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# Professionalization of occupational therapists: A study of emergent identities

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**PROFESSIONALIZATION OF OCCUPATIONAL THERAPISTS:  
A STUDY OF EMERGENT IDENTITIES**

**BY**

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BS, Colorado State University, 1979  
MS, Colorado State University, 1986**

**DISSERTATION**

**Submitted to the University of New Hampshire  
in Partial Fulfillment of  
Requirements for the Degree of**

**Doctor of Philosophy**

**in**

**Sociology**

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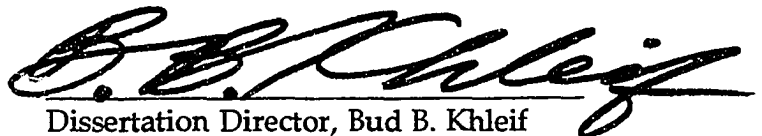
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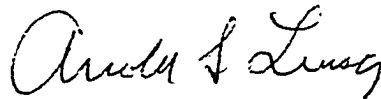
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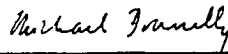
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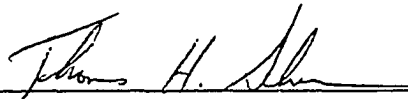
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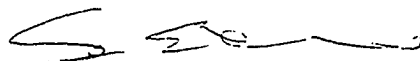
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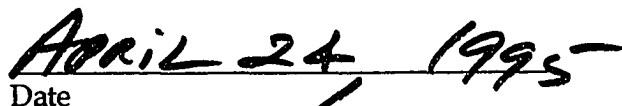
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For Jim



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## TABLE OF CONTENTS

COPYRIGHT PAGE .....	ii
APPROVAL PAGE .....	iii
DEDICATION .....	iv
ACKNOWLEDGMENTS .....	v
LIST OF TABLES .....	xiii
LIST OF FIGURES .....	xiv
ABSTRACT .....	xv

CHAPTER	PAGE
I. AIMS OF THE STUDY .....	1
Worcester State College .....	2
Focus of Study .....	3
Research Questions and Hypotheses .....	6
Conclusion .....	10
II. ASPECTS OF PROFESSIONALIZATION: THEORETICAL FOUNDATION .....	11
Process of Professionalization .....	12
The Role-Set of the Trainee .....	15
Conclusion .....	17
Professionalization for Occupational Therapists .....	17
Conclusion .....	22
III. METHODOLOGY: DESIGN, ANALYSIS AND INTERPRETATION .....	24
Methodology and Design .....	24
"Entry" into WSC .....	25

Sources of Data .....	27
Data Collection .....	28
Students .....	28
Fieldwork Students and Graduates .....	31
Educators .....	32
Interview Question Development .....	32
Data Analysis: Some Methodological Considerations .....	37
My Role as Researcher: Reflective Interpretation .....	41
Conclusion .....	45
IV. ENTRY INTO THE PROFESSION: STANDING AT THE THRESHOLD .....	47
Methodology .....	48
Discovering and Choosing Occupational Therapy .....	49
Searching for a Career .....	49
Finding a Match .....	52
Selection .....	57
Desired Selection Criteria .....	59
Competition, Anxiety, and Marginal Identity .....	67
Conclusion .....	71
V. PROFESSIONALIZATION IN ACADEMIC EDUCATION: PROMOTING THE "MIND SET" AND A PROBLEM SOLVING ROLE .....	73
Teaching Goals of Academic Faculty .....	74
Gaining Knowledge and Skills .....	75
Acquiring the Ideology of Occupational Therapy .....	75
Learning the Role of a Problem-Solver .....	77
Strategies for Promoting Change .....	80
Activity .....	82
Role Play .....	84
Clinical Example .....	85
Support .....	90
Summary .....	91
Observation of Class Sessions .....	92
Promoting Knowledge and Skills .....	93
Fostering Professional Ideology .....	95
Facilitating the Problem-Solving Role .....	96
Faculty applying information .....	97

Students applying information .....	99
Supporting students professional identity .....	100
Summary .....	103
Conclusion .....	104
VI. THE INFLUENCE OF TEXTBOOKS ON PROFESSIONALIZATION .....	105
Methodology .....	106
Analysis .....	106
Textbooks Analyzed .....	108
Description of the Analyzed Occupational Therapy Textbooks ..	109
Purpose of Occupational Therapy Textbooks .....	112
Analysis for Content and Its Organization .....	113
Content and Organization on Knowledge .....	113
Content and Organization on Ideology .....	117
Content and Organization on Relations With Others .....	122
Relations with clients .....	123
Relations with other professionals .....	127
Conclusion: Textbooks and Professionalization .....	130
VII. STUDENTS' THINKING AND FEELING: A REFLECTION OF PROFESSIONALIZATION .....	133
Students' Thinking .....	133
Freshmen Thinking .....	134
Sophomores .....	137
Juniors .....	144
Seniors .....	149
Summary of Students' Thinking .....	152
Early Identity as an Occupational Therapist .....	154
Freshmen .....	154
Sophomores .....	155
Juniors .....	157
Seniors .....	159
Summary .....	161
Influences on Professionalization .....	162
Freshman Courses .....	163
Sophomore Courses .....	165
Junior Courses .....	169
Senior Courses .....	172

Conclusion .....	175
VIII. PROFESSIONALIZATION DURING FIELDWORK: PULLING IT ALL TOGETHER .....	178
Methodology .....	178
Goals for Fieldwork .....	181
Applying theory to practice .....	181
Integrating the Role of Occupational Therapy .....	185
Acquiring Etiquette .....	187
Summary .....	189
Changes in Students During Fieldwork .....	190
Initial Phase .....	191
Mid-point Phase .....	193
Ending Phase .....	196
Summary .....	197
Promotion of Professionalization .....	197
Modeling Behavior .....	198
Directing Students .....	199
Questioning .....	201
Supporting .....	203
Including Students .....	206
Summary .....	208
Conclusion .....	208
IX. STUDENTS ON FIELDWORK: TRANSITION TO THERAPIST .....	210
Clinical Thinking .....	211
Initial Impressions .....	213
Description of Occupational Therapy .....	215
Therapy Goals .....	216
Occupational Therapy Program .....	217
Summary of Fieldwork Students' Clinical Thinking .....	218
Identity As a Therapist .....	219
Professionalization During Fieldwork .....	221
Entering Fieldwork .....	221
Fieldwork as an Arena for Learning .....	226
Clinical Skills .....	227
Professional Behaviors .....	229
Personal Growth .....	231

	Realities of Practice .....	233
	Challenges as Professional Turning Points .....	236
	Summary .....	238
	Sources of Influence and Support .....	239
	Fieldwork Supervisors Promoting Professionalization ....	239
	Other Sources of Support .....	246
	Conclusion .....	249
X.	OCCUPATIONAL THERAPISTS: CERTIFIED AND EMPLOYED .....	251
	Clinical Thinking .....	252
	Initial Impressions .....	253
	Description of Occupational Therapy .....	254
	Therapy Goals .....	255
	Occupational Therapy Program .....	256
	Awareness of the School Setting .....	258
	Summary .....	261
	Influence on Therapists' Clinical Thinking .....	261
	Job Selection .....	264
	Wanting an Area of Practice .....	266
	Wanting to Continue Learning .....	267
	Seeking a Professional Challenge .....	268
	Continued Learning on the Job .....	272
	Influence of Practice Area on Therapists' Roles .....	273
	Influence of the Setting on Practice .....	275
	Influence of Health Care Changes on Practice .....	277
	Summary .....	278
	Identity as an Occupational Therapist .....	281
	Conclusion .....	283
XI.	SUMMARY, CONCLUSIONS, AND SUGGESTIONS FOR FUTURE RESEARCH .....	285
	Summary of Emergent Identity .....	287
	Influence of Academic Education .....	293
	Influence of Fieldwork .....	295
	Conclusions .....	296
	Practical Suggestions for Occupational Therapy Training .....	301
	Selection Criteria .....	302
	Components of Academic Education .....	302

Activity Analysis .....	302
Practical Experience .....	302
Pace of Training Program .....	303
Preparation of Trainers .....	303
Suggestions for Future Research .....	304
Professional Development Trends .....	305
Value of Experience .....	307
Preparation for General Practice .....	308
Author's Note .....	309
REFERENCES .....	310
APPENDICES	
A. Information given to Worcester State College .....	319
B. Information given to Student Interviewees .....	324
C. Educator Interview Questions .....	327
D. Student Initial Interview Questions .....	330
E. Case Study for Small Group Interviews .....	333
F. Questions for Second Individual Student Interview .....	336
G. Fieldwork Student and Graduates Interview Questions ....	339
H. Application to WSC Occupational Therapy Program .....	344
I. Curriculum Sequence and Degree Requirements .....	347



LIST OF TABLES

Table I: The Interview Sample ..... 29

Table II: Textbooks Analyzed ..... 110

## LIST OF FIGURES

Figure I: Spiral Continuum of Professional Development . . . . 300

## ABSTRACT

### PROFESSIONALIZATION OF OCCUPATIONAL THERAPISTS: A STUDY OF EMERGENT IDENTITIES

by

Lou Ann Sooy Griswold  
University of New Hampshire, May, 1995

The unprecedented demand for occupational therapists and resulting growth in student numbers necessitates the need to understand how students acquire professional ideology, learn expected role behavior, and identify themselves as occupational therapists. This ethnographic study includes interview data from a series of three interviews with 37 trainees, from freshmen to the first year of employment, who had been or were in the occupational therapy program at Worcester State College, in central Massachusetts. Students included women and men who were preparing for either a first or second career. Interviews with six academic faculty and seven fieldwork supervisors in three areas of practice; observations in classes; and analysis of 11 frequently used occupational therapy textbooks have enabled me to identify the role of each in professional development.

Students in this study follow steps of professionalization suggested by sociological literature beginning with entry, followed by acquisition of the professional language and ideology, then role-performance. Reflecting on

feedback received after role-performance is essential for a positive self-image as a professional, as noted in the theory of Symbolic Interactionism. Learning opportunities which enable students to connect new information with experiences are essential to develop desired role behavior and promote identification with the profession. Academic faculty use activities, role playing, and clinical examples to promote student learning. Fieldwork supervisors model professional behavior, direct students, and facilitate thinking by constantly asking questions. Being well-trained as well as attached to one's role as a faculty member or field supervisor is of crucial importance in professionalization of students.

## CHAPTER I

### AIMS OF THE STUDY

In this dissertation, I examine how students of an emergent profession, occupational therapy, become socialized into their work. I look at why students choose this particular health care profession, the types of learning activities which help them acquire the requisite values and attitudes for occupational therapy practice, and what events enable them to identify themselves as therapists. I have conducted the research through interviews with current students as well as graduates. I observed in occupational therapy classes and interviewed faculty and fieldwork supervisors. Additionally, I analyzed occupational therapy textbooks commonly used in academic education. This is a case study of a particular program: the Occupational Therapy Program at Worcester State College (WSC), in Worcester, Massachusetts. The faculty of the program agreed to have their program, courses, students, graduates, and themselves be the focus of study, with recognition of the program, but anonymity of individuals. It is important to emphasize, as I have reminded students and faculty throughout the study, that I am not evaluating WSC. Rather, the opportunity to study the WSC Occupational Therapy Program has enabled me to examine the professionalization process of occupational therapists in depth.

## Worcester State College

I selected the Occupational Therapy Program at Worcester State College as the site for my investigation not to be a “representative” of all occupational therapy programs, but for three reasons. 1. The occupational therapy program at WSC is an established program at a state-funded college. 2. The program has a programmatic purpose which is traditional in nature. 3. WSC offers unique research opportunities in terms of examining professionalization within an expanding program, and includes a diverse group of students.

The Occupational Therapy Program at WSC has been in existence for over ten years. The purpose of the program is “to provide an educational experience which will encourage in its graduates the attitude, abilities, skills, and understanding to allow them to live their lives as creative, responsible, contributing citizens of the world and as highly qualified and committed professional occupational therapists” (*Application for Continuing Accreditation Self-Study Document*, 1991:45). The required coursework reflects the program’s purpose and provides a foundation in biological, psychological, and social sciences while students develop knowledge in three identified domains for learning: “cognitive for information, affective for values, and psychomotor for skills” (*Initial Accreditation Report*, 1986:36).

The Occupational Therapy Program is moderately large in size, while steadily increasing. The senior class has 48 students and the junior class has

60 students, while classes which had recently graduated had class sizes in the 30s. The student demographics reveals diversity within the occupational therapy program: approximately 40% of the students are non-traditional in age, over 25 years of age, and 17% were men. Most recent demographic analysis of occupational therapy students in all programs throughout the country indicate that 30.4% are over 25 years old, and 10.6% are male (AOTA, 1994:6). Students not only come from the Worcester area but also from as far south as Providence, Rhode Island and as far north as the Massachusetts/ New Hampshire border, resulting in socio-economic diversity as well. The faculty are experienced in academia: five of the six faculty teaching in the program have five to fifteen years of experience teaching (D. Joss, chairperson-- personal communication, September 21, 1993). The faculty meet weekly to discuss curriculum issues and student needs, report on college committee work and policies, and plan the program's future. In addition, faculty often meet informally, working on program committee tasks, sharing course information, and collaborating on research endeavors. All faculty share office space, an office has two or three people, which further promotes ongoing communication.

### **Focus of Study**

From the outset, it is perhaps necessary to clarify the term "professionalization" and my reason for using it over such related concepts as "socialization" and "enculturation." According to Khleif (1981:169),

socialization focuses on the “sanctions and constraints of an authority structure -- in a word, on social control”; whereas enculturation emphasizes “transmission and acquisition of a system of symbols” which have meaning to members of the group. Khleif has depicted professionalization in interactive terms as a process of “*negotiation of identities, of identification and confrontation*” (Khleif, 1981:169, emphasis in the original). In other words, professionalization implies that the person acquires an identity through a process of give-and-take, of negotiation as he or she gives up previous roles to take on new ones. In a system of hurdles and assessments, “the purpose of professionalization is to make the trainee a near-equal by graduation time” (Khleif, 1981:169). I recognize that the process of becoming a member of an occupational group does, indeed, include acquiring a system of symbols, and is often learned through some form of social control, which includes negotiation with authority figures such as educators, supervisors, and mentors. It is thus that I am drawn to the term “professionalization” as more inclusive than its synonyms. Because professionalization is a form of adult socialization (Khleif, 1981:168), I also tend at times to use the term “professional socialization” or “socialization into the profession,” particularly when I consider specific socializing influences on students, that is, the somewhat rather coercive influences which exert “social control” on students.



Social control or the influence of others, comes from multiple sources. Merton's (1957) idea of the role-set, of groups involved in one's work, has sensitized me to various sources of social influence during professionalization. In this dissertation, I look at the influence of several factors: I examine how required classroom instruction, course readings, fieldwork, and entry into a first job help a student think, act, and "feel" like an occupational therapist.

I have drawn upon the work of Everett C. Hughes, George H. Mead, and Bud B. Khleif for constructing a framework to examine socialization into the profession. Hughes maintains that professionalization includes not only knowledge of science and techniques, but three other things: code, or the rules for interacting with others; etiquette, or what professionals do when they are with clients; and creed, that is, the ideals of the professional group (1970: 178-179). Creed and code become very important as a means of self-definition and self-protection, particularly as similar professions, for example occupational therapy and physical therapy, compete with one another, much like estates, guilds, communities, and lobbies (Khleif, 1981:168). The creed, with the underpinning ideals of the profession, enable professionals to have idealized images of themselves. The work of Everett C. Hughes in general has served as a guide for me to examine the components of occupational therapy education and its influence on professional identity. I have focused on how students change their way of thinking, i.e., acquiring and using the

creed of occupational therapy, and thus acting, using the code and etiquette of the profession, as they become full-fledged members and identify themselves as occupational therapists. I examine the changes in their thinking and explore the forces behind the changes as students progress through their academic program and fieldwork.

### Research Questions and Hypothesis

My specific research questions are:

1. How do students in different levels in the educational process (freshmen, sophomore, junior, senior, fieldwork, and first year of employment) differ in professional identity?
2. In what way does academic education influence a student to consider him/herself a professional occupational therapist?
3. How do fieldwork experiences contribute to promoting a student to identify with the profession?
4. What components of academic and fieldwork education tend to be essential to the professionalization process?

Based on review of sociological and occupational therapy literature on professional socialization, as well as my experience as an educator, I undertook this study presuming students would show evidence of a change in identity as they explain occupational therapy practice with greater clarity and reflection of the values of the profession, based on their level in the training program. I suspected that formal academic education enables

students to learn the language of the profession, gain knowledge, and acquire values to prepare them for practice. I anticipated that courses which require students to play the role of therapists promote students to integrate the knowledge and values they were learning so that they begin to identify themselves as therapists. The literature suggests that experiences, particularly those which offer contact with persons with disabilities, are essential in order to acquire the values and attitudes of the profession. I further surmised that experiences which enable students to work with people with disabilities would provide students with opportunities to feel like occupational therapists. Some courses include short practical experiences. Fieldwork, the required six months of full-time work with supervision, certainly provides contact with people with disabilities. I envisioned fieldwork to be the pivotal point in professional identification, as students interact with occupational therapists, other health care professionals, and patients. I figured out that such opportunities would be regarded as having the greatest influence on students' thinking and sense of identity.

It is hoped that this study of occupational therapists would make a contribution to sociology of work as it examines an emergent, and predominately female profession, one unique among female occupations. Women's role in Western society has traditionally been seen as one of providing care for others; occupational therapists help people with all types of disabilities gain the skills to live at home and enter, or return, to

employment. Thus, occupational therapists are unique among other female professions in that they strive to promote independent functioning for people with disabilities that were once seen as conditions which created dependent relationships (Hamlin, Loukas, Froehlich, & MacRae, 1991:969). Because the profession is one which is emergent, members of the group like to idealize its mission. As health care trends move towards an emphasis on enabling people to live independently and return to work, the value of occupational therapy services is rising. This is evident in the demand for therapists and increased salaries, now averaging \$34,400 for entry-level therapists (AOTA, 1993a).

As the occupational structure in the United States changes, with the move of heavy industry overseas and the increase in the service industry, the need for health care services, including occupational therapy has risen. Furthermore, the aging demographics of the U.S. population and the increased number of children and adult with disabilities living longer lives due to medical technology, has resulted in greater need for health care services in this country and world-wide. The U. S. Department of Labor (1992) predicted that the demand for occupational therapy personnel in the United States would increase by 55% between 1990 and 2005. Based on these findings, Gilbert (1993) ranked occupational therapy as the seventh fastest growing profession in the country. The dramatic increase in demand led the American Occupational Therapy Association (AOTA) to initiate new

marketing and recruitment efforts in July of 1990 (personal communication from Suzanne Carlton at AOTA, September, 1993). The success of these efforts resulted in a sharp increase in the number of individuals wanting to become occupational therapists. During academic years beginning in 1991, 1992, and 1993, the number of applicants increased each year by 24%, 28.3%, and 25% respectively (AOTA, 1992, 1993c, 1994).

The number of applicants exceed the available student spaces in existing programs. Pressure on professional programs to increase the number of students admitted is great. In the last five years, enrollment in existing occupational therapy programs has increased 66% (Manoly, 1994:62). Further expansion of programs are prevented because of several factors: faculty shortage, limited number of fieldwork sites, and an unwillingness by faculty to base professional training on lecture-style education, which is all that would be possible with large student numbers. University administrators see increased student applications as revenue and push departments to accept more students. They question why faculty cannot teach 80 students in the same way the can 50 students. Because occupational therapy is a professional program, students acquire more than knowledge and skills; they also must learn the code of behavior and etiquette for working with patients, as well as the creed of the profession (Hughes, 1970:178-179). Educators maintain that students acquire these important aspects of professional training through experiences and discussion, not in lecture-style classes. However, to date, no

one, to my knowledge, has examined occupational therapy education to identify what leads to professionalization or what faculty or fieldwork supervisors actually do to promote a change in students' thinking and identity. These are the issues which I address in this dissertation.

### Conclusion

The changes which occur in students as they proceed through a professional training program in occupational therapy and the influence which academic education and fieldwork have on their professional development is explored in the following chapters. I base my research on students' descriptions of occupational therapy on a hypothetical case created for this study and their reports of significant people and experiences which influenced their professional development during their training. I also examine the sources which influence students: faculty at WSC, class lectures, textbooks which were required for academic courses, and fieldwork supervisors. To provide structure to my investigation and data analysis, a review of the literature on professionalization and on occupational therapy education is necessary, something I will do in the next chapter.

**CHAPTER II**  
**ASPECTS OF PROFESSIONALIZATION:**  
**A THEORETICAL FRAMEWORK**

Professionalization could be studied as a process, that is, one with inter-connected stages and an outcome. Within each stage, from initial to final, one could pay attention to negotiations and encounters between trainers and those to be trained, to coercive and permissive maneuvers, to role-conflict and conformity, to changes in self-conception and internalization of professional ideology by the trainees, to conformity and identification with the prospective profession. In this chapter, I shall try to construct a theoretical framework for discussing some of these points, a framework within which I shall single out the persons and groups that influence the trainee's socialization, what Merton has called the "role-set."

Initially, I will be concerned with various writings on professionalization in general; later on, I shall in particular review the relevant literature on professionalization of occupational therapists. By professionalization I simply mean the way a candidate is turned into a member of an occupational group, a new social being so-to-speak, assimilating and internalizing to a great extent the cultural script of the trainers, of veteran members of the occupation.

## Process of Professionalization

A trainee, or student, entering the professional training program must learn a new "language" and new rules for behaving and interacting with others, based on the values of the profession. According to both Hughes (1970: 178-179) and Mead (1962), students begin their socialization into the profession by learning the "language of the group". Language includes jargon and words which have meaning specific to the profession, a meaning greater than that which is recognized by people who are not part of the profession. Language, in particular key words or phrases, signify the ideology, or philosophical base, of the profession. As students learn and use the profession's language, they begin to embrace the ideology. Through the language and communication patterns used by teachers, students also learn important attitudes which members of the group must incorporate and use. Opportunities to use the language, ideology, and attitudes of the profession enable students to gradually try out the role of a member of the profession. Through interactions with others in early role-play situations, student learn rules which guide their behavior with one another, clients, and other people outside of the group, what Hughes has called the "code" of the profession. Additionally, through role-play, students must learn the "etiquette" or the rituals to perform when with clients as a member of the professional group (Hughes, 1970:178-179).



Change in identity, according to Mead, occurs through taking the role of the other, through role playing. Students anticipate the role of a professional and the actions and behaviors appropriate for a professional. As they role play, students pattern their behavior around the role. The feedback students receive from others during role play enables them to adjust their thinking and future behavior to coincide with that of the professional group. Through reflection of their actions and subsequent feedback, the trainee develops a new sense of self, as a member of the professional group (Hughes, 1971, Mead, 1962). At the conclusion of the professionalization process, the student claims a new identity with a title, role, and ideology to guide his or her behavior. At that time, the student becomes a member of a guild and participates in the occupational community, with mutual aid and social support, Gemeinschaft. A new role implies a different way of thinking and acting, a specified position in society with new social bonds, a sense of collegueship with others in the professional group. Professionalization and the acquisition of a new identity anchored in a certain type of work is related to the concept of role closeness (Goffman, 1961:82-152; Khleif, 1985).

Professionalization begins with the notion of selectivity of entry into a training program, a first step in identifying with a prospective professional group. Initially, the trainee may feel like a "marginal man"--in, but not of, the professional group. As trainees get over a mild, or not-so-mild culture shock, they begin to develop confidence in coping with their surroundings,

with requirements of the program (cf. Khleif, 1981; Hughes, 1971). This is the beginning of the second stage of role-taking, which Mead (1962:152-155) has termed the "game stage." This is when students move beyond formalistic, stereotyped understanding of the profession and begin to recognize ambiguities and contradictions in the role of the professional (Hughes, 1971). As students take on a new role, they receive feedback from others on their performance. They then reflect on the feedback and adjust their thinking and behavior for future interactions. The reflection process is deemed essential to a change in identity (Mead, 1962:134).

In his study of psychiatric residents, Khleif (1974) has conceptualized their professionalization process as consisting of three stages: those of the initiate, the "true believer," and the proto-colleague -- each stage with rites of passage, specific hurdles to overcome, and signs of achievement. Bucher and Stelling also speak of indications of "status passage," which serve to "inform the trainees about where they are in their movement or development," something akin to "conversion experiences" (1977:25), something crucial to professional identity.

Drawing from the socialization models presented, the process of professionalization can be viewed as a series of steps, including:

1. entry/selection into the professional program;
2. learning the language and embracing the ideology of the profession;

3. playing the role of a member of the profession;
4. reflecting on role playing and feedback for a change in identity.

Completion of each of these steps signifies a rite of passage. Only after trainees successfully master one step can they move onto the next. Each step has its own challenges and hurdles which must be overcome. In some cases trainees may have a change in title as they move from one step to another. For example, they may move from the title of student, to intern, to resident, as is the case in physician training. Professionalization can be mild to severe as in the cases of school teachers or paratroopers respectively (Khleif, 1981). Occupational therapy is a case of mild professionalization.

Students progress through each of the steps, receiving feedback from others. Feedback enables trainees to reflect on their accomplishments and confirms their achievements. People who are the source of feedback comprise the students' role-set. Perhaps an obvious influence on students would be faculty and supervisors. However, other people with whom students have contact also contribute to their professionalization.

#### The Role-Set of the Trainee

Evidence of social control by faculty, supervisors, and peers has been emphasized in studies on trainees studying to become physicians (Becker, Hughes, Geer, and Strauss, 1961; Bucher & Stelling, 1977; Khleif, 1974) and nurses (Olesen & Whittaker, 1968). Becker, Hughes, Geer, and Strauss, in their classic work, Boys in White, emphasized the strong control faculty and

supervisors exerted over the trainees, which in turn, facilitated solidarity among the students as they struggled to meet the expectations imposed upon them. Not only must students incorporate feedback from members of the profession which they are joining, but also from other professionals with whom they come in contact (Merton, Reader, & Kendall, 1957) and from family members (Becker & Carper, 1956).

The degree of influence, or control, which others have on a trainee is determined by their importance as signified by social status and the power which they exert over the trainee (Merton, 1957). How often members of the role-set observe the student performing role activities determines the frequency of the influence. Furthermore, consistent demands by several members of the trainee's role-set as well as mutual social support among these persons enhance the control on the trainee (Merton, 1957).

Khleif (1974) utilized Merton's notion of role-set and emphasized that psychiatric residents needed to determine the balance of power among the members of their role set: supervisors, faculty, other professionals, and patients, and interpret the expectations of the members with the greater power at the moment, while insulating themselves from other members of their role-set. Subsequent studies by Ondrack (1975), Bucher and Stelling (1977), and Sabari (1992) confirm that trainees select and manage the influence of instructors, supervisors, and role models who were part of the training program, other professionals, and peers. Trainees actively construct their

own sense of identity as they weigh the feedback from those around them (Bucher & Stelling, 1977:270-179). Acknowledging trainees as active participants in professionalization supports the reflective process described by Hughes and Mead, in which students use feedback from others to create a new sense of identity.

### Conclusion

In conclusion, trainees in professional programs must enter into the training program, often after being selected. Once in, they are subjected to the social influence of instructors, supervisors, role models, members of other professional groups, and peers, i.e., their role set. Early in their professional preparation, they learn the language and ideology of the profession. They apply their knowledge and thinking as they play the role of a member of the profession. The feedback they receive from people around them provides information on which trainees can reflect and modify future behavior to be more in line with that of the profession. The theoretical framework and steps enumerated provide guidance in the study of the professionalization of occupational therapists.

### **Professionalization of Occupational Therapists**

Extensive studies on the professionalization of occupational therapy, such as those done for physicians and psychiatric residents cited above, have not been done. Aspects of the professionalization process for occupational

therapy have been examined discretely, providing background to prepare for this dissertation research.

Most occupational therapy students decide to enter the profession after having learned about it through contact with friends, family, and vocational counselors (Townsend & Mitchell, 1982; Wyrick & Stern, 1987). Some were influenced to explore occupational therapy as a possible career choice by vocational counselors (Picket, 1962; Rozier, Gilkeson, & Hamilton, 1992). Students have consistently reported that they chose occupational therapy primarily because of their interest in helping others (Madigan, 1985; Picket, 1962; Rozier, Gilkeson, & Hamilton, 1992). Students select occupational therapy over other professions which would enable them to satisfy their altruistic desires because of job availability, a variety of work settings, and prestige associated with occupational therapy (Rozier, Gilkeson, & Hamilton, 1992:629-631).

Once students decide to pursue occupational therapy as a career choice, many programs require them to complete two years of pre-occupational therapy courses and apply to the professional program prior to their junior year. Acceptance into the professional program is a significant rite of passage which enables trainees to move closer to identifying with the professional group (Khleif, 1981). Selection criteria is not consistent among programs and has raised much controversy in the profession. The purpose of selection is to admit students who have the qualities which members of the profession feel

are desirable and which coincide with the values of the profession (Sabari, 1985:97). An occupational therapist must have an attitude of respect for the patient as an individual. Behavior which reflects this respect for the person includes collaboration and an interactive relationship (Gilfoyle, Grady, & Moore, 1990:265). Selecting students who already have attitudes and behaviors essential for occupational therapy or who have the ability to acquire them has been a challenge for occupational therapy educators. Interviews are often used to indicate potential students' personality and interests which may provide an indication that students already possess many values and beliefs which coincide with those of the profession and therefore may more easily embrace the profession's ideology (Anderson & Jantzen, 1965; Booth, 1957; Johnson, Arbes, & Thompson, 1974; Lind, 1970; Patterson, Marron, & Patterson, 1970; Posthuma & Noh, 1990). Others have argued that interviews are subjective, invalid measures (Blaisdell and Gordon, 1979; Mann 1979) and maintained that grade point average is the only objective measure available for selecting students (Blaisdell & Gordon, 1979). However, grades only provide an indicator of academic ability not clinical success (Best, 1994; Ford, 1979). The lack of effective and valid selection criteria has lasting effects for the profession: students admitted without careful selection could withdraw from the program, leaving a vacancy that could have been filled by someone better suited for the profession (Isenburg & Heater, 1994:758).

Once selected students enter the academic program. As is the case for higher education, the academic program focuses on developing students' "ability to think critically and make sound intellectual and moral judgments. . . . Emphasis is placed on the development of the intellectual, aesthetic and ethical sensibilities, which in turn characterize the educated person" (Fleming, 1986:83). Academic education provides students with knowledge necessary for professional practice. The *Essentials for Occupational Therapy Education (The Essentials)* (AOTA, 1993b) further indicates the emphasis on knowledge during academic education and provide a detailed account of the areas of knowledge which academic programs must provide to students in order for the program to obtain accreditation. It is during this phase of training that students learn the language and ideology of the profession.

Few studies have examined the preparation of occupational therapy students. None to date have examined the acquisition of the professional jargon. During academic education, students learn and can articulate the profession's values (DePoy & Merrill, 1988). There is evidence that students change their attitude towards people with disabilities during the years they are in the academic program (Estes, Deyer, Hansen, & Curtis, 1991; Westbrook & Adamson, 1989). Lyons (1991) stipulated a change in attitude occurs only for students who have had contact with persons with disabilities. Level I fieldwork, experiences which occur for one-week intervals or as part of specific course requirements, provide such contact.



During the academic portion of their training, students have contact and are influenced by authors of textbooks which they read, faculty who teach courses, level I fieldwork supervisors, patients who they have contact with during level I experiences, and peers. These sources of influence on students' professional development comprise their role-set during academic education.

After the academic portion of their training, occupational therapy students complete a minimum of six months of level II fieldwork, in which they work full-time under the supervision of a member of the profession. The *Guide to Fieldwork Education* (AOTA, 1991a:1) states the purpose of fieldwork is to provide "the opportunity to integrate academic knowledge with application skills. . . . [and] provide the student with situations in which to practice interpersonal skills with patients/clients and staff and to develop characteristics essential to productive working relationships." During fieldwork, students (1) develop clinical skills as they apply their knowledge to specific clients, (2) develop professional behaviors, working with clients and other professional staff, and (3) experience personal growth as they learn more about themselves and take on the identity of occupational therapists (Griswold & Strassler, 1991:24-25). Level II fieldwork, provides students with continuous opportunity to play the role of a therapist and receive feedback from supervisors, other occupational therapists, other professionals in the facility, and patients, another role-set which influences students' professional identity. Through positive experiences, students feel good about their role as

occupational therapists, which in turn affirms their developing identity (Presseller, 1983). By the end of fieldwork, students are expected to demonstrate their “development of a positive professional self-image” (AOTA, 1991a:12). Fieldwork is a significant rite of passage for occupational therapy students as they realize their “fit . . . within a profession [as they] embrace the values, norms, and interests of the profession” (Herzberg, 1994:817).

Trainees are considered occupational therapists after passing a national certification examination, another rite of passage. They then begin working as entry-level therapists. During the first few months of employment, therapists continue to establish their professional identity (Bush, Powell, & Herzberg, 1993). They enhance their ability to use the profession’s values in therapy (DePoy & Merrill, 1988) and change their thinking as they move from novice to expert over a period of years (Slater & Cohn, 1991).

### Conclusion

The literature on the professionalization of occupational therapists reflects the theoretical framework of Mead, Hughes, and Khleif. Students enter the profession through a selection process and acquire the language and ideology of the profession during the academic portion of their training. Fieldwork offers opportunities for role-playing and feedback which enhances a change in identity. Progression from one step to another signifies

important rites of passage which further confirm the students' emergent identity as therapists.

Greater understanding of how academic education and fieldwork experience contribute to students' professional development and identity as occupational therapists is still warranted (DePoy & Merrill, 1988). This dissertation attempts to offer such awareness based on ethnographic research methodology, using a triangulated design. Trainees themselves, are able to identify changes in their professional development and relate important sources which influence their professionalization. Investigation of the goals and methods used by faculty and fieldwork supervisors and analysis of commonly used textbooks further enhances awareness of professionalization for this particular occupational group. The methodology which I use to conduct this study will be described in the following chapter.

