings are marked by an *)

Desrosiers, M., Bossers, A., Gage, M., and Hartley, M. (1997). Part-Time therapist/Full-Time Student Resource Manual. Toronto: Ontario Council of University Programs in Rehabilitation.

*Edwards, M. & Baptiste, S. (1987). The Occupational Therapist as a Clinical Teacher. Canadian Journal of Occupational Therapy, 54(5), 249-255.

*Etcheverry, E. & Ripat, J. (1991). Increasing Student Involvement and Independence in Fieldwork. National, 6.

*Steele-Smith, S & Armstrong, M. (2001). 'I would take more students but ...': Student Supervision Strategies. British Journal of Occupational Therapy, 64(11), 549-551.

Please contact the UBC OT Academic Fieldwork Coordinator at (604) 822-7415 if you would like more information about this model or the fieldwork program.

Developed by: Occupational Therapy Outreach Development Team
School of Medical Rehabilitation, University of Manitoba
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September 2004
Adapted by Donna Drynan 2008

② The Group Model

Description:

A fieldwork model that involves groups of 3 to 6 students being supervised by one or a group of fieldwork educators during the same fieldwork placement.

How it Works:

The focus is on the students working together to plan their learning experience rather than depending solely on the fieldwork educator(s). Each student is assigned clients who he/she is responsible for individually and shared clients who are the responsibility of the student group. Students are expected to consult with one another when questions arise. Students should have the opportunity to share knowledge and ideas with each other and to reflect on experiences together. The fieldwork educator(s), however, is the expert who oversees and ensures good quality therapy. The fieldwork educator(s) also provides any expert intervention that is needed.

In this model, if there is only one fieldwork educator, he/she turns over his/her own caseload almost completely to the students by assigning clients to the students throughout the placement. This is a key element in order for the fieldwork educator to provide adequate supervision and not be overburdened during the fieldwork placement or after the students have departed.

If there are two or more fieldwork educators providing student education, one of these educators should take on the role of a coordinating educator. This person takes responsibility for the overall organization and structure of the placement and for facilitation of student interaction and collaboration. Each of the therapists involved in the placement experience accepts responsibility for

areas of instruction specific to his/her strengths, interests, and expertise and assigns clients accordingly. The key element in assigning clients is to keep in mind that there are other educators also assigning clients.

Strategies for Success:

The role of the coordinating educator is to oversee the placement and ensure that the students' needs are being met by:

- Pre-planning the placement well in advance with the assistance of the Academic Fieldwork Coordinator and/or Outreach Developer.
- Preparing for the students' placement by arranging students' work space, meeting and discussing scheduling, expectations, and evaluation procedures with the participating occupational therapists.
- Carrying out general orientation activities.
- During orientation, clearly stating it is expected that students will collaborate with each other, and not compete for things such as clients, new opportunities, and therapists' time.
- Providing students with a schedule and developing student objectives, ensuring that there are both individual and group learning objectives.
- Providing time and identifying potential space for students to collaborate and work together.
- Holding weekly group supervision meetings in order to provide ongoing feedback, facilitate student interaction, and identify student needs.
- Meeting with each student individually, at least weekly, to assist with individual learning needs.
- Encouraging students to journal experiences and share reflections and questions at weekly student meetings.
- Coordinating student evaluations by incorporating students' self, peer, and therapist evaluations.

The role of the fieldwork educator(s) in this model is to introduce the students to various practice areas and to provide opportunities for them to practice their skills. Strategies for doing this are as follows:

- Accept responsibility for specific areas of instruction.
- Meet with the other fieldwork educator(s) and coordinating educator, if applicable, to discuss expectations, scheduling, and evaluation procedures.
- Agree on and maintain similar expectations for student performance with other participating therapists.
- Communicate weekly with the other fieldwork educator(s) and coordinating supervisor, in order to share information about the students' workload demands to avoid overloading the students.
- Articulate clear and measurable expectations to assess each student's individual and group performance.
- Set-up individual learning activities that correspond with each student's individual learning objectives.
- Set up structured joint learning activities. For example, during direct client contact, activities may be co-treating a client, co-leading a group, or co-developing an intervention plan. Indirect client activities may include developing a shared case presentation, peer review of documentation, or weekly peer meetings to share journal excerpts. Other activities may

- include joint teaching sessions with the students, having the students prepare a project together, or practicing assessments and interventions.
- Be prepared to answer questions and assist students but direct questions requiring specific expertise to the appropriate fieldwork educator.
 - Keep a log to track the students' individual and group performance in order to assist with the evaluation process.
 - Model team building behaviours.

The role of student in this model is to be an equal participant in the learning process by accepting responsibility for his/her own learning and for working collaboratively with others. Strategies for doing this are as follows:

- Identify individual learning objectives and shared group learning objectives.
- Share ideas and intervention strategies with the other students.
- Clarify expectations for the placement with other students and divide labour on assigned tasks.
- Support each other and respect each other's contributions.
- Receive and provide constructive peer feedback.
- Seek out information from the other students as well as fieldwork educators.

The role of the University includes: educating students and fieldwork educators about this model, and assisting with preparation for a placement for both fieldwork educators and students to ensure that all have the same information and that roles/expectations are clear. The University will also be available to provide ongoing guidance and advice to students and fieldwork educators during the placement.

Advantages of the group model include:

- Increases student time for practice and reflective discussion without increasing the fieldwork educator's time commitment.
- Enables part-time therapists to be involved in fieldwork education.
- Students take more responsibility for their own learning thereby decreasing dependency on the fieldwork educators.
- Students provide mutual companionship for one another. Peer support may decrease anxiety and fear which may lead to a higher performance level.
- Promotes more open communication among all members of the learning team and emphasizes teamwork, interaction, and communication skills.
- Students are exposed to and gain experience in a variety of practice areas.

References (Note: Suggested readings are marked by an*)

*Anthony, A. & Gaipman, B. (1996). Group Supervision Manual. University of Toronto, Department of Occupational Therapy.