**CHAPTER III**  
**METHODOLOGY:**  
**DESIGN, ANALYSIS, AND INTERPRETATION**

In this chapter, I explain the research steps used in this study. I begin by explaining the methodology and design. I then discuss how I gained entry to conduct the study at Worcester State College. In the next sections, I identify sources of data and data collection. I describe the development of interview questions and present my data analysis procedures. I also explore my role as researcher throughout the study.

Methodology and Design

My research questions have led me to use an ethnographic approach. In order to examine how students in each level of the training differ in professional identity and how academic education and fieldwork contribute to their professional development, I needed to hear from the students and their trainers. Ethnography enabled me to “describe and interpret cultural behavior” (Wolcott, 1987: 43) through the perspective of those most involved in the socio-cultural experience, the students (Agar,1986: 12). In other words, an ethnographic approach helped me understand professionalization from the students’ perspective. I was interested in how the students used occupational therapy language as they explained occupational therapy to

respond to interview questions and presented their own accounts of feeling like a therapist. The students described their own change in professional development. They also provided their perception of the influence which faculty and peers had on their professionalization. Thus I explored the meaning that the students were assigning to their own thinking and behavior and that of others within the social context of occupational therapy and education (cf. Spindler and Spindler, 1987: 18). Using a triangulated design, I also examined the major sources of influence on students, interviewing academic faculty and observing them teaching in the classroom and interviewing fieldwork supervisors. I analyzed 11 textbooks which are frequently used at WSC and/or in occupational therapy programs throughout the country. Additionally, I observed and, at times, participated in activities with students and faculty.

### "Entry" into WSC

Once I had selected the occupational therapy program at WSC to be the location of my research, I needed to seek permission from the faculty. The researcher's entry into a group for the first time is usually identified as the "most significant phase of the entire ethnographic process" (Schwartzman, 1993: 48). I had not yet met the chairperson of the program, although knew of her work and had had a telephone conversation with her several years ago around another topic of mutual interest. Because of the precarious position of occupational therapy educators pursuing doctoral degrees while they teach

and the collegial spirit of members of the profession to support one another, the chairperson agreed to talk with the faculty about my research at WSC. She made it clear to me that decisions were made by the group. I had briefly met only one member of the faculty several years earlier and knew no one else, nor did they know me. I sent written information (Appendix A) about my research to the chairperson and offered to attend a faculty meeting to present my research proposal to the faculty and answer questions.

Schwartzman has described the first meetings as time when "the most dramatic differences between the ethnographer's culture and the informant's culture will be apparent" (1993:48). At my meeting with the occupational therapy faculty at WSC, the faculty and I realized that we had mutual friends and professional acquaintances, which added to my credibility. As we conversed about occupational therapy education and research interests, the faculty and I became aware of the similarities in our professional experiences. The faculty were unanimously supportive of my endeavor and "entry" quickly proceeded to working out the details of confidentiality and obtaining student interviewees.

After initial discussion about the lack of anonymity in other ethnographic studies in occupational therapy, we decided that the program and college would be identified in all accounts of the research but individual anonymity would be maintained. I agreed to change any potentially identifying information in this and all reports on the research. To protect the

identity of a male faculty member, all reports of faculty interviews are reported as though they were said by a woman. Pseudonyms are used for faculty and fieldwork supervisors. I assigned initials to students, not using their real names. We decided to post a sign-up sheet on the program bulletin board for students to volunteer and faculty agreed to announce the study in their classes. Appendix B provides the written information which I gave to students who participated in the study.

### Sources of Data

My initial plan had been to interview five students from each class: freshman, sophomore, junior, senior, and those in fieldwork placement, as well as five students who were graduates of the program and who had been working for over 6 months. As I began interviewing, I realized that not all of the groups of students reflected the diversity of age, gender, and previous career experiences which had made the occupational therapy program at WSC so intriguing. In the sophomore and junior classes, only second career students had volunteered to participate in this research. So I sought additional students to interview. Faculty again asked for student volunteers and students who I had already interviewed also encouraged others to participate. Volunteers from the freshman class remained minimal, with only three students. I discuss reasons for this at another point in the dissertation. The academic fieldwork coordinator provided names of fieldwork educators working in a variety of practice areas and students who

had just completed fieldwork and who had been working for at least six months. I selected 11 textbooks to analyze based on those required in courses at WSC and the frequency with which these books are used in other occupational therapy education programs. Table I provides the demographic summary of students and faculty interviewed. A list of textbooks is included in a separate chapter in this dissertation.

### Data Collection

Students. I interviewed each student in the sample three times, twice individually, and once in a small group with other students who were at the same point in the program. During the individual interviews, I asked students questions about their understanding of the profession, the role of occupational therapists, and their own educational experiences, and how relationships with peers and faculty influenced their understanding and professional development. I also asked students to tell how they became interested in and chose occupational therapy and the times when they felt like a therapist.

In the small group interviews, I presented the students with a client scenario and asked them to explain what they would do with this client. I had created the case of Sean, a 14 year old boy in the eighth grade. Sean has spina bifida, a birth defect which results in paralysis in the legs and feet and often a loss of bladder and bowel control.



TABLE I. THE INTERVIEW SAMPLE

A. Trainees

<u>Level in program</u>	<u>Number</u>	<u>Gender</u>	<u>1st/2nd career</u>
Freshmen	3	3 women	1 -1st career 2 -2nd career
Sophomores	10	6 women 4 men	4 -1st career 6 -2nd career
Juniors	8	7 women 1 man	3 -1st career 5 -2nd career
Seniors	5	4 women 1 man	3 -1st career 2 -2nd career
Fieldwork	5	5 women	2 -1st career 3 -2nd career
Graduates	6	5 women 1 man	2 -1st career 4 -2nd career
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Total:	37	30 women 7 men	15 -1st career 22 -2nd career
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B. Trainers

	<u>Number</u>	<u>Gender</u>	<u>Teaching Experience</u>
Academic Professors	6	5 women 1 man	1 to 20 years
Fieldwork Supervisors	7 (all women)		<u>Area of practice</u> 3 in physical dysfunction 3 in mental health 1 in pediatrics
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Total:	13		
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Students were asked to think out loud and discuss what they would consider when working with Sean. They were also asked to describe what they would say to Sean about occupational therapy. Furthermore, I asked them to identify possible therapy goals and describe an occupational therapy program for Sean. Appendix E has the description of Sean which I read to the students and the questions I asked to guide their thinking. As a group, students then discussed how their education helped them discuss the client scenario, based on my questions, also found in Appendix E.

The student interviews yielded three distinct types of data:

1. Answers to interview questions in which students described (a) their understanding of occupational therapy; (b) the role of occupational therapists; (c) their own perceived professional development; and (d) influences on their development.
2. Students' personal accounts of feeling like an occupational therapist which reflect professional identity.
3. Students' description of their role and professional behavior for a client scenario, a description which reflected the use of occupational therapy language, values, and beliefs.

In addition to formal interviews, I observed interactions between students during classes which I visited and in the student cafeteria. I attended a Student Occupational Therapy Association (SOTA) activity, a "one-arm spaghetti dinner," during which all participants prepared, ate, and cleaned up

after a spaghetti dinner with one arm tied to their side. Although I did not take notes during these observations, afterwards, I dictated information about the topics which were discussed and my reflections of them. I used the understanding which I gained from these observations to “enrich my understanding of individual and collective behavior in the research setting” (cf. Morsy, 1988: 87).

Fieldwork Students and Graduates. Fieldwork students and graduates who had been working for at least six months had different schedules than regular students as they were working eight hours a day. They worked and lived throughout Massachusetts and Rhode Island, not in the immediate Worcester vicinity. Logistically, I needed to minimize the number of interviews with these two groups of people. I interviewed each person once, individually, for an extended time which incorporated all of the issues explored with other students, including the client scenario. Fieldwork students and graduates generated the same three types of data as the students. Each interview lasted for approximately two hours. Because these two groups of people had completed the clinical education phase of their education, the questions focused on their fieldwork rather than academic coursework, although both were discussed. Graduates talked also about the professional development which continued during their first job and how the early work experience solidified their identity as occupational therapists.

Educators. Faculty in the occupational therapy program and field placement educators who supervise some of the WSC students were individually interviewed for one hour. I asked questions relating to their objectives in teaching, how they monitored students' attitudes, what they did to influence a change in attitude, and the types of changes they notice in students as they move through the professionalization process. See Appendix C for the Educators' Interview Guide.

Additionally, I observed five of the six faculty during course lectures. During the classroom observations, I took notes on the type of material the professor presented in class, how she phrased information, and her use of questions to the students and their answers. I also attended two faculty meetings while I was at WSC and had casual conversations with faculty. These conversations were not recorded, but provided contextual understanding for data analysis.

#### Interview Question Development

I developed topics and possible questions for the first interview with students and for the interview with educators as I reviewed other studies on professionalization of several occupational groups including nurses, social workers, teachers, ballet dancers, physicians, and psychiatrists (Aho, 1972; Chappell & Colwill, 1981; Ephross & Balgopol, 1978; Federico, 1974; Khleif, 1974; Kremer & Hofman, 1985; Loseke & Cahill, 1986; Stelling & Bucher, 1973). I categorized my list of questions by the issues which these studies addressed.

Categories for questions included: entry, professional ideology, professional development, professional identity, and professional goals. I differentiated primary questions from those which could be used later on to further probe for an answer. I pre-tested the interview guides with occupational therapy students in all four classes (freshmen, sophomore, junior, and senior) at the University of New Hampshire (UNH). The students at UNH could not always provide me with the frank answers which I had hoped for since I was an instructor for many of them. However, analysis of their transcribed interview responses did help me revise my questions, e.g., in terms of how I asked the question and the order of the questions in the interest of a more natural flowing interview. I decided to begin my interviews by asking students to "tell me about what you have done since high school" or "tell me about how you chose to get into occupational therapy." In this way, I was allowing the students tell their personal story, as suggested by Wolcott (1987: 48-49). Boyd (1991:24-25) stressed that story telling creates a context for communication and understanding in research. By "stories," I mean a recounting of experience or career history. During interviews with students at WSC, I allowed their stories and answers to earlier questions to guide subsequent questions, so that the interviews had a conversational feel to them. The interview guide for the first of the student interviews is in Appendix D.

When new themes emerged from WSC students' answers to questions, I included a question on these themes in interviews with other students. If the theme was supported, I kept asking the question of other students; if the theme was not supported and seemed circumstantial to one or two students, I discontinued asking that question. An example of a supported theme which emerged from sophomore student interviews was the selection process. Sophomores were preparing to apply to the professional program during the time when I was interviewing them and their answers reflected their anxiety and dissatisfaction with the selection criteria. Another theme which emerged was the difference in class participation between first career and second career students. I included questions on this theme not only for interviews with students but also with faculty.

The students' "stories," i.e., their career narratives, and responses to interview questions allowed me to understand the socio-cultural process of professionalization which the students were undergoing. They also helped me identify the changes in thinking and role behavior at each stages in the process. I would have liked to observe students interacting with a client. However, this was impossible: the occupational therapy program at WSC, like many occupational therapy programs, does not include on-site clinical experiences during the regular courses. Hansen, Kamp, and Reitz (1988) had proposed using a written client scenario as an alternative to observing therapists in their exploration of therapist's ethical reasoning and probable

behavior. Fondiller, Rosage, and Nuehaus (1990) also used a case study and follow-up questions to examine values influencing clinical reasoning in occupational therapists. I developed my own case study and questions (Appendix E) that offered opportunities for students to consider physical, psychosocial, and environmental factors which would promote optimal functioning in the life of the particular person in the case study. Using the case study approach provided me with a constant situation from which I could examine changes in professional language and ideology and role description for students at each stage in the professionalization process. I chose to have students discuss the case in small groups comprised of students at the same level in the training. I wanted to avoid promoting a “test-like” feel to this discussion and decrease anxiety to respond with the “right” answer, which would more likely result if students had to discuss the case study individually. The potential for students not expressing an idea different from those offered by other students in the group existed in this data collection procedure. However, students knew each other from classes and were accustomed to sharing ideas. One person’s unique thoughts could often spur more creative thinking by others. The group responses enabled me to look at the responses of students by cohort, rather than focusing on an individual’s answers, answers which had the potential of promoting a “test-like” feeling among students, anxious to respond with the “right” answer. As a group, students discussed how various activities in their educational

program had enabled them to describe what they would do in therapy with the client in the case study.

I developed the guide for my second individual interview with students based on the information which they provided during their individual and group interviews and from classroom observations. As I gained greater understanding of the students' perspective and the culture of their professional education, new questions emerged which would further my comprehension of their professionalization from a socio-cultural perspective. I was letting the informants and the results of my inquiry guide my research, letting the data "speak" to me, an approach described by Agar (1986:16), Spindler and Spindler (1987: 19), and Whyte (1984: 26-27). Students had begun describing their relations with peer and faculty during some of the first interviews. Both of these themes were noted during classroom observations. To learn more about relations and interactions among students and between them and faculty, questions in the third interview dealt with these issues (see Appendix F).

Interviewing students who had just completed fieldwork and those who were working as therapists gave me the opportunity to explore the effect of clinical education and the clinical educator on a student's acquisition of a new identity, that of an occupational therapist. I included many of the same questions on this extended interview guide, but focused much more on students' or therapists' reports of working with clients and how their



fieldwork supervisors or other therapists helped them through difficult learning experiences. The interview guide is found in Appendix G.

#### Data Analysis: Some Methodological Considerations

Each of the interviews were audiotaped and transcribed. I took notes during classroom observations. Because of the amount of information which I was trying to document during classroom observations, I used two approaches: recording details and preliminary analysis. At the beginning of each classroom observation, I wrote down the exact words which the professor used to explain information, promote discussion, raise questions, and facilitate thinking and documented the professors' use of visual aides and references to readings. I also noted students' responses to the professor and each other. Because of the amount of information I was attempting to record I found I needed to begin using a second approach to document my observations. Once I had a sense of a particular instructor from precise documentation, I began analyzing what I was observing. I recorded when and how the professors provided examples of clients or about occupational therapists working with clients. My analysis included noting when the professors implied or directly stated professional values, the types of roles which they described, and information on what a therapist does when working with a client. During the in-class analysis, I continued to record some of the exact words which the professor used, words for further analysis at a later time.

I entered the interview transcriptions, notes from classroom observations, and my notes that were recorded after lunches, conversations, and the student dinner into HyperQual2 for Qualitative Analysis and Theory Development, version 1.0 (Padilla, 1993). HyperQual2 is a software program which enables easy storage and manipulation of data. Using HyperQual2, I can maintain my original data document, i.e., a transcription, while “cutting and pasting” parts of the data into one or more categories which are meaningful for my analysis. The software also allows for coding of the data within the categories for more detailed analysis and repeated reorganization the data as needed. The software randomly assigns a source card identification number to the original data and to the data as they are categorized. I use the source card identification number, referring to it as “SC” followed by the assigned computer-generated number, e.g., “SC 4232,” as I reproduce parts of the interviews to illustrate certain points throughout this dissertation. Each quotation represents one student’s response, unless otherwise indicated, when reporting group discussions among students. In addition to identifying the source card identification number of each respondent, I also provide the person’s pseudonym or assigned initials, class standing, and gender.

The theoretical framework for professionalization, based on the work of Mead, Hughes, and Khleif, presented in the previous chapter, guided my data analysis. The steps of entry, use of language and ideology, role playing,

and reflecting on feedback gained during role-playing helped me divide the student interview data into meaningful sections. I also looked for reported moments of “rites of passage” for all students and particularly for fieldwork students and graduates. I looked for differences in groups of students based on where they were in the terms of class standing (freshman, sophomore, junior, senior, fieldwork, graduate), in how they used occupational therapy terms to reflect the ideology of the profession and their accounts of “feeling like a therapist” to detect emergent professional identity. This enabled me to analyze professional development as students progress through their training. I also analyzed the data for important influences of professionalization which students reported.

Analysis of the data from interviews with faculty and fieldwork supervisors, classroom observations, and textbooks was based on Hughes (1970:178-179) components for professionalization: creed, code, and etiquette. These components were found through content analysis of textbooks, additionally, knowledge for the profession was also very evident throughout the books. The faculty and supervisors discussed their goals for the phase of training for which they were responsible. Their goals often did reflect creed, code, or etiquette, but also included explicitly facilitating students’ awareness of the role of occupational therapy in health care. These educators also described how they helped students meet the professional preparation goals which were essential for each respective stage of the training. Class

observations supported the goals and methods for achieving the goals which had been identified in by faculty. Hughes' components for professionalization did provide a useful framework for analysis. I also had to be open to other aspects for professionalization, e.g., professional knowledge in the textbooks, and professional role noted by faculty and supervisors.

For all my data analysis, I looked for similarities in the responses which interviewees gave me to relevant questions. When responses were not similar to the others, I re-organized my thinking and created a new way to look at the phenomenon under analysis. For example, initially, I had listed goals of various teaching techniques identified by faculty to promote students' professional development, e.g., *understand information, apply information, identify the role of a therapist, and model critical thinking*. My list was becoming long and each technique was not supported in other interviews. Faculty had expressed using client examples as a technique which they used to accomplish these goals. Re-thinking this particular section of the data, I determined a better way to analyze this information was by technique or teaching strategy rather than the goals of the technique. The category of *client example* enabled me to include responses of all faculty. I had found a "fit" for all of the data and was confident that my understanding included all of the responses which were given to me (cf. Agar, 1986: 20-42).

### My Role as Researcher: Reflective Interpretation

My formal role as researcher changed with the type of data I was collecting. While interviewing students, graduates, and educators I maintained a more distant role as an interviewer. I attempted to remain objective in asking questions and responding to answers. When observing in classrooms, I was an observer only, not a participant. During these times I sat in the back of the room, usually with several seats between the students and me. I avoided eye contact with the faculty and students, partially to maintain my role, but also because I was taking notes continually. I faded into the woodwork, so-to-speak. After the class had formally ended, so did my role as observer as I talked with students. We talked, for example, about topics ranging from the content of the course, the particular class session, the instructor and his/her presentation style, and the amount of time and work required for the course. At these moments, I was seen as someone who had just experienced an event with them and I became a participant-observer. My role as participant-observer continued as I went through the lunch line at the student cafeteria, or joined faculty for lunch. I switched to a participant role when I joined students in the student OT club for the "one-arm spaghetti dinner." I too had one arm tied to my side and shared cooking tasks, eating dinner, and conversing with students.

As much as I attempted to distance myself from the students and educators, in order to promote "objectivity" in my data collection, I could not

help but think about interviewees' answers from my own perspective as an occupational therapist and an educator. At times, interviewees called on me to respond according to my other roles. Students asked questions about occupational therapy practice. For example, one student said she wanted to combine psychosocial training with children and asked me if occupational therapists ever did psychological counseling with children. She further asked about the need for a special license to work in this manner (BCN: junior, woman, SC 13385). Another student asked me if the American Occupational Therapy Association would be able to give her information to find a summer job in her home state (EDJ: junior, woman, SC 6563). I found that I could manage the momentary switch in my roles and regain my role as interviewer. My multiple roles were of particular significance as I analyzed the data and identified new questions to ask. For example, in my own courses at the University of New Hampshire, I find the second career students ask questions and offer examples in which they apply the material to their life experiences. I know the first career students often perceive these examples as distracting. My awareness of this phenomenon enabled me to quickly identify this difference in perspective as a theme to include in subsequent interviews.

My own work experience in Kuwait, prior to 1990, made me sensitive to the values which students described for the client in the case example. Students, all from an American culture, emphasized helping the client

achieve greater independence in daily activities. While an occupational therapy value, it is also an American value, one which is not shared worldwide.

The controversy of studying a group in which the researcher is a member, the "insider/outsider" debate, often has been discussed in terms of subjectivity versus objectivity in analysis (Shami, 1988:115). After conducting ethnographic research in two communities of her own ethno-religious heritage, Shami asserts that through study of a group of people, even a familiar group, the researcher gains new experiences and knowledge not otherwise possible (1988:135). Shami and others (Altorki, 1988; Joseph, 1988; & Morsy, 1988) have found that because they were ethno-religious and ethno-linguistic members of the larger social group which they were studying, they were able to establish rapport easily; informants more readily shared information with them. Certainly my role as an occupational therapy educator gave me entry into the setting: students and faculty shared information with me freely, some of which was said in confidence. Reflecting on her research in her homeland of Lebanon, Joseph (1988) recognized that she might have lost some objectivity but that she benefitted by her "insider" position as it added to her understanding of those she was studying. Reinharz (1991:vii-viii) maintained that when a researcher distances him/herself from the persons studied, striving for objectivity, the

researcher loses understanding of the researched person's experiences, resulting in inaccurate interpretation of the data.

As with any research, but perhaps more so when the researcher is a member of the social group under study, he or she is going to be influenced by both the research process and findings. Reinharz (1991) encouraged researchers to take a "reflexive stance" and recognize the effect the research activities and findings have on themselves and allow personal change to occur. I was very aware of the evolution in my thinking as students and faculty shared their perspectives and ideas with me, and confided in me. I entered this research with an acknowledged bias, a personal interest described in the first chapter of this dissertation. However, I deliberately remained open to what students and educators told me and know that, as a result of this study, I changed my behavior--my outlook and perspective--in the courses which I was teaching at UNH. At one point I documented my thoughts: "I'm looking at this program to examine the larger picture of occupational therapy education but I can't help but to apply it to what I'm doing and thinking . . . how this can make an immediate difference in the way I teach" (SC 5581). One faculty whom I observed began the class with a long description of a client and began formal lecture 15 minutes into the class time, tying material to the client example. Another faculty presented material then provided an example which required students to apply the information. Seeing the students' reactions to these two approaches I found myself very aware of my



use of client examples and how I phrased questions to elicit discussion of the example.

I enhanced my understanding of professionalization of occupational therapy students through taking a reflexive stance as I interpreted the information which I gained from the study. The actual analysis of data and interpretation of findings in the chapters that follow reflect my perspective as an occupational therapist, an educator, and a sociologist.

### Conclusion

The ethnographic approach and triangulated design provided me with a plethora of data to begin to understand how professionalization occurs in occupational therapy training. The theoretical framework of Mead, Hughes, and Khleif depicting stages of entry, learning the language and ideology of the profession, role playing, and reflecting on feedback for a change of identity, guided my analysis of interviews with students. The stages of this framework coincide with phases of occupational therapy training. Trainees first must enter the professional program, secondly, complete academic coursework which provides them with knowledge, professional language, and ideology. Thirdly, they engage in a minimum of six months of field experience in which they play the role of therapists. Reflection on feedback from others during fieldwork and early employment results in a change in identity, as students begin to consider themselves occupational therapists. Influence on their thinking and behavior comes from many sources throughout their

professional preparation, but primarily from faculty, textbooks, and fieldwork supervisors. In this dissertation, I address each of the stages of professionalization as they occur in occupational therapy training. I also consider the effect that the three identified sources of influence have on students. Hence, I begin data analysis in the next chapter talking about students' entry into the profession.

## CHAPTER IV

### ENTRY INTO THE PROFESSION:

### STANDING AT THE THRESHOLD

"I'm standing at the threshold now, actually making the step into the real world. I'm on the periphery right now, just standing there waiting my turn for the bus to come." (ECM: Sophomore, man, SC 10603).

Entry into a professional program involves two steps. In the case of all professional groups, students first choose to pursue entry into the field and, secondly, must be chosen by members of the professional group, specifically by the educational program to which they apply. The first section of this chapter explores students' reasons for choosing occupational therapy. I examine how students learned about occupational therapy and how well they see themselves fitting into the profession. The second section examines the selection process and selection criteria used in occupational therapy education and at Worcester State College. I also look at how the selection process created a high level of anxiety and competition between students. For ease in reading, I have chosen to use the term "students" to refer to all students, fieldwork students, and therapists who are graduates of the program. Following quotations used to illustrate a point presented, I indicate the person speaking using their assigned initials, level of training, and gender as well as the computer generated source card identification number (SC).

## Methodology

To examine students' reasons for choosing occupational therapy, I asked each student to "Tell me what you have done since high school and when you decided to become an OT." I probed further as needed to find out how they first had heard of occupational therapy and how they had learned more about the profession. I also asked how they knew occupational therapy was the right profession for them. I analyzed this data, looking for differences between the cohorts of students and found none. The themes were homogeneous, both among and between the groups, which led me to analyze and present the data for all 37 students collectively.

Acquiring information on selection criteria was not part of my original interview schedule. However, the students talked about this at length and selection criteria became a definite theme in over half of the interviews. I asked students to identify "What makes a 'good' or 'ideal' occupational therapist?" I had been seeking information on students' awareness of and ability to articulate the profession's ideology. Students listed personal qualities as essential for an occupational therapist. As I probed students to examine what faculty do to promote these qualities, students gave me very unexpected responses. Most believed the qualities desirable for an occupational therapist could not be taught. Students thought these personal qualities should optimally be included as selection criteria. I also began asking faculty whom I had not yet interviewed about selection criteria. Thus

my analysis was not what I had originally anticipated. This particular theme which emerged from the data and the resulting competition relate to one's entry into the profession, hence is included in this chapter.

### **Discovering and Choosing Occupational Therapy**

Only four of the 37 students whom I interviewed had a parent, family member, or close friend who was an occupational therapist and knew early in their lives about occupational therapy and that it was a likely career choice. Other students said they had "discovered" occupational therapy. When the majority of students were exploring possible careers, either a first or second career, they had heard about occupational therapy from a friend or guidance counselor or they had read about the profession in a book on careers. Data from interviews with WSC students corresponds to earlier quantitative studies which looked at reasons why students chose occupational therapy as a professional career (Pickett, 1962; Townsend and Mitchell, 1982; Wyrick & Stern, 1987; Rozier, Gilkeson, & Hamilton, 1992). The qualitative analysis reported here provides descriptive accounts of the multiple ways in which people seek a career and learn more about it.

### **Searching for a Career**

Some students had been actively seeking a career and relied on possible resources to help them in their endeavor. Only a few students had no strong sense of what they were wanting in a career. These few relied on vocational tests to guide their exploration. Twenty out of the 37 students

expressed a desire to work with people and an interest in health care. High School guidance counselors and books on career options helped students learn that occupational therapy combined their interests.

Every since I was little I loved medical books and then I grew to like psychology, and I wanted some kind of mix there, and I knew I had a love for the disabled. . . . I just put all the three together and my guidance counselor helped me, and said "occupational therapy." (KEB: sophomore, woman, SC 7721)

I knew that I wanted to go and work with people somewhere in the medical type field. Basically I got a big occupation book out and looked through all the occupations. Recreation therapy? No. [I] kept looking, then I read this entry "occupational therapy" and it sounded perfect. (BNZ: graduate, woman, SC 11101)

I looked through the government book, I didn't even know what it [occupational therapy] was. And I read a profile on OT and looked through the college catalog to find out what it was. Decided it was something I would do. (EDJ: junior, woman, SC 6563)

Other students serendipitously heard about occupational therapy as they were thinking about another health care profession, such as nursing, physical therapy, speech therapy, and sports medicine. A few had considered teaching. Five students had been seriously investigating physical therapy, a better known health care profession which has many similarities to occupational therapy. While talking or observing physical therapists, these students had learned about occupational therapy, which they found more interesting.

I had a friend who's a physical therapist . . . and went to see what her job was like, and meanwhile I saw what the OTs were doing

and I was more interested in that. (DTA: junior, woman, SC 8389)

I incorporated my wanting to work physically with people and mentally, then I was thinking of becoming a physical therapist. Then I observed occupational therapy, that seemed to incorporate all of my beliefs. (NCO: freshman, woman, SC 14522)

Other students were at transition periods in their lives. One had happened to see an occupational therapist working with a friend who he was visiting in the hospital. The incident led this student to further explore occupational therapy.

A friend of my family had an industrial accident and he went to see one of these [occupational therapists] and explained what they were doing, it sounded very interesting. (QNZ: sophomore, man, SC 6951)

Another student had been looking for a job rather than a career, *per se*. During her job interview at a nursing home, the student had expressed her desires to help people live more independently and with purpose. She was hired and encouraged to pursue occupational therapy.

I was looking for a job . . . I saw an ad for an activities instructor, and I went and talked to them and their activities director left the job and they offered me the job, and I said to the director of nurses, "I love the elderly, but I don't want to just give them busy work, I want to make them feel better, to make them more independent, feel better about themselves. That's what I really want to do." And she said "You want to be an OT." . . . It was really strange how I fell into it (TWM: junior, woman, SC 8132).

This student, like others, had stumbled into occupational therapy because of her personal beliefs about what people needed for a quality life experience. She had not necessarily been thinking about going to school, but

once she heard of occupational therapy, she knew it was what she wanted to pursue. Having a profession which coincides with personal interests and desires is a likely consideration when making career decisions.

### Finding a Match

Finding a profession which matched personal interests and desires to help others was articulated by nearly all of the students. Nearly half of the students interviewed indicated that, while they had an interest in medicine, they did not embrace the reductionistic approach of the medical model. The medical profession is an orienting occupation for occupational therapy. Although, like any occupation, occupational therapists want to distinguish themselves from the profession which they respect. Twenty-seven out of the 37 students had been attracted to occupational therapy rather than other health care fields because of the wholistic approach of the profession. They wanted to help a person psychologically adjust to a disability and work towards goals which would help a person gain functional skills to enhance their quality of life. Nearly one quarter of the students compared occupational therapy to physical therapy and described their perception of occupational therapy practice as one which would enable them to work more wholistically with patients.

OT does exactly what I want. . . . Physical therapists sort of get peoples' muscles and joint working, but they don't seem to take it further than there . . . fine-tuning things. I think along with the psychological end of it, of what their needs are and what their goals are, rather than, "you should be able to do this and this and that." You work more with the goals and the



individual. I really liked that. (MPW, fieldwork, woman, SC 12459)

OT looks at the whole person as a human being, instead of just "okay we have this broken arm. There's broken arm number one, let's exercise the arm." You know it's kind of my philosophy of life. (DDF: freshman, woman, SC 6344)

In these excerpts, students were alluding to the wholistic considerations of a person and the fit of this aspect of the profession's philosophy with their own beliefs about working with people with a medical or physical disability. Another philosophical belief of the profession that students believed fit their personal beliefs was wanting to help people gain functional abilities to improve their daily lives.

I had never even heard of occupational therapy. I looked into it and I saw that it was functional. You work on strengthening and that stuff for a purpose. I was interested in that. . . . and that you could use everyday things as treatments. That is what I drew to. (OJD: graduate, woman, SC 13126)

Other students recognized the importance of activities which are purposeful to deal with psychological adjustment to a disability. One student reported this philosophy was familiar to her own life experience with a relative who had a disability.

My uncle was disabled in an accident and we grew up next door to him. And I started reading about occupational therapy, (I said) "that's what Aunt Sue is to Uncle Bob". . . . We would always involve him in all these activities because he would get blue if he couldn't do things. I said, "Wow, that is a really neat thing. That is kind of what I have been doing all of my life." (DOO: junior, woman, SC 13585)

Students selected occupational therapy because it matched their personal desires and interests. Additionally, students were further attracted

to occupational therapy when they later realized the availability of jobs and the diversity of opportunities for work, as Rozier, Gilkeson, and Hamilton (1992) had also reported. However, no one interviewed stated job opportunities or salary as the primary reason for choosing the profession. They were pleased to know they had chosen a career with flexibility and security. They also saw occupational therapy as a profession that would be interesting throughout their working years.

It is such a growing business, a growing industry. (ECM: sophomore, man, SC 10603)

Diversity, I guess, the different areas that I can go into. I'm not limited to one area. If I grow tired, or want to work in another spectrum of the field, I can do that. (OGS: sophomore, woman, SC 10779)

Knowing that the kind of diversity that is within the field, I know I need to be creative. I've always felt that this is the type of field that I wanted to get into to help people. All that combined . . . it incorporates all of that really. There are not many jobs that I can see that do that. That put all that into one. (DTA: junior, woman, SC 8389)

You can work in so many different fields. I think that's something that grabbed me too. (HGO: senior, woman, SC 8937)

Diversity in the types of patients and work setting was noted in the above examples. Because many of the students are women, they were also aware of the flexibility of work hours so that they could work part-time and spend time with their children. The following comments are a sample from women who were seeking a way to combine a career and family.

I think the different methods of helping people [got me into OT]. The flexibility, the diversity of the field. . . . Flexibility as far as

hours. My angle is to eventually get married and have children. I can have a career and have kids and work at the same time. To be able to make my hours so that I can spend time with my children. Diversity, I guess, the different areas that I can go into. I'm not limited to one area. If I grow tired, or want to work in another spectrum of the field, I can do that. (OGS: sophomore, woman, SC 10779)

The definite thing that got me looking into it was a newspaper article in the Sunday paper . . . one Sunday about OT provides job flexibility. She promoted as a great career for women who need to take time off to have kids and work part time at something where they have more freedom to call the shots and make a decent living. (NEY: sophomore, woman, SC 15067)

Only six of the 37 students remarked on the salaries which occupational therapists earn. These students did not relate salary potential as a sole reason for choosing the profession, but also wanted to help others.

I needed something that would pay more and be steady work and had more of a benefit to mankind in general. It was what I needed from a job, from a profession. (FMJ: fieldwork, woman, SC 12001)

I wanted to do something that I thought was important and that I could make a fairly decent living at. (MNX: junior, woman, SC 14194)

One student, now going for a second career, noted the salary was not as important as satisfaction with a career.

Prior to this point and time, I thought that getting a job with good pay would be all right, but my thinking changed in so much as that I didn't want a job with good pay, I wanted a job that I really like going to. Something that I thought whatever I might be able to bring to people through my work. . . . and from the reading that I did, this could be really good for me. (SCF: sophomore, man, SC 7171)

In summary, students choose occupational therapy because it coincided with their desires to work with people, and in a way which combined medicine and psychology. They were attracted by the wholistic philosophy of the profession, particularly that of considering all aspects of a person's life. Students recognized the diversity which occupational therapy offers in terms of long-range career planning and a few mentioned that they were pleased to know that occupational therapy would provide job security as well as flexibility for combining professional and parental roles. After discovering and learning a bit about occupational therapy, students were eager to learn more about the profession. Students read information about occupational therapy or took an introductory course. Many students talked with or observed occupational therapists working in different settings to help them confirm their initial impressions of the profession. They overwhelmingly confirmed a match between their own personalities and the values of occupational therapy after such experiences. Students' enthusiasm for the profession can be heard in the following interview excerpts.

I have seen a lot [of occupational therapists working] actually . . . I wanted to jump in their shoes right away. (QNZ: sophomore, woman, SC 8545)

I think the more I started to study it, the more I learned about occupational therapy and the more excited I got about it. It was more the passion about it. (DTA: junior, woman, SC 8389)

I looked into it and I took the intro to OT [course] and it just clicked. I said "this is it, this is what I should have done at 17, but I didn't know about it." I really, you know how people say, I was just looking for that right job; I have to find my niche. I

found my niche. It had "me" written all over it. (NBS: graduate, woman, SC 12790)

When I talk to people about it, I just light up. I can't stop talking about it. It's something that I enjoy talking to people about. Every time I learn something I gotta go run home and tell my parents what I learned. (RRF: sophomore, man, SC 5519)

Students' excitement for the profession is evident in the voices of students in all levels in the training program. Their interest in the profession, its knowledge base and ideology grows during the first two years of education as students take pre-requisite biological and social science courses. At WSC students also take an introductory course, two courses in therapeutic media, and one course to develop their group leadership skills. During the junior and senior years, students take courses on disabilities and evaluation and treatment of these. As students progress in their training, their enthusiasm increases. However, prior to beginning the upper division coursework, students must apply to the professional program. Because of the interest in occupational therapy, being selected from a pool of equally qualified applicants was a point of frustration for many students. Being selected into the program is the first hurdle for professionalization (cf. Khleif, 1981).

### Selection

Admission to the professional program and selection had not always been an issue at WSC. The WSC Occupational Therapy Program continued expanding its student numbers until 1992. Therefore, all qualified applicants

were accepted for the cohorts who were on fieldwork and working. Selection into the WSC program became competitive for those who were now the senior class. Competition again increased for juniors and current sophomore interviewees. Interview data regarding selection into the profession comes primarily from juniors, sophomores, and freshmen, who were affected by the selection criteria and process. Selection was also a topic of discussion during faculty interviews, in casual conversation with faculty, and during faculty meetings. Faculty were keenly aware of the number of qualified applicants and of the stress students associated with the admission process into the program.

In the fall of 1994 there were 140 applicants for 60 student spaces. Because many of the students were so close in meeting the criteria, 70 were admitted (D. Joss, chairperson, personal communication, November 19, 1994). The application (Appendix H) was relatively simple and asked students to make sure they had completed the required courses and had forwarded their transcripts. The application also reviewed the selection criteria, stating that "the college reserves the right to select applicants with the highest academic credentials." Selection into the program at WSC was based solely on grade point average. All the college grades from the last ten years were weighted 30% and grades from specific occupational therapy pre-requisite courses were weighted 70%. I was told that reason the occupational therapy program at WSC used grades as the only criteria was because the subjective nature of

interviews could be viewed as discriminatory by those who did not get accepted. WSC chose to consider only very objective criteria: grade point average (faculty meeting notes, 2/22/94, SC 10326).

#### Desired Selection Criteria

Faculty certainly recognized that a good therapist was comprised of more than grades. Faculty particularly wanted students to be able to “problem solve” and “expand their thinking process” and recognized that these are not necessarily measured by grades. Furthermore, they expressed a desire for students to have skills which would enable them to work well with people. For example, Marie, a faculty member, talked about students needing to be able to identify “what makes the patient tick” (Marie, SC 7400). She believed this was important for students to be able to identify what was important to a particular patient in terms of therapy goals and interests so that students would be able to provide effective therapy for that particular patient. Two other faculty, Marcy and Judy, relayed that students needed to have a strong sense of who they are. Marcy emphasized students need to have a sense of professional identity to become confident in what they can do as therapists (Marcy, SC 7782). In her discussion of the selection criteria, Judy initially stated that interpersonal skills were important, but then explained that in order to improve these, students needed to be able to reflect on their behaviors and seek guidance to improve these skills.

Grades are important, but if I really had my way, I would look at their people skills and their degree of reflection. I think that

would even be higher, although they probably go hand in hand. If they are somebody that's able to look at their own weaknesses and . . . not be afraid to say where their weaknesses are. . . . I'll work with the weak students, as long as they're the ones who are able to say "I need some help." So it'd probably be more that somebody's ability to reflect on their behaviors, that's probably number one. (Judy, SC 8293)

Faculty at WSC preferred students who had characteristics which are essential to the occupational therapist's role--understanding a patient's perspective and being able to problem solve. Faculty believed students would do well in the training program and in the profession if they had good self-reflection abilities. Reflection would foster students' confidence in themselves as professionals as well as know when to ask for help.

Students' selection criteria were articulated differently than that of faculty, but they too recognized that a good therapist was not determined by academic achievement, measured by grades. I asked students to describe characteristics of a "good" or "ideal" occupational therapist. They asserted that students with high grade point averages do not necessarily have the essential skills to enable them to work with people.

Not too smart, I don't think someone with a 3.9 or 4.0 is gonna be the ideal therapist. You need someone with people skills, someone that knows how to relate with other people, someone that cares, someone that's not just in it 'cause, "Oh, I'm gonna make \$40,000 or whatever." Patient, easy to get along with, creative. (UGE: junior, woman, SC 2455)

This particular student implied that students with high grades may not have the skills to work with people. She contrasts characteristics of people who are high achievers with those who are more relaxed. she portrays the



first type of student as typically displaying compulsive behaviors to complete assignments to obtain high marks and again when working, wanting competitive salaries. The second type of student, in her opinion, the type which illustrates a good therapist, is able to interact well with others, perhaps because of a flexible nature. This type of student is not driven by grades, but an understanding of the material. Another student expanded on interpersonal qualities which are essential for occupational therapists.

A person that is somehow able to tap into things that make the person tick and click. Kind of using that energy from that person to help that person kind of move along. It is definitely a skill. When you see people who just have that magic touch when they can get in there and figure out what makes the person tick, what is going to help them along. (DOO: junior, woman, SC 13853)

Interestingly, the student used a phrase which Marie, a faculty member, had also used when she talked about identifying what makes a person tick. She was describing an ability which she believed a good therapist has to have to determine what motivates a patient so that he or she can make progress in therapy. Her use of the term "magic touch" implies that this quality may be more rare than typical, however she seems to see this as a quality which is something to strive for in a therapist.

Students at all levels in training described qualities which reflect personality, many of the same qualities which had been identified in the literature (Patterson, Marron, & Patterson, 1970; Johnson, Arbes, & Thompson, 1974; Posthuma & Nor, 1990). As a group, students offered a long

but consistent list of characteristics that describe an ideal occupational therapist including caring, empathetic, compassionate, understanding, flexible, respectful, non-judgmental, outgoing, open minded, charismatic, nurturing, empowering, quick thinking, adaptable, able to communicate, able to motivate, able to establish a rapport with clients, and self-confident. Together, the list reflects strong interpersonal skills which enable a person to work with a variety of people, showing respect, having an open mind, and being non-judgmental. Characteristics such as charismatic, empowering, and able to motivate portray a special relationship between the therapist and patients which gives energy to the patient. Caring, empathy, compassion, nurturing, and understanding depict perhaps more feminine qualities, but ones which are necessary when working with people who have recently been traumatized by a disability and are likely to be working through major changes in their lives. Finally, quick thinking, adaptable, able to communicate and establish a rapport, as well as self-confidence all help therapists interact with patients in a manner which reflects professional behavior for occupational therapists. All of these characteristics are used as therapists work with patients and their families, what Hughes called the etiquette of the profession (1970:178). Hughes had implied that students learn the etiquette during their training. Yet, many of the students interviewed were unsure if or how someone could gain these types of skills; they believed the qualities were part of one's personality and may not be able to be learned.

I don't think that it is something that can be taught in school. I think some people are just born with kind of natural empathy, because either you are born with it or because of what you have been through or whatever. (DDF: freshman, woman, SC 6344)

While this student stated that she did not think empathy could be taught, she does imply that a person can change due to circumstances. It seems possible that training programs could provide experiences which do facilitate a person to change aspects of their personality. Another student contended that students can change, but not through being told by faculty or from reading books. She maintained that through a willingness to change and with experiences to stimulate new awareness, people can acquire qualities which they did not previously possess.

I think as far as open mindedness and diversity, I don't really think it is something that you learn, I think it is something that you want to do. You learn through experience. Not like something that you put in a book and say "Well, this how I can be open minded." Again, it's like sense of humor. It's something that you learn, to some people it doesn't come easy. . . . You can't force anybody, you can't preach to them and say that you must be open minded, but I think with experience they would tend to more so. Being more exposed to diversity and learn as you go along. (DTA: junior, woman, SC 8389)

A few students believed that people could change their behavior to reflect the profession's etiquette, but questioned if they could really change characteristics of their personality.

I think that it would be an awful struggle to try and make something a part of your personality that isn't. I think that you can learn the steps of behaving a certain way and maybe approximate it, but I don't know if you can really be it. (MNX: junior, woman, SC 14194)

Nearly a third of the students discussed the difference between changing one's behavior and acquiring new personality characteristics. The following student differentiated portraying caring from truly caring for another person.

I think it comes from inside, you know. . . I think you'd have to want to do it yourself, you can't force someone to be that way. I think it can be taught superficially. . . you can portray to others that you are caring, but that if you really mean it, it comes from inside. (KEB, sophomore, woman, SC 7721)

Wanting to change versus being forced to change may be a key in acquiring qualities which are desired for the profession. Another student also expressed that students could learn to act in a way which reflects a quality that does not exist. She implied that behaving in ways which do not coincide with inner emotions is not that uncommon. However, this student saw the occupational therapist who does not really have desirable qualities, but merely behaves in that manner is not a "good" therapist, but only a "marginal" one.

I don't know if you can teach anybody to be compassionate and make it believable, or be empathetic and be believable. I think that we can fake it. A lot of people walk through their daily life not in touch with their emotions. . . . The emotional side, I don't think that you can train anybody, they need to be there or you don't have it. I guess that is the difference in being a good OT or being a marginal OT. (ECM: sophomore, man, SC 10603)

Students recognized occupational therapists needed certain qualities to help them work effectively with patients. While many acknowledged that students could change their behavior to meet professional expectations, they

questioned if real personality changes could occur during professional training. This uncertainty of whether people could gain the qualities that both faculty and students believed were necessary to become a good occupational therapist raised questions about selection criteria. All of the students, without exception, expressed concern that aspects of personality were not considered in selection. The frustrations of students can be heard in the following quotations.

That bothers me, that it is based on grade point, maybe because the smartest people might not make the best OTs, maybe they are not going to have any personal skills. . . . I don't know if there is any fair way of making that decision. I know that they did a survey here and again it came back to GPA because they thought it was the only fair way to do it. I don't know, I think there has to be a better way out there. (OGS: sophomore, woman, SC 10779)

While students were not pleased that entry into occupational therapy was based on grade point average, they did not have suggestions on more fair criteria. Interviews were discussed by many students, but they realized that the interviewer and student may not establish a good rapport, putting the student at a disadvantage, as the following student described.

You need an interview for every single person, yes, but the interviewer and the person may not hit it off, or whatever. But I think there should be some other mechanism, because I have been in classes with people who, I say to myself, "if that person was ever my OT I'd say 'no thanks'." . . . So I think that there should be some other mechanisms . . . measuring a person's interpersonal skills, ability to have empathy. How to do that I don't know. But I think just looking at a person as a number, there's 3.8, she's in. I know they probably have no choice, because the demand is so high. I just wish there was another way. (DDF: freshman, woman, SC 6344)

One student working towards a second career contended that people change during their mid-20s and suggested that selecting students on personality when they are younger may not reflect who they will become. Based on this belief, the student asserted that interviews or measures of personality, such as letters of recommendation, would not be good measures of a student's potential to become an occupational therapist.

When people are 18 or 19 years old, they are going to go through dramatic changes in their lives when they hit 24 or 25. It is hard to choose at that age. You can make a wrong choice; someone could be rebellious or not very interested in doing the grades, or doesn't have the personality that you were choosing on. Are they friendly, are they outgoing, do they have the flavor of the person that we are looking for? You can make a wrong call, because people change between 24 and 25. . . So that would be a hard way to choose. I think that the only fair way to choose is everybody has to have a certain grade point average. It is hard because if I had to go out and get four people to write me a letter of recommendation, everybody is going to say that "He is the most awesome person in the world, you are so caring and so loving and everything." So you have 200 people that are the most loving, caring people in the whole world. Let them all in? So they would have to be some kind of concrete standing. That would be the only way to choose it. I couldn't discriminate against personalities like that. I mean, how can you do that? I mean, younger or older, I think I would want to be a more older student that would be a little more dedicated to what's going on, more responsible. That would be the only advantage. Who's to say that they (younger students) are not that way. . . . That's (grade point) the fairest. (ECM: sophomore, man, SC 10603)

Students grappled with the selection criteria dilemma just as members of the profession have for decades (Anderson & Jantzen, 1965; Blaisdell & Gordon, 1979; Ford, 1979; Johnson, Arbes, & Thompson, 1974; Lind, 1970; Mann, 1979; Posthuma & Noh, 1990). Perhaps influenced by the realities of

their situation, students concluded, for the most part, that grade point average was the most objective criteria for entry. However, this did not dissuade frustrations.

### **Competition, Anxiety, & Marginal Identity**

Regardless of how students felt about the selection criteria, all were extremely frustrated and anxious as a result of the level of competition among applicants. The personality of students interviewed included characteristics of caring, empathy, and collaboration, qualities which sharply oppose competition. Students saw the contrast of desired qualities with those which were imposed on them by the circumstances.

It just kind of seems like a real contradiction that we are kind of put into this, into a position where, you know, work, work, work, get that grade point average up. I've got a 3. whatever an so and so's got a 3.0, my friend here, I've got to get ahead of her, quick, quick, quick, which to me is a real contradiction to the whole concept of what OTs are--you know the whole person. I know that's just how it is but it's just too bad because it kind of forces--not that I've turned into this real competitive person because I'm not. (DDF: freshman, woman, SC 6344)

Fighting the pressure to be competitive is a great strain on students. They are torn between their personalities which originally drew them into the profession and the qualities which they know are important for them to have as therapists and the strong drive to gain entry into the profession. What the previous student described was her own struggle to resist the pressure to compete against friends. While she stated she had not become "real competitive," she certainly acknowledges the "forces" which are

imposing on her. Another student described that she and many of her peers responded to the competition by withdrawing due to fear of not getting into the profession. She recalled a conversation she had had with Susan, a faculty member, about her classmates' feelings and behavior.

We're competing so much within the classroom that they were scared to talk. . . . I helped Susan, she needed people to analyze cards. . . . She had asked people to volunteer and no one volunteered, and I'm like "Oh, I'll do it." And she talked to me, "Why are the students not talking, why are they afraid?" I'm like "It's just this competition thing gets to us so much, we're scared to be ourselves" . . . It's really stressful. And everyday we ask "What did you get on this, what did you get on that? What's your GPA?" It's not "Hi, what's your name?" It's "What's your GPA?" (KEB: sophomore, woman, SC 7721)

It seems the limited conversation among students revolved around grades rather than personal interactions based on mutual interests. The magnitude of stress and resulting behavior was revealed by a report of a conversation between two occupational therapy students and two women who were non-occupational therapy majors. The two non-OT students had generalized their encounters with OT students in courses and stated they found OT students to be "obnoxious and competitive" (DOO: junior, woman, SC 13585). While the student telling me of this conversation expressed initial surprise by the women's remarks, she recalled the change in her own behavior after coming to WSC from another college.

These two women were telling us that they knew immediately when someone was from the OT department, because they were so competitive with their grades. They are so obsessive with the teachers. I can see that. When I first came here from ABC College, I was a little overwhelmed by how obsessive people



were with grades. Then I realized you had to be. Then I became obsessive." (DOO: junior, woman, SC 13585)

This student acknowledged she too had become "obsessed" with grades.

Most students described how they struggled to ignore the competition. They focused on their desire to become an occupational therapists and tried to assess their own achievements rather than compare themselves to peers.

I am not a competitive person by nature, so I think that has been a thorn in my side since I came here in September. It's not my judgment call to say who should or who should not get into the program. I just kind of changed my outlook and said, "I'm going to go on at my own pace and not worry what my peers are doing. Let them do what they want. I'm going to do what I want to do." (OGS: sophomore, woman, SC 10779)

Staying focused on one's own progress was not always easy.

Remembering why they had chosen the profession helped sustain the attention and drive, as noted by the student below.

There are so many people trying to get in, the competition and the not knowing, and I mean, you almost feel like even if you had a 4.0 it's hopeless just because of the numbers. You start losing sight of why you are actually in it and I can't do that because the only reason why I'm doing well in school is because I love OT, and that's the only reason why it's holding my attention, so I am just trying to maintain and persevere and not let my stress overcome me because sometimes I just feel like throwing my arms up and changing majors, but there is nothing else that I want to be, so perseverance I guess. (QNZ: sophomore, woman, SC 8545)

While perseverance may be possible, it does not preclude emotions from surfacing. An analogy by one sophomore student who was applying to the program illustrates the anxiety which people experience as they try to gain

entry into the profession. The student described tension and anger stemming from frustration.

I'm at the bus stop, waiting for the bus to come. Ok, let's all apply, VROOM, and go for the seats and 60 of us make it, VROOM, and then the other people go back into the pool and get frustrated for another year and then try it again. . . . I'm waiting at the bus stop with a lot of angry people, you know, there's a lot of tension here waiting for the bus. (ECM: sophomore, man, SC 10603)

Ann, a faculty member with many years of experience, realized the anxiety that students feel around selection into the profession. She was also very aware that students' sense of belonging and therefore their identity was in limbo.

Right now they go through a lot of anxiety where they feel that they are all by themselves, they are competing with their friends and peers and so on. An isolation kind of period where they are aspiring but fear that they are going to be excluded, so they don't become part of the culture, part of the system, part of the profession. (Ann, SC 5671)

The faculty in the occupational therapy department at WSC perceived the need to mark, or celebrate, students' entry into the program and into the profession. Ann described what the program did to promote a sense of belonging and identity in the newly admitted students.

When they get to be juniors, we have a ceremony for the new admissions. They go through an admittance process. They have a ceremony, the students organize it. We have a speaker, sort of a mark out there of coming into the program, which is public recognition of their admission to the program. (Ann, SC 5671)

From a sociological standpoint, the competition and selection has an important role in the professionalization process. The number of students

wanting to get into the profession and the need to “prove” oneself by doing well in the two years of pre-requisite coursework marks acceptance into the professional program as a first rite of passage for students. The ceremony described by Ann above demonstrates the significance of the selection process and also serves to help students begin to identify themselves as part of the group of occupational therapy students--future occupational therapists. In fact Ann stated “When they become juniors and seniors, I start calling them professionals [to let them know] that they are in a profession, that they are becoming professional at that stage” (Ann, SC 5671).

### Conclusion

Entering into occupational therapy, as with most professions requires students choosing it from among other options available. WSC students who were interviewed predominately choose occupational therapy because of their desire to work with people, particularly people with disabilities. They wanted to combine interests in medicine and psychology to work wholistically with patients. They were further attracted by helping patients gain functional skills and feel good about themselves. Diversity in the field and flexibility in scheduling work hours was also appealing to students, although not a primarily reason for choosing the profession. As students learned more about occupational therapy, their excitement about the profession increased. Their enthusiasm was temporarily abated by frustrations around the selection

criteria and resulting sense of competition which contrasts with the personality characteristics believed to be necessary for a therapist to possess.

Faculty are aware of the "marginal man" phenomenon (cf. Hughes, 1971; Khleif, 1981) which occurs prior to admission into the professional program. Helping students cooperate with each other and identify with the profession is the challenge of the junior and senior years in the academic portion of professional training. In some cases, faculty must also provide experiences to foster students' acquisition of those characteristics which are desirable for occupational therapy practice. The strategies which faculty use to promote professionalization will be explored in the next chapter.

## CHAPTER V

### PROFESSIONALIZATION IN ACADEMIC EDUCATION: FACULTY PROMOTING THE "MIND SET" AND A PROBLEM SOLVING ROLE

This chapter examines the professionalization process which occurs for students in the occupational therapy program at Worcester State College from the faculty's perspective. I draw from individual interviews with faculty and examine their teaching goals and the strategies which they use to facilitate students role development to help them become occupational therapists. I compare faculty teaching strategies to theories of Dewey (1938), Schön (1987), and Clinchy, Belenky, Goldberger, and Tarule (1985) as they address experiential, reflective, and connected learning, respectively. I also look at the support faculty give to students during the professionalization process. Classroom observations illustrate the faculty's teaching strategies and support they give to students. I conclude the chapter with a review of the professionalization at WSC and compare that with the identified purpose of academic education. To aid in readability, pseudonyms given to faculty will be used throughout this chapter. Faculty members include Marie, Ann, Karen, Susan, Judy, and Marcy.

## Teaching Goals of Academic Faculty

According to the *Essentials for Occupational Therapy Education* (AOTA, 1993b), faculty are to insure students gain professional knowledge and skills during their academic training. Faculty at WSC did not articulate these as their goals for students, but included them in their broader general goal, which was to facilitate students becoming occupational therapists. WSC faculty emphasized providing students with the ideology of the profession and preparing them for their role as an occupational therapist--that of a problem solver. Faculty also saw the need to support students as they take on a new identity. They described multilevel tasks to promote students' role development as a problem solver: (1) they must provide students with necessary knowledge and skills based on a variety of frames of references and theories used in therapy, (2) they must facilitate students' acquisition of the value of occupation, the ideology of the profession, and finally, (3) faculty must help students learn to apply their knowledge, skills, and occupational therapy ideology to meet a patient's needs using critical analysis and problem solving. Thus during academic education, students gain knowledge, the profession's ideology, and a professional role. Faculty facilitate students' acquisition of each of these simultaneously, in increasingly complex ways throughout the education program.

### Gaining Knowledge and Skills

When identifying what students gain from academic education, Marie briefly noted that students gain “knowledge of the clinical skills” and the “theoretical background” (Marie, SC 7400). Ann acknowledged that students do acquire knowledge, but believed it was more important for them to know how to learn. Ann stated “the curriculum is more focused on the ability to learn and search out new information than it is on factual stuff” (Ann, SC 5671). Marie and Ann were the only faculty members who described students gaining knowledge from the academic program. Likely, the acquisition of knowledge was assumed by other faculty. Identifying other aspects of education rather than knowledge may indicate the strong desires that faculty have to insure that students acquire occupational therapy ideology and begin role development.

### Acquiring the Ideology of Occupational Therapy

Three faculty explicitly talked of students gaining a new way of thinking, or a “mind set” as Marie called it (SC 7400). Karen elaborated on this mind set, conveying that students acquired a “philosophy of occupation: the occupational nature of the human being. . . they have a really good sense of occupation and occupational therapy and the value of occupation. I think that is something very important that they take from the program” (Karen, SC 6338).

Karen assumed I understood the meaning of "occupation". For clarification, I turn to Kielhofner (1993), a prominent theorist in occupational therapy, for a definition of occupation. "Occupation" is the activity in which people engage, both for work and for pleasure (Kielhofner, 1993:138). Kielhofner explained that our biological, social, and psychological make-up as humans gives us our innate drive to be involved in activities of both work and leisure. Occupational therapists are concerned with work and play activities and activities of daily living (ADLs) such as self-care skills, homemaking, and eating (Kielhofner, 1993: 138). A person engages in these activities because they have meaning and purpose and are satisfying for the person. Thus, in Karen's brief comment that students "had a good sense of occupation" she was stating that occupational therapy students at WSC know to consider the breadth of a person's life, and recognize that people need to engage in both work and leisure activities as well as to perform daily living tasks. Additionally, students understand that activities need to be purposeful and satisfying to the person.

Susan also talked about students needing to appreciate all aspects of a person's daily life and the problems which arise in living. Susan stated students need to understand that "OT uniquely has a concept of what a daily life is about. . . what peoples' daily lives really consist of and identifying what the problems are in peoples' daily lives" (Susan, SC 6937). Susan also talked of helping students understand the importance of considering clients'



interests and motivation. She described having students do research in the community to help them understand and appreciate the importance of daily routines and individual interests which guide peoples' activities.

In summary, occupational therapists are concerned with all aspects of a person's life: work, leisure, and activities of daily living. Furthermore, occupational therapists consider and use activities which are interesting and motivating to a person, providing them with a sense of purpose and satisfaction. Karen and Susan explicitly described the creed of occupational therapy as other faculty had also done implicitly. All faculty depicted helping students embrace this professional ideology and described relating it to students throughout the curriculum as they prepared students to take on the role of occupational therapists.

#### Learning the Role of a Problem Solver

Because of the wholistic nature of occupational therapy and the focus on functioning in daily life, students need to juggle a great deal of information about their patients, including physical needs, psychological needs, and adjustment to work, leisure, and self-care activities. This places occupational therapy in a unique role among other health care professionals who tend to deal with one discrete aspect of a person. Occupational therapists must consider how they can effectively address many needs that a patient might have. With so many aspects of a person's life to consider, as well as a wide range of abilities and needs, there is no single approach to use in

therapy. Occupational therapists draw from many frames of reference and models for therapy to determine an approach for a particular patient for a given time. This requires critical thinking and problem solving.

Marcy, Karen, Marie, and Judy all talked about the need for students to take on the role of a problem solver when they work with patients as an occupational therapist. Marie most clearly articulated the importance of the problem solving role that occupational therapists play with patients, particularly in relation to other health care professionals.

We are the problem solvers or the people who look at the functional being that has been referred to us. The nurse is taking care of [the person] and the social workers analyze what's going on at home or the admissions. The doctor has his pills or surgery, kind of cut and dry, what he does. There is nobody out there that is problem solving. The patient needs to become functional and I guess that is why we call it occupational . . . whatever interferes with function either physically or cognitively or socially is what we have to deal with. Usually it is a whole ball of wax, it is not just one thing. I don't think that there is anyone else out there that is working with patients who see all of that and puts it into function and coping and getting the job done once they leave the clinic or the hospital or whatever. . . . We are the one who gets down to brass tacks with the practical aspects and function and adaptability and that kind of thing. That is what I see OT is being all about. How can we get this job done so that this person can be optimally functioning; however functional he or she is able to get, to get them there. There is always more than one way to skin a cat. That's what we are all about. That is a hard thing to communicate in this course or in that course or in the other course. You get it in all these courses. (Marie, SC 7400)

Marie implied that as occupational therapists problem solve, they need to use their knowledge and skills and the profession's ideology which focuses on all aspects of a patient's life in terms of his or her occupation.

Furthermore, Marie recognized that learning to problem solve is learned over time, through many courses. To Marie, learning how to use one's knowledge, skills, and ideology together to work with a specific patient was the ultimate goal for professional training. Yet she and other faculty knew that the goal of problem solving in this manner was challenging for students.

Faculty reported that students want the knowledge and skills, and that these tend to be easily mastered, as students can memorize information on given frames of reference. Students also learn to articulate the ideology of the profession. Karen's observation that the students have a "good sense of occupation . . . and the value of occupation" testifies to their ability to cite occupational therapy's ideology. However, incorporating the values of the profession and selecting a frame of reference from a large knowledge base to plan therapy for a given client situation is a difficulty which Karen and Judy described as challenging for students. Developing that ability however, is central to acquiring the role of an occupational therapist. Karen recognized students' difficulty in learning to problem solve because of the ambiguity involved and students' need for having a "right" answer. She understood that students prefer concrete answers rather than selecting possible solutions from many options.

I think that sometimes they resist it. They actually resist. They just want you to tell them the answer. They want to be able to memorize it and give it back to you in exactly the same words that you gave it to them. . . . I think they are very dependent at this level and want the concrete (information) and the structure. I'm constantly hearing a voice in my head saying, "you know

this isn't always true" and realizing that I can only say that to them sometimes. If I say it other times, it will just really throw them, just make them too anxious. They have a hard time tolerating the ambiguity of things. . . . I like to try to be ambiguous sometimes, when I can be. It's hard, they have a hard time tolerating it. When I say to them that there is no right or wrong here, or what do you think about this, they look at theories like sensory integration or the model of human occupation as coming down from some heaven, that this is the absolute truth. Like the theories never change. (Karen, SC 6338)

Judy also talked of her frustrations with students wanting "the right answers" rather than considering a solution from several available options.

One of the hardest things for me in the junior class, or even before that, but definitely right now in the junior class, [is] their demand for having all the answers, you know, that need to tell me how to do it-- they get so mad at me because I can't do that. I guess I just have to say that there aren't going to be any answers for this, there is always going to be a clinical judgment call and the whole idea is just to reflect back afterwards. (Judy, SC 8293)

With students resisting multiple answers and wanting a single "right" solution to given client problems, faculty have a challenge. Helping students with the complex process of critical thinking and problem solving, of applying occupational therapy values and knowledge for the desired role behavior requires using a variety of teaching strategies.

### **Strategies for Promoting Change**

Faculty reported using many methods to promote students' ability to move beyond the need for having a "right" answer. They saw that lecture was not enough to foster active thinking required in problem solving. Even in "lecture" format courses, all of the faculty do a great deal more than impart knowledge to students. While all faculty do have to lecture to give

information to students, they do not see lecture as an especially effective way to promote student learning. Their descriptions of how they “lecture” is far from making learning uni-directional--where faculty give information to passive students. Marcy, Karen, and Judy all related encouraging students to actively think about what they hear in class. Marcy depicted her lecture style as one that is extremely enthusiastic and one in which she incorporates examples, even ones which provide analogies to help students remember information. Karen explained that she presents information, particularly on frames of reference, as options for practice.

I like to let students know what my biases are and what I don't like, my criticisms. I try to be even handed and present a lot of ideas and then tell them that it is their responsibility to think about them, that there are no right or wrong answers. (Karen, SC 6338)

Judy described how she combines demonstrations with her lecture information so that students can more actively think about the material she is presenting.

Faculty reported using a variety of teaching techniques which enable students to connect the information to past life experiences or to future professional experiences. In fact, all of the faculty described wanting students to become involved in the learning process or find a “personal connection to the subject matter” (SC 6774). Marcy pointed out that faculty needed to use a range of learning techniques to meet the diverse learning styles and needs of students, “I don't think that any student can gain everything from one style”

(SC 8157). The faculty at WSC described using a variety of teaching techniques to promote students learning the information and making it part of their professional thinking and role development. While each faculty member had a preferred teaching approach, the strategies form themes of *activity role play*, and *clinical example*. I will describe each of these teaching strategies and the reasons why faculty use them.

### Activity

Several faculty reported using activities at various points in a class session. Susan described using warm-up activities at the beginning of a session to arouse students' interest. She gave examples of having students share an experience with the group, or having them move to one side of the room or the other indicating their level of agreement or disagreement to a statement. Susan identified that these activities help to prepare students for the information and connect to it on a personal level.

You can't assume that people want to learn whatever you have to offer unless you kind of juice them up for it. . . . A warm up, I guess, some kind of personal connection to the subject matter, is the launching pad for whatever we are going to talk about. Ideally it is good to have one of those first instead of coming in and assuming that they are all ready to just soak it up." (Susan, SC 6774)

Marcy and Judy both use experiential activities after presenting new information to allow students the opportunity to try out assessment instruments and practice therapeutic techniques and skills on each other. Experiential activities are traditionally done in occupational therapy

curriculums, often as laboratory sessions. Judy described using experiential activities as activities that get students involved in learning during lecture as well as laboratory sections and even during courses which are not therapy “technique” oriented. She described a situation in an administration course when she had students apply a supervision technique in pairs to facilitate more discussion by all of the students.

Half the class wasn’t saying anything, and the other half was always answering the questions, so I decided to have supervision, and set them up: the ones that talked with the non-talkers, in a supervised relationship. So they went through the developmental supervision stuff that AOTA put out, so they had to identify the issues with the non-talker of why they hadn’t been talking.” (Judy, SC 8293)

Her approach required students to apply course material in a real context and also promoted more discussion, which Judy wanted in the class.

Some classes do not lend themselves to an activity, *per se*. Discussion was a frequent active learning strategy identified by all faculty. Ann stated that she prefers discussion over lecture because it promotes active participation of students.

I prefer to present a general topic and get their involvement in it. I find that if they have even a little bit of background in it, they can learn from each other and I can learn from them, more efficiently than they can learn from me. (Ann, SC 5671)

Discussion forces students to take an active role in learning and fosters them to think for themselves and use each other as well as books as resources. Ann is modeling future behavior which students will need to use as therapists. She provided an example from a class which focuses on diseases.

This course is often thought of as a lecture-type course because it is one which provides general knowledge of diseases rather than what a therapist might do with someone with a given disease. Ann described how she still used discussion most of the time.

I made them learn it [the factual information] from the book and then we talked about how it was applied, instead of me presenting the information. . . . My preferred way is to get them engaged to talk about how they would apply the information that they have read about and learned. (Ann, SC 5671)

### Role play

Role playing is another technique used by faculty. Some faculty have students stand up and take turns playing the role of patients and therapists. Others have students imagine themselves in the role of a therapist. Marcy uses role playing in the more traditional way, giving students the roles to play in a simulated situation. She believed it provided a more real experience for students and "gets people to identify different situations" in which occupational therapists find themselves in practice (Marcy, SC 8157).

Other faculty used imagery to help students play the role of the therapist. Often these are done by students developing therapy plans for client examples, either in written assignments, small group discussions, or in large class discussions. Judy combines both approaches of role playing. First she brings in video tapes and has students plan therapy for the clients on the tape. She then has students role play a team meeting and present the approach they have used to each other (Judy, SC 8293). When role playing, students have a



chance to reflect and apply theory to practice. Susan described this as an opportunity for students to identify the strengths and weakness of a particular theory or frame of reference and decide how it might fit with what students envision practice to be (Susan, SC 6774).

### Clinical Example

Five of the six faculty described providing clinical examples, which they often termed “stories.” Faculty said they used examples of patients for a variety of reasons, including helping students to: understand information, apply information, look at their role as therapists, model critical thinking and problem solving, and identify what to say to a client. In the interviews, faculty reported that clinical examples came from their own experiences with patients and from videotapes they had made or purchased. The telling of the example as a story was highly valued by faculty. Susan explained stories provided a sense of reality to education. “I find myself tending to think that, well the theoretical stuff is valuable, but the story is more important. . . because that is where it is really alive for me” (Susan, SC 6774). Other faculty said they used both planned and spontaneous examples of clients to help students understand a therapy approach or apply information. Marcy said she used stories about herself to provide analogies for learning complex material. She gave an example of a traffic jam which she had recently encountered in a large city. She had elaborated on her inability to go where she had needed and in fact never got there. Her use of this story helped students to understand the

lack of blood flow in cardiovascular diseases (Marcy, SC 7782). By drawing out her account of the traffic jam, students are more likely to understand the analogy.