Avi-Itzhak, T.E. & Kellner, H. (1995). Preliminary Assessment of a Fieldwork Education Alternative: The Fieldwork Centers Approach. The American Journal of Occupational Therapy. 49(2),133-138.

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Hengel, J. & Romeo, J. (1995). A Group Approach to Mental Health Fieldwork. The American Journal of Occupational Therapy. 49(4), 354-358.

Notes...

Adapted from the University of Manitoba, Department of Occupational Therapy, School of Medical Rehabilitation
Rehabilitation Developed by: Occupational Therapy Outreach Development Team
School of Medical Rehabilitation, University of Manitoba
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③ 1 Student: 2 Therapists Model

Description:

A fieldwork model that involves one student assigned to two fieldwork educators during the same fieldwork placement.

How it Works:

In this model, the student divides his/her time between two fieldwork educators who work in either the same or different areas of practice. The student may be simultaneously assigned to two fieldwork educators for the entire fieldwork placement. Alternatively, the student may spend half the placement with one fieldwork educator and then be transferred to another fieldwork educator for the second half. The essential factor for success of this model is good communication between the two fieldwork educators, between the fieldwork educators and the student, and the consistency of performance expectations.

Strategies for Success:

The role of the fieldwork educator is to see her/himself as a partner in the supervision of the student, and to work collaboratively with the other fieldwork educator to provide a good learning experience for the student. Strategies for doing this are as follows:

- Meet with the partnering fieldwork educator prior to the beginning of the placement to develop a joint organized supervision plan. Try to arrange the switch between therapists to occur at the end of the day or week versus in the middle of the day for the student.
- Agree on and maintain similar expectations of the student's performance throughout the placement. It is particularly important to be consistent regarding the student's responsibility for clients and in establishing guidelines for documentation.
- Orient the student to both areas of practice (if different) at the beginning of the placement and provide structure for the placement. This includes setting up supervision schedules for joint supervision meetings (both therapists present), individual supervision meetings (one therapist present), clarifying expectations, and providing guidelines to the student for setting priorities (e.g. caseload, time management, etc.)
- Develop a Learning Contract together with the student and with the partnering fieldwork educator. Agree on which specific objectives are a shared responsibility between the two therapists and the student, and which objectives are worked on by the student in collaboration with only one of the therapists.
- Discuss and agree on procedures for the midterm and final evaluations with the student and collaborating fieldwork educator at the beginning of the placement. It may be helpful to keep a log to monitor the student's progress and any other issues.

- Meet with the partnering fieldwork educator throughout the placement, even if the placement is split in half, to discuss any issues such as signs that the placement is creating unexpected stresses for the student.
- It is important that each fieldwork educator be aware of workload demands being made upon the student by the partnering educator to ensure the student does not become overloaded.
- Share the task of evaluation. It may be beneficial for each therapist to write a draft of the evaluation prior to meeting to ensure similar expectations for student performance, review and discuss his/her observations; come to a consensus regarding grading and comments; and organize the process for providing feedback to the student.
- Attend both midterm and final evaluations along with the partnering fieldwork educator so feedback can be provided to the student directly.
- If the student is being transferred from one fieldwork educator to the other halfway into the placement, then it is crucial that the second fieldwork educator be present during the midterm evaluation in order to hear the student's progress to that point and be involved in setting the objectives for the second half of the placement.

The role of the student in this model is to be an active participant by accepting responsibility for self-directed learning and assisting in coordinating the structure of the placement. Strategies for doing this are as follows;

- Recognize the strengths and differences of each therapist's approach to clients.
- Communicate to the fieldwork educators any needs or concerns relating to differences in style, personality, or pace that are causing undue stress.
- Be aware that switching back and forth between two different fieldwork educators provides a different experience than a placement where there is only one fieldwork educator.
- Negotiate with the fieldwork educators issues concerning projects and expectations for down time.
- Seek feedback from both fieldwork educators regarding performance.
- Be flexible.

The role of the University includes: educating students and fieldwork educators about this model to ensure that all have the same information and that roles/expectations are clear. If necessary, the Academic Fieldwork Coordinator would meet with the student before the placement and discuss the implications of this model upon his/her learning experience. The University will also be available to provide ongoing guidance and advice to the student and fieldwork educators during the placement.

Advantages to this model include:

- Students are provided with broader fieldwork experiences, access to placements in specialty areas, and exposure to a greater variety of different styles of fieldwork educators
- Provides opportunity for part-time therapists to be involved in fieldwork education.
- Provides students with the opportunity to develop time management and organizational skills.
- Fieldwork educators benefit from the discussion and collaboration that occurs while participating in this shared experience.
- As students spend only half their time with one therapist. This may put fewer demands on the therapist's time and workload than the traditional 1:1 type of placement.

References (Note: Suggested readings are marked by an *)

*Gauptman, B. & Forma, L. (1991). The split placement model for fieldwork placements. The Canadian Journal of Occupational Therapy. 58(2), 85-88.

O'Connor, L. & Collier, G.F. (2000). Emerging Fieldwork Models. In S.C. Merrill & P.A. Crist (Eds.), Meeting the Fieldwork Challenge (Self-Paced Clinical Course), (Lesson 9), The American Occupational Therapy Association, Inc.

Jung, B., Martin, A., Graden, L. & Awrey, J. (1994). Fieldwork Education: A shared supervision model. The Canadian Journal of Occupational Therapy. 61 (1), 12-19.

*Steele-Smith, S. & Anmstrong, M. (2001). 'I would take more students but...': Student Supervision Strategies. British Journal of Occupational Therapy, 64(1)549-551.

Please contact the UBC OT Academic Fieldwork Coordinator at (604) 822-7415 if you would like more information about this model or the fieldwork program.

④ The 2 Students: 1 Therapist Model

Description:

A fieldwork model that involves 2 students being supervised by one fieldwork educator during the same fieldwork placement.