Judy used clinical examples in the form of stories to model her own thinking process for students in hopes that they would follow her model and analyze their own behavior as they problem solve with their own patients in the future.

Usually in my stories I'll say this is what I tried and why. And I feel fairly comfortable in saying things that didn't work. . . . I expect them to do, to be more critical thinkers and not be afraid to try things that might not work, but being able to reflect back on their thinking about why. (Judy, SC 8293)

Karen also described that client examples allow her the opportunity to model one way of approaching a clinical problem but also to point out the differences between applying information to a classroom assignment and applying information to a real clinical situation.

You give them a treatment plan assignment and this is what I expect and this is the structure, and then you say, "Of course in the clinic you might not be writing treatment plans exactly this way. You have to be a little different." In the clinic you have a treatment plan, but by God, the patient might not cooperate. On paper they are cooperating. In the real world, they don't. You go in and say Mr. Jones we are going to do this today, and he tells you to "get the . . ." you know, "I don't want to do that." I try to talk about those instances of what the real world is like when I can. I think that it is limited because those are stories are often sort of stories where you get off on a little bit of a digression and suddenly you are behind in your lecture and you have got to finish talking about. (Karen, SC 6420)

In using clinical examples in this way, Karen moved beyond helping students identify the role of occupational therapy with a patient, but to what they would say to this particular patient when he refused to do the planned activity. Through examples, Karen was not only helping students problem solve but also informing students of the etiquette of therapy.

Some faculty asked students to provide their own examples of patients they had seen in jobs or during any practical situations which they may have encountered that related to the topic of discussion. Karen believes students can identify better with the information if they are allowed to share their own experiences, but admitted the down-side was that other students do not always appreciate hearing from peers in classes.

I like to allow the students, at least in some of my classes, to tell their own stories. It does frustrate some people because I let things go a little bit. . . Some people connect with it, some people get it and some won't." (Karen, SC 6420)

As faculty use activities, role plays, or clinical examples they are providing opportunities for students to actively think for themselves. As students engage in these strategies, they learn new information and how to apply it. Furthermore, they are learning perhaps something more important. They are learning how to approach a new situation or challenge and problem solve, an essential skill for occupational therapists. Reflecting on their thinking and the outcome, through class discussion, insures students are actively problem solving and not merely guessing or attempting to provide one solution. Knowing which strategy to use and the questions to ask students

in leading active learning requires faculty to be aware of students' experiences and knowledge as these form the base of their thinking. Faculty continually assess students' learning needs to determine when a clinical example is needed or when to move to a role-play task.

From an educational standpoint, faculty at WSC were providing experiences and then facilitating students reflection so that they could learn from the experience as they used each of the teaching strategies discussed. Furthermore, faculty connected with students so they could use the right type of learning activity to meet the students' needs at that moment. Experiential, reflective, and connective learning are suggested as positive approaches to facilitate learning by Dewey, Schön, and Clinchy, Belenky, Goldberger, and Tarule.

Dewey promoted experiential education in the 1930s. He maintained that learning through experience provides continuity with the person's prior knowledge and experiences and helps students connect new information to their existing knowledge and understanding (1938:37). Susan's warm-up activities reflect Dewey's belief that experiences prepare the students for future learning by changing their attitudes about what is meaningful (cf. Dewey, 1938:39). Dewey's education model was developed initially for younger learners. Drawing on the work of Dewey, Schön stated that students cannot learn by being "taught" or "told" what they need to know, but need to "see" for themselves how information is used and the results of their actions (1987:17).

He argued that applying knowledge promotes students to recognize the relevance of the information they are learning (1987:xi). Through reflecting on a learning experience, students begin “thinking like a \_\_\_\_\_” (1987:39). They are taking on a new identity--that of a member of a profession. WSC faculty’s strategies of experiential activities and role playing all include important elements which Schön described as important for professional development.

As faculty at WSC consider when to use a role play activity or ask students to apply new material to a clinical example, they are acknowledging students’ readiness to learn in a way other than passively receiving lecture information. Clinchy, Belenky, Goldberger, and Tarule called such awareness of students’ needs “connected teaching” (1985:44). Connecting with students was seen throughout each faculty member’s discussion of why they select a particular teaching strategies to use; they seemed very aware of how students are thinking and what they might need to further develop professional thinking and behavior.

In summary, the variety of active teaching strategies used by faculty prepare students to continue learning and facilitate reflection on the changes in their thinking and identity. In order for faculty to select the appropriate strategy to meet students’ needs, they must connect with their students and their learning needs. The faculty at WSC are also aware of the students’ needs

for support as they strive to acquire a new identity--that of an occupational therapist.

### Support

As faculty challenge students with a new role and new behaviors, ultimately seeking a change in identity, several recognized the need to support students personally as well as professionally. Marcy in particular perceived and articulated students needing to increase their self-esteem. She builds up their personal self-esteem as she helps them gain an identity as therapists.

Some come pretty fragile in many ways. The most important thing I can do for them is not rip them down. Let them know that . . . they have something to offer. . . . I feel that I can help them believe they have something extremely valuable and that they are important just by themselves. If they can feel that importance through work, which will be a clinician; an occupational therapist can give to somebody else and that is a tremendous ability. . . . I say to my students over and over again in different ways, I never, never apologize for being an occupational therapist. I am the most important person on the team. That has partly to do with who I am as a person, but a great deal with what I do for work. (Marcy, SC 7782)

Marcy is very connected with the students. She recognizes the qualities which they have as people that will help them become good occupational therapists and works to build on these qualities. Furthermore, Marcy is aware of students' psychological needs, particularly self esteem. Students take on a new identity, that of occupational therapists, as they proceed through the program, and Marcy reinforces the students' new sense of self, which in turn fosters continued professional development. When she tells students of the

importance of occupational therapy, she is establishing a positively perceived professional identity which reinforces students' sense of self.

### Summary

During interviews, faculty identified that they facilitate students learning knowledge about disorders and knowledge and skill of specific frames of reference to treat these disorders. They also help students acquire the ideology of the profession, specifically the value of occupation and the need to consider all aspects of a person's life and his or her interests. Faculty promote students' application of their knowledge, skills, and professional ideology to engage in the role of an occupational therapist. By connecting with students and knowing their learning needs, faculty develop appropriate experiences through which they helped students critically think and problem solve to apply the knowledge and values to specific client examples. As students engage in problem solving activities, they were playing the role of an occupational therapist. Through reflection on these active learning experiences, and simultaneous support offered by faculty, students' identities as occupational therapists are forming. Thus through experiences and reflection, supported by connected teaching, faculty are promoting professionalization. During the classroom observations, I looked for each of the strategies which faculty said they use.

### Observation of Class Sessions

I was able to observe five of the six faculty teaching. I observed Marie in a sophomore level course, Karen and Marcy each teaching junior level courses, and Judy and Susan in senior level courses. I had made arrangements to observe the classes with each faculty at least the day prior to the class meeting. Some of the observations were done before the interview, some were done after. I analyzed observations of class sessions by the goals of academic education which had emerged from the interviews. Themes which faculty had identified were evident throughout classroom observations: (1) promoting knowledge and skills, (2) fostering the profession's ideology, (3) facilitating the role of a problem solver, and (4) supporting students' emergent identity.

Conversation with the faculty members and occasionally with students after classes indicated that the class sessions had been fairly typical for that particular faculty member. Karen was the only exception; she stated that I had caught her on a "bio day, not a pheomonological day" and that she had done more lecture than she prefers to do. "Bio" refers to biological information, information about how the body works and how diseases effect the body. Phenomenology refers to looking at the whole person and how he or she feels about the disease as well as how the disease is effecting the person's ability to do daily routines. When I analyzed my field notes from that particular session, I found Karen did present biological information about the



disorder discussed, but she had included a perspective of the whole person. She also had drawn upon stories of clients with whom she had worked and drew attention to how the clients might be feeling. It seemed even on her “bio” day, she included phenomenology.

Each class session was related to a topic within the context of the course. The topic of the lecture referred to knowledge of a disorder, a frame of reference, or a specific skill. Incorporated into the lecture was the ideology of the profession and application of ideology with knowledge. Application was done in a variety of ways, as faculty had expressed in their interviews. Additionally, each faculty used several approaches to support the students as they acquired an identity as occupational therapists.

#### Promoting Knowledge and Skills

Each class session explicitly focused on giving factual knowledge to students. Faculty introduced the session by telling students the topic for the hour in terms of what knowledge they would gain. For example, Karen said they were talking about “depression.” After making a few announcements, Marcy moved into the formal class session, and identified the knowledge-based content by stating “Now, diabetes!” She proceeded to give facts about Type I diabetes, using an overhead (Marcy, SC 2432). After a warm-up discussion, through which she incorporated terms of the frame of reference to be discussed, Susan switched to provide factual knowledge on a frame of reference used in mental health practice, stating “And now, the very

organized lecture material” as she deliberately pulled papers out of her briefcase. Her next sentence launched into the knowledge based information, “This perspective or theory, drawn from Freud, Jung, Maslow . . . .” (Susan, SC 5549). In each class, as the faculty gave the cue of factual knowledge coming their way, students became alert, sitting up straighter in their seats, picking up their pens, and taking notes. The concrete knowledge was certainly the focus of their attention.

While faculty began the learning experience in the class by sharing their knowledge with students, they also facilitated students sharing their own knowledge with each other. In each class, students had been given reading assignments which was to serve as a base of knowledge. Faculty assumed students had done the reading and had knowledge to share. Marcy asked students to identify performance components that they would anticipate a person with diabetes exhibiting, drawing from their reading assignment and other course material (Marcy, SC 2432). Susan asked specific questions of students, for example, “Why do people who were abused put themselves down?” After a student answered, Susan confirmed that the response was correct and rephrased the student’s answer (Susan, SC 5549). Karen too asked questions and confirmed students’ correct answers and then expanded on the answers, often giving more information or an example (Karen, SC 9879).

### Fostering Professional Ideology

Information about occupational therapy ideology was not identified as such in the class sessions that I observed. However, they were evident during analysis. In a sophomore level course, as Marie was explaining an assignment, she asked students to try doing some basic activities like tooth brushing or eating, giving themselves limited abilities, for example with one hand behind their backs, or without vision. She told them to think of “how a person with a disability like these might feel doing these tasks” (Marie, SC 5789). Marie also asked students to think about activities being performed in another position, for example lying on one’s back, or sitting in a wheelchair. Through this experiential and reflective assignment, Marie was focusing on the psychological impact of a physical limitation on a person’s ability to perform daily life tasks. Marie was acknowledging the occupational therapy value of considering all aspects of the person.

During a discussion on delegation in an administration course, Judy reflected the need for managers to consider the feelings of others as she talked about how staff feel when they are asked to do, or are not allowed to do, certain departmental tasks (Judy, SC 2242). Judy’s use of occupational therapy ideology in a non-therapy, or client centered, situation attests to her strong embracing of these professional values. Her underlying message was that the professional ideology is so strongly embedded in occupational therapists’ thinking, that we use it in all that we do.

During the discussion of performance problems for someone with diabetes, Marcy asked people to think about the psychological issues the person might have to deal with. She gave several examples of psychological needs, from grieving due to impending death to amputations. She also described psycho-social issues for someone with diabetes as the person would not be able to eat and party as his or her peers. Thus Marcy was incorporating occupational therapy's value of looking at all aspects of a person and not just the easily visible physical functioning. Marcy also applied the ideology of occupation as she described what she had done with a man with diabetes who had been referred for activities of daily living, but was in so much pain due to severed nerve endings that he could not even put his hands in water. Marcy told students that she and the client talked about leisure pursuits and quality of life issues. She pointed out that because the man was unable to use his hands, due to the pain, it was essential to look at balance of life issues with him (Marcy, SC 2432). These examples illustrate the reaffirmation of the importance of the profession's ideology. However, rather than merely stating the ideology as part of occupational therapists' thinking, faculty went a step farther and applied it to client and practice situations.

#### Facilitating the Problem-Solving Role

Within each class session, faculty placed a heavy emphasis on application of knowledge and occupational therapy ideology to promote students to take on the role of problem-solvers. They did this using a variety

of teaching techniques, which each had identified during their interviews. In addition to providing an opportunity to see a direct application of information or professional ideology, examples gave faculty opportunity to identify the role of the occupational therapist. Faculty also asked students to do the thinking and problem solving and apply the information to a client story the faculty had provided. In doing this, students took on the role of an occupational therapist, either explicitly or implicitly. Students occasionally thought of their own life experiences and examples in applying the information.

Faculty applying information. In every class in which I observed, faculty provided information to the students and then applied the information to people with who they had worked professionally, their own personal lives, or to the lives of students. Susan used many client examples from her experience to illustrate defense mechanisms which people often use to cope with stress. For example, she told of a client who was using “denial” as this woman had claimed to not remember someone who she spent time with daily when told that her friend had just committed suicide. In another situation, Susan applied a frame of reference to analyze an activity which she did for a party on a psychiatric unit she had worked on. (Susan, SC 5549). In both of these cases, Susan used the example to apply the information to a clinical situation.

Karen described a patient with whom she had worked who was depressed and had attempted suicide to gain needed attention and help. Karen's example enhanced students' understanding of the severity of depression and the need to weigh a client's independence or freedom over the therapist's control for safety reasons (Karen, SC 9879). Her conclusion indicated that the role of the occupational therapist was to always be thinking of the whole person and continually problem solving. Marcy's example of working with the man with diabetes with whom she had focused on the quality of his life and leisure activities is another demonstration of helping students identify their role as occupational therapists (Marcy, SC 2432).

Judy also applied class information as it related to her own personal behavior. She talked about her tendency to clean drawers when avoiding larger, more important tasks, like writing a grant proposal (Judy, SC 2242). Karen used her child's sleeping to illustrate general sleep patterns (Karen, SC 9879). Sharing parts of their personal lives, even if not significantly personal aspects, offered examples which might help students understand information. As faculty shared of themselves, they also were appearing as "real" people, another characteristic of a connected teacher (cf. Clinchy et al, 1985).

Sometimes faculty connected with students at a different level and used examples from common student situations. For example, Karen examined the effects of "pulling all nighters" on daily routines, energy levels,

and sleep patterns (Karen, SC 9879). Using likely examples from students' lives made the information immediately applicable for them. These examples also served to increase student interest in the class material at hand.

Students applying information. Faculty did not do all of the thinking and reflecting. In some cases, the faculty provided an example and the students had to apply the information just received and problem solve on their own. Judy had students explicitly playing the role of an occupational therapist in her class. "We're talking about your role as a manager and your leadership styles. Think about this in terms of administration. . . If you put that hat on now--Okay, you're managing an (occupational therapy) department, what would be the advantage of . . . ." Judy followed this role playing throughout the entire class session, occasionally reminding students of their roles, as a manager. After Judy had explained an approach for creating change in a department, she asked them to apply the approach to the occupational therapy program. In this situation, students had to do all of the analysis and problem solving. (Judy, SC 2242).

Faculty also had students role playing an occupational therapist in more implicit ways as they applied new information to an example offered. Susan asked students to use the frame of reference to analyze the method which a woman had recently used to attempt suicide. At another point in the class, Susan asked students to analyze her own behavior and determine why she might have done the dishes the night before when she had so many other

pressing tasks to accomplish (Susan, SC 5549). Through these brief mental role plays, students were asked to critically think and problem solve as they applied information to a real situation.

Some students were able to consider the information presented and ask themselves application questions. This occurred in three classes in which I observed. A student in Susan's class asked if a person recovering from alcohol addiction would be considered in a state of "order or disorder" (well or not well). Susan did not answer the student with a direct answer but helped her apply the theory to come up with the answer (Susan, SC 5549). This student's question indicates that she was critically thinking about the frame of reference and attempting to apply it, but ran into trouble. Susan's response was one which facilitated the student's ability to problem solve; it was also one of support of the student's knowledge and ability.

#### Supporting Students' Professional Identity

Faculty all contributed to students' change in identity as they helped students take on the role of the therapist in real or imaginary situations in classes. Furthermore, faculty supported students as individuals and as future occupational therapists. For the most part faculty knew each of the students in class and frequently called them by name. Knowing someone's name is often viewed as a sign of worthiness. Faculty seemed to be saying, you are important enough for me to know who you are. Faculty in the occupational therapy program at WSC, as in most occupational therapy programs in the



country, go by their first names. Judy commented that she felt this practice contributed to a sense of "collegialship" among faculty and students. Judy believed she thought this helped students feel more part of the profession as they were on a first name basis with members of the group.

The sharing of personal stories, in particular revealing "deviant" but acceptable behavior, helps students and faculty to connect with one another and helps students see that their professors, as role models, do not have "perfect" behavior either. Judy's example of cleaning out drawers as an avoidance strategy, as noted above, is such an example. Analyzing Susan's reasons for washing dishes is another example of revealing a more non-professional aspect of self, yet allows students the opportunity to recognize that Susan is indeed "human." Recognizing a teacher, or someone who we look up to, as "human" can give hope to others aspiring to join the ranks of these individuals (cf. Clinchy et al, 1985).

Acknowledging students' answers and attempts at problem solving also shows support for students as they play the role of occupational therapists for brief moments. When students made mistakes while problem solving in class the faculty did not say "NO!" but gently helped the student examine, or reflect on the answer and then to rethink the answer step by step. Marcy did this when a student gave a very incorrect answer to a question by differentiating between the concepts of "reception and perception" and then

asked the students the question again. Their second answer was correct and the students experienced success in their problem solving (Marcy, SC 2432).

Another way in which faculty supported students' emerging sense of identity as an occupational therapist was by referring to them as therapists. In the examples that follow, I have added italics to emphasize a point made in my analysis. Karen and Marcy both talked to the students as though they were therapists, using the present tense when talking to them, "One of the things, *as treaters*, that you have *to be* aware of is that . . . . Part of your role *is* to help someone . . . . Your job *is* . . . ." (Karen, SC 9879). "What is important for you to know *are* the things that are life threatening to *your* patients or clients" (Marcy, SC 2432). In these examples, both Karen and Marcy were implying that the students already had patients or clients, which they did not. At other times, both Karen and Marcy referred to the students as though they were already colleagues and therapists, "that's *our* job as the OT. . . . So what *we* can do is help people look at their lives and patterns . . . ." (Karen, SC 9879); and "Part of what *we* do is educate people. . . . *We* deal a lot with people who have visual impairment. . . ." (Marcy, SC 2432). Their inclusion of the students as a member of the profession also serves to reinforce their emergent identity as occupational therapists.

Acquiring a new identity can be a difficult process. Becker (1971) suggested that this period of adjustment may raise conflicts as students move from old role expectations to new role expectations. The support students

have from faculty, as members of the new identity group, may be especially helpful as students make the role transition.

### Summary

Observations in classes support the goals and strategies which faculty had claimed during the interviews. However, during the interviews, faculty did not particularly address giving knowledge to students. In fact it was mentioned only by two faculty. Instead, they claimed students gained a strong sense of the profession's ideology and students learned to problem solve, playing the role of occupational therapists. In their interviews, faculty emphasized the strategies which they used to promote problem solving. Observation of the faculty "in action" indicated that they did emphasize and promote problem solving, using many strategies. However, they also gave knowledge to students. Perhaps they took the provision of knowledge for granted, since this was an institution of higher learning. Or perhaps faculty intentionally emphasize the application of knowledge in class and rely heavily on reading of textbooks to actually supply the larger quantity of knowledge to students. They certainly did assume that students had knowledge to apply during the class sessions. A result of this analysis of greater interest is the comparison of what occurred during academic education at WSC with what is expected, according to the purpose of academic occupational therapy education.

## Conclusion

Interviews with faculty and observations in classes at Worcester State College indicate that students gain a great deal more than knowledge from their academic education program. In addition to learning about diseases and disabilities and frames of reference to help people with disabilities, students also learn of the creed, or ideology, of occupational therapy. They learn the importance of looking at a client as a whole person, with psychosocial needs as well as physical ones. Students also learn the value of "occupation" and the need to consider the client's interests and motivations when selecting activities. Through class activities, students apply their knowledge and the ideology of the profession to client examples. In doing so, they begin playing the role of occupational therapists. Students are doing more than "preparing" for fieldwork experiences in which they are then expected to gain the values of the profession and apply information through clinical reasoning and reflective ways. They are also well on their way to claiming a new identity and role when they leave the academic program. The changes which take place in students' ability to apply their knowledge and the profession's values as they proceed through their academic education program will be explored in Chapter VII. Before we consider student changes, it is important to also examine the role which textbooks play in preparing students to become occupational therapists. This is the topic of Chapter VI.

## CHAPTER VI

### THE INFLUENCE OF TEXTBOOKS ON PROFESSIONALIZATION

In this chapter, I explore the role which textbooks serve in helping students become occupational therapists. As might be expected, faculty require students to read textbooks or journal articles related to course material. Assigned readings provide some assurance that all students have access to information which has been presented in an "unambiguous and precise" manner (Kahane & Starr, 1987:544). Furthermore, textbooks have been acknowledged as having important influences on students (Ephross & Reisch, 1982; Kahane & Starr, 1987; Mills, 1943). Analysis of textbooks used in occupational therapy courses can provide better understanding of the type of information students receive through this media and how the textbook authors, through their writing, contribute to professionalization.

I begin this chapter by explaining my methodology for the analysis. Then, after a brief description of the eleven textbooks chosen for analysis, I examine the purpose of the texts as stated by the authors or editors and the books' content and its organization. I conclude the chapter by exploring how textbooks collectively contribute to students' acquisition of knowledge, skills, and ideology of the professional, and contribute to professional development.

## Methodology

C. Wright Mills suggested that the content of textbooks reflects what a given profession believes is important, as he reported that many textbooks are written after gaining collegial opinions regarding essential content (Mills, 1943:165). However, Mills further pointed out that authors or editors organize accepted content for their own purpose, which influences readers' interpretation of the material. Therefore textbook analysis must not only examine content, but how it is organized. Ephross and Reisch (1982) based their analysis of social work textbooks on Mills' proposed methodology and examined the weight given to topics, the order of presentation of the topics, and connections made between topics. To date, no one has explored textbooks in such a manner for occupational therapy.

### Analysis

I began my analysis by reading the preface of each book to identify the purpose of the text as stated by the author(s)/editor(s). Most had explicitly identified their purpose. To analyze the content of the textbooks, I examined each for the amount of information the authors provided regarding knowledge and the creed, code, and etiquette of the profession, professionalization components identified by Hughes (1970:178-179). I read each book, recording references to creed, code, and etiquette. While an arduous task, the reading became easier than anticipated, as often the information which I was seeking was confined to one or more chapters. Only

a few authors had incorporated this type of information throughout the book. At the completion of this task, I had lists of phrases, sentences, or references to paragraphs which pertained to creed, code, or etiquette. The textbooks analyzed do not offer information on etiquette, with the exception of a few comments in one text by Borg and Bruce (1991). Hence, etiquette was not addressed frequently enough to create a theme for further discussion. The content analysis revealed that the textbooks contained information on (1) knowledge, (2) ideology related to occupational therapy, and (3) the relationship which therapists have with their patients and other professions. These became the categories which provide structure to the discussion which follows in this chapter.

As I looked over my many references to textbooks addressing ideology and behavior regarding professional relationships, the lists seemed very long. Yet I knew that comparatively speaking most texts contained knowledge and in reality often very little on the areas I had been search for in my analysis. I then examined the books to identify how this noted content related to ideology and professional relationships was organized with the material which provided knowledge on a given subject (cf. Ephross & Reisch, 1982; Mills, 1943). For many of the books, I could determine the weight and organization of the essential components for professionalization by examining the table of contents and number of chapters and/or pages devoted to these issues. Because the organization of the content was essential to

understand the influence books have on students' professionalization, I discuss both the content and its organization in areas of knowledge, ideology, and relationships which occupational therapists have with patients and other professionals.

### Textbooks Analyzed

Textbooks in occupational therapy tend to be one of three types: (1) general texts which serve as reference books for all areas of practice, (2) texts which provide information regarding practice in one area of occupational therapy: physical disabilities, psychosocial, or pediatrics, and (3) books which offer information for a specialized area of practice or provide guidelines for working in a certain type of setting, for example, rehabilitation for someone with a spinal cord injury or working in a school system. General textbooks and those on an area of practice are usually selected as required reading for undergraduate courses. Books on a specialized area of practice serve as resources for students' papers, and may be used as additional reading for undergraduate occupational therapy courses. They also might be used in elective courses, which are not taken by all students. These books are more commonly used for graduate level courses or by practicing therapists. The occupational therapy program at WSC, as other occupational therapy programs, also requires general texts of biological diseases, medical terminology, and mental illness. These resources are not occupational therapy specific. I have selected eleven textbooks which are used in



occupational therapy courses at Worcester State College by students involved in this research or which are most often used in undergraduate curriculums throughout the country. I excluded books on specialized areas of practice. Three of the books are general texts which provide information on the profession of occupational therapy. The remaining eight books pertain to a certain area of practice, or address therapeutic approaches relating to all areas of practice. I decided not to include books on specialized areas of practice because of the infrequency with which the books are used for required courses at WSC and in most occupational therapy programs. Table II provides a list of the textbooks analyzed and their full bibliographic references.

#### **Description of the Analyzed Occupational Therapy Textbooks**

Three of the books provide general information regarding occupational therapy practice. Punwar's (1994) textbook is an introductory book providing information about occupational therapy as a profession. Hopkins and Smith (1993) edited the eighth edition of *Willard and Spackman's Occupational Therapy*. It was originally published in 1947 and has undergone substantial revisions over the years to include an overview of nearly every topic addressed in the occupational therapy literature. Due to its longevity as a text and its frequency of use, it is often referred to as the "Bible of Occupational Therapy" (E. B. Crepeau, personal communication, February 10, 1995). Christiansen and Baum's (1991) textbook is used in some programs in place of

## TABLE II. TEXTBOOKS ANALYZED, LISTED BY DESCRIPTION

### General Textbooks

- Christiansen, Charles & Baum, Carolyn (Eds.). (1991). *Occupational Therapy: Overcoming human performance deficits*. Thorofare, NJ: Slack.
- Punwar, Alice J. (1994). *Occupational therapy: Principles and practice* (2nd ed.). Baltimore: Williams and Wilkins.
- Hopkins, Helen L., & Smith, Helen D. (1993). *Willard and Spackman's occupational therapy* (8th ed.). Philadelphia: J. B. Lippincott.

### Related to an Area of Practice

#### Pediatric Practice

- Gilfoyle, Elnora M., Grady, Ann P., & Moore, Josephine C. (1990). *Children adapt* (2nd ed.). Thorofare, NJ: Slack.
- Kramer, Paula, & Hinojosa, Jim. (1993). *Frames of reference for pediatric occupational therapy*. Baltimore: Williams & Wilkins.
- Pratt, Pan Nuse, & Allen, Anne Stevens. (1989). *Occupational Therapy for Children*. Baltimore: C. V. Mosby.

#### Physical Disabilities Practice

- Pedretti, Lorraine Williams, & Zoltan, Barbara. (1990). *Occupational therapy practice skills for physical dysfunction* (3rd ed.). St. Louis: C. V. Mosby.
- Trombly, C. A. (Ed.) (1989). *Occupational Therapy for Physical Dysfunction* (3rd ed.). Baltimore: Williams and Wilkins.

#### Psychosocial Practice

- Borg, B. & Bruce, M. A. (1991). *The group system: The therapeutic activity group in occupational therapy*. Thorofare, NJ: Slack.

#### All Areas of Practice

- Bruce, Mary Ann, & Borg, Barbara. (1993). *Psychosocial occupational therapy: Frames of reference for intervention* (2nd ed.). Thorofare, NJ: Slack.
- Rosenfeld, Mark S. (1993). *Wellness and lifestyle renewal: A manual for personal change*. Rockville, MD: AOTA.

the Hopkins and Smith text. Christiansen and Baum organized their book around the domains which affect occupational therapy practice: the person, environment, and performance. These themes are followed throughout the text as the authors describe each domain, examine the components which influence functioning within the domains, and address assessment and intervention of respective domain components.

Textbooks by Trombly (1989) and Pedretti and Zoltan (1990) provide information to prepare students for practice in the area of physical dysfunction. Bruce and Borg (1993) describe frames of reference used in occupational therapy for people with psychosocial disabilities. Gilfoyle, Grady, and Moore (1990) present a theory of neurodevelopment which serves as a foundation for pediatric practice and the progression of movement patterns seen in rehabilitation for adults with neurological damage. Kramer and Hinojosa (1993) describe frames of reference used by occupational therapists when working with children. Pratt and Allen's (1989) book provides approaches and methods for therapists to assess and provide therapy for children. The content is based on a child's needs rather than by frames of reference, for example, sitting, dressing, and eating. Borg and Bruce's (1991) book on the use of groups in occupational therapy practice highlights the value of using group process as a therapeutic modality and could be used in all areas of practice. Rosenfeld (1993) describes a plan for personal change, based on the Model of Human Occupation, a prominent frame of reference

for occupational therapy practice. His work could be used for clients with any type of disability who are evaluating their lives as they strive to make positive changes. Rosenfeld's book is used in the occupational therapy program at WSC and comprises the activities in some sections of a group process course which students involved in this research credit as important in their professional development.

### **Purpose of Occupational Therapy Textbooks**

Of the eleven books analyzed, nine have an explicitly stated purpose. The stated purpose of most textbooks is to provide students with information which increases their knowledge base to prepare them for occupational therapy practice. Some books enhance students' general knowledge about occupational therapy as stated by Hopkins and Smith (1993 ) and Christiansen and Baum (1991): "to provide comprehensive coverage of occupational therapy" (Hopkins & Smith, 1993:xiii); and "portrait of the profession (Christiansen and Baum, 1991:xix).

Other authors state that their books provide students with a knowledge base for practice. These authors clearly state their texts are written for the "transmission of currently published information on the evaluation and treatment of physically challenged adults . . . so that the student's fund of knowledge would be current . . . and . . . to facilitate the clinical-reasoning process" (Trombly, 1989:vii); "provide practical information to group leaders" (Borg & Bruce, 1991:xii); and "provide a sound basis for discussion of practice

methods and modalities" (Pratt & Allen, 1989, p xi). These examples imply that the authors intend that students will gain knowledge from reading which will help them develop skills needed by occupational therapists as the books offer "practical information" or "practice methods."

Rosenfeld reported his book offers a specific plan which can be used step-by-step as "a tool . . . [for] practical personal change" (Rosenfeld, 1993:iii). Other authors specifically state that their books do not provide specific outlines to be followed by therapists in working with clients (Borg & Bruce, 1991; Pedretti & Zoltan, 1990; Trombly, 1989).

In summary, the stated purposes in the occupational therapy textbooks analyzed imply that as students read, they gain knowledge for greater understanding of a given subject, or knowledge to enable them to develop skills for practice as therapists. Knowing the intent of the book provides students with a certain focus as they read further. They are prepared to expect a certain type of information and read with a sense of direction. However, these statements of purpose are general in nature and one needs to delve deeper into the content of the books to have a greater awareness of how the books contribute to students' professional development.

### **Analysis for Content and Its Organization**

#### **Content and Organization on Knowledge**

Reflecting on the purposes for the books, it is not surprising that content to enhance students' knowledge comprises much of textbooks. Ten of

the eleven books present information on one or more frames of reference for occupational therapy practice. This focus suggests students gain knowledge regarding these approaches for thinking about abilities and disabilities. Borg and Bruce (1991) base their book on group process as a therapeutic modality on system theory as described by Lewin and Von Bertalanffy. Thus their book examines group therapy using the System Theory framework. Gilfoyle, Grady, and Moore (1990) present their own theory of Spatiotemporal Adaptation in their text. Rosenfeld (1993) too emphasizes one frame of reference, that of the Model of Human Occupation as described by Kielhofner. The remaining books present many frames of reference used by occupational therapists, giving each a chapter or section.

With the exception of Rosenfeld's (1993) book on personal change and Punwar's (1994) introductory text, the content of the books is predominately facts on frames of reference or applying the frame of reference to client examples. There is relatively little variation in the types of information presented in nine out of the eleven books. Chapter titles in each book provide indication of this focus. Based on review of chapter titles, approximately 90% of the content in most of the books describe a frame of reference for practice. Kramer and Hinojosa (1993) devote 14 of their 18 chapters (77%) to frames of reference; however, the number of pages in the chapters that pertain to non-frame of reference content are significantly

smaller, so that the four chapters which do not relate to a frame of reference comprise only 44 out of 546 pages, or 8% of the book.

Examples of chapter titles from books on physical disabilities by Pedretti and Zoltan (1990) and Trombly (1989) include neurodevelopmental treatment, proprioceptive neuromuscular facilitation approach, Brunnstrom's movement therapy, and Rood's techniques for neuro-physiological and developmental treatment. Each of these approaches emphasize using movement patterns to foster neurological signals to promote movement of body parts in general. For example, neurodevelopmental treatment emphasizes normal movement progressions of rolling, sitting, creeping, and walking with quality and control of movement, for example using rotation in the trunk. Brunnstrom utilizes automatic movements as a result of neurological damage to enable a person to gain movement in general. In occupational therapy for psychosocial practice, Bruce and Borg (1993) include chapters on object relations, cognitive therapy, and behavioral frames of reference. These frames of reference in psychosocial occupational therapy practice offer different perspectives on what is important for a therapist to consider when determining if a person is functional or dysfunctional, and how to best help a person become more functional. For example, object relations looks at how a person uses objects and people in the environment to express their desires and have their psychosocial needs met. Cognitive therapy uses a person's ability to think

about his/her feelings, and analyze these for accurate or false messages to modify feelings and behavior. The behavioral frame of reference refers to modifying a person's behavior based on reward system. Kramer and Hinojosa (1993) present sensory integration, neurodevelopmental, and biomechanical frames of reference for pediatric practice. The sensory integration approach examines how a person organizes multiple sources of input from the body as it moves through space, the muscle tensions, and touch. Neurodevelopmental treatment uses normal movement patterns to promote independent movement, and biomechanical frame of reference focuses on positioning for hand use. Hopkins and Smith (1993) and Christiansen and Baum (1991) include many of these same frames of reference for all three areas of practice in their texts providing an overview of occupational therapy practice.