How it Works:

The focus is on the students working together to plan their learning experience rather than depending solely on the fieldwork educator(s). Each student is assigned clients who he/she is responsible for individually and shared clients who are the responsibility of the student group. Students are expected to consult with one another when questions arise. Students should have the opportunity to share knowledge and ideas with each other and to reflect on experiences together. The fieldwork educator(s), however, is the expert who oversees and ensures good quality therapy. The fieldwork educator(s) also provides any expert intervention that is needed.

In this model, when there is only one fieldwork educator, he/she turns over his/her own caseload almost completely to the students by assigning clients to the students throughout the placement **depending on the level of placement.**

This is a key element in order for the fieldwork educator to provide adequate supervision and not be overburdened during the fieldwork placement or after the students have departed.

Strategies for Success:

The role of the fieldwork educator is to oversee the placement and ensure that the students' needs are being met by:

- Pre-planning the placement well in advance with the assistance of the Academic Fieldwork Coordinator from the University.
- Preparing for the students' placement by arranging students' work space, meeting and discussing scheduling, expectations, and evaluation procedures
- Carrying out general orientation activities unless this task is usually done by someone else
- During orientation, clearly stating it is expected that students will collaborate with each other, and not compete for things such as clients, new opportunities, and therapists' time.
- Providing students with a schedule and developing student objectives, ensuring that there are both individual and group learning objectives.
- Providing time and identifying potential space for students to collaborate and work together.
- Holding weekly supervision/debrief meetings in order to provide ongoing feedback, facilitate student interaction, and identify student needs.
- Meeting with each student individually, at least weekly if possible, to assist with individual learning needs.
- Encouraging students to journal experiences and share reflections and questions at weekly student meetings.
- Coordinating student evaluations by incorporating students' **self, peer**, and therapist evaluations.

The role of the fieldwork educator(s) in this model is to introduce the students to various practice areas and to provide opportunities for them to practice their skills. Strategies for doing this are as follows:

- Accept responsibility for specific areas of instruction.
- Articulate clear and measurable expectations to assess each student's individual and group performance.
- Set-up individual learning activities that correspond with each student's individual learning objectives.
- Set up structured joint learning activities. For example, during direct client contact, activities may be co-treating a client, co-leading a group, or co-developing an intervention plan. Indirect client activities may include developing a shared case presentation, peer review of documentation, or weekly peer meetings to share journal excerpts. Other activities may include joint teaching sessions with the students, having the students prepare a project together, or practicing assessments and interventions.
- Be prepared to answer questions and assist students
- Keep a log to track the students' individual and group performance in order to assist with the evaluation process.
- Model team building behaviours.

The role of student in this model is to be an equal participant in the learning process by accepting responsibility for his/her own learning and for working collaboratively with others. Strategies for doing this are as follows:

- Identify individual learning objectives and shared group learning objectives.
- Share ideas and intervention strategies with the other student.
- Clarify expectations for the placement with other students and divide labour on assigned tasks.
- Support each other and respect each other's contributions.
- Receive and provide constructive peer feedback.
- Seek out information from the other student as well as fieldwork educator.

The role of the University includes: educating students and fieldwork educators about this model, and assisting with preparation for a placement for both fieldwork educators and students to ensure that all have the same information and that roles/expectations are clear. The University will also be available to provide ongoing guidance and advice to students and fieldwork educators during the placement.

Advantages of the 2:1 model include:

- Increases student time for practice and reflective discussion without increasing the fieldwork educator's time commitment.
- Students take more responsibility for their own learning thereby decreasing dependency on the fieldwork educators.
- Students provide mutual companionship for one another. Peer support may decrease anxiety and fear which may lead to a higher performance level.
- Promotes more open communication among all members of the learning team and emphasizes teamwork, interaction, and communication skills.
- Students are exposed to and gain experience in a variety of practice areas.

References (Note: Suggested readings are marked by an*)

*Anthony, A. & Gaipman, B. (1996). Group Supervision Manual. University of Toronto, Department of Occupational Therapy.

Avi-Itzhak, T.E. & Kellner, H. (1995). Preliminary Assessment of a Fieldwork Education Alternative: The Fieldwork Centers Approach. The American Journal of Occupational Therapy. 49(2),133-138.

Crist, P. (1993). Nontraditional and Group Fieldwork Models: Their Time Has Come. Education Special Interest Newsletter. AOTA. 3-4.

Fleming, J. Christenson, J., Franz, D. & Letrouneau, L. (1996). A Fieldwork Model for Non-Traditional Community Practice. Occupational Therapy in Health Care, 10(2), 15-35.

Hengel, J. & Romeo, J. (1995). A Group Approach to Mental Health Fieldwork. The American Journal of Occupational Therapy. 49(4), 354-358.

Developed by and adapted from the University of Manitoba, Department of Occupational Therapy, School of Medical Rehabilitation



COMPETENCY-BASED FIELDWORK EVALUATION

Guidelines:

If you or your facility has a copy of the CBF E manual, please refer to pages 6-8 for complete instructions. The student should have a copy of the manual and can share this with you whilst on placement.

1. Circle a number that you feel best describes the student's performance in each of the 7 competencies. Use your judgment based on the performance that has been displayed by the student at the student's current level of placement (Level 1, 2 or 3).
2. Do this at midterm and at final.
3. There should be at least one learning objective per competency and most times, dependent on the practice context and level of placement, there will likely be more than 1 competency per domain. The number of learning objectives must be reasonable based on level and context and is negotiated between student and Fieldwork Educator.
4. The qualitative comments are very valuable to the students and the university. Please ensure that you are commenting on strengths as well as further learning that can take place. Point form is acceptable.
5. You must complete the **Addition to the CBF E** form at Midterm & Final. It is crucial that the student **meet** expectations in all 5 competencies. If they are not successful by final, they do not pass the placement. Ensure that this is discussed & completed at midterm and if a student is struggling with an area that you help build in supports to assist the student in being successful, or call UBC for assistance.
6. **Please return your evaluation via email to osot.fieldwork@ubc.ca**

Please feel free to contact Alexis Davis or MOT Fieldwork Office with any questions.

Alexis Davis , Academic Fieldwork Coordinator phone 604.827.0956 cell 604.440.5551 alexis.davis@ubc.ca	MOT Fieldwork Office Phone: 604-827-5392 osot.fieldwork@ubc.ca
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Website: www.osot.ubc.ca

Fieldwork Blog: www.ubcfieldwork.wordpress.com

Definitions to assist with completing the Visual Analog Scale of the Competency Based Fieldwork Evaluation (CBFE) Form

Competency can be defined as *"A measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully."* Competencies specify the "how" of performing job tasks, or what the person needs to do the job successfully (Shippmann et al., 2000). Competencies represent a **whole-person** approach to assessing individuals.

Competencies tend to be either general, professional behaviours, or technical (OT skills). Please pay close attention to these general competencies throughout the student placement. There should be no concerns in this area at any level of placement. General competencies reflect the cognitive and social capabilities (e.g., problem solving, interpersonal skills) required for job performance. On the other hand, technical competencies are more specific as they are tailored to the particular knowledge and skill requirements necessary for a specific OT job within a certain practice area.

Level 1

Low Stage 1 = 1 on Visual Analog Scale (VAS)- difficulty processing information presented; perhaps confuses ideas/concepts; jumps to conclusions; does not appear to analyze situations; can only follow extremely detailed instructions under high supervision

Rudimentary = 2 on VAS – beginning to understand and apply principles; not overly developed or transferred to alternate situations; concepts/understanding is represented at a concrete level; can perform routine tasks with high degree of supervision

Mastery = 3 on VAS - can transfer knowledge to a variety of situations; can provide quality care with uncomplicated clients/situation with a minimal degree of supervision

Level 2

Has a larger marking range as there are 2 placements at this level. In the second level 2 placement, the student should be able to contribute more fully earlier on in the placement.

Transition = 3 on VAS – beginning to make decisions on viable course of action though may still only see one solution; developing own ideas; demonstrates only after modeling of behaviour; needs consistent and frequent feedback/dialogue about situations

Rudimentary = 4 on VAS- applying principles more readily; making own decisions based on clinical reasoning; with practice can perform skills/tasks with minimal supervision

Intermediate = 5 on VAS- able to use cues from client and environment to shape interactions; reflecting on action (after something has occurred)

Mastery = 6 on VAS- reflecting in action is beginning; some cuing/supervision still required; may still require practice & assistance to achieve high quality in complex skills though very efficient with routine skills.

Level 3

Transition = 6 on VAS – reflecting on action (after they have done something) should be evident; providing own hypothesis about situations; showing creativity; quickly picking up on procedural activities they may have encountered before

Rudimentary = 7 on VAS – reflecting in action (during encounter); able to independently carry out tasks/assignments but may not be extremely efficient (high expenditure of time to complete activity)

Mastery = 8 on VAS - ability to perform skills/tasks in a time efficient manner; consistency is exhibited in all behaviors; can function in complex situations (client/environment). Delivers most service independently after initial consultation and some minimal guidance

***VAS= Visual Analog Scale**

ADDITION TO CBFE

Student Name:

OT Name:

Facility:

OT Name:

All OT students must meet expectations in each of these self-identified competencies by final in order to pass the placement.		(please check)	
		Not Meeting Expectations	Meeting Expectations
1. Practices in a safe manner that minimizes risk to client, self & others. Examples of behaviours: <ul style="list-style-type: none"> • Requests assistance when necessary • Uses acceptable techniques for safe handling of clients • Maintains a safe working environment • Practices health & safety regulations 	Midterm	<input type="checkbox"/>	<input type="checkbox"/>
	Final	<input type="checkbox"/>	<input type="checkbox"/>
2. Presents self in a professional manner. <ul style="list-style-type: none"> • Is punctual and dependable • Attire is consistent with expectations of the practice setting • Maintains confidentiality • Abides by policies and procedures of the setting 	Midterm	<input type="checkbox"/>	<input type="checkbox"/>
	Final	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates acceptable communication behaviours during interactions with others. <ul style="list-style-type: none"> • Uses non-verbal communication appropriately and effectively in a consistent manner • Speaks clearly and appropriately • Listens and speaks respectfully • Accepts feedback in an appropriate manner 	Midterm	<input type="checkbox"/>	<input type="checkbox"/>
	Final	<input type="checkbox"/>	<input type="checkbox"/>
4. Adheres to ethical practice standards. <ul style="list-style-type: none"> • Understands and abides by relevant ethical codes and practice standards guidelines • Adheres to institutional policy and procedures • Reports violations of ethical practice 	Midterm	<input type="checkbox"/>	<input type="checkbox"/>
	Final	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates professional responsibility. <ul style="list-style-type: none"> • Accepts responsibility for own actions • Is able to establish a therapeutic relationship • Demonstrates self-direction/initiative • Acts with integrity 	Midterm	<input type="checkbox"/>	<input type="checkbox"/>
	Final	<input type="checkbox"/>	<input type="checkbox"/>

FINAL: Pass:

Fail:

COMPETENCY BASED FIELDWORK EVALUATION For Occupational Therapists

Bossers, A., Miller, L.T., Polatajko, H.J., Hartley, M.