In addition to offering factual information about the frames of reference, some of the authors help students apply their new knowledge to client examples. Authors encourage application through providing a narrative of a client and describing how an occupational therapist might use a certain frame of reference in therapy. Kramer and Hinojosa's (1993) text presents three case studies in which experts in the profession apply a frame of reference with thorough explanation. Other authors or editors (Hopkins & Smith, 1993; Pratt & Allen, 1989; Pedretti & Zoltan 1990; Trombly, 1989) include application of a frame of reference or specific technique and show



pictures of therapists engaged in activities which illustrate assessment or therapy using a frame of reference.

Content which provides students with knowledge comprises the largest portion of occupational therapy texts. Thus a match between content and purpose is evident. The remaining content includes information on occupational therapy ideology and the relations therapists have with patients and other professionals.

#### Content and Organization on Ideology

All of the books analyzed provide students with some information on the ideology of the profession. This is often referred to as the philosophical base or values of the profession. The messages regarding ideology of the profession are consistent among all of the books. Ideology depicted in the texts is the same as that noted by faculty during their interviews: occupational therapists value occupation, or involvement in activities, particularly those which have meaning or purpose for the person. Examples of assertion of the ideology in the textbooks are provided below.

Within the philosophy, the most fundamental values for occupational therapy are the meaning of occupation as a vital component for all change and growth, active participation--or the "doing" process--within the boundaries of the occupation, and a person's right to acquire his or her own unique capacity to achieve productive living and experience life satisfaction. (Gilfoyle, Grady, & Moore, 1990:266)

Purposeful activity is the unique medium of occupational therapy. Occupational therapists are concerned with occupation or purposeful activity from two standpoints. One is a concern with occupation performance tasks, defined as those life tasks of

self-care, work, and play/leisure that individuals must perform . . . . The other standpoint is the use of purposeful activity to evaluate, facilitate, restore, and maintain function consistent with a person's roles in life. Occupational therapists believe that a person develops cognitive, perceptual, psychosocial, and motor skills through engagement in activity of interest and purpose. (Trombly, 1989:301)

Through participation in activity that the person learns, changes feelings and perceptions and finds meaning and purpose in life. (Bruce & Borg, 1993:xiii)

Purposeful activities are central to the philosophical base of occupational therapy. They enable a person to live life with satisfaction and also promote the development of new skills for greater functioning. Pedretti and Zoltan (1990) cited Fidler who contended that when therapists do not use purposeful activities in therapy, "the fundamental principles of occupational therapy are denied" (Pedretti & Zoltan, 1990:11). Reading Pedretti and Zoltan further, students learn that occupational therapists are concerned with activities in all aspects of a person's life.

Work and play/leisure activities and in self-care activities . . . . It is important to help the patient to create a balance in the quantity of activity in each of these three performance areas, which is healthy for him or her in terms of personality, skills, limitations, needs, values, and life-style. (Pedretti & Zoltan, 1989:230)

Through reading, students recognize that occupational therapists are concerned with the psychosocial aspects of a person's life as well as the physical aspects. Trombly (1989) expounded on this notion with the following:

The occupational therapist's objective in rehabilitation of the disabled individual includes not only a restoration of maximum physical function but also the restoration of the sense of individuality and dignity and the determination of a life-style within society that provides enough satisfaction to motivate self-monitoring of physical and emotional health. (Trombly, 1989:13)

In summary, as students read general texts or those that pertain to a specific area of practice, the importance of activity is repeated. The need to consider all aspects of a patient's life, including activities which are meaningful and offer life purpose for a particular patient, are reconfirmed in books which students read in many courses throughout their four years of education. While the books are consistent as they affirm this ideology, the point at which the students read this message is also important.

Within the eleven textbooks examined, how ideological information is presented varies. Some authors or editors relate such content discretely in one or more chapters while others include the philosophy of the profession throughout the text. All three of the general textbooks (Christiansen & Baum, 1991; Hopkins & Smith, 1993; Punwar, 1994) and one text on psychosocial (Bruce and Borg, 1993) and another on physical disabilities practice (Pedretti, 1990) have a chapter early in the text which contains the history of the profession. While learning the history itself may be interesting, it is also important for it contains the philosophical base of the profession. Through reading early accounts of rationale for occupational therapists and the role which they served in caring for patients with mental illness in the early 1920s, students learn that "occupation" or active involvement in

meaningful activity influences a person's sense of well being. However, reading the ideology within the historical context may not always lead students to recognize the value of activities as relevant for present and future practice.

In the above examples, the ideology is conveyed in discrete chapters, often under the heading of history. In some texts this information was near the beginning of the book, as is the case for philosophy linked to history. Other authors placed the value of occupation in a chapter on activity (Pedretti, 1990; Trombly, 1989) or in a chapter on the theory of occupational therapy (Gilfoyle, Grady, & Moore, 1990). In each of these cases, the students read about the ideology of the profession and then leave these messages as they delve into the content related to knowledge.

Alternatively, other texts have chapters on the ideology, but also integrate these messages of the profession's philosophy throughout the book. In their book on psychosocial practice, Bruce and Borg (1993) have a chapter in which they discuss the value of therapeutic use of self by the therapist, use of activities, and the environment to support the client's goal attainment. This is in addition to their chapter which examines the historical roots of occupational therapy and the resulting philosophical base. Kramer and Hinojosa (1993) include four chapters in which they describe aspects of occupational therapy ideology, including the areas of occupational therapy concern, value of activities, the therapeutic use of self, and the need to

consider the culture in which a child lives. In addition to delineating the ideology of the profession in separate chapters, Kramer and Hinojosa also include the values of the profession throughout their text.

Some authors or editors do not state the ideology explicitly, but conveyed that philosophical base throughout the text, as done by Borg and Bruce (1991), Christiansen and Baum (1991), Kramer and Hinojosa (1993), and Rosenfeld (1993). In these books, students read the ideology multiple times and have many examples of how this philosophical base is applied in therapy. Christiansen and Baum (1991) based the organization of their book on the ideology of occupational therapy as they discuss the person, environment, and performance. Borg and Bruce repeatedly weave the values of the profession throughout their book on group process as they continually emphasize the patient as the “center of the therapy process” (1991: 3) and the importance of activities in therapy. Rosenfeld (1993) applies the profession’s value of occupation as he includes many tasks in which persons completing his program for personal change look at the activities in their lives and the purpose imbedded in these activities.

In summary, each of the textbooks contains content related to the ideology of occupational therapy. Some do so more explicitly than others. However, clear articulation of the information in a separate chapter may disconnect the values of the profession from other material contained in the texts. One or two chapters or references to the value of occupation can be

easily forgotten as students read the remaining chapters. When the ideological information is repeated and connected with other content, students are reminded of the importance of the profession's values in practice. This would be especially true if students read how occupational therapists implement the ideology in practice as they interact with clients and other professionals.

#### Content and Organization on Relations With Others

Occupational therapy textbooks provide some information, although a relatively small amount, on the relations between occupational therapists and patients and with other professionals with whom they work. Hughes noted the code, or rules for relationships between members of the profession and their patients and other professionals, reflects the underlying ideology of the profession (Hughes, 1970:178). Thus there seems to be a correlation between discussion of ideology and relationships, particularly between therapists and patients. As books indicate the importance of considering goals and activities which have meaning and purpose for a patient, they imply that therapists must develop a rapport and communicate with their patients. Often an implication is all that is provided in the books, and students could easily overlook this information on relationships, as it is not explicitly delineated. The area of practice which the books address seems to influence the level of discussion of the relations which occupational therapists have with patients. Textbooks also vary in their discussion on the relations

between occupational therapists and other professionals. The texts tend to focus on the role of the occupational therapist, without reference to other professionals, or describe a collaborative working relationship between occupational therapists and other team members .

#### Relations with clients.

Based on the ideology of the profession, occupational therapists are concerned with all aspects of patients' lives, including their sense of satisfaction with life's activities and their social-emotional adjustment to a disability. Taking a wholistic approach such as this requires therapists to talk with patients and include them in planning therapy. All of the textbooks discussed the importance of collaborating with the patient and included statements regarding the need for establishing a rapport with patients. However, there is a difference noted between areas of practice in how the therapist/patient relationship is presented.

The two books analyzed which relate to working with patients who have physical dysfunction both describe the relationship between occupational therapists and patients. Pedretti and Zoltan (1990) do so in their chapter on evaluation and tell readers to identify the patient's roles, interests, activities, and values to plan therapy and intervene more effectively (Pedretti & Zoltan, 1990:43). Trombly (1989) addresses the therapeutic relationship in her chapter on treatment planning and in a chapter written by Versluys on the psychosocial adjustment to physical disability. Trombly states that

occupational therapists need to consider the patient's goals, feelings, and values during evaluation and therapy planning (Trombly, 1989, p 4). Versluys specifically wrote that "the relationship between the patient and the therapist is motivational" as the therapist carries out responsibilities including daily contact, working on issues important to the patient, and respecting the patient's individuality (Versluys, 1989:23). In each of these texts, clear statements regarding the need to form a positive working relationship with patients are made in each of these books. However, the statements cited tend to be made in isolated chapters and are rarely integrated throughout the book. The remainder of these books on physical disabilities practice focus on knowledge and skills and do not incorporate the relationship between therapists and patients in subsequent chapters.

In the textbook about psychosocial occupational therapy practice, collaboration with the patient is emphasized much more strongly both in terms of how that relationship is described as well as how the information is organized. Bruce and Borg (1993) state "it is the mutual understanding of a patient's thoughts, values, fears, needs and aspirations that is the focus; and it must be his or her goals that ultimately define treatment" (p. 16). Empowering the patient in this manner again asserts the need for therapists to develop a relationship with the patient. Furthermore, throughout their book on frames of reference for psychosocial occupational therapy Bruce and Borg emphasized a partnership between the patient and therapist as they



discuss assessment, planning, and implementation of therapy activities. In each chapter on specific frames of reference, the multiple roles of the therapist vis-a-vis the patient are addressed at length, providing descriptions of how therapists and patients work together. The importance of the relationship between therapist and client continues to be reinforced as students read the entire book.

In the area of pediatrics, when children may not be able to articulate goals, therapists include parents in planning therapy and specific activities. Textbooks on pediatric practice describe the relationship which therapists have with parents of children with special needs. Therapists work closely with parents, helping them understand development, offering support to parents as needed, guiding them in selecting adaptive equipment or environmental adjustments, and providing stimulating activities in routine tasks and play. Throughout the pediatric text by Kramer and Hinojosa (1993), the authors of specific chapters identify the relationship which occupational therapists have with parents as they present each frame of reference. Thus students read about the therapeutic relationship multiple times. In another pediatric text, Pratt and Allen (1989) offer one chapter to helping students respect the roles which parents have and the relationship between therapists and parents. They also discuss the need for collaboration with parents in setting goals and therapy activities in each chapter. Again, students gain

information on establishing a relationship with parents with each reading which they do.

The discrepancy of information presented in the texts on the relationship between occupational therapists and patients and/or their families is evident between the area of practice. Perhaps it is the nature of the practice rather than the authors' biases which influence the level of discussion on this topic. Patients with physical disabilities are seen in a more traditional medical model, where the therapist might rely on data such as accurate measure of range of motion, strength, and blood pressure. In such cases, the therapist may follow a traditional medical model and focus on objective indicators for setting goals and planning therapy rather than the patients' perceived needs. When working with people with psychosocial needs, therapists are required to include the patient in setting goals and planning therapy activities because of the nature of their disability.

Additionally, working with children also seems to indicate the necessity to talk with parents to obtain information which the children cannot give themselves. However, services in psychosocial and pediatric practice were once carried out using the medical model. Crepeau (1994:57-61) described her own work in mental health in the 1960s which reflected the medical model, with goals and activities determined by therapists and not patient-driven.

The national move for de-institutionalization in mental health and subsequent push for community-based services has mandated therapists to

consider individual needs to promote optimal functioning. Such consideration requires working collaboratively with a patient. Federal legislation to insure services for children has emphasized the need to include parents in decision-making. Such national trends and legislation does not exist for people with physical disabilities. In fact, reimbursement dictates the need for therapists to document using pre-determined functional tasks, which may or may not be what is valued by the patient. The short length of therapy time for a person with a physical disability, treated under the medical model, also determines the types of therapy activities which might be used. It seems that the content and organization of the relationship therapists have with patients reflect the area of practice, rather than the bias of the authors. However, the lack of attention to relationships between therapists and patients in books on the area of physical disabilities practice decreases the importance of this aspect of professionalization for students as they read.

#### Relationship with Other Professionals.

Patients with whom occupational therapists work are usually receiving services from other professionals: physicians, nurses, physical therapists, speech pathologists, recreational therapists, or others. Regardless of the area of practice to which they relate, the textbooks indicate the need for occupational therapists to form relationships and work with other professionals on a "team." However, while this content is addressed, it is scarce and often discussed in a sentence or two, with the exception of pediatric

practice. When team relations are addressed, the surrounding information focuses on occupational therapy's role on the team, rather than on the relationship between team members.

In her introductory text, Punwar (1994) includes a chapter on working on a health care team. Punwar identifies the roles which various team members typically have and how occupational therapists contribute to the team. Punwar states that "occupational therapists need to appreciate their unique contribution to a body of professionals and clients" (Punwar, 1994:83). She then identified the type of information an occupational therapists would contribute to a team, based on their expertise. The focus is on what occupational therapists do, not how they work with others.

In Hopkins and Smith's (1993) general text on the overall practice of occupational therapy, information regarding working as a team member is noted in chapters which focus on certain areas of practice or specific disabilities. Their discussion on working with other professionals reflect that which is found in texts on each area of practice. The need for collaboration is particularly noted in the chapters relating to pediatrics.

The pediatric textbooks emphasize the need for relationships between professionals much more so than books pertaining to other areas of practice. In Kramer and Hinojosa's (1993) text, authors writing chapters on each frame of reference describe the need to work with other team members. One example is the inclusion of team decision-making as a postulate for change in

the biomechanical frame of reference (Colangelo, 1993: 271). In another chapter on the coping frame of reference, team relations are again noted, stating that "collaboration is essential to avoid confusing the child with divergent messages" (Williamson, Szczepanski, & Zeitlin, 1993: 422). Describing the need to work with other professionals to have effective therapy results highlights the value of such collaboration. In another pediatric text, Pratt and Stevens include a chapter on the relationship occupational therapists have with other service providers. This content is repeated throughout many chapters including program planning, enhancing self-care skills, working with specific disabilities such as cerebral palsy and learning disabilities, and working in settings such as the neonatal intensive care unit and the schools. While not elaborated on at length, reiteration of the message regarding the need to collaborate with other professionals reiterated makes students aware that they indeed need to cooperate with others.

Brief noting of the need to work with other team members can be found on the first page of Trombly's book on physical disfunction. In subsequent chapters, authors contributing to Trombly's text noted relationships with recreational therapists when helping a patient with leisure skills and with vocational counselors when a patient is seeking employment opportunities. These comments, while made, are not expanded upon further and such notations are scarce. Unlike the pediatric texts, working with a team

is not described as essential for effective therapy, and hence is likely to be less valued by students. Pedretti and Zoltan (1990) acknowledge other team members in several chapters of their textbook. However, their book focuses on knowledge and skills and the role of occupational therapists rather than the relationship between professionals.

Bruce and Borg's (1993) text for psychosocial dysfunction addresses team relations very minimally. They too focus on knowledge and skills and the role of the occupational therapist.

Thus, the textbooks focus on helping students understand their role and necessary knowledge and skills rather than how that role relates to other professionals. Only pediatric texts elaborate on their relation with others and note the necessity of such for therapy.

#### **Conclusion: Textbooks and Professionalization**

Textbooks are permanent resources for students. Students may return to them and read them repeatedly, often gaining new knowledge or perspective through subsequent readings. The extent of knowledge-based content indicates that it is the primary focus for most books in occupational therapy. However, professionalization is comprised of more than knowledge. Students must also learn the profession's ideology and learn the relations expected as a member of the profession (Hughes, 1970). All of the books analyzed did address ideology, often described as the philosophical base of occupational therapy, and occasionally the relations which occupational

therapists have with patients. However, the way in which this essential information was presented varied. As noted by Mills (1943) the biases and interpretation regarding the appreciation for and use of information is dictated by the organization outlined by the authors or editors of the books.

In texts in which ideology and professional relations are discussed in isolated chapters, students may quickly forget the importance of such information. Conversely, authors who incorporate information on ideology and professional roles throughout the book might have greater influence on students' overall professionalization, as they receive these valuable messages each time they read a chapter. In the textbooks analyzed, some promote professionalization more thoroughly than others based on their organization.

Awareness of the content as well as organization of the texts and what students gain from reading required textbooks is important for faculty. After determining what students glean from reading, faculty can design classroom lecture and learning activities to compliment required readings, and determine aspects of professionalization which they must provide to students. As seen in the previous chapter, faculty at WSC did assume students had obtained knowledge from readings which they expanded upon their knowledge in learning activities. Faculty then led discussions or provided client examples to promote students integrating the profession's ideology with their knowledge in classroom activities. Faculty further helped students see occupational therapy in relation to other professions through

class discussions of patient examples. Faculty could not have led such discussions nor involved students in learning if they had not gained knowledge from the textbooks.

Students cite gaining knowledge from readings, particularly regarding diseases or how to approach therapy from a theoretical perspective. Several also note that they would use their books to look up information as needed in the future. They describe active learning experiences and clinical examples provided by faculty in helping them understand the importance of activities and how to apply their knowledge in the role of a therapist. It seems both faculty and students associate textbooks with knowledge. The analysis done here supports such an association. Additionally, both faculty and students recognize the need for other experiences to make that knowledge usable for professional development. While this has been expressed by faculty in the previous chapter, students' perspectives on their professionalization must be explored. The following chapter examines the professionalization of students and their report of activities and courses which were influential in their professional development.



**CHAPTER VII**  
**STUDENTS' THINKING AND FEELING:**  
**A REFLECTION OF PROFESSIONALIZATION**

This chapter examines the professionalization which occurs during the academic program. In the first section, I present differences in students' thinking as they discuss a client, Sean, which I had created for this study. Sean was a 14 year old boy in the eighth grade with spina bifida. Evidence of change is reflected in how students describe their initial impressions of Sean, their goals for Sean, and their occupational therapy program. Students' responses are analyzed by their reflection of application of occupational therapy values and the understanding of the role which occupational therapy might play for Sean. In the second section of this chapter, I explore when students felt like a therapist. In the last section, I report students' perceptions of learning activities and courses which had been especially influential to facilitate their thinking and feeling like occupational therapists. An overview of required courses is in Appendix I.

**Students' Thinking**

Students discussed Sean in small groups with others at the same level in the program. Occasionally students could not meet at the same time, in which case they talked about Sean individually. Students' responses and

discussion are presented in aggregate, by where they are in program sequence. Often I present answers from several students who were part of a group (a single source) for continuity of ideas. I analyzed the data for the similarity in the responses of students based on their level in the program. Excerpts from interviews come from individuals or several students who were part of a group, a single source. These quotations were selected to represent the thinking of the majority of students at that level in the program.

### Freshmen Thinking

Freshmen students were those who were not yet in the professional program, but taking freshmen level courses. Typically their coursework consisted of general education courses, psychology, sociology, anatomy and physiology, and one occupational therapy course: Introduction to Occupational Therapy. Freshmen answers were relatively brief, as might be expected, without a great deal of coursework and little-to-no related experience.

Freshmen focused their discussion of Sean and their therapy program around his abilities and disabilities, often honing in on wheelchair mobility and accessibility in the school. Their answers were vague, without much information about the profession to draw upon. They knew that they needed to gather more information and could do that by interviewing Sean, his parents, and previous teachers, or by seeing Sean.

First of all I would be thinking about how is he going to be getting around in a wheelchair. Logistically, can he get around

in his wheelchair, if not, what can be done about that before he gets there. I would want to meet with him before hand, probably at home or where-ever, just to see if he has any other current limitations other than just being in a wheelchair. . . . After meeting with him, preferably meeting with his parent or both of his parents, who could also give me some background on him, that he might not be able to give me. (DDF: freshman, woman, SC 6553)

Another student also noted that she would also ask Sean about how he learns best so that she could help arrange that learning environment for him. When thinking about Sean in school with other children, this occupational therapy student also said she would want to find out about his interaction with his peers, and “does he speak up in class or be quiet? Is he a good student or does he have potential but his handicap holds him back?” (NEY: freshman, woman, SC 6553). As this woman began thinking of Sean moving around in school, and with some probing during the interview, she became aware of other aspects of school: learning, peer interactions, and finally the impact the disability has on Sean as a whole person. Thus with a little help, this particular student could be prompted into looking beyond the most visible, and therefore more obvious, needs of a client and consider other aspects of his life, reflecting the values of the profession.

When describing what an occupational therapist would do with Sean, freshmen students were again working with limited knowledge and their answers were vague: “I’m there for him, trying to help him” (NCO: freshman, woman, SC 4399). “Help him make the transition to his new school go better for him and that he could tell me anything that he thought

would help him." (DDF: freshman, woman, SC 5297). When pushed to identify what their occupational therapy goals might be, they again focused on Sean's role as a student and his mobility in school.

I would definitely try to integrate him into the other classes as much as possible. . . . That needs to be done, to try to get him as comfortable as possible in the classroom. (NCO: freshman, woman, SC 9946)

One goal would be to see if he can maneuver his wheelchair and get to his class and if he can do it within the time frame that he needs to do it to get to his classes on time. In the actual classroom, I don't know, I guess I would want to try to set up kind of a system where we could measure his progress. (DDF: freshman, woman, SC 9262)

In describing what they might actually do with Sean in therapy, freshmen were unsure.

I guess I would have him come to meet with me and we could sit down and I would have him tell me how things are going and whatever areas he is having a problem, try to work with him and say, for instance, he is not getting all of his school work done. Try to figure out why that is and work around, set up a little plan with him. (DDF: freshman, woman, SC 6999)

This student's uncertainty in her role as an occupational therapist is evident. She also was unsure of the areas in which she might work. She did have an element of problem solving, as she claimed she would "try to figure out . . ." Furthermore, as this student described having Sean identify his own problems, she was trying to include him in his therapy decisions, moving towards using a value of the profession. So while her freshman level response had hints of occupational therapy, her knowledge base was far too limited to enable her to respond with greater clarity.

In summary, freshmen considered the most obvious, visible aspect of Sean's disability, his physical needs, particularly wheelchair mobility in the school. With more probing, they also knew that they should question his interaction with his peers. As students without much background in occupational therapy, they focused on the concrete need for mobility. With more probing, one freshmen level student also recognized that Sean's disability would effect other aspects of his life as well, such as socialization and school work. Freshmen students' plans for therapy were vague and lacked specific details. Freshmen had the desire to "help" Sean, an important prerequisite for choosing the profession. They were open to consider other needs in Sean's life, in addition to the most obvious need of mobility. Furthermore, freshmen responses demonstrated their general awareness of the need to problem solve and include the client in planning therapy, reflecting a beginning understanding of occupational therapy ideology.

### Sophomores

Students at the sophomore level had had three occupational therapy courses, one in communication and group process and two courses in therapeutic media in which they analyze activities and the impact disabilities might have on a person's ability to do certain activities. Their thinking reflected the courses which they had taken or were taking which emphasized the physical and psychosocial implications of a disability. One student stated "I know that spina bifida is not a disability itself, it's physical, but what are the

effects on the teenager? Some of these affects are going into self image" (OGS: sophomore, woman, SC 5528). The majority of sophomores focused on Sean's psychosocial needs as the following student response illustrates.

I'm thinking of problems with fitting in with the kids. . . . My main concern would be his comfort in the class around other student. . . . How he interacts socially. Does he have a lot of friends? Does he get along with children? What types of people does he hang around with, disabled or able-bodied people? (KEB: sophomore, woman, SC 10049)

Sophomores carried their concern about psychosocial needs throughout all of their discussion of Sean. All of their suggestions for evaluation addressed his level of psychosocial adjustment to his disability in the classroom and with his peers.

Putting him in the classroom and observing him right away and finding out how he interacts. Does he feel like he has a disability? Does he act different to other students? Does he get along well with them? Does he feel like he's really separate and different than you are? . . . I would be interested in getting like checklists and inventory that came from him. What his feelings are, where is he at? . . . . I would test him right away. I would take him to the school psychologist and do some WISC battery test, some of those Wechsler Tests. . . . I would be interested in like the object history. (ECM: sophomore, man, SC 5528)

I suppose the OT can find out through the family and just observing during classroom time. See how he interacts, see how the people come to him. If he tends to stay away or whether he initiates on his own. How friendly is he. . . . He will probably have one or two tests in something and see how he does on those tests. . . . academic tests, just to see how his scores are. (MKO & TLO: sophomores, women, SC 10411)

Sophomores focused so heavily on the psychosocial adjustment, and on academic abilities that physical needs around wheelchair mobility and

activities of daily living were mentioned only twice and these comments were not further discussed by other group members. As seen in the student discussion above, sophomores also had a strong desire to evaluate Sean, even with tests that were not related directly to his diagnosis or to occupational therapy. In doing so, they seemed to be considering all aspects of Sean, but also were concerned with concrete information which could only be obtained through assessment instruments. Perhaps their limited knowledge of occupational therapy instruments led them to talk about academic assessments such as the WISC and Weschler. The only occupational therapy assessment mentioned was an object history, which was not described, even when I questioned further. It is likely the student who suggested this type of OT assessment did not know much more than its name, not having had the course in which students learn about assessments in greater depth.

Sophomore emphasis on psychosocial adjustment, and perhaps Sean's need for a confidant, or friend, was carried over into their description of the role of the occupational therapist. Most all of the sophomores described that they would be a friend to Sean and strive to build a close relationship with him, as this student described.

You are there to help him . . . be his friend. . . My first step would be to get as high a level of intimacy as possible with him in a shortest amount of time. . . Try to be more like a big brother in that way, so he knows that there is a level of trust right off the jump. Everything that we do after that, he will know that I am there for him. He can count on me. (NTB: sophomore, man, SC 7500)

This response reflects the necessary collaborative relationship with a patient but goes beyond what would be considered professional. The student seemed to have grasped the underlying value of working with a client, yet needed to fine-tune that understanding. Once students described the relationship they would have with Sean they said that they would help him adjust to his disability and be independent.

Achieve the same type of independence as any other student enjoys . . . I'm there just to help him along the way, give him the tools to do what he really wants to do on his own. (SCF: sophomore, man, SC 2868)

Make his life better with his disability. I want to help him be able to overcome it as best as he can, with the two of us working together, not only with his mental side, but with his physical side. (KEP: sophomore, woman, SC 7500)

To help Sean obtain his independence, sophomores remained focused on his psychosocial needs and making sure that he was treated like any other 14 year old when they talked about their goals for him. The notion of Sean being integrated into the regular classroom and all school activities in order to feel good about himself was paramount to sophomores.

The first thing that come to mind is integration--make sure that he is accessible to everything. . . . I wouldn't want to take away an activity or anything. . . . a basketball game or whatever. . . the theater. . . make sure that everything is available to him (so he will) not feel different or left out. (ECM: sophomore, man, SC 6949)

Him being accepted, that is the short range goal right now, for him to be accepted in class. At his level right now, I think we can overlook strengthening, muscle strengthening, just concentrate on his mental being. I think that if you have the mental well being, it is easier to address the physical well being. .



. . feeling, just to get him accepted should be first priority. (NTB: sophomore, man, SC 21192)

I want him to feel comfortable in his environment. (MKO: sophomore, woman, SC 20380)

Sophomores talked at length about helping Sean adjust psychosocially to his new school in spite of his disability. They promoted making sure that Sean took part in activities like all 8th graders and their goals were all targeting integration into the school environment. Up to this point, there was definite continuity between each of the small group interview sessions and collectively their answers harmoniously sang the same tune. As they began talking about what they would actually "do" with Sean in therapy, their ideas became very disperse. Some students had some general ideas of what to do to help Sean's adjustment to his new school and maintain psychosocial adjustment to his disability. One group of sophomores talked about doing "something with the whole class" to promote acceptance of Sean by his peers (NTB: man, KEB: woman, & RRF: man, sophomores, SC 9905). Another group offered some specific suggestions to help Sean feel accepted and integrated into the school.

Functional things within the classroom, within the school itself: getting to classes. If there is an elevator, learning how to operate it. . . . Where does he keep all of his books. If he has a special way that he needs to take those books with him, maybe a knapsack or something. . . . check out the rooms (for classes) before hand and find out which classes he will be taking, in which order. . . . and does he need help there. . . . peer buddies-- children volunteer to be peer buddies in the school. (OGS: woman, ECM: man, & OTB: woman, sophomores, SC 6392)

Another sophomore claimed she would choose therapy activities that relate to “interests that he might have that aren’t education, but that might help promote his ability to move . . . . take him to an arcade, . . . to the park . . . grocery shopping, or maybe I’d have him go to a pizza place” (QNZ: sophomore, woman, SC 4435). Her answer reflected the profession’s value to consider the client’s interest and what will motivate the client, giving the client control over their activities and therapy.

Other sophomore students began to lose sight of their earlier emphasis on adjusting and integrating and began talking about working on Sean’s physical functioning: “work on strengthening activities, physical activities. . . . Probably help him with positioning, strengthening activities, try to get him up and going” (KEB: sophomore, woman, SC 9905).

One group of two students offered a list of things to do with Sean, “working on his motor skills,” using “sequence cards,” in which a person identifies what happens first, second, third, etc., using animals for comfort, having a “special room with a couch and stereo . . . he might be anxious, he might want to relax,” and doing “expressive therapies and a little exercise” (MKO & TLO, sophomore, women, SC 10273). This group of students was trying to cover all aspects of Sean, a step toward taking on the role of problem solver looking at the total functional being, which had earlier been described by faculty. Sophomore knowledge is still limited and their suggestions ranged from general ideas to specific activities, which may or may not have

been appropriate for Sean. They can identify the ideology as they discuss Sean's needs but are not yet able to apply it when determining therapy activities.

Sophomores were focusing on the psychological and social needs which are necessary to lead to purposeful activities, thus beginning to use some of the profession's values. They express some of the values through their beginning use of occupational therapy language. Words such as "independence," said by SCF and "functional" activities noted by a group of sophomores (OGS, ECM, & OTB), are words which are regarded as central to occupational therapy thinking. These words carry rich meaning for occupational therapists, meaning which is almost "holy" to members of the profession. As students use the specialized occupational therapy language, they then begin to see the world through their professional vocabulary. Students use of such terms further confirms their identity as a member of the profession.

As sophomores planned therapy for Sean they were engaged in problem solving. As a whole group, the sophomores addressed functioning within the school environment and coping or adjusting psychosocially to a disability, which faculty had expressed were roles of the occupational therapists. However, each small group of sophomore students discussed functioning within the school environment and psychosocial adjustment separately and only one group talked about both types of needs which they

might address through their therapy program. It seems sophomores are moving toward working with many aspects of the person, but they see these as done discretely, rather than working with all aspects of a person simultaneously. Furthermore, they could use occupational therapy ideology to address Sean's needs and examine their role, but not yet to plan therapy.

### Juniors

The junior occupational therapy students quickly considered all possible aspects of Sean in their discussion of what their initial thoughts about providing therapy for him. The following excerpt came from one meeting. This particular response was given by a junior who was unable to attend a small group meeting. However, her answer reflects the breadth of all junior discussions. Because it was said by one person, it offers a flow of ideas, a flow that is almost overwhelming as she thinks of all that she needs to consider when working with Sean. I have selected the essential elements to maintain the flow of ideas, yet eliminated unnecessary conversation for ease in reading; however, very little was actually deleted, as this student just rambled on as she thought out loud.

I'm wondering how well he can use his hands, I believe it would just involve the lower part of his body, so he could use his hands, so I would have to give him some assessments I suppose first, to see what he can do, what he's good at and what he can't do. Then I'm assuming he's gonna be mainstreamed and then maybe take some special classes on the side or something. I would have to find out where he's at socially, too, I'd have to give him some assessments of how well he's already integrated in with kids his own age. I would want to find out what he did in his other school, exactly where he was in his

other school, if he took any special classes, if he had any problems, any problems getting around with his wheelchair in the school, ask him if he had any problems coming into the school, kinda, you know, if the school had adequate access. I'd probably ask him how he did at toileting, things like that and ah, lunch, how he managed going to the cafeteria line, if he could reach, or if he needed help with that. . . . to get around, go to the bathroom, eat, in the school room, get up and down if there's stairs, there should be either an elevator or some way he could get around. . . . ask him about his extracurricular activities. If he has any interests, outside interests like maybe either the chess club or, something like that he could do while in his wheelchair. Plus he could be like a statistician on a team or something, you know, the announcer or something. . . . If there are any special medical needs, like if he would have seizures. I think that's mainly what I'd ask. (BCN: junior, woman, SC 2890)

This lengthy, yet thorough answer, at junior level thinking very much encompasses the whole person and the many occupations, or activities, in which Sean might be involved. This student considered medical, physical, accessibility issues, along with activities of daily living needs, and school related needs as psychosocial needs as well as Sean's interests. Other junior discussions included the multitude of considerations and because of the increased number of students involved, often issues or areas of need were expanded upon in conversation between students.

Juniors maintained their wholistic approach as they discussed how they would explain occupational therapy to Sean.

I would tell him that OT would be here to show him ways that he can just go about his everyday life easier and help him adapt to the environment and teach him some new skills if he needs that new skill. (BCN: junior, woman, SC 2195)

Two juniors described a poster they might develop to explain the role of occupational therapy to Sean and other junior high school students. They described their poster as a collage showing activities of daily living, social interactions, and self-esteem building (TWM & MNX: juniors, women, SC 4611).

Another student responded that she would ask Sean many questions about what he wanted out of school, what he had in his old school, what made him happy in his old school and what was lacking in this school (UGE: woman, EDG: woman, & SES: man, juniors, SC 4611). In using a questioning approach, this student was open to physical, mobility, psychosocial issues which might arise and letting Sean control the direction of therapy. This particular strategy uses the profession's values by including all aspects of life and giving the client choice and control over therapy.