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Student Evaluation

Placement History

The Competencies

1. Practice Knowledge
2. Clinical Reasoning
3. Facilitating Change with a Practice Process
4. Professional Interactions and Responsibility
5. Communication
6. Professional Development
7. Performance Management

COMPETENCY BASED FIELDWORK EVALUATION

For Occupational Therapists

PLACEMENT DETAILS					
UNIVERSITY NAME:				Degree Program:	
SITE/AGENCY NAME:				Times Late:	
PLACEMENT DATE:	Start Date:			Times Absent:	
	End Date:			(Please do not count absences that have been made-up during the placement)	
LENGTH OF PLACEMENT:		Weeks	PLACEMENT SEQUENCE:		of
NUMBER OF PREVIOUS FIELDWORK HOURS:		Hours			
DESCRIPTION OF PLACEMENT					
DESCRIPTION OF PROJECT (if applicable)					

MIDTERM EVALUATION			
Fieldwork Educator(s) / Preceptor(s)	Name(s):		
	Registration #(s):		
	Signature(s):		
Student	Name:		
	Signature:		
	Acceptance: <i>Please mark with an "X"</i>	<input type="checkbox"/>	I accept this evaluation
		<input type="checkbox"/>	I do not accept this evaluation

FINAL EVALUATION			
Fieldwork Educator(s) / Preceptor(s)	Name(s):		
	Registration #(s):		
	Signature(s):		
Student	Name:		
	Signature:		
	Acceptance: <i>Please mark with an "X"</i>	<input type="checkbox"/>	I accept this evaluation
		<input type="checkbox"/>	I do not accept this evaluation

COMPETENCY BASED FIELDWORK EVALUATION FOR OCCUPATIONAL THERAPISTS

1. PRACTICE KNOWLEDGE

- Has the theoretical knowledge and technical expertise to serve clients/client groups, colleagues, the agency, and the profession
- Utilizes evidence based knowledge
- Knows the parameters of the profession and its role within the agency
- Understands the core values and vision of the profession

STAGES		SCORE
DEVELOPING	1	1 - Low Stage 1 competencies 2 - Rudimentary Stage 1 competencies 3 - Mastery of Stage 1 competencies/ Transition to Stage 2
	2	3 - Transition to Stage 2 4 - Rudimentary Stage 2 competencies 5 - Intermediate Stage 2 competencies 6 - Mastery of Stage 2 competencies/ Transition to Stage 3
	3	6 - Transition to Stage 3 7 - Rudimentary Stage 3 competencies 8 - Mastery of Stage 3 competencies/ ready to enter clinical practice

The Competency Rating Scale

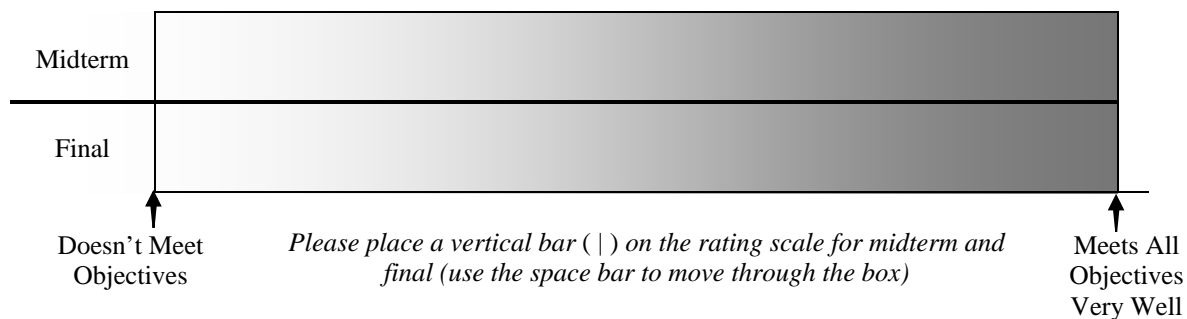
	Unacceptable		Developing					Exceptional		Grade	
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Final	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>
		↑							↑		<i>Please indicate the numerical level of performance</i>
		Entry-Level Student							Entry-Level Clinician		

COMMENTS	
Midterm	Final

STUDENT'S LEARNING OBJECTIVE(S) – Practice Knowledge			
Objective(s)	Resource(s) Required to Meet the Objective(s)	Evidence	Validation

NOTE: Students should have at least one learning objective for each competency. As learning objectives are achieved new ones can be added to help students get the most out of each placement. Learning objectives reflect specific areas within a given competency and are scored as only a component of the Competency Rating Scale. The Learning Objective Rating Scale (below) is specific to progress with the learning objectives established for the placement.

The Learning Objective Rating Scale



2. CLINICAL REASONING

- Demonstrates analytical thinking
- Demonstrates conceptual thinking
- Demonstrates good judgment and sound decision making
- Utilizes good problem solving
- Demonstrates reasoning based on evidence

STAGES		SCORE
DEVELOPING	1	1 - Low Stage 1 competencies 2 - Rudimentary Stage 1 competencies 3 - Mastery of Stage 1 competencies/ Transition to Stage 2
	2	3 - Transition to Stage 2 4 - Rudimentary Stage 2 competencies 5 - Intermediate Stage 2 competencies 6 - Mastery of Stage 2 competencies/ Transition to Stage 3
	3	6 - Transition to Stage 3 7 - Rudimentary Stage 3 competencies 8 - Mastery of Stage 3 competencies/ ready to enter clinical practice

The Competency Rating Scale

	Unacceptable		Developing						Exceptional		Grade
	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>
Midterm	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>
Final	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>

↑
Entry-Level Student

↑
Entry-Level Clinician

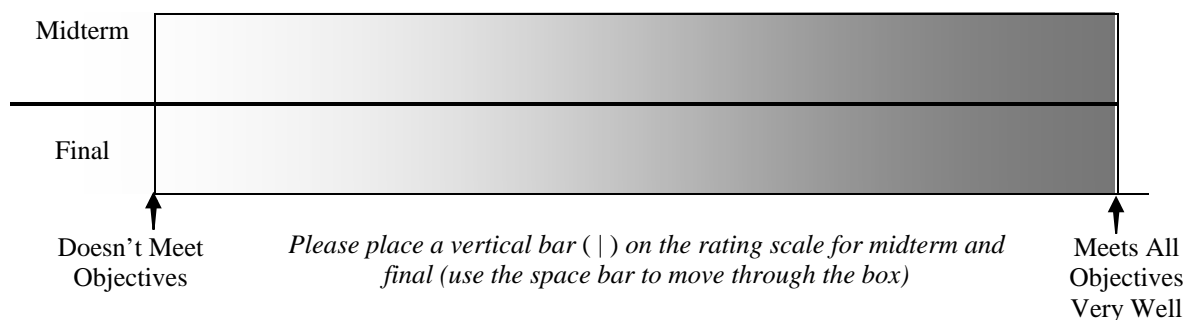
Please indicate the numerical level of performance

COMMENTS	
Midterm	Final

STUDENT'S LEARNING OBJECTIVE(S) – Clinical Reasoning			
Objective(s)	Resource(s) Required to Meet the Objective(s)	Evidence	Validation

NOTE: Students should have at least one learning objective for each competency. As learning objectives are achieved new ones can be added to help students get the most out of each placement. Learning objectives reflect specific areas within a given competency and are scored as only a component of the Competency Rating Scale. The Learning Objective Rating Scale (below) is specific to progress with the learning objectives established for the placement.