Letting the client determine the direction of therapy is especially important when the therapist, or student therapists in this case, create a long list of areas which might be addressed. Including Sean in the planning process is what all of the juniors alluded to in their discussions.

I would find out if he had any long term goals . . . . I guess after I had talked to everybody, teachers and parents, then I would make out a plan of action of what his goals were. I guess it would be a year by year thing so between him and I, we'd work out some goals and I would try to take the teachers' into consideration, but we'd work out some goals of what he would like to do at the end of the year, where he would like to be at the end of the year. (BCN: junior, woman, SC 4965)

In another discussion, two junior level students had talked about getting information from Sean, his parents, and teachers and were talking about how they would deal with input from so many sources:

I think getting together as a team and kind of consolidating these goals that everyone has. I think in your treatment plan or in the goals that you are working on with him and someone, maybe consolidate some of those ideas into that goal from the other team member. . . . Prioritizing them. The team as a whole is one way to get all those goals. That is the only way you will get them all, everybody is aware and working on them. (UGE: woman, EDJ: woman, & SES: man, juniors, SC 15687)

Juniors were able to recognize the variety of needs which Sean may have and that they could not develop a therapy plan in isolation, but must work with Sean, his parents, and teachers. Juniors did more than just listen to the input of these other people, but described developing a "team" plan. Their thinking reflects the role of the problem solver, which had been described by faculty, particularly Marie, as presented in Chapter V.

Juniors' role as a problem solver is further illustrated in their specific ideas for therapy for Sean. They described their plans for Sean, but still left room for his input. In several of the groups, students described working through Sean's school day with him to work out any problems in classrooms, bathrooms, and the cafeteria (BCN: junior, woman, SC 2962; TWM: woman, MNX: woman, juniors, SC 5360; UGE: woman, EDJ: woman, & SES: man, juniors, SC 8770). One group of students talked about strategies they might suggest to help Sean, such as using a clipboard to hold papers or books, putting the chalk on a desk instead of the chalkboard ledge, and doing

problems on the board that are lower rather than high and out of his reach (UGE: woman, EDJ: woman, & SES, man, juniors, SC 5710).

Juniors described doing activities which interested Sean and working with him in ways that were not going to draw attention to his disability or decrease his esteem.

I don't know if I need to be in his classroom with him. I don't think it would be in his best interest if I went into the classroom with him. (BCN: woman, junior, SC 2962)

If we are working on some of his interests, like if he liked sports, maybe work in the gym and pursue some type of sport that he might like, learn to adapt that for him. If he enjoys cooking, take him into the cooking area. . . . You don't want to pull him out and work with him in the little OT room all the time. (UGE: woman, EDG: woman, & SES: man, juniors, SC 15687)

They also talked about making sure Sean was included in all school activities. One student described his own high school and how the students needed to go up stairs to a stage to receive a class ring, but people in wheelchairs had to go to the bottom of the stairs. He noted "There was no normalization there. That bothers me. There should be a way to get him there." This led to a group discussion about making sure Sean attended school dances and to help him learn to dance in a wheelchair (UGE: woman, EDJ: woman, & SES: man, juniors, SC 8068).

In summary, juniors' thinking reflected the occupational therapy values: they were considering many aspects of Sean's life and his need to be productive in his role as a student, have leisure/play activities, and care for his daily living needs. They considered his interests and offered him control



in making decisions for therapy to meet his physical and psychosocial needs. Juniors took on the role of problem solver and suggested how they would incorporate many ideas for therapy from Sean, his parents, and teachers. Then they offered specific ideas to help Sean carry out his student role successfully, helping him adapt or adapting the environment to meet his needs. Juniors engaged in reflective thinking and problem solving as they discussed therapy plans for Sean. It seems that during the junior year, students learned to think as occupational therapists, using the values of the profession as they begin to play the role.

### Seniors

Seniors' discussions of Sean were not much different than the those of the juniors, although the words they used demonstrated a comfort level with the jargon of occupational therapy and various frames of reference. They too included all aspects of Sean's life and described involving him in the therapy planning process. Again, I provide an example from one student which represents senior level discussion and thinking.

[See] what he is able to do for himself. Obviously, if he has a wheelchair I am assuming that he is able to manipulate it himself. . . . I would be curious to see educationally where he is at, as far as working with other students. See what his social skills are like. . . . His social skills would be important. His functional level, as far as what he does for himself and his esteem level, his motivation. Does he want to (care for himself) or does he just want to be taken care of. I guess those would be the primary questions. . . . I would hope to find where he is coming from, what kind of motivation level he has. . . . Is he active or is he passive, as far as trying, wanting more. I guess that would be related to the whole motivation thing. His social

skills. How he interrelates with his family. How he relates to his brothers and sisters, or other kids. Does he have friends? Does he go out and play with them? Does he do things? . . . Does he have a deficits in learning? His hand writing skills, sensory integrative. Is he able to pull all things together that he needs to get through a class and to learn? I feel talking to him, just getting a feel of who he is. What kind of things are going to make him work. What kind of things are going to motivate him. Off the top, that is probably primary. (EUO: senior, woman, SC 6951)

Seniors, as the juniors had done, considered many aspects of Sean's life, from his role as a student, a family member, a friend, and discussed wanting information about skills which supported these roles. Additionally, seniors were very aware of Sean's sense of who he was and what was interesting and motivating for him. While seniors' discussion of their initial thoughts about working with Sean were similar to those of juniors, seniors did differ in how they described occupational therapy when working with Sean. Rather than describing occupational therapy in terms of what they would do with Sean, seniors focused on a their relationship with Sean at a conceptual level.

This is where the therapeutic relationship comes in. . . . You kind of need to let him know that it is what he wants to do, that you are working towards. It is what is important to him is important to you and that together you can get to the point where he can achieve his goal. The contractual agreement thing." (EUO: senior, woman, SC 5770)

Because seniors were so tied to planning therapy based on Sean's interests and needs they had a hard time planning therapy for him, without having his input. One student explained "We can work together and come

up with some good goals. . . . I think what I would need to do is talk with him and see what his interests are and start planning from there" (NGH: senior, woman, SC 18608). Another student became almost hostile in her response to my request for her to think of therapy goals for Sean.

LA: What are your goals going to be at this point for Sean?

Student: Without having seen him or without any information? . . . It is like writing a case study of a 38 year old woman with no diagnosis, it's like, I don't know! (EUO: senior, woman, SC 10649)

When pushed to identify what they would do with Sean, senior students talked about many of the same types of activities that the juniors had suggested. Their ideas included adapting the classroom (NGH: senior, woman, SC 9109; EUO: senior, woman, SC 9377; CMJ: woman, HGO: woman, & EHE: man, seniors, SC 9697), working on "sports activity . . . wheelchair football or something like that" (EUO: senior, woman, SC 9377), and "hiking on a trail where he can use his wheelchair . . . . Walk a dog, if he has a pet. . . . If he likes basketball, go shoot hoops" (EUO: senior, woman, SC 7234). The seniors described therapy which would help Sean function in school and play as any other 14 year old. Seniors went a step further and told how they would insure Sean was indeed motivated by the therapy activities and interacting with his peers.

Set up success. Set up things that he can do, that he can succeed with. Whether it is an activity, a sport, that can be adapted where he can succeed at it or get enjoyment out of it. Interacting with friends, at a level where he is comfortable. Now 14 year old boys are very physical. They run, jump, push and shove, and all

this. To get him to feel comfortable with them and them with him. (EUO: senior, woman, SC 7234)

Seniors knew that there was more to therapy than just planning an activity, but that they were responsible for the outcome of the activity and Sean's perception of his abilities during and after the activity. Their thinking went to a higher level than that of juniors as they considered Sean's feelings about therapy activities. Seniors were thinking and problem solving in a way that reinforced occupational therapy values as they selected activities which would motivate and satisfy the client.

#### Summary of Students' Thinking

Freshmen had a strong desire to "help" Sean and focused on obvious, visible needs. For Sean those needs were centered around wheelchair mobility and accessibility of the school. Their plans for therapy were vague, but they knew that they needed to include Sean in planning therapy.

Sophomore students were very strongly aware of Sean's psychosocial needs due to his physical disability. In fact, sophomores hardly addressed Sean's needs around mobility and accessibility. Sophomores wanted to make sure that Sean was independent and integrated into the 8th grade classes and felt like other 8th graders. Their responses included professional language and values as they were beginning to identify themselves as therapists. When describing their roles as occupational therapists, sophomores saw themselves as "friends" to Sean. Sophomore students offered vague suggestions for therapy activities which focused on Sean's psychosocial

adjustment as well as physical functioning. Sophomores were moving toward looking at many aspects of Sean, and were very in tune with the psychosocial implications of a disability. Their therapy program attempted to consider Sean's multiple needs but did so discretely rather than considering how they could provide therapy to many aspects of a person simultaneously.

Juniors depicted having gone through a large change in their thinking. Juniors talked about needing to consider all aspects of Sean. In doing so, they incorporated occupational therapy values and considered his activities of work (as a student), of play, and of daily living. They also addressed his physical and psychosocial needs. Juniors took on the role of occupational therapists as they problem solved and suggested goals and interests which Sean might have as they planned therapy.

Seniors had a much stronger desire to include Sean in the planning of therapy. They also added a higher level of reflection to their thinking process. They described the need to think about how Sean would feel during and after the therapy activities and how that would influence his esteem. They applied occupational therapy values at a level higher than the juniors had as they considered how a client's interests and motivation are essential for effective therapy.

The above analysis illustrates the changes which occur in students' thinking and their ability to apply the profession's values to a clinical example. As students progress through the education program, they gain an

understanding of the role of occupational therapists and demonstrate an ability to play that role when provided with an opportunity to do so in discussion format. As I shall discuss next, some students also told of a time when they had tried the therapist role in other situations.

### **Early Identity as an Occupational Therapist**

During individual interviews, I asked students to tell me about a time when they “felt like an occupational therapist.” I had used this approach to explore when and what situations promote students to begin to identify with the profession. I analyzed each class of students, searching for perhaps a time when students might have begun to identify themselves as occupational therapists. While a definite pattern did not emerge in terms of level in the program, there was a difference in students’ development of professional identity based on their level of experiences, particularly experience outside of school. Students who were pursuing occupational therapy as a second career were more likely to be currently working to support themselves financially. Thus they were more likely to have more opportunity to feel like occupational therapists.

### **Freshmen**

Two of the three freshmen were adamant that they had not had such an experience. One of these two students commented “I couldn’t consider myself anywhere near it, because I have such a far trip to go to make it” (NCO: freshman, woman, SC 6785). The third freshman level student recalled

helping her uncle who had a physical disability by giving him meaningful activities so that he had a purpose in living and would not become depressed. This experience had been many years before she had heard about occupational therapy. She had not recognized her actions as therapy at the time, but did so now that she knew about the philosophy of the profession, stating "I think I am a little more aware of why things are done than I was before" (NEY: freshman, woman, SC 7878). This student did not have more recent experiences which enabled her to feel like a therapist.

### Sophomores

Eight of the ten sophomores stated they said they felt a "little" like an occupational therapist. One student described herself as "kind of becoming a little OT" (KEB: sophomore, woman, SC 2424). She explained that she was beginning to identify with the profession as she understood and used jargon of the profession. She reported "I'll see something on TV, or read something, and I'll use OT talk" (KEB: sophomore, woman, SC 2424). Two other sophomores also relayed being able to use occupational therapy language had made them feel like a professional.

Two student had had experiences with family or friends that enabled them use their knowledge about anatomy and diseases to help others understand a health problem, which caused them to feel like occupational therapists. One had been with a friend who had twisted his ankle and recalled being able to ask the friend questions which reflected knowledge

about anatomy and physiology and using jargon which he had learned in school.

I felt professional, "Is that all right? Are you sure you didn't hurt . . ." all the clinical things. . . all the fancy words. . . I was able to, with what little knowledge I did know, help him and advise him. . . "get an ice pack" and then wrap his ankle with the ice. (RRF: sophomore, man, SC 2326)

Three students had jobs or volunteered which enabled them to work with people, with and without special health care needs. One student worked at an after-school program for children and was able to analyze why activities were sometimes successful and at other times not. She not only looked at the activities, but also her ability to present them using her group leadership skills, which are part of the occupational therapy training.

In terms of activity . . . . Did the children like this activity? What was it that they didn't like, how come it didn't work? What could I have done to maybe have everyone's attention rather than just three peoples' attention? . . . different things you have to look at in the activity. (TLO: sophomore, woman, SC 4466)

In her nursing home job, one student described that she struggled to maintain her role as someone who is there to get people dressed, when she would rather help them be more independent.

Sometimes when I am out doing my nurses' aide work, I kind of have to remember my role. . . . I have to have real clear role definition there because I am there to do a different job. . . You're at a level here where you are helping people, you have to get them dressed . . . I would like to help them function more, but my job is basically to do personal care. (OGS: sophomore, woman, SC 6407)



Experiences, either personal or work related, seem to be significant in promoting students to feel like occupational therapists. Sophomores were learning the language of the profession and being able to use it provided a sign that they were moving closer to their goal of becoming occupational therapists. Their own descriptions of themselves feeling a "little" like an occupational therapist demonstrates the beginning of role embracement or role closeness (Goffman, 1961: 82-152; Khleif, 1985).

### Juniors

Of the five junior level students who I asked about feeling like an occupational therapist, four stated they were beginning to have that feeling. Each offered unique accounts of times when they could begin to identify themselves as therapists. One student said when friends call on her to analyze and solve problems she feels a little like an occupational therapist.

When my friends . . . have problems, they call you up and they ask you for help with a problem, if you can analyze it, you kind of feel like an OT. . . . OT has a little bit of the psych aspect to it so you can figure people out. . . . you gotta feel like an OT 'cause you're kinda helping someone figure something out. . . . boyfriend problems or whatever, even though that has nothing to do with OT, it has to do with life and it has to do with helping someone make a difference. So stuff like that, I feel like a little OT. (UGE: junior, woman, SC 2074)

Interestingly, this junior called herself a "little OT" just as a sophomore had done. Both implied they were moving towards identifying themselves as professionals, but not completely -- they were moving closer to the role (cf. Goffman, 1961; Khleif, 1985). By referring to themselves as smaller therapists,

they still were able to identify themselves as members of the profession, rather than the alternative, which would be not yet feeling at all like therapists. One of the junior students had a nursing home job in a nursing home in which she was able to try out her knowledge, much like the sophomore student had described. The third student who stated she could identify with the profession described the first time when she had contact with a patient on a one-week clinical experience which was part of a course. The student recalled that when her supervisor allowed her to have hands-on-experience with a patient she felt like a therapist.

On the third day that I was there . . . she let me feel her joints. . . . and position her hips and try to loosen them up with her, well I started to feel like a therapist there. (EDJ: junior, woman, SC 2134)

The fourth junior had applied her professional knowledge to analyze basketball practice activities for her husband who was a coach for a young girls team. The student had pointed out the benefits of each activity and planned activities which her husband could use in practice.

He said that they all wanted to jump. . . he said it really didn't teach them anything. I thought about it and said, "Yes it did. What they are doing is jumping and they are hitting the ball. That is what they need to do. They need to develop strong calves for jumping" . . . . I thought of these activities that I was going to do: set up cones in a zigzag pattern and have the girls dribble the ball around the cones, eventually having the girls stand there and swat at them as they go by. Have the activities fun and fast, not a drill . . . . I felt good. . . . I was really proud of myself. I knew how to do that. (BCN: junior, woman, SC 6365).

Once again, opportunities at work or in their personal lives offered these students the feeling that they were occupational therapists. The one junior who did not relate such a feeling stated that he did not have the experiences that others have had.

They tell you that now you're in the program, you're an OT, sign your name OTS afterward, but a lot of people have experience. . . . I feel like I have to listen to the experience that other people are sharing with us and I really don't have a lot of experience to share. So, no I don't really feel yet. (SES: junior, man, SC 6341)

Not everyone can have a job that offers opportunity for them to use their professional knowledge. However, it is interesting that some students report feeling like a therapist in activities which they do in their personal lives and others do not associate personal experiences as ones which they could use professional knowledge. It may be some students are at a different professional development level or it may be that they separate personal and professional identity. Those students who do identify themselves as occupational therapists in aspects of their personal lives, during interactions with family and friends, do indicate that the training "has taken" so to speak. They identify with occupational therapy thinking to the point of using it in many aspects of their lives.

### Seniors

All five of the seniors reported feeling like an occupational therapist. Two senior level students had jobs that provided opportunities for them to use their knowledge, similar to what sophomores and juniors had described.

Three others had used their occupational therapy knowledge and their professional skills in helping family members or friends. One student had a grandmother that lived with her family and the student used many occupational therapy strategies to keep her grandmother active. She provided many examples, including one in which she described knowing that her grandmother enjoys shopping so she uses that to get her out and walking.

Her eyes are real bad. She's one of those people who is 67 but acts like she's 90. She won't walk, she won't do anything. But she loves to buy. . . . So I'll bring her down to the store and say "if you walk down three aisles, I'll buy you one thing, but when we get home, you have to walk out and get the mail." And that usually works. . . . When she first came to the house she was completely and totally dependent. And then gradually she's a lot better now. (CMJ: senior, woman, SC 2996)

Two students also used their occupational therapy skills in their personal lives. One helped a friend look at the balance of his life and his need for leisure activities and a social support system. The same student also reported trying to help her dad, who is a teacher, understand why some of the children in his class might act out due to developmental or mild learning disability issues (EUO: senior, woman, SC 5624). The other student described offering activity suggestions to a friend whose baby was a little slow in developing motor skills.

Everyday you come across at least something, as an OT you could make an improvement in. I was on vacation last year . . . and we were visiting a couple who had a baby boy. And she kept complaining that he wouldn't walk, he crawls and falls on his face . . . and I was explaining . . . and showing her things that she could do to practice with him, but not force him to do anything, and then a month later she came down to visit and he was

walking, and she was praising me to all glory. (EHE: senior, man, SC 2367)

Noting that students could encounter opportunities in their daily lives to use their occupational therapy knowledge and skills to make a difference in someone's life is an indication that they had incorporated occupational therapy thinking and ideology into her personal thinking. The variety of use of their knowledge and skills, often in more than one circumstance, provides further support that seniors have indeed changed their "mind-set," or way of thinking.

### Summary

Changes in students' professional development is evident in this analysis. While one would expect changes, it is interesting that all students at a given level reflected similar thinking, regardless of their age, gender, or previous career experiences. Freshmen did not yet feel like occupational therapists. One woman could explain previous behavior based on occupational therapy ideology, but she too did not have a recent time when she could begin to identify herself as a therapist. Sophomores had begun learning the language of the profession and were eager to use it whenever they could. The ability to do so helped several to move toward feeling somewhat like a therapist. A few sophomores had jobs or knew family members or friends who had a medical problem so they could apply their knowledge and in one case, some skill to help a person. For the most part, sophomores tended to draw upon their ability to use the language and some

knowledge to mark their move towards identifying with the profession. Juniors also used knowledge and were beginning to apply that knowledge to demonstrate skill, particularly when given opportunities through work or their personal lives. Seniors saw opportunities everywhere they turned to use their knowledge and skill and took advantage of these chances often. Using professional ideology and demonstrating the ability to analyze a situation and problem solve suggests changes indicating that seniors had integrated professional characteristics into their personal thinking--a change in identity.

A pattern is evident after analyzing students accounts of feeling like a therapist. Sophomores used the language of the profession, juniors used knowledge and beginning skill, and seniors used knowledge and skill and seemed to do so often. At each level, but particularly for sophomores and juniors, opportunity to use language and knowledge seemed to be key to enabling students to have early experiences in which they could identify themselves as "little OTs." Some were better able to recognize opportunities in their own lives more easily than others. Experience may be one way to help promote professional identification.

### **Influences on Professionalization**

I asked students to tell me how their thinking had changed since they had enrolled in the occupational therapy program. I further probed students to identify courses, learning activities, readings, or experiences which had

been influential in their professional development. Students discussed their educational program in small groups after addressing Sean, the case study, and during individual interviews. Identifying how they had changed their thinking since entering the occupational therapy program proved to be difficult for students. While they were able to describe learning activities which had been influential in their thinking, they were not fully aware of the professionalization which occurs.

I had expected students to identify courses or experiences from the previous year. However, many students at all levels referred back to early educational experiences and courses in the sophomore year as having significant influence on their thinking about the values of the profession and the people with whom they would be working. I analyzed and now present students' descriptions of courses and experiences by the level which they occur in the program, e.g., freshmen courses, sophomore courses, etc. Only seniors could describe senior courses, but sophomores, juniors, and seniors could comment on sophomore or freshmen level courses.

#### Freshman Courses

During their freshman year, students take pre-requisite courses and only one introductory occupational therapy course. As a result, freshmen acquire the foundation which provides a knowledge base for occupational therapy.

I feel like I'm gaining more knowledge . . . understanding of how the body works or with the psychology. (NEY: freshman, woman, SC 2250)

They incorporate the physiology with psychology, all the sciences. I do think that is really important. . . . I think it is important to understand how people think and you know, if the patient starts swearing at you, it's not you, it's not them, it's just their frustrations. . . It helps you to understand human nature more. (NCO: freshman, woman, SC 6983)

Freshmen did appreciate the knowledge they were gaining and recognized the importance of it, particularly as it related to occupational therapy. However, they did not believe their understanding of occupational therapy had changed much during this first year in college.

I can't say that it has changed a heck of a lot. I guess it has defined it more, what it actually is. Now I get to see, and I try to critique everything that I see and try to figure out what I would do differently. (NCO: freshman, woman, SC 6274)

It seems that as students hear confirming and clarifying information about occupational therapy during the first year of coursework, it is up to them to apply the information to their own experiences. However, they seemed to be listening hard to glean more information about occupational therapy and what occupational therapists "do," particularly from their one occupational therapy course.

What the OT class here really emphasized was to help the person return to their previous level of functioning, if not, to kind of integrate their illness or their whatever into their life now. She (Marcy) . . . gave us a lot of real life kind of examples . . . how we can make this better for this person." (DDF: freshman, woman, SC 5610)



Freshmen were acquiring the necessary foundation of knowledge and seemed to be drawing as much out of one occupational therapy course as they could, to better understand what occupational therapists really do, i.e., the role of occupational therapy when working with clients.

### Sophomore Courses

All of the sophomores focused on describing the information they were gaining in their occupational therapy courses. At the sophomore level, students take two courses on therapeutic media and one on group process. Students identified learning how to analyze activities and respect the client's perspective from the two media courses. They also told of acquiring or enhancing the qualities to work more effectively with patients from the group process class. The experiences in these sophomore level courses were ones which several juniors and seniors, and even two graduates, continued to perceive having the greatest impact on their professionalization.

In my Media Skills class, we spend a lot of time going over the components of sensory, motor, and the social skills. Definitely in terms of being able to clearly define the components of operation and functioning of a person. . . . I definitely think that it has enhanced my understanding of the functioning of that person--my being more realistic and understanding the person's limitations and not thinking that they can do more than they actually can. (OGS: sophomore, woman, SC 8668)

Most meaningful activity . . . in media, you'd do an activity like leather-working or woodworking, and then you'd have to analyze it, it's an activity analysis, like who it would be good for, who it wouldn't be good for, what type of things you're working with. . . . how to take an activity like that and really make it meaningful . . . I'd say that was the best thing we did. (UGE: junior, woman, SC 5581) therapists. Thus, early on in the

program, faculty are setting up a variety of learning situations for students to apply their knowledge and the professional ideology as they begin early role playing of an occupational therapist.

She'll [the teacher] give us a situation with someone and then we have to create different handicaps they could have. So just thinking about the handicaps makes you think about their limitations involved . . . . You're gonna have to be super, super creative and, in dealing with every single person, because they are all so different in their interests, their hang ups, personality traits . . . . I've learned a lot about looking at the whole picture. (QNZ: sophomore, woman, SC 2274)

In the Media 1 course, we actually did a sort of like a role play type thing where we were given a particular diagnosis and we had to create an assessment and then an activity and we had to do the activity in the classroom with another student role-playing that person with that particular dysfunction. . . .doing that gives you a real sense of reality of actually dealing with somebody that perhaps has one of these issues. (SCF: sophomore, man, SC 4708)

When I would first start, I would have to pick an activity for a certain disability. I would brainstorm, to get the activity, I would just give the activity and say that is good enough. The brainstorming is coming up with other ideas before you implement the treatment. Coming up with other ideas, asking "will this work? Why wouldn't it work?" Just open minded with ideas and other alternatives. I don't think I thought that much about the other alternatives. I was more rigid. I didn't think that way of thinking. . . . I didn't know there were alternatives. Now I know there are alternatives, that was something, a light bulb that turned on. (TLO: sophomore, woman, SC 7790)

The variations of role playing promote students to problem solve in different ways, sometimes considering evaluation, sometimes for therapy, always accounting for the patient's personal interests. Activities in the media courses provide a foundation for students. Students learn some of the ideology of the profession and also the basic skills they would need to take on

the problem solving role of occupational therapists. Additionally, students are given opportunities to try out their developing problem solving abilities.

Other students described activities in the group process course as the most meaningful in learning to think as occupational therapists. Through activities in this course, students become more aware of the qualities which they would use to work with patients--the etiquette of the profession (cf. Hughes, 1970). In this course, students work in small groups to do activities which promote and allow them to analyze group behavior as well as personal characteristics which they have or need to further develop to be able to interact effectively with people.

In the group process class, we had to write a self-assessment paper. And that was pretty helpful just because I think I have insight and all that kind of stuff, but it was just helpful . . . to think about how am I with people, how am I in a group, how do I feel about myself as a communicator and do I know what my weaknesses are, do I know what my strengths are. It was helpful for me to really sit down and really think about that. You know, how will I be out there? How am I now in my group? We have small groups, within our big class. It's just good for me to look at the roles that I take on. (DDF: freshman, woman, SC 6344)

Our group communication class, we talked about that your body language says a lot, if you're stiff and rigid or comfortable, to make eye contact with people. And you can tell that some people don't, some patients might not feel comfortable. You know some people don't like to be looked straight at, and you just kind of have to judge that. (HGO: senior, woman, SC 8937)

In some sections of the group process course, students worked in their small groups to meet a goal which they set for themselves. In these sections,

the class followed the textbook by Rosenfeld (1993), which was included in the textbook analysis chapter of this dissertation.

We would have to pick a life style change project, something that we would change and work on in front of a group. That would stick out in my mind most because . . . I can see in our actual little life style change we worked off each other to help you for the same goal, to better ourselves. (KEB: sophomore, woman, SC 7721)

Students learned a great variety of professionalization messages in the group process course. They first became aware of their own strengths and areas in which they needed to improve to be better communicators. This course gave students greater awareness of themselves and their interpersonal and group leadership skills they would need as therapists. Some developed a plan to change certain behaviors, with the support of a group, their peers. Through the group, students studied group dynamics and how one would use group therapy as a therapeutic tool. They also gained information on etiquette of occupational therapy, that is how they should act when with a client.

In summary, the sophomore level courses help students embrace the ideology of the profession. Students learn to consider multiple aspects of a person's life, particularly the psychosocial implications of a disability. They begin applying this information in role playing situations in which they do problem solving as occupational therapists. They also become aware of their communication skills and work to develop these into professional etiquette.

By the end of the sophomore year, it seems students are introduced to the creed, code, and etiquette of the profession.

### Junior Courses

At the junior level, students build on their earlier professionalization experiences as they apply their previous lessons to increasingly complex patient problems, particularly in their occupational therapy evaluation and treatment courses. They expand their understanding of occupational therapy ideology and enhance their problem solving skills. Over half of the juniors and a few seniors described a course on human performance as most influential in their professional development. This course helps students understand how people spend their time, and the need for activities which add quality to one's life in the areas of work, leisure, and self-care. The course also helps students appreciate the contribution of the environment on a person's sense of well-being and how they can use that information in therapy. Students noted they had gained deeper awareness of the profession's ideology from this course.

A lot of stuff in that class applies, I can see myself using something from the class in the future, like we did analyses on people and how they spent their time and what was wrong with it. It makes you think of what the person does in their life that's not good and what they do in their life that is good and what needs to be changed. Stuff like that kinda relates to the future. . . . I can see myself using in it the future; it's really making me think. It makes me think about how to solve problems that people have. (UGE: junior, woman, SC 5581)

And in a Model of Occupation [Human Performance class]--that class really turned me around. Because I thought that if you had

leisure, rest and work, that your life was balanced. But when I did [an analysis on someone's life], that really surprised me. (CMJ: senior, woman, SC 9879)

Students were speaking of gaining a greater understanding of the client's life and the aspects of that person's life that would be important to consider, particularly the quality of life activities. Applying this information to their thinking and role as an occupational therapist, students were learning more about the code and etiquette of the profession. Juniors also described how they were encouraged to put information from many courses together and think independently and creatively. As they did so, they were learning to accept the fact that there were not single "right" answers when working with a patient, but many approaches that would be different, but still accurate. Below are comments from juniors which reflect their new level of thinking, demonstrating the professionalization which they had gained.

I think I'm able to put together things, I see things more broadly right now, whereas maybe, you get bits and pieces from each course and different techniques, different styles and different theories and now it's time to pull them all together. I guess it's just a process. You do tend to integrate everything you've learned. . . . Just pulling together everything that you've learned into something you can actually use. (BCN: junior, woman, SC 2839)

I think they are really concerned that you can problem solve on your own. I think that is emphasized a lot, problem solving, thinking creatively. (BCN: junior, woman, SC 12267)

She [Marcy] gets you to think about your specific philosophy. Everybody has a different [one], so for many assignments we have, we have to think about it. We have an assignment due where we have to analyze somebody's life style and you analyze it and say whether it is balanced or unbalanced. Depending on

what your own philosophy is, you might think different than somebody else would. (SES: junior, man, SC 6293)

As juniors problem solve, they have much to draw from: ideology, knowledge about diseases, disabilities, frames of reference for therapy, and multiple areas of a person's life--they were juggling a great deal. Additionally, each therapist has a unique perspective which further influences the approach to problem solving. Thus juniors were not modeling any one person, but the ideology of the profession and how they perceived it best be used in a given situation. Working independently and comparing the variations seems eye-opening to many students, as noted by the comments of the following two.

Open-mindedness. A lot of teachers emphasize that . . . open-mindedness to new activities, to other peoples' ideas, and the client's needs. They stress that in every course. (EDJ: junior, woman, SC 9765)

I guess (I've learned) that everyone's idea is important, that everyone has something to offer; everyone has an idea that's important. (UGE: junior, woman, SC 8293)

In addition to the experiences which promote creative problem solving in class, juniors are also in courses which have practical experiences. During a small group discussion, a group of juniors described these experiences as especially beneficial in helping them "put it all together."

I went to school systems. I think just seeing it describes better what the occupational therapist was trying to do with the kids. . . . If you have a good supervisor, they pretty much put everything into perspective for you. The OT thing puts things in perspective for you. . . . Where we went, you had all different people, OTs, PTs and all that. I think that just the way that they

all worked together as a group, the way the OT worked, the OT focuses on the person as a whole and all that. The activities. They all use activities . . . it was pretty neat . . . the things they would do. You get to experience a lot . . . the technical part, the philosophical part and the purposeful activities, the OT, you get to observe first hand. It's pretty helpful. (SES: man, EDJ: woman, & UGE: woman, juniors, SC 5969)

These experiences give students a chance to see occupational therapists in action and talk with them about what they were doing and why. Students could witness creative thinking and problem solving and more fully appreciate the necessary willingness to be open to all ideas. The therapists who students were observing provided positive role models for students. Furthermore, students were able to see how therapists interact with patients and with other professionals. Juniors seemed well on their way in the professionalization process, although admittedly were still very much playing the role of the therapist.

### Senior Courses

At the time of the interviews, in their last semester, seniors were at a point of reflecting back on information they had gained in the past four years and looking ahead to the future. Many talked about both the value of activities and the need to consider the perspective of the client, that they had gained in courses during their sophomore and junior years. The following lengthy quotation by a senior summarizes his reflection of the professionalization process which he was about to complete at WSC.

Student: It's truly been an education, it's given me focus on what I believed in before. Before I didn't have a grasp on it . . . it



has given me, definitely, direction. It's allowed me to get knowledge of what I have always believed in. Now, it's wow, it is a profession. I wasn't the only one. It's just allowed me to organize it and grasp so much more. Analyzing activities, being able to use them and to see where to use them. I mean, it's just allowed me to grow as a professional or to become a professional.

LA: Can you give me a specific example maybe from a class or from reading or from activity or from anything that has been really influential in helping you to organize those thoughts and organize your thinking?

Student: Every class I have grown. Seriously, I have gotten a lot out of everything. Sort of one specific thing? Medias to begin with. At the time I was doing them, I was like wow this is fun. And then we had to do an activity analysis and through the 6 different components that we look at and then break those down into the different areas. At that time it was just learning terms. It was because I didn't know what these things--diagnosis. I was writing about them and at the same time I was learning about them. But I didn't realize--it didn't all come together, but it did at the end. It wasn't even then when it all came together, because I learned more in my next class, no matter what it was. It kind of all started to fit. Then it was like we started doing treatment plans. It was like, it just all kind of built. I guess when it comes to doing activities and stuff, analyze what it takes to do specific activities, would be the media classes that we took. That was like the first OT things that we did in intro. We might not have actually understood why exactly we were doing everything, but you know, I guess it built us up. (EHE: senior, man, SC 8086)

As seniors reflected on their education, many returned to the same types of activities that sophomores and juniors had described as being significant in their understanding of occupational therapy. These were the activities in which students learned the values and ideology of the profession. Seniors recognized the importance these activities had in providing the foundation for their professionalization. The following is a discussion

between three students which attests to the professionalization which had occurred during the past four years.

Student #1: I think it was funny, she [referring to Student #2] was at one of her fieldworks one day, she came home and said, "I've been brain washed, I've been brainwashed." We were at JP's [a rehabilitation center], and they were talking about the guy who couldn't use the phone anymore.

Student #2: Oh yeah, we talked in classes about how, a lot of times, you know, things seem obvious to us, but it's just because we've been, I think it was, Marcy [professor] who was saying "we brainwash you, yeah, we change the way you think." There was this one patient who had worked on the phone, and his right arm was very weak, and he used to take messages and talk on the phone at the same time. So automatically it was so easy for me to either get one of those phone rest things or get a head piece and then he could write. And he hadn't thought of this, and no one he worked with had thought of it. And I was talking to her when I came home, and it seemed so obvious to me. I was saying to her, "They're right, they've changed the way I thought cause it just seemed so immediate to me that, they, that he hadn't thought of it."

Student #3: It definitely helps you when you have to analyze an activity. You break everything down, you do get used to breaking everything down, you know, and a lot of the things you do, it does seem obvious to you. But it's those obvious things that aren't obvious to other people. You know, like arranging your office so someone can work better, so they don't hurt their back. . . . (EHE: man, CMJ: woman, & HGO: woman, seniors, SC 2367).

These senior students were applying their knowledge and problem solving approach spontaneously in a variety of circumstances. Their discussion is evidence for how influential the professional socialization in the occupational therapy program had been. Professionalization, as adult socialization, has both coercive and permissive aspects, which seems to the trainee as indoctrination, almost a religious conversion. One way to cope

with this conversion for this group of students was to joke about being “brainwashed.” (Goffman, 1961). One can hear their growing confidence in their voices as they use their knowledge and ability to problem solve as occupational therapists. It is with confidence in their ability to apply the values of the profession and take on the role of occupational therapists that students leave their academic education at Worcester State College. They knew that there would be more to learn as the profession expands; they also recognized that they might not remember every detail which they had been taught. But students had a level of confidence to say that they could find out what they need to know.

### Conclusion

Students choose to enter the profession because of their desire to “help” people. They first take courses which provide a knowledge base in the biological and social sciences and one introductory occupational therapy course. Students at this level are not yet able to identify with the profession. They then take more occupational therapy courses during the sophomore year which begin laying the important ideological foundation for professional development. Students confirmed through their interviews that the early course activities of activity analysis and self awareness were very significant for their professional development. These were the activities in which students were learning the language and ideology of the profession. They become aware of the effects a physical disability has on a person’s psychosocial

well-being. During this year, students begin problem solving as they consider using activities to meet various patient needs. Students found they were able to feel a bit like a therapist as they used the professional language and their knowledge when opportunities arose. Subsequent application of this ideology occurs in junior level courses as students play the role of occupational therapists and continue problem solving with patient examples during classroom activities and early clinical experiences. During these activities, students are encouraged to think independently and be creative as they critically assess and plan therapy. They must consider a variety of frames of reference and patient needs. Juniors reported using their knowledge and beginning skills in their job experiences and occasionally in their personal lives. Seniors continue to apply occupational therapy ideology, their knowledge and perspectives to patient examples in class. They are quick to consider what motivates a patient and reflect on how an activity might affect the patient's esteem. They are eager to use their knowledge and skill whenever they can outside of school and find opportunities to do so at their jobs and during interactions with friends and family. These experiences which they seek out lead them to feel like occupational therapists. They are confident with their emergent identity. Students leave their academic program with a strong sense of occupational therapy ideology and the ability to apply it as they play the role of occupational therapists.

At the completion of the academic program, students still have six months of fieldwork. Fieldwork has been cited as significant opportunities for students to affirm their identity as occupational therapists (Herzberg, 1994; Presseller, 1983). Students at WSC are eager to move to the next step in their professionalization as they enter fieldwork. Chapters VIII and IX examine the role which fieldwork plays in further promoting professional development, first from the perspective of fieldwork supervisors and then as described by students.

## CHAPTER VIII

### PROFESSIONALIZATION DURING FIELDWORK: PULLING IT ALL TOGETHER

Students leave their academic program eager for opportunities to play the role of occupational therapists in a “real” clinical setting. Such opportunities occur during Level II fieldwork, six months of full time experience, which serves to formally conclude the professionalization process prior to certification. In this chapter, I examine the professionalization of occupational therapy students during Level II fieldwork, from the fieldwork supervisors’ perspective. After a description of my methodology for this data, I draw from interviews with seven fieldwork supervisors and explore what they hope students gain from their fieldwork experience. Next, I describe the changes which supervisors see students making as they progress through fieldwork. I then discuss what supervisors report they do to help students make these changes and become occupational therapists.

#### Methodology

In the course of this study, I interviewed seven fieldwork supervisors who take fieldwork students from WSC and other occupational therapy programs in New England. The academic fieldwork coordinator at WSC had given me the supervisors’ names as they frequently supervise WSC students.

Three of them supervised students in mental health practice, in private and public facilities. Three others supervised students in the practice area of physical disabilities, two in hospitals with in-patient and out-patient services, and one in a rehabilitation facility. The seventh supervisor worked for a public school district and supervised students in pediatric practice. The areas of practice reflect current fieldwork arrangements at WSC. Regardless of the area of practice, supervisors were very consistent in their responses in terms of what the goals they have for students during fieldwork, the changes which take place, and how they, as supervisors, facilitate those changes. Because of the small number interviewed, looking for differences between areas of practice was not realistic, nor the purpose of this analysis. Six of the supervisors had many years of experience supervising students. One had taken only a couple of level II fieldwork students. To maintain anonymity, but to make reading easier, I have given pseudonyms to each of the fieldwork supervisors. They are: Lucy, Dolores, Jean, Ruth, Charlene, Claire, and Harriet.

The interviews were audiotaped and transcribed. They were analyzed as previous interviews had been, using HyperQual2. For these interviews, I initially coded the data cards into categories of: site information, fieldwork goals, student needs, student changes, fieldwork challenges, student-supervisor relationships, student-peer relationships, and promotion of changes by supervisors. I also had miscellaneous categories to include the

benefits of having students on site, types of students, hiring students, and fieldwork issues. The miscellaneous categories and the category of student-peer relationships had only one or two comments in each and were not supported as themes for analysis.

I later collapsed the initial categories of student needs, goals, and fieldwork challenges into one and then analyzed this new category, which I labeled *goals*. Themes which naturally emerged from this category, and were supported by at least three of the seven supervisors, are (1) applying theory to practice, (2) the role of occupational therapy, and (3) etiquette.

I analyzed the category of *student changes* for trends in students' professional development as they progressed through fieldwork. Although only one supervisor expressed the changes students make as happening in "phases," all who answered this question expressed three distinct types of student behavior during the three month time period.

I further analyzed the category of *supervisors promoting changes* by dividing data into 13 subcategories which reflected various techniques that supervisors described using to understand students' thinking process or promote changes in their thinking process. Many of these subcategories were too small to stand alone and after I re-examined each of the techniques, I combined several into new categories of supervisory strategies. For example, techniques previously labeled: *encourage*, *draw-out*, *promote to take risks*, and *support* were combined and became the supervisory strategy of



*supporting*. Each of the categories of supervisory strategies were supported by interview data from at least three supervisors and are (1) modeling behavior, (2) directing students, (3) questioning, (4) supporting, and (5) including students.

### Goals for Fieldwork

Fieldwork supervisors had general goals for students. They wanted students to leave fieldwork ready to work as a therapist, with confidence. In their own words, supervisors wanted students to “come out feeling like a therapist . . .with competence . . . (and) confidence” (Dolores, SC 2412), “definitely have therapy under her belt. . . an independent practitioner” (Lucy, SC 2050), “leave here and be an entry level therapist” (Claire, SC 12690), and “(know) who you are and what makes you tick” (Charlene, SC 12421). In these excerpts, supervisors were describing students who would identify themselves as occupational therapists. This was the overall goal for fieldwork. In order to help students reach that level, supervisors believed students needed to be able to (1) apply theory to practice, (2) know the role of occupational therapy, and (3) learn the etiquette of the profession.

#### Apply theory to practice.

Students begin fieldwork with a strong knowledge base. They know the textbook descriptions of diagnoses and have a good understanding of the frames of reference used in occupational therapy practice. Supervisors recognize that most students have not had the clinical experience to apply

their knowledge in real situations and that students need to learn to “pull it all together” (Dolores, SC 2412). Several supervisors expounded upon this challenge for students. Jean expressed that determining what a patient’s problems are is not always easy with a real person. In school, students typically have an idea of the diagnosis of a given patient example as it coincides with the disability discussed that week. Seeing a person and assessing him or her without background information is challenging.

Integrating what they have learned and putting it into practice and realizing that it isn’t the black and white that they thought it was from reading books. . . . I think that is quite a surprise for a lot of students and difficult to sort things out. . . . In school if they are given a case study or something to read, I think usually it is pretty easy for the student to read that and it will glare out at them, you know, when they are reading the symptoms that the patient is exhibiting. What those symptoms are. When you are looking at it yourself on the patient, and trying to decide, why is that person having difficulty putting on their clothes. Is it dyspraxia? Neglect? What is it that is causing this problem? It is quite different I think for the students. (Jean, SC 11238)

Dolores found students also had difficulty determining what to require a patient to do in therapy. She described students needing to use clinical judgment. However, students are still accumulating experiences to create clinical judgment. Thus planning and implementing therapy is challenging.

The first time a student gives somebody an exercise program, they turn to the supervisor and ask about how many times do they do it, and how many pounds do they use. And I say, “Well, you know, it seems arbitrary, it looks arbitrary. You’ve done your evaluation, use your clinical judgment. It’s not being arbitrary, it’s called clinical judgement.” . . . Students shy away from when they have to give those kinds of prescriptions and directions to clients, because they feel kind of adrift themselves. . . . I think what is the hardest thing for students is the sense

where everything has to come together, all your evaluation is done and you need to pull it all together and find a functional goal and gauge the patient and the function and putting it all together (Dolores, SC 2412).

Ruth also recognized the challenge of applying knowledge to the real world. She implied that students have the ability to do so, but cannot yet think quickly. Ruth described the key difference between school and the clinic as being the demands of processing information at a fast pace.

The academics versus here--it is terribly overwhelming, because it is so different. I think in school, you have a chance to sit down. You take your stuff home, you have more time to think about it. Here you have to think, if someone says something, you have to be prepared with some kind of response. I think that kind of thinking, a little quicker on your feet is difficult. Not having the time to process stuff. (Ruth, SC 11767)

Collectively, the fieldwork supervisors agree that students have knowledge from which to work, even to begin to make rough clinical decisions. However, students need time to process information. Furthermore, students are now confronted with much more information and demands than they were in school. The patients offer unique characteristics, and other occupational therapists working in the same clinical setting use a variety of frames of reference simultaneously (Harriet, SC 13355). Additionally, students are encouraged not to just model someone in the facility, but to use the ideas from others and develop their own approach (Claire, SC 12690). Excerpts from interviews with Lucy and Claire offer greater explanation.

They always [need] help in assessment and looking at what the important pieces are. They go in and they look at some part of the person but not all, or miss a really big piece, so a lot of it is just an understanding of psychiatric diagnoses and what the implications are from that and translate it into assessment and treatment. . . . and . . . being able to translate what they do at a treatment team or on a assessment or through documentation and some reasons for why they're doing what they're doing. (Lucy, SC 2050)

As Lucy pointed out, patients are very complex and students often need help considering all aspects of a person's life and determining the most important issue on which to work. Lucy also noted that understanding is the first step in therapy. Students then need to use the information they have gleaned to plan therapy and be able to explain their thinking to other professionals. Claire also addressed using information from a patient to plan therapy.

To take the information and be able to adapt it for that individual. To be able to use it to the individual benefit. (Claire, SC 12690).

Claire also pointed out that patients do not present the clear-cut clinical picture which are seen in books. Each person is an individual and should be respected as such. Claire finds these variations between patients interesting.

You are going to see a lot of different facilities, with a lot of different people doing things that they do because of experience. . . . They have to see therapists that have seen things that have worked and that don't work and it isn't always like the book. That is what makes therapy really interesting and fun too. It's the variation and the independence that we can do that. (Claire, SC 12820)

Applying knowledge of a theory or a frame of reference to real people is a complex process. First students have to assess a patient, including all aspects of that person, and the person's ability to function in daily life activities. Next students need to determine what that patient needs in order to live as independently as possible. Students must recognize there are different approaches that they can use and that they will have to choose one approach or draw from several and adapt the ideas to that patient's needs, coming to grips with the notion that it is not always a clear answer as the books had described. Furthermore, students need to add their own ideas to develop activities for an individual client or for a group of clients. Students also have to learn to describe what they do and their rationale to others. While the whole protocol provides evidence of a student's ability to think as a therapist, explaining their therapy plan to others is a test of their awareness of what they are doing in therapy.

### Integrating the Role of Occupational Therapy

In sharing their thinking with other professionals, students are forced to examine and articulate the role of occupational therapy in helping clients gain independence in their lives. Having a firm understanding of what occupational therapy offers to compliment the services of other professionals present another challenge for students on fieldwork. Four of the supervisors talked about students needing to learn and integrate the role of occupational therapy into their own sense of who they are. Charlene expressed that

students need to have a solid identity as occupational therapists themselves, with the values and beliefs of the profession. Charlene is describing a comprehension of occupational therapy that is deeper than that which students have when they leave their educational program. She is describing an embracing and integrating of the profession's values and way of thinking and believing into the students' own sense of who they are. Charlene wants students to learn about being occupational therapists. After integrating occupational therapy into their personalities, so to speak, students can look at and identify what they offer to a team within a given setting.

I know what I want them to get. It is a set of values, a set of beliefs, a set of ethics about being an OT. . . . I always tell them, ". . . . What I do care about is if you learn about being an OT, learn about who you are in this health care setting." (Charlene, SC 12076)

Charlene alluded to the variation in roles occupational therapists will have in different settings as she identified wanting students to learn about who they were in her setting. Also concerned with students' understanding what they offer as occupational therapists, Claire and Lucy emphasized the role of occupational therapy on a team with other professionals working with the same patient.

They should be able to work in a team and being able to be a part of a team, understand the value that OT has. (Claire, SC 12690).

Understand what OT is . . . what they can offer and what it is that differentiates what they do from some other service. (Lucy, SC 9879)

Integrating the role of occupational therapy into oneself is the key to professionalization. While students do learn the ideology and are able to use it in school, they take their knowledge and understanding to a much higher level during fieldwork. It is here, when they are living the ideology everyday that students make occupational therapy part of who they are. Once they have this level of professional identify, they are able to think of how they fit with other professionals working in the setting. They can explain what occupational therapy offers to patients that would be unavailable elsewhere.

#### Acquiring Etiquette

Hughes (1970:178) described etiquette as the rituals or behavior which therapists exhibit when with clients to maintain the profession's image. Hughes had described relations with other professionals as code of behavior. Supervisors did not differentiate students learning professional behavior with patients or other professionals. They described etiquette as the interpersonal skills and professional behavior students needed for all interactions: with patients and with other professionals. Fieldwork gives students their first prolonged experience with clients and other health care providers, hence for many it is the primary time when students learn and sharpen their professional interpersonal skills. Dolores and Harriet each identified etiquette which would be necessary in all interactions. Dolores wanted students to "project confidence that they don't really feel" (Dolores, SC 2412). She also wanted students to "know how to handle him/herself like

a OT. . . . handle themselves well" (Dolores, SC 5463). Dolores clarified that handling oneself well as not being "lazy or sill" but able to "follow through on things" (Dolores, SC 5463). Harriet hoped that students were "organized" (Harriet, SC 13355).

Charlene and Claire emphasized students' skills in working with patients. Claire elaborated that students need to respect patients' values and lifestyles. She also noted students need to learn the social skills necessary for professional behavior, such as maintaining eye contact with a patient and shaking hands. She noted these are skills which are not always part of women's socialization but need to be present in a professional, whether male or female.

How they [students] come with their own value system and they can't lend that value system to the patients. If this patient's value system is that they are living in a shelter, that is okay. That is what they want to do, it's their home. It's not where I would want to live, but it's hard for student not to put their own values or culture in. There are other certain skills, skills for a woman too, what I believe is eye contact and shaking hands. (Claire, SC 12820)

Jean expressed very similar interpersonal qualities for occupational therapy students to have when working with other professionals, stating students need to learn to be able to "be self initiating . . . able to reach out and interact with other disciplines" (Jean, SC 11238).

The supervisors' descriptions of etiquette reflect many aspects of professional behavior, some of which are necessary to work with patients and



other relate specifically to working with other professionals. Many behaviors are required for all types of interactions as they portray a person who is confident, organized, and non-judgmental.

Two supervisors recognized that professional etiquette is introduced in the academic program. However they perceived that students need to observe and learn etiquette through real experiences. Dolores elaborated on this.

I know they have courses in communication and group, at least that's what it was called at my school. It's really hard to teach in a mock setting what they are going to need to use when they get out but, all those interpersonal skills are so important in making therapy work or not. (Dolores, SC 5463)

Claire noted that students can only gain confidence by practicing their interpersonal skills. She addressed skills needed to work with a group of patients as her example.

I think [they need to work on] the actual social stuff. The being on the unit, the actual group running. That is really a biggie. I think that the more independent and comfortable they feel with groups, the better, I think that is a big part of the work. (Claire, SC 12690)

### Summary

Students' professionalization needs and the subsequent fieldwork goals which the supervisors identified support those which had been presented in the literature (AOTA, 1991; Griswold & Strassler, 1991). Fieldwork supervisors emphasize the need for students to (1) apply theory to practice, describing a number of different tasks in which they accomplish this and (2)

develop their professional behavior with clients and other professionals, and (3) integrate the role of occupational therapy as it promotes their identifying themselves as occupational therapists. All supervisors, regardless of their area of practice, reported the same fieldwork goals. It seems fieldwork promotes students' professionalization for any area of practice or type of setting in which students might work. The goals are not setting or practice area specific, although students are gaining skills and behaviors within a specific area of practice. By receiving the same messages and working towards the same general fieldwork goals in two different fieldwork settings and areas of practice, students are assimilating the profession's values and behavioral norms into their own identity. Professionalization does not happen all at once, it emerges throughout the three month time period for each of the two fieldwork experiences, a total of six months, with guidance and help from supervisors who are sensitive to students' needs.

#### **Changes in Students During Fieldwork**

Overall, fieldwork supervisors describe three phases in students' development during fieldwork. 1. Students begin very nervous, often fearful of clients and tied to the supervisor for direction. They gradually take more initiative and begin to wean themselves from their supervisors. 2. At about the mid-point in the experience, students reach professional turning points. 3. They end feeling confident.

### Initial Phase

Even though students leave their academic program eager for fieldwork, they reportedly become very insecure about their knowledge and abilities as they step into the "real world." All of the seven supervisors stated students typically begin fieldwork with two emotions: nervousness and dependence. These feelings at the beginning of fieldwork have been documented in previous studies (Greenstein, 1983; Mitchell & Kampfe, 1990). Supervisors described students' initial fieldwork behavior in the following ways. Ruth reported that students were afraid they will be left on their own without any guidance.

Usually when they (students) come in they are pretty nervous. We always let them know that they have to know what their expectations are and their supervisor. I think they are afraid of being just thrown in and told "You have had your schooling, do it. I will be hanging out someplace else." That is not going to happen in the first couple of weeks. We develop all the schedule for coming in, we explain to the student and we expect, what the responsibilities are. . . . You just kind of let them know what is going on in the future. (Ruth, SC 11767)

Charlene talked of students comparing this fieldwork experience to one they might have just completed as well as perhaps to the expectations of school. However, she assessed the drive behind students' anxiety was a strong desire to do well.

They come to us incredible self conscious and incredibly anxious, painfully so. . . really unsure of what they know and who they are. . . . I think there is sort of a lot of comparing in that initial phase (comparing to previous fieldwork experience if this is the second level II placement). There is a lot of questions about "How many of these do I have to do? How will I know if I do

this right?" They are very grade bound, even though some of them get grades and some of them don't. . . . The other characteristic that they have in common though, is a desire to do well, although I think it is the other side of being so anxious about it. The more you want to do well, the more you think you are not going to. (Charlene, SC 12421)

Claire also saw students as lacking confidence in their abilities.

Usually a student comes and are very nervous and scared and have all those feelings. The whole first few weeks is building up confidence. (Claire, SC 12690)

Lucy and Dolores both described the uncertainty which students have when they begin fieldwork. They are in a new setting, without a clear notion of their responsibilities.

Typically, there's less initiative, which is understandable, because people don't know what roles to assume or what the tasks are that they should be taking on. (Lucy, SC 9879)

For that first week or so, especially that first day, they don't know anything, so all they do is follow me around. I babble, babble, babble, by the end of the day I feel like I've talked on and on. (Dolores, SC 5463)

Because of their initial lack of clear expectations, students want to be with their supervisors constantly. Dolores's comment confirms this as she describes the students following her around. Students' additional perception of fieldwork is that of a "proving ground," which adds greater anxiety and likely increases dependency for fear of making a mistake.

After the initial period of anxiety subsides and students realize supervisors have expectations which are realistic for them to meet, they gain a little confidence and take more initiative. They stop observing so

frequently, and begin working with patients, usually with their supervisors at the beginning. Students typically increase their patient caseload and start working independently, with frequent supervisory contact throughout the day.

### Mid-point Phase

Independence increases as students progress through fieldwork. While there is not a clear marker for the mid-point of fieldwork, the point of being able to work without supervision and yet not wanting to let go of help seems characteristic. Jean described this from a supervisor's perspective as she encourages students to take risks and work on their own.

This is a time when you try to let go a little bit more and have them do stuff more on their own, initiating stuff. . . . We actually have had students where we have had to leave an area because they seemed really needy as far as knowing what to do. . . . [we tell them] "you have done your treatment plan" . . . It is okay for them to make a mistake, "You know, all we want to see from you is that you are trying." (Jean, SC 11238)

Jean's recall of a student who needed to be pushed was not unusual. Ruth told of a student who had been under the supervision of another therapist, Celeste. This student needed to be almost forced into working independently. This student could not let go of her dependency on the supervisor so the supervisor had to literally go out of the room.

This was somebody that didn't come out with a lot of confidence, who would come up with these beautiful treatment plan. The patient would come in and she would go to Celeste (pseudonym for her immediate supervisor) and say "I don't know what to do!" She would just freeze, literally freeze. She made the most gains when her supervisor went out and did patients. . . . She

didn't have anybody for backup. She couldn't go back and say that she couldn't do this, come out with me. She had to do it. For her that was like the crisis point in the road, and now that her supervisor is gone, and she didn't have anybody to fall back on. She did great. (Ruth, SC 11767)

Ruth described this particular student as one who had reached a point of crisis. Such a moment is one which Hughes called "reality shock." Ruth maintained that most students have a difficult period, often distressed about the amount of responsibility which they have been given, as she indicated below.

I would say around the fifth or sixth week they start to crack. They gradually are getting more patients and about the time they get maybe their fourth patient and a group, which is usually around the fifth week or so . . . they are responsible for the paperwork, the team meeting, and all family teaching, all the different little things that come up, is when they start to get really, really stressed then they see that they actually can make it through. (Ruth, SC 11767)

Reaching a point of stress and making it through allows students to realize that they are capable of performing the role of an occupational therapist. While some students seem to build up to feeling overwhelmed, others have a distinct incident which supervisors noted as a crisis, but saw in the positive light, as a signal of a turning point. Claire told of a student getting slapped by a client and another one who had a conflict with another staff member (Claire, SC 12820). While Claire recognized the tension and strain these two students were experiencing at the time, from a supervisor's perspective, she knew the students had learned a great deal about themselves and handling difficult situations. Claire believed most students have a crisis

of some type, as Ruth had expressed. Claire gave other examples of students in crisis that she has seen as a supervisors.

It could happen that they are having trouble with their project or it could be with a patient. It could be with a staff member. . . . Some kind of crisis and then there is a growth out of that. That is the way it goes. At the end they feel more confident. . . . I have seen it with every three month person, some kind of issue, whether it was assault or a disagreement with a staff member. (Claire, SC 12820)

This notion of crisis as a time of growth was seen as so valuable that Charlene has incorporated into the student seminar at her facility. Charlene refers to the incidents of crisis as "disasters."

They will talk about something that has happened and sometimes they are sheepish about it, "I can't believe I did this." I say "Oh well, it sounds like a disaster!" and then I will tell them something about a disastrous experience that I have had. I will then tell them that I wish for them disasters and I really want to hear about them. It becomes, sort of, part of our culture to have a disaster. I tell them that I really want to hear about them because I think it is really important. . . . I think those are turning points. (Charlene, SC 12076).

Charlene believed that students may have many disasters, or points of learning, rather than one major one. By having students share their "disasters" with each other, they were publicly noting their professional growth. By recognizing these as learning opportunities, the supervisor helps the students gain confidence rather than humiliation.

Not every supervisor described a crisis. Three of the seven did not mention student crisis during fieldwork. Dolores described that around the mid-point of fieldwork, students reach a point of being able to synthesize

information from previous experiences to use for future reference (Dolores, SC 5463). Lucy stated that at about week six, students begin to “function more as therapists versus students” (Lucy, SC 9879). Lucy attributed students’ changes in behavior to having “enough cases that they can compare and contrast so that they’ll say, ‘I’ve had a case that’s sort of like this and then I can build on that.’” (Lucy, SC 9879)

### Ending Phase

After students had a chance to learn from their moment or moments of crisis or had gained enough experience to draw upon, they generally work during the last month of their fieldwork experience feeling confident. All of the supervisors spoke of students’ confidence. Ruth reported, “Things usually fall into place, I guess around week nine, eight or nine. A lot of the rough spots are over and they are always confident” (Ruth, SC 11767). Additionally, the professional confidence students feel leads them to a new sense of identity, that of being a therapist. Dolores succinctly stated that students “come out feeling like a therapist” (Dolores, SC 2412). Lucy called students “independent practitioners” during their last month of fieldwork (Lucy, SC 2050). Charlene elaborated on students’ feeling as therapists and attributed it partly to the respect they are given by other therapists.

Then I think the last month, my guess and I think students tell me this, that they really feel co-equal. That they don’t feel like a student. I think they will often say that. On the unit, they don’t feel that they are treated as an under link. That we sort of view them as collaborators, as co-therapists. (Charlene, SC 12076)



Students end fieldwork having met the overall goal stated by fieldwork supervisors: to leave feeling confident as therapists. Students' quest for a new professional identity has ended with fieldwork.

### Summary

Students enter fieldwork with knowledge of the profession but also with great anxiety. While there, they learn from their experiences, some more challenging than others. On fieldwork students apply their knowledge to clients with a variety of individual needs, and do so using professional etiquette. Most importantly, they understand and have integrated the role of occupational therapy into their own view of themselves. Students leave fieldwork feeling confident and identifying themselves as colleagues of other staff therapists working at the fieldwork facility. Students do not move through fieldwork on their own. They have a great deal of help from their supervisors. Fieldwork supervisors have their own set of strategies which they use to promote students' professionalization.

### **Promotion of Professionalization**

I asked fieldwork supervisors to tell me what they did to help students make the changes which they had just described. Supervisors gave me a list of strategies and also explained when they used each one. I analyzed and re-categorized the data as described in the methodology sections of this chapter. Fieldwork supervisors use the following strategies: Modeling behavior,

directing students, questioning, supporting, and including students in departmental and social activities.

### Modeling Behavior

Students begin their fieldwork experiences observing their supervisors working with patients. During these observations, supervisors are modeling desired behavior for the students. This is one way in which students learn about clinical skills as well as etiquette with clients and professional behavior around other professionals and even around other occupational therapists. Modeling continues throughout the fieldwork. Supervisors told of students observing them doing client interviews, evaluations, therapy, presenting in team meeting, conversing with other staff, and talking about clients in appropriate ways with other therapists. Harriet pointed out that modeling helps students “get the process down” (Harriet, SC 9777). Ruth also added that modeling serves as a reference point from which students can later think on their own.

A lot of them do whatever their supervisors do, which I think is okay. I think it helps you. I did whatever my supervisor did and then I eventually used some of my own stuff. (Ruth, SC 6213)

Ruth recognized that modeling may not be an active learning strategy, however, she justified her use of modeling as “it does help” students as it gives them a starting point for their own behavior.

## Directing Students

As supervisors are trying to get students to work more independently, they may stop modeling and give students directions to promote them to begin working rather than observing. Dolores said she finds students need clear, direct instructions at the beginning of fieldwork. She finds this helps ease students' anxiety about expectations. Dolores begins fieldwork with basic directions around professional dress, part of professional behavior and etiquette.

At the beginning we start with the trappings, we start with the white jacket and the dress code and we're very specific about "this is what you must wear", we no longer say, "dress like a professional," because not everyone has the same image in their head. "We expect you to wear slacks or skirt below your knees, we expect you to wear a blouse with a modest neckline, and sleeves." It is very specific. . . . "When you are on the floor, you need a white coat, you need your name tag on all the time."  
(Dolores, SC 4669)

Supervisors directed students regarding behavior at other times during fieldwork as well. Jean believed that being direct was the only way to deal with issues around etiquette. She gave an example of needing to be direct with a student around the use of humor with clients.

Supervisor: My staff is so used to everybody knowing what professional behavior is, how do you teach this young person coming in that no, their kind of humor is not appropriate to an overweight person, or that the way they dress or something isn't professional. It kind of takes us back.

LA: How do you deal with that?

Supervisor: We have had to deal with it. In the few cases that we have, we had to deal with it straight forward. Let them know

that this isn't appropriate. For example, with the humor thing, you just tell them, "Look this is a person that is not going to appreciate that." The student really didn't realize that, so we had to very concretely lay it down and say, "you have to tone this down, this is not appropriate to be using this kind of humor with this kind of person" . . . You have to be very blunt and up front about it. (Jean, SC 5417)

The direct feedback regarding etiquette around clients leaves students without questions about how they should behave in the future. Supervisors also give directions to students for reasons other than reprimands.

As students progress through fieldwork, they need to start taking some risks, seeing patients on their own. Some students need help knowing exactly what to do with a patient. Supervisors again gave students specific directions. Lucy pointed out that giving clear expectations and directions can help students to try a new behavior or activity which they can reflect on and learn from for future situations.

I think if you spell things out, what you want that person to do . . . when they wouldn't get it conceptually . . . you have to help them through that risk taking and that initiating and say "This is what I'd like you to talk about in treatment. Why don't you bring this up." And the next time they're a little braver at taking their own stabs at things. (Lucy, SC 2178)

Lucy recognized that students do not always pick up on subtle suggestions, but need to have directions spelled out for them. Once students knew exactly what to do, there was a good chance they might attempt a task with less help from the supervisor. Lucy had described giving directions a s away to help students become "unstuck" in their thinking. Harriet offered another type of example in which she provided clear directions to help a

student expand her thinking about adapting therapy activities, an essential skill for an occupational therapist to have.

I said "Do one activity for the whole day with every kid and see how you change it to make it work." After she did that, she was able to pick any activity and make it work with anybody with anything. . . . So I give them an activity to do and then I have them try it. Then when they try it and see it worked, then you sort of explain, well you see you have a whole different thought process involved. . . I find that they need an idea. They are stuck. (Harriet, SC 9777)

Harriet's strategy worked for the student in her example. As Harriet pointed out, the student had gained a new way of thinking about activities and using them effectively in therapy to meet a patient's needs.

Students need to move beyond observing their supervisors as models and need to take initiative rather than heeding the directions of others. As students reflect on their supervisor's behavior and their own actions which had been directed by their supervisors, students do become more active in their thinking. Questioning is one approach in which supervisors stimulate a student to think more independently in a safe environment.

### Questioning

Asking students questions promoted students to think on their own. It also is a way for supervisors to better understand students' thinking. Dolores described answering students' questions with questions back to them. In doing so, she was forcing them to think on their own and also could determine what they were thinking and then guide them to think at a higher level.

They ask you a question and you turn it back and ask them back again, and they ask another question and you ask "what do you think about that?" It's excruciating. I ask "What was the reason that you chose to do it this way?" I don't ask questions that start with "why," because it makes people very defensive so I'll ask people, "What was the reason that you did it this way? I noticed you chose this to do this, was there a reason that you chose that one instead of another one?" (Dolores, SC 4989)

Dolores was careful in the type of question she asked to keep students from feeling uncomfortable. Asking the questions she did also enabled her to obtain the information about a student's thinking that she was after. Claire also described using questions to understand students' thinking. Her questions also promoted students to reflect on their thinking and behavior.

I might ask them to go through and tell me what the goals of the group are. . . . Who do they perceive being in the group. Group therapy are always thoroughly processed and I do it for a long time. . . I ask the student how they feel, how it went for them, what the patients got out of it and talk about individual patients: what they did, what they said. Talk about each individual person that came in. If something could have been different, what could have been different. (Claire, SC 8005)

Lucy described asking questions to help understand a student's thinking and to help the student break a larger task into more manageable pieces. Lucy provided an example of using questions in this way.

I think I try to ask questions like, what is the common need, or goal that they have in mind and the interventions: to break it down into smaller pieces, either how do they work on that goal, or how they got to their conclusion that this is what they wanna do. (Lucy, SC 4403).

Supervisors had their own style of questioning, yet they all found questions were essential to enable them to understand students' thinking

process. Questioning students before therapy helped students clarify their plans for goals and activities, as Lucy had described. Asking questions after therapy facilitated students' reflection on their approach and promoted awareness for future therapy sessions, as Dolores and Claire had reported. Supervisors' tone as they described their questions shows evidence of support. As Dolores noted, she did not want to make students defensive. Supervisors consciously conveyed their support and encouragement of students throughout their fieldwork experience.

### Supporting

Unlike the previously mentioned supervisory strategies, support is not used in isolation. Supervisors' support can be seen throughout many of the responses described above. Supervisors support students through initial anxiety as they provide information about expectations for that particular fieldwork experience. They also allow students to observe evaluation and therapy, rather than asking the student to perform. Supervisors gradually increase the demands they make on students, first telling them exactly what to do, in a direct way. As students initiate interacting with patients, supervisors help students think on their own by questioning their thinking in a non-threatening manner. When students reach moments of crisis, therapists support them, telling their own stories of distress and help students learn from their challenging moments. Part of support implies being very

aware of the student's needs and judging how to respond to encourage the student's development.

Many of the supervisors acknowledged that they always consider what students need and know when students are ready for another supervisory strategy. Several talked about being aware of students' needs throughout the fieldwork experience, as Charlene described here.

I think we very much meet students where they are. . . . We will change supervision to meet what they need. . . . I think that support is real important. I think that allows us to be more accepting of them and we can sort of go up stream. . . . We listen, I think we reflect back to them. . . . We listen to what they have to say. I think students find us extremely supportive. (Charlene, SC 7215)

Claire also articulated her own thinking as she was making supervisory decisions.