The Learning Objective Rating Scale



3. FACILITATING CHANGE WITH A PRACTICE PROCESS

- Facilitates and manages change in others
- Establishes a therapeutic relationship
- Practices in a safe manner
- Collaboratively identifies goals
- Advocates and consults
- Practices in a client-centered manner
- Based on sound theory and good evidence, appropriately:
 - assesses needs
 - reports assessment results
 - makes referrals and plans intervention that are outcome based
 - carries out the intervention plan
 - monitors and modifies the intervention
 - plans and enacts the closure of the intervention
 - plans discharge and follow up

STAGES		SCORE
DEVELOPING	1	1 - Low Stage 1 competencies 2 - Rudimentary Stage 1 competencies 3 - Mastery of Stage 1 competencies/ Transition to Stage 2
	2	3 - Transition to Stage 2 4 - Rudimentary Stage 2 competencies 5 - Intermediate Stage 2 competencies 6 - Mastery of Stage 2 competencies/ Transition to Stage 3
	3	6 - Transition to Stage 3 7 - Rudimentary Stage 3 competencies 8 - Mastery of Stage 3 competencies/ ready to enter clinical practice

The Competency Rating Scale

	Unacceptable		Developing					Exceptional		Grade	
	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>
Midterm	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>
Final	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>

↑ Entry-Level Student
 ↑ Entry-Level Clinician

Please indicate the numerical level of performance

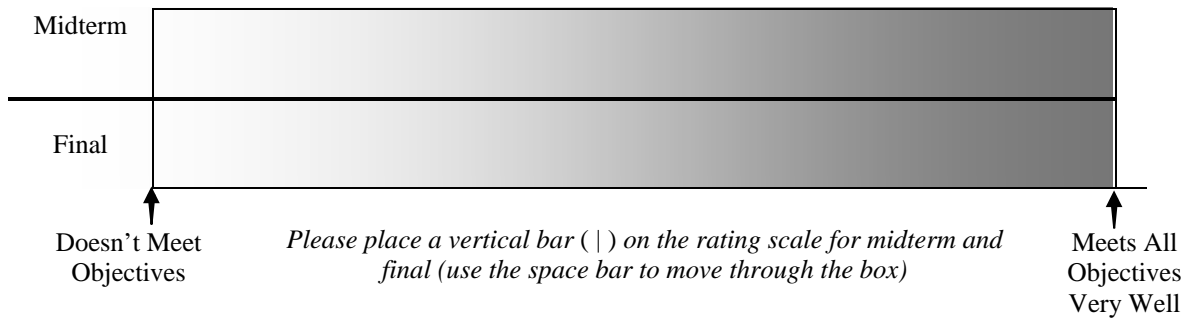
COMMENTS	
Midterm	Final

STUDENT'S LEARNING OBJECTIVE(S) – Facilitating Change with a Practice Process

Objective(s)	Resource(s) Required to Meet the Objective(s)	Evidence	Validation

NOTE: Students should have at least one learning objective for each competency. As learning objectives are achieved new ones can be added to help students get the most out of each placement. Learning objectives reflect specific areas within a given competency and are scored as only a component of the Competency Rating Scale. The Learning Objective Rating Scale (below) is specific to progress with the learning objectives established for the placement.

The Learning Objective Rating Scale



4. PROFESSIONAL INTERACTIONS AND RESPONSIBILITY

- Adheres to ethical and legal practice standards
- Centers on client/client group needs, always
- Follows through on commitments; shows respect for clients, colleagues, and the profession
- Contributes effectively as a team player
- Motivates others
- Fosters trust and respect as a professional
- Builds collaborative working relationships
- Deals effectively with obstacles and opposition
- Acts with professional integrity
- Gives and receives feedback effectively

STAGES		SCORE
DEVELOPING	1	1 - Low Stage 1 competencies 2 - Rudimentary Stage 1 competencies 3 - Mastery of Stage 1 competencies/ Transition to Stage 2
	2	3 - Transition to Stage 2 4 - Rudimentary Stage 2 competencies 5 - Intermediate Stage 2 competencies 6 - Mastery of Stage 2 competencies/ Transition to Stage 3
	3	6 - Transition to Stage 3 7 - Rudimentary Stage 3 competencies 8 - Mastery of Stage 3 competencies/ ready to enter clinical practice

➤ The Competency Rating Scale

	Unacceptable		Developing						Exceptional		Grade
	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>
Midterm	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>
Final	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>

↑ Entry-Level Student
 ↑ Entry-Level Clinician

Please indicate the numerical level of performance

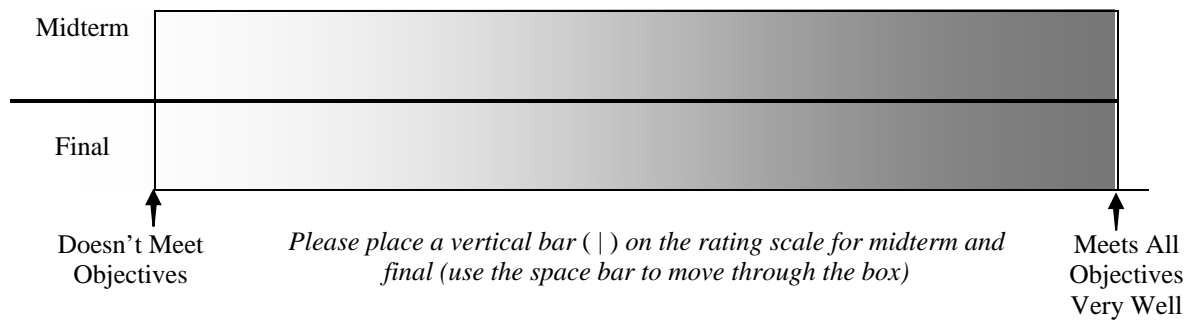
COMMENTS	
Midterm	Final

STUDENT'S LEARNING OBJECTIVE(S) – Professional Interactions & Responsibility

Objective(s)	Resource(s) Required to Meet the Objective(s)	Evidence	Validation

NOTE: Students should have at least one learning objective for each competency. As learning objectives are achieved new ones can be added to help students get the most out of each placement. Learning objectives reflect specific areas within a given competency and are scored as only a component of the Competency Rating Scale. The Learning Objective Rating Scale (below) is specific to progress with the learning objectives established for the placement.

The Learning Objective Rating Scale



5. COMMUNICATION

- Fosters open communication
- Listens actively
- Speaks clearly and appropriately
- Listens and speaks respectfully
- Manages conflict with diplomacy
- Provides explanations and/or education that is at an appropriate level for the client
- Writes clearly and appropriately
- Modifies language for the listener
- Uses non-verbal communication appropriately and effectively

STAGES		SCORE
DEVELOPING	1	1 - Low Stage 1 competencies 2 - Rudimentary Stage 1 competencies 3 - Mastery of Stage 1 competencies/ Transition to Stage 2
	2	3 - Transition to Stage 2 4 - Rudimentary Stage 2 competencies 5 - Intermediate Stage 2 competencies 6 - Mastery of Stage 2 competencies/ Transition to Stage 3
	3	6 - Transition to Stage 3 7 - Rudimentary Stage 3 competencies 8 - Mastery of Stage 3 competencies/ ready to enter clinical practice

The Competency Rating Scale

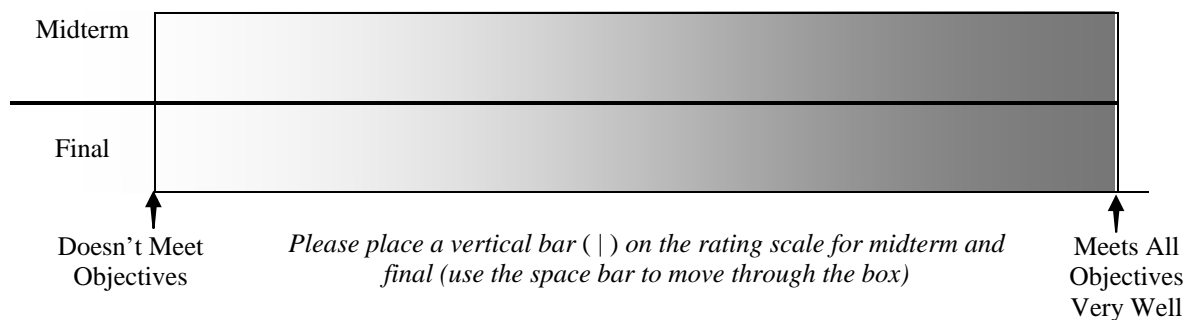
	Unacceptable			Developing				Exceptional			Grade
Midterm	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>
Final	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>
		↑							↑		<i>Please indicate the numerical level of performance</i>
		Entry-Level Student							Entry-Level Clinician		

COMMENTS	
Midterm	Final

STUDENT'S LEARNING OBJECTIVE(S) – Communication			
Objective(s)	Resource(s) Required to Meet the Objective(s)	Evidence	Validation

NOTE: Students should have at least one learning objective for each competency. As learning objectives are achieved new ones can be added to help students get the most out of each placement. Learning objectives reflect specific areas within a given competency and are scored as only a component of the Competency Rating Scale. The Learning Objective Rating Scale (below) is specific to progress with the learning objectives established for the placement.

The Learning Objective Rating Scale



6. PROFESSIONAL DEVELOPMENT

- Demonstrates self-directed learning
- Integrates new learning into practice
- Student tries to identify areas for future growth and sets new levels for personal best
- Adapts to change
- Demonstrates commitment to the profession
- Upholds the core values of the profession
- Demonstrates skills of self-appraisal

STAGES		SCORE
DEVELOPING	1	1 - Low Stage 1 competencies 2 - Rudimentary Stage 1 competencies 3 - Mastery of Stage 1 competencies/ Transition to Stage 2
	2	3 - Transition to Stage 2 4 - Rudimentary Stage 2 competencies 5 - Intermediate Stage 2 competencies 6 - Mastery of Stage 2 competencies/ Transition to Stage 3
	3	6 - Transition to Stage 3 7 - Rudimentary Stage 3 competencies 8 - Mastery of Stage 3 competencies/ ready to enter clinical practice

The Competency Rating Scale

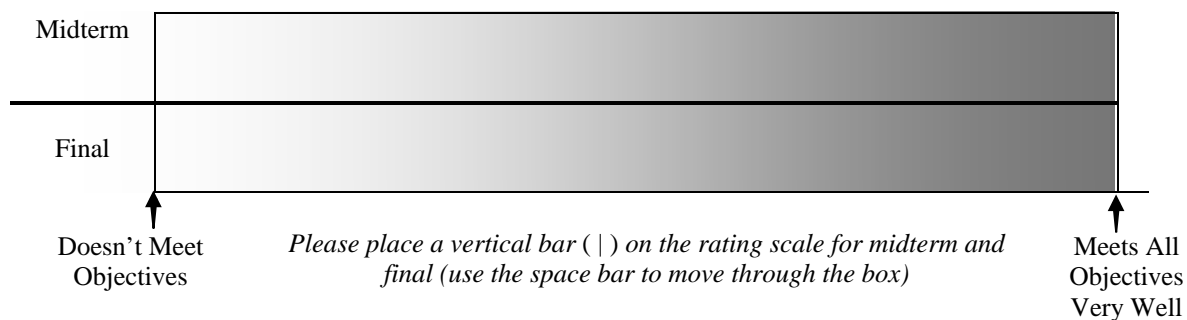
	Unacceptable			Developing				Exceptional			Grade
Midterm	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>
Final	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>
		↑							↑		<i>Please indicate the numerical level of performance</i>
		Entry-Level Student							Entry-Level Clinician		