I start questioning what I am doing. I have to remember where they are at, where I am at. . . . I do a lot of talking with them about stuff like that. How they feel on the unit will relate to how scared they are. . . . Of course, it would be easy if everyone had the same plan and did ABC and they are ready to leave. (Claire, SC 8938)

Harriet was sensitive to students' comfort with the with overall experience of dealing with people with significant disabilities and certain therapy techniques, particularly feeding. Her recognition of students' comfort and willingness to introduce certain aspects of practice slowly is another way of supporting students.

It's culture shock. They are here, they are around all these little kids. If there are wheelchairs they are around; we do feeding. That is a real issue. I split it [fieldwork] into two frames. The



first six weeks and the second six weeks. I expose them to it [feeding] the first six weeks, and say you are not ready for this. We will wait until next time. We will start half way through. (Harriet, SC 9777).

As students go through any experience, they are changing as people. This was implied by Harriet's comments about students' comfort around feeding. Psychiatric occupational therapy practice challenges students' thinking about people as well. Furthermore, psychiatric care can bring up personal concerns that the student may be harboring. When working in mental health, supervisors must be aware of not only of students' professional responses to fieldwork experiences, but also their personal reactions to the experiences, as Claire described.

Another thing that is hard with psych [psychiatric fieldwork], is that if they have any issues of their own, they start popping up, because in psych, especially when people come in that look just like them and maybe have the same issues as them. What are they doing there (in therapy) and why aren't you there. I do a little talking about that, staying healthy and it is okay to work on those issues because they have to if they are working in psych. If you are not working on your health and being healthy, it's hard to work in this field. It's just too hard to hear this stuff. I really believe in that. (Claire, SC 8005)

All supervisors in this study were aware of how the students were thinking and what they needed to move forward in their professionalization. These supervisors were illustrating the support and interest in students' professionalization that had been identified as qualities found in effective supervisors (Christie, Joyce, and Moeller, 1985). Supervisors' reports of knowing when to use a certain supervisory strategy further demonstrates

their ability to adapt their supervisory style to structure the fieldwork experience to meet students' individual needs. (Christie, Joyce, and Moeller, 1985). Their awareness of the students' thinking and determination of the right supervisory technique to foster professional development also reflects connected learning as described by Clinchy, Belenky, Goldberg, and Tarule (1985). Another way of connecting with students is to include them in all activities of the therapy department.

### Including Students

Supervisors were very aware that students were soon to be their colleagues. They described treating them as such by including them in all departmental activities, professional and personal. Ruth stated that students were treated as professionals by others on a treatment team. She believed that the respect given to students by other professionals is especially beneficial in boosting students' confidence and identity as a therapist.

They are always at our staff meetings and actually, they have always been encouraged to give ideas. . . . I think actually co-treating with other disciplines seems to make them feel more like a colleague. We have so many people coming in and out of here that sometimes we don't even recognize a student. . . . I think that kind of fosters more collegial feelings, they are a team, they don't care if you are a student or not, they just want to know the information. (Ruth, SC 11767).

In addition to including students in professional activities, which would be expected, supervisors described making sure students took part in social events. Five of the seven supervisors talked of eating lunch with students and including them when a group from work goes out at the end of

the day. The other two did not exclude students, just did not talk about it during the interview. Several supervisors explained including students was done "with the intent to consciously help promote that peer relationship" (Ruth, SC 11367). This level of inclusion is especially important to help students make the final shift to identify themselves as professionals. What Dolores described below was a typical comment from the supervisors.

They are also included socially too. I think a lot of departments are like this, rather than go to the cafeteria, the OTs and PTs sit around the treatment table for lunch everyday. So they (students) are always included in that. If there is a baby shower, that happens at lunch time and they are a part of all that. I think that when you take breaks with people, and take lunch with people, that's part of the sociology of the department. . . . I think it's good for her (a student) to see people being silly on their breaks, and then being very serious when they are at work. These are not just serious people, this is the way they handle themselves at work. (Dolores, SC 5463).

Dolores also recognized the importance of students hearing about other aspects of occupational therapists' lives. She explained that it was important for students to see therapists and other professionals in two different arenas: working and socializing, as that helps them differentiate between professional and personal behavior.

I think it is important for students who are working mothers to hear other working mothers talk about the gyrations they went through to get their kids to day care, because they were here at 8:00 this morning and it was a mess right up until 7:55, but they were here on time. And I think a student needs to understand that these are experienced people who are probably not a risk of losing their job if they are late, but that is a value and a responsibility that they take that they are here on time, even when it was pandemonium before they came in. . . I think it's

important for them to see that sure, when you are really sick you stay home, but you know, you're a little uncomfortable, you come to work because there are patients waiting to see you. (Dolores, SC 5463).

Including students in a variety of activities, professional and personal builds a relationship with supervisors and staff which contributes to students' evolving identity as an occupational therapist. It is also another way of offering support to students as they make the final transition to claiming the identity of occupational therapists.

### Summary

Fieldwork supervisors identified using a variety of strategies to promote students' professional development. Supervisors are role models for the students, particularly at the beginning of the fieldwork experience when students are anxious and dependent. They are also very directive in instructing students to behave a certain way, to ease anxiety and help students problem solve and get over periods when they are "stuck." Supervisors also ask questions to assess and facilitate students' thinking, particularly as they apply theory to practice. Throughout the fieldwork experience, supervisors are supportive, encouraging, and very aware of students' professionalization needs. Supervisors also foster professional identity through including students in all departmental activities.

### **Conclusion**

Students begin fieldwork eager for the experience, but very anxious that they may not know all that they should. Supervisors provide structure, as role

models and give students directions to guide their behavior. These strategies foster more confidence in students and in turn students begin to take risks and work a bit more independently. As students work with clients in their fieldwork settings, they are applying theoretical knowledge learned in academic education to practice. Furthermore, they are acquiring the expected professional behaviors and understanding the role of occupational therapy in health care. Students reflect on their practice, often with the guidance of supervisors asking many open ended questions. Gradually they increase their working knowledge base and assume the responsibilities of an entry-level therapist for the last month of the fieldwork experience. Some students have moments of "crisis" which they work through and supervisors acknowledge as significant moments of professional change.

Regardless of the setting or area of practice in which the fieldwork occurs, supervisors promote students to think and act as occupational therapists. They support the students' emerging identity as professionals throughout all of their interactions with students and include them as they would include any staff therapist in work and social activities. When students complete their fieldwork, supervisors consider them colleagues, having made the transition to a professional. From the perspective of the fieldwork supervisors, fieldwork is the rite of passage for occupational therapists. The perspective of the student regarding the influence of their fieldwork will be examined in the next chapter.

## CHAPTER IX

### STUDENTS ON FIELDWORK: TRANSITION TO THERAPIST

In this chapter I explore the professionalization which occurs during fieldwork from the students' perspective. The chapter is divided into three sections. In the first section, I examine fieldwork students' thinking as they consider working with Sean, the same case study which other students had discussed. Students also described when they felt like occupational therapists, as an indication of their professional identity. In the second section of this chapter I examine the professionalization which occurs during fieldwork. I draw from interviews with all students who were in the middle of or had completed fieldwork, which includes students who had graduated and are certified and working. Students identified their feelings as they entered fieldwork, what they learned during fieldwork, and special challenges. In the third section, I discuss the sources of influence and support during fieldwork. Students focused on how their fieldwork supervisors fostered their professional development. They also identified other sources of support which they used during this transition period.

I received the names of fieldwork students and graduates of the WSC program from the academic fieldwork coordinator who assigns students to their fieldwork sites and monitors their progress throughout their

experiences. The students were selected to provide me with the same diversity found among the students in the academic program and for their geographic location for my ease in interviewing. There was no attempt to interview students who had been under the guidance of supervisors who I had also interviewed. Coincidentally, I concluded that two out of the eleven students had completed fieldwork with supervisors who I had interviewed. I did not compare the responses of the student/supervisor pairs.

I interviewed five fieldwork students. Although one woman was still doing fieldwork due to medical reasons, the others had finished fieldwork in the last month and all had just begun their first jobs. One had been working for one week, and the others from two to four weeks. They had not yet taken the national certification examination, but would do so in the next few months. At times I refer to this group as "fieldwork students," other times simply as "students" within the context of this chapter, to make reading less cumbersome.

### Clinical Thinking

I used the same case study of Sean, the 14 year old boy in the 8th grade who has spina bifida, to analyze fieldwork students' clinical thinking. I asked fieldwork students to describe planning an occupational therapy program for Sean, just as the students in the academic program had done. I did not present Sean to one of the fieldwork students because of the flow of that particular interview; the data described below reflects the thinking and

answers of four fieldwork students. Students again discussed their initial impressions as they considered working with Sean, how they would describe their occupational therapy to Sean, possible therapy goals and occupational therapy program. As I convey the clinical thinking of fieldwork students, I also compare their responses to that of senior level students, the level from which they had just come. This comparison also helps to depict the changes in thinking which occur during the fieldwork time period.

Fieldwork students answered my questions about Sean very quickly and concisely. Their voices conveyed a level of confidence which students in the academic program did not have. Two fieldwork students readily admitted to not knowing much about spina bifida and commented that they would need to do some reading before seeing Sean. Their lack of knowledge about a disease did not seem to upset them, implying a sense of security in who they were and what they did know. Fieldwork supervisors had said students, and even experienced therapists, are not expected to know about all diseases or every therapeutic skill, but should admit what they do not know and how to seek out new information as needed. The responses by these two students indicates they had heard a similar message from their own fieldwork supervisors, or perhaps from faculty at WSC, and that they had a strong sense of professional self-esteem to admit what they do not know.



### Initial Impressions

Describing their initial impressions and thoughts about Sean, fieldwork students provided a range of responses to include accessibility of the school, toileting needs, range of motion and strength in Sean's arms and legs, his interests, how he feels about this disability, his social interactions with peers, and the need for him to be involved in all the activities that other 14 year olds would be doing. Together, fieldwork students considered all aspects of Sean's abilities and life. Many addressed two or three aspects and no one considered all aspects.

Themes in the fieldwork students' answers are accessibility and preparing for Sean's arrival. Three of the four students said they would make sure that the school was accessible for Sean as he is in a wheelchair. They included the classroom, the bathrooms, and cafeteria. Accessibility had been addressed by students at all levels in the academic program. A theme unique to fieldwork students was preparing for Sean's arrival, addressed by three students. Two fieldwork students wanted to talk with other students in Sean's class.

Prepare the students, go in there and talk to them and find out if they have been around children with wheelchairs . . . so he can come into the classroom and not have them frightened of him.  
(MPW: fieldwork, woman, SC 7892)

Another student talked of preparing both the classroom and the students before Sean entered the school. Her aim in preparing students was to let them know how to assist Sean if he needed it.

Let the kids be aware a little bit, as far as, if he has a lot of books and again environmental issues, the doors. Maybe things that kids might not be as sensitive to or think about. . . . Tell the children why we are making the changes [in the classroom]. (DBU: fieldwork, woman, SC 6784)

The third student also wanted to prepare the teachers for Sean.

The first thing that I would do is to educate the other teachers as to what spina bifida is and what exactly the person's limitation would be. What they can do. I would try to teach them to treat him as normal . . . . Help them to design the physical aspects of the room . . . . Teach them . . . how to transfer him from a wheelchair to the bathroom. . . . How you could adapt an activity for him. (CSJ: fieldwork, woman, SC 7593)

One of the students also recognized that some of the adaptations in the environment might cost money and she would need to talk with the superintendent to get the necessary funding (DBU: fieldwork, woman, SC 6784). Everyone had Sean's psychosocial adjustment in mind as they addressed accessibility and made changes in the environment and talked with his teachers and peers. Their awareness of how to foster Sean's psychosocial adjustment is a key difference in fieldwork students' thinking when compared to the thinking of senior level students. Seniors had wanted to consider all aspects of Sean's life and addressed his psychosocial functioning, but had more questions than ideas of how to influence his ongoing adjustment to his disability. Fieldwork students honed in on this aspect and offered specific approaches.

### Description of Occupational Therapy

Only two fieldwork students talked about how they might introduce themselves and occupational therapy to Sean. Both of these students offered specific phrases which they might say.

Help you meet some goals or pursue some interests that are of value to you and maybe help with some modifications. (DBU: fieldwork, woman, SC 5467)

I would tell him that we want to make him independent as he can be and help him get to where he wants to go. . . and that we will help him to realize what his goals are. (FMJ: fieldwork, woman, SC 5926)

Both of these students had a sense of what occupational therapists do with clients, that is work toward specific goals determined with input from the client and pursue the client's interests as that person works for independence. Yet their descriptions of occupational therapy were somewhat vague, as they did not clarify what "independence" might mean and the possible types of goals which could be addressed in occupational therapy. Perhaps they were so accustomed to using occupational therapy language that they assumed its meaning. However, their description of occupational therapy was much clearer than that of senior students who had not talked of what occupational therapists would do with Sean but focused on the therapeutic relationship they would have with him. One of the fieldwork students acknowledged that she was drawing from her fieldwork experiences when she had to describe occupational therapy to clients. As she said, "I

would probably tell him what I pretty much tell everybody” (FMJ: fieldwork, woman, SC 5926).

### Therapy Goals

All of the fieldwork students included Sean and his parents as they thought of therapy goals for Sean. They all also considered what Sean would be doing when he left high school.

It is kind of like discharging a patient. Where they’re going is going to affect what you are going to do with them. If he is headed toward a workshop or something, I am going to do pre-voc (pre-vocational) skills . . . if he is headed toward college, I probably won’t do much with him in that respect, I would work more on his mobility and stuff like that. . . . At 14, he is probably going to be very concerned and involved with what his plans will be after school. (FMJ: fieldwork, woman, SC 11345)

Having his own place or his own apartment or house . . . he might be able drive. (DBU: fieldwork, woman, SC 10319)

Fieldwork students’ consideration of Sean’s future makes their thinking different from that of senior level students. In preparing for the future, they consider his career plans and also living situation. Fieldwork students were non-committal in their occupational therapy goals, waiting for Sean and his parents to take the lead. However, fieldwork students could offer options and describe how the ideas from Sean and his parents would influence their occupational therapy goals. Seniors had been unable to suggest goals for Sean without his input.

At the same time fieldwork students were considering Sean’s long-range plans, they also addressed his immediate needs in school. Everyone

talked of making sure Sean was feeling independent and good about himself during adolescence. Two students' responses sum this up nicely.

I think more than anything at this point in his life, to be with his peers. To be socially adjusted. . . . It is important, especially in the middle school, that they are accepted by peers and not different. (MPW: fieldwork, woman, SC 13280)

As a teenager, that things that he would be working on now just build self confidence. (DBU: fieldwork, woman, SC 10235)

In summary, fieldwork students' goals consider Sean's present needs, focusing on his psychosocial adjustment and are thinking ahead to prepare for his future.

#### Occupational Therapy Program

When asked to describe their occupational therapy program to me, three fieldwork students relied on the protocol for the therapy process. They described first needing to assess Sean's abilities and needs and then they would be able to determine what they would do in therapy.

I would have to meet him and see how he is doing. What kind of things he wants to work on or is having trouble with. . . . Then from there kind of see what comes up. Everybody is different and you have very different values or problems. (DBU: fieldwork, woman, SC 2375)

In fact, only one student described what she might do in therapy with Sean and this was vague: "Depending on what his needs are, getting a computer, any adaptive equipment" (LSJ: fieldwork, woman, SC 7853). Even when I probed a student to think about therapy activities, she returned to gathering more information.

LSJ: I think I probably would start out in the classroom with him to see if he is able to get around the classroom . . .

LA: What kind of things do you think you would do in terms of therapy?

LSJ: Activity analysis and different check list things and seeing what he wanted to do. (LSJ: fieldwork, woman, SC 7490)

Seniors had suggested some activities which they might do with Sean, which the fieldwork students did not do. The fieldwork students were stuck on the missing information that they needed to help them go further in planning therapy.

#### Summary of Fieldwork Students' Clinical Thinking

In summary, fieldwork students differ in a number of ways from the senior students, the level at which they had been only a year earlier. Fieldwork students are concerned about Sean's psychosocial adjustment to his disability, as the seniors had also been, but fieldwork students are able to identify approaches which would foster his adjustment by preparing the environment, teachers, and other children for his arrival. Fieldwork students now have experience in introducing occupational therapy to clients which they use to describe how they might do the same with Sean: working for independence and working on the goals that Sean wanted to accomplish. As fieldwork students set goals for Sean, they include the goals which Sean and his parents might have. They also look ahead to Sean's future, the type of career he might choose, and living independently. As one student had stated, this was part of discharge planning for clients. Because fieldwork

students rely so heavily on the desires and plans of Sean and his parents, they are unable to determine specific occupational therapy goals for him. They know that Sean will likely have immediate psychosocial issues to work through, particularly since he was a teenager. Fieldwork students contend they would begin therapy by assessing Sean's abilities, needs, and interests. Without this information, they are not able to provide more specific therapy plans.

### Identity As a Therapist

As I had done with all of the other students interviewed, I asked fieldwork students to tell me about a time when they felt like an occupational therapist. Seniors had described many times in which they had used their knowledge and skills to identify themselves as occupational therapists. I had anticipated fieldwork students would have multiple accounts. However, three out of the five fieldwork students said they did not yet feel like an occupational therapist. These three students gave the following short responses to my question.

I don't know, because I am just a beginner. I don't know if I feel like a real OT yet. I just feel like a real beginner. (DBU: fieldwork, woman, SC 2375)

I'm still waiting. (FMJ: fieldwork, woman, SC 6061)

You're assuming that I do. (EPO: fieldwork, woman, SC 9879)

After a few minutes, two of the students identified when they might have felt like a therapist. One woman said she had possibly felt like a

therapist when she started her first job and got the tour of the building (FMJ: fieldwork, woman, SC 6061). The second woman discussed various levels of identifying with the profession.

I guess I'd say when I got a paycheck, I don't really know, because I've had these different levels of feelings about my skills, and I don't think I really feel . . . like I'm there. I've had some beginning patients that were really rewarding to have . . . . I guess . . . when I came to the clinic, make my own schedule, go in and do my own bag, and structure my own time . . . maybe that's when I felt like an OT. . . I don't know that there was one realization that I felt like "Here I am, I'm an OT." I don't think that has happened to me. (EPO: fieldwork, woman, SC 9879)

This student's ambivalence about identifying with the profession perhaps indicates perhaps a level of insecurity.

The other two of the five fieldwork students both identified times when they could identify themselves as a therapist. One woman had been a certified occupational therapy assistant (COTA), and reflected on feeling like an occupational therapist when she was working as a COTA. The other student had also been a COTA. She stated that she felt like an occupational therapist during her first fieldwork placement.

I am thinking, as a COTA, I still felt that was different. I think this time working at the hospital and the patient that I started with . . . I had to do a serial casting . . . They let me do it. . . I made the decisions, I worked with him, we all worked together and I had assisted with the casting and did all the different stages before, but it was just like, WOW, just really doing it was like Wow. This is a real OT! (MPQ: fieldwork, woman, SC 8096)

Comparing the five fieldwork students, only the two who had been were certified occupational therapy assistants, with experience working in the



field, readily stated they had memorable experiences when they could identify themselves as occupational therapists. The other three initially stated they had not yet felt like occupational therapists. Although two students then thought of times when they might have indeed identified with the profession, the lack of confidence can be heard in their narratives. This particular group of three fieldwork students had just started jobs, all within the last month. They may be again going through a period of anxiety as they encounter new challenges to their identity. Fieldwork students also have not yet taken the national certification examination, which may make them once again feel "marginal," i.e., not quite a full member of the profession.

### **Professionalization During Fieldwork**

In this section, I include responses of fieldwork students and graduates who are now working as they had all experienced fieldwork.

#### **Entering Fieldwork**

Senior level students leave the academic program eager for opportunities to apply their knowledge in a clinical setting. In fact, seniors specifically stated they were confident in their knowledge. Yet, only one student maintained that feeling of confidence and did not talk about being nervous as he began fieldwork.

I was so excited to start fieldwork, I wasn't nervous at all, which was good. I don't really remember having all that many fears, just the usual, "Am I going to be overwhelmed?" I was more excited than anything else. (KJN: graduate, man, SC 8771)

The other fieldwork students all described feeling prepared but “scared” when they began fieldwork. Everyone talked of various aspects of school preparing them, as expressed below.

In retrospect, I have to say, I don't think I took a course that wasn't pertinent to what I needed to have and know. Not always, probably not always in the way it was meant to either. I feel like it was pretty well planned; it basically prepared me pretty well. (FMJ: fieldwork, woman, SC 6300)

My psych class at school. . . we had to do 25 hours every semester in peds, geriatrics, phys dis., and psych. That really helped doing those. (OJD: graduate, woman, SC 8395)

I certainly left there with a lot more confidence. Of course, the whole focus with occupational therapy was independence. . . . I think we all kind of felt independent ourselves. Unless you feel independent yourself, you can't make someone else feel independent. (BNZ: graduate, woman, C 5704)

I don't think that I felt prepared at first. But afterwards, looking back you realize that what they taught was the whole thing about thinking on your feet. I think more than anything, that was what I took out of that program. If you don't know something, know where to find it, find the answers. That kind of independent thinking mode. (KJN: graduate, man, SC 8663)

I guess I just didn't know what to expect. I think I took one step at a time. I can't say that I felt unprepared, I can't say that I felt totally prepared. I don't know, I can't say that I felt 100% prepared. . . . I think just sometimes when you are doing something on paper and you can come up with this big speel: They are going to paint this and they paint and use thinner paint or thicker paint. You can come up with those on papers, but when you are in a clinic you have to perform. (DBU: fieldwork, woman, SC 2375)

While this group of fieldwork students may not have felt “100%” prepared, they described courses, Level I fieldwork, and class activities as helping them be able to think on their own. They had also been given

opportunities to apply their knowledge to client examples in school. These experiences were reportedly helpful in terms of helping them think, but lacked the opportunity for students to perform. In spite of all the preparation and intellectually knowing that they would do fine on fieldwork, most everyone was nervous. As one student commented, "When I first started it was, 'Oh, my God, I'm really going to start to do it now!' I was scared. I was really scared" (NBS: graduate, woman, SC 7913). Anxiety is not unusual at the beginning of fieldwork (Greenstein, 1983; Mitchell & Kampfe, 1990). Fieldwork supervisors, in this study, had identified the initial phase of fieldwork as one in which students are typically nervous. Students expressed a variety of fears; however, the most common theme underlying students' anxiety was working with a client. Their concerns related to professional etiquette and their ability to perform clinical skills with a real person. Even the student who was not nervous talked of being unsure about relating to the clients, particularly in a psychiatric setting.

I just know that I was worried that I wouldn't be able to relate to the clients very well. I was really worried that I would be overwhelmed . . . . What do you do when a person says this.  
(KJN: graduate, man, SC 8771)

Other students had similar feelings in thinking about how they were going to respond to client situations, both general and specific.

I was afraid to work with a patient, actually. . . . I didn't feel comfortable when I first started working with somebody. . . . I remember (thinking), "I'm going to work on a real person." I was scared. (BNZ: graduate, woman, SC 5704)

My biggest fear was actually how I was going to deal with situations, doing the phys. dis., doing the ADLs. In the psych setting, what am I going to do if somebody gets out of control. (CBS: graduate, woman, SC 6689)

The following student had concerns about how she would respond to clients during therapy for dressing. She was not worried about knowing how to tell someone to put on a piece of clothing, which reflects clinical knowledge, but that she would be there when the person dressed and that she would see them undressed. Her concerns were around professional behavior in an initially uncomfortable situation. Her anxiety was so strong, it took her a while to even talk about the specific issue.

The one thing that I was never really sure about was working with in-patients upstairs (in their rooms) . . . how we work with this kind of patient and that kind of patient . . . It never occurred to me that I would see someone in a that state of undress. It was kind of embarrassing for me, to tell you the truth. I think that was the biggest thing that I was wondering about. . . . At the time I was like, I can't even believe I am going to be working with somebody on dressing. I don't know why it didn't occur to me that it was going to be really dressing. Socks, shoes, and some jackets, but somebody has to go home and dress themselves alone. You really had to go through the whole thing. Now it doesn't bother me, but I was pretty nervous then. (BNZ: graduate, woman, SC 5704)

Professional etiquette, or knowing how to respond and talk with patients, was the dominant concern for many students. Others were anxious about their clinical skills when working with clients, from general abilities about being able to apply information to fearing that they might hurt someone.

It just seemed to remember all the numbers, all the joint movements, all the muscles . . . . I think I was worried, am I going to remember the information and can I apply the information? (MPW: fieldwork, woman, SC 7555)

Would I know if they ask me any questions, would I remember anything that I learned in school? (LSJ: fieldwork, woman, SC 6479)

I think the fear of doing the wrong thing. Fear that, if you do something wrong, you might hurt them. Or well, what am I seeing. Am I seeing this, then I do that, but knowing what you are seeing. Is there high tone, is there low tone? Just not having the confidence in my assessment abilities. (CBS: graduate, woman, SC 6689)

In summary, students begin fieldwork anxious about working with real people for the first time. They are unsure of their abilities regarding professional behavior, responding to uncomfortable client situations or client comments. Some are also afraid that they would not remember the knowledge that they have or would be unable to apply that knowledge to clients. To get over their anxiety students primarily talk of wanting supportive fieldwork supervisors.

I knew me, my confidence level at that point was very low and I know I needed a place that was going to be supportive. I wasn't ready to be independent like that right away. (NBS: graduate, woman, SC 7913)

I hoped that I had a supervisor that was nice. I hoped that it was kind of structured. . . . I need to learn by doing, so even if they overwhelm me, as long as they know if I'm drowning, they could say we will slow down. . . . I think as long as everything was kind of spelled out, the expectations were there, and I just got their feedback. (DBU: fieldwork, woman, SC 2129)

Was I going to like my student supervisor. That was probably the biggest thing. (LSJ: fieldwork, woman, SC 6479)

Placing so much emphasis on the personality, or “niceness” of a supervisor may sound irrelevant. However, Christie, Joyce, and Moeller (1985) had found it to be the most significant factor in an effective supervisory situation. As one student told me she hoped that her fieldwork supervisors would be “friendly to students . . . and receptive to me . . . with an attachment on their part.” She knew that the relationship with a supervisor was crucial, as “it is the only time when you can really feel comfortable asking a ton of questions” (FMJ: fieldwork, woman, SC 6061).

#### Fieldwork as an Arena for Learning

Students did work through their initial nervousness as the fieldwork supervisors had described and as I reported in the previous chapter. I asked fieldwork students and those who had graduated what they had learned during fieldwork. I analyzed the responses to this particular question and others in which these 11 students reflected what they had learned during fieldwork.

Because of my previous research on this topic, I realized my analysis could be biased. However, I also knew that my previous research on fieldwork had been based on participant-observations with fieldwork supervisors, not students. I was not sure if students would identify learning the same things that supervisors in a different study had reported. In an attempt to avoid biased analysis, I recorded exactly what students said they had learned, for example “caring for patients, think creatively, assess clients’

needs, learn techniques, and establish rapport.” I then grouped the student comments.

Three themes emerged from the students’ responses: clinical skills, professional behaviors, and personal growth. These do coincide with previous research (Griswold & Strassler, 1991:24-25). Two of students also talked about learning the influence which the facility has on service delivery, what I call the realities of practice. While not cited frequently enough to be considered a theme, its repeated mention does warrant discussion. While the three main themes from the student interviews took on different titles, they do coincide with the goals which fieldwork supervisors had said they hoped students would meet when on fieldwork. What students call *clinical skills* refers to the supervisors’ goal of helping students apply *theory to practice*. As student talked about gaining *professional behaviors*, they were referring to *professional etiquette* when working with patients. Students’ theme of *personal growth* reflects the fieldwork supervisors’ goal of insuring students *integrate the role of occupational therapy* into their own thinking and behavior. The areas in which students said they learned also reflect the purpose of fieldwork (AOTA, 1991a).

### Clinical Skills

During fieldwork, students have to complete many evaluations and plan and implement therapy for clients. These are the designated activities which fill their schedules and require professional knowledge and clinical

skill. The area of clinical skills was one which caused anxiety in students as they began fieldwork, as they were unsure how much they were “supposed” to already know. This is also the first time that most students have had the opportunity to do any of these tasks. Yet these are the activities which students had been so eager to do when they left their academic program. Interestingly, although students talked about learning clinical skills of assessment, planning, and providing therapy, this was the theme that had the least emphasis in student interviews. Six out of the eleven students talked about this aspect of learning. One student told a long account of needing to plan a therapy group based on functional goals for patients at the rehabilitation center where she was a student. Identifying the functional goals for the patients, a task requiring clinical skill, was the challenge for this student. After much observation and reflection after working with the clients individually, she decided the group needed to learn how to be safe in their home environments while still remaining active and functional. This student acknowledged that she had learned to assess, plan, and implement therapy to meet clients’ needs. In other words, she described gaining important clinical skills. Other students more succinctly recalled learning clinical skills.

I learned a lot more techniques. It was more of hands on. I learned how to use modalities and how to use different techniques. How to make different kinds of splints and a lot of practical hands on stuff. (LSJ: fieldwork, woman, SC 6479)



Body mechanics and types of equipment. (FMJ: fieldwork, woman, SC 6300)

Once you start to feel how they move, you're thinking adduction, abduction, you are just thinking facts. Feel the person, feel what they are doing, feel what muscles are moving. After awhile it's just well, of course, this or that, or this is the angle. . . . You got the feel . . . . You could feel how far you could stretch them without hurting them. . . . It just came with a lot of practice and then it made sense. . . . It's not just memorized. . . . I did so much. I did a lot of assessments. . . . I learned so much more. (MPW: fieldwork, woman, SC 7555)

These students learned more than how to do an assessment or the type of equipment to help someone. They were actually doing the assessment and therapy activities, and gaining performance skills in these tasks. I concluded that they were not identified by more students because other aspects were more significant to their professionalization.

#### Professional Behaviors

*The Guide to Fieldwork Education* (AOTA, 1991a) identified fieldwork as the arena in which students practice interpersonal skills with clients and staff. Many of the students had had limited contact with clients prior to fieldwork, especially the opportunity to do more than merely observe clients. Knowing what to say and how to respond to clients was the primary source of anxiety for students at the beginning of fieldwork. Consequently, it is not surprising that eight of the eleven students reported they had learned how to interact with clients in a professional role. I offer a sample of the comments which students made reflecting the development of their professional behavior.

How to deal with people. The patients and other staff people. To respect people, respect patients. They have rights and their dignity . . . . Treat people the way you would want to be treated, you know, give privacy, they are people too. . . . When I did ADLs with someone, I never leave them naked. I always cover them up. (OJD: graduate, woman, SC 8395)

How to relate to people when you see a lot of different personalities and a lot of negative behaviors and how to handle it. A lot of limit setting and you have to do a lot of that in phys dis [physical disabilities]. (LSJ: fieldwork, woman, SC 6479)

Looking at the patient's goals . . . and what they want out of it. I think I probably had a sense of it, but not as clearly as I do now. (FMJ: fieldwork, woman, SC 6061)

During fieldwork, students learn to consider clients as unique individuals, with their own personalities, needs, and goals. Students also learn to foster a positive working relationship with many types of people and respect their wishes, while making clients feel good about themselves. These lessons in professional behavior reflect both the etiquette and code of behavior expected for occupational therapists and are based on the ideology of the profession. In addition, students also learn expected professional behavior when working with other professionals. One student said she learned about staff relations from a bad situation at one of her fieldwork placements. Because some therapists were not taking care of the therapy area and equipment, other therapists were upset and the situation became very divisive to the department. The student learned the importance of honest communication and the need to work together "cohesively" (CSF: graduate, woman, SC 2268). Another student also talked of learning how to work with

other professionals, "I got the sense of seeking out information on disciplines and kind of taking the initiative for your patient's care" (FMJ: fieldwork, woman, SC 6061).

In summary, students learn how to conduct themselves in a professional manner with a variety of people in many circumstances. Through these experiences students learn more about themselves as occupational therapists and grow personally as well.

### Personal Growth

As students work in the fieldwork settings they better understand the role of occupational therapy. In doing so, their own professional identity continues to evolve. They also begin thinking differently about people. These aspects indicate a personal change in the student. Eight out of the eleven students provided indications of personal change as they grew professionally.

Two students said they had a much better sense of the occupational therapy's role in the areas of mental health and physical disabilities. After seeing occupational therapists and physical therapists working with the same clients on fieldwork, one student noted that occupational therapists really do consider the whole person and examine a situation from many perspectives, in a problem solving manner. Her observations reflect the ideology of the profession.

I think OTs are a lot more flexible, and so there is a lot more feeling behind it . . . a lot more issues that they take into

consideration. . . it's more holistic, what's going on in your head, why aren't you getting out of bed, why do you feel it's better to lay in bed, and what is it that's motivating you to stay there, rather than getting up. (EPO: fieldwork, woman, SC 9879)

Another student realized not only the role which occupational therapy plays, but also the respect which the profession receives from other disciplines. She recalled social services asking occupational therapists for recommendations about discharging patients and the respect which therapists received from other professionals.

I didn't realize how much OT has become very respected in the field. People are starting to realize it is very important, it's not just to keep the patients busy. (MPW: fieldwork, woman, SC 7708)

As students changed their image of occupational therapists during fieldwork, they were incorporating these new ideas into their own sense of identity as occupational therapists. They learned to "be creative and think of new ways to do things" (OJD: graduate, woman, SC 8395) and they had to "really work to be creative and become eclectic (draw from many frames of reference) . . . . to do the best you can" (CBS: graduate, woman, SC 6689). Additionally, as students were learning to think like occupational therapists, two students recognized that they looked at people differently.

It is just in terms of looking, really looking inside the person. How this disability happened, and how it has affected them on the inside. . . When they are coming into the clinic, there is so much more going on than whatever physically is there. A lot of times, what is going on up here is worse, and holding them back more than the physical problems. (KJN: graduate, man, SC 8771)

I learned they are people, they are not schizophrenics. They are people. You can have a conversation with them and a nice interaction. It's not always that they are crazy. They are people who have a mental illness and right now they are not doing well. It is not always like that. (NBS: graduate, woman, SC 8187)

As students were around people with different types of disabilities