COMMENTS	
Midterm	Final

STUDENT'S LEARNING OBJECTIVE(S) – Professional Development			
Objective(s)	Resource(s) Required to Meet the Objective(s)	Evidence	Validation

NOTE: Students should have at least one learning objective for each competency. As learning objectives are achieved new ones can be added to help students get the most out of each placement. Learning objectives reflect specific areas within a given competency and are scored as only a component of the Competency Rating Scale. The Learning Objective Rating Scale (below) is specific to progress with the learning objectives established for the placement.

The Learning Objective Rating Scale



7. PERFORMANCE MANAGEMENT

- Self starter
- Completes tasks in a time efficient manner, setting priorities effectively
- Demonstrates effective resource utilization
- Demonstrates quality management
- Is accountable and responsible
- Teaches/Coaches
- Demonstrates operational and organizational awareness
- Demonstrates leadership (delegates appropriately)
- Seeks assistance and feedback appropriately (responds positively to constructive feedback)
- Demonstrates self-monitoring
- Organizes time and sets priorities effectively

STAGES		SCORE
DEVELOPING	1	1 - Low Stage 1 competencies 2 - Rudimentary Stage 1 competencies 3 - Mastery of Stage 1 competencies/ Transition to Stage 2
	2	3 - Transition to Stage 2 4 - Rudimentary Stage 2 competencies 5 - Intermediate Stage 2 competencies 6 - Mastery of Stage 2 competencies/ Transition to Stage 3
	3	6 - Transition to Stage 3 7 - Rudimentary Stage 3 competencies 8 - Mastery of Stage 3 competencies/ ready to enter clinical practice

The Competency Rating Scale

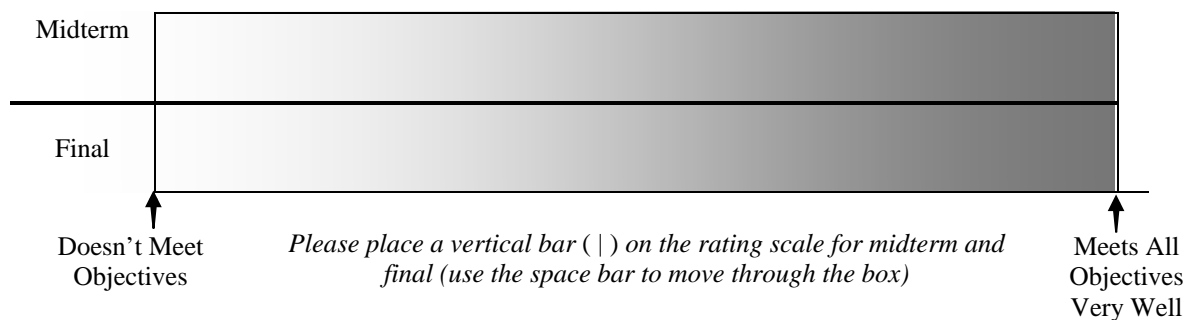
	Unacceptable			Developing				Exceptional			Grade
Midterm	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>
Final	U	1	2	3	4	5	6	7	8	E	<input style="width: 40px; height: 20px;" type="text"/>
		↑							↑		<i>Please indicate the numerical level of performance</i>
		Entry-Level Student							Entry-Level Clinician		

COMMENTS	
Midterm	Final

STUDENT'S LEARNING OBJECTIVE(S) – Performance Management			
Objective(s)	Resource(s) Required to Meet the Objective(s)	Evidence	Validation

NOTE: Students should have at least one learning objective for each competency. As learning objectives are achieved new ones can be added to help students get the most out of each placement. Learning objectives reflect specific areas within a given competency and are scored as only a component of the Competency Rating Scale. The Learning Objective Rating Scale (below) is specific to progress with the learning objectives established for the placement.

The Learning Objective Rating Scale



Comments:

SUPERVISION <i>Use a "x" in the boxes to the right to indicate your response</i>	MIDTERM			FINAL		
	Y	N	N/A	Y	N	N/A
Did the supervisor:						
a) communicate in an effective manner despite possible differences in communication style?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) provide you with timely and appropriate feedback (both positive and negative) in a constructive and appropriately discrete manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) serve as role model or mentor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) use effective demonstration and teaching skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) consistently clarify expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) make themselves available and accessible to questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) encourage you to develop self-directed learning skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) encourage you to critically evaluate your own performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments regarding the supervision process:

Suggestions to further your learning experience through the second half of this placement:

WAS THERE OPPORTUNITY TO PRACTICE? <i>Use a "x" in the boxes to the right to indicate your response</i>	MIDTERM			FINAL		
	Y	N	N/A	Y	N	N/A
a) interviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) assessments, tests, measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) develop problem/asset lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) plan intervention, target outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) implement intervention plans/therapeutic modalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) evaluation of effects of intervention/outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) from a client-centred model of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) opportunity to exchange with members of the team, department or program and with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) opportunity to participate in various meetings:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- in-services, visits to other department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- unit or program meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- case discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

LEARNING EXPECTATIONS, GOALS & OBJECTIVES <i>Use a "x" in the boxes to the right to indicate your response</i>	FINAL		
	Y	N	N/A
a) Was progress towards achieving objectives discussed & re-evaluated regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you feel you achieved your learning goals and objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

What were the most positive aspects of this placement?

If you could do this placement again, what would you suggest could be done differently?

Do you have any additional comments?

Signature:

Student

Therapist

Date

Copies to: Student
Site/program
UBC (with student evaluation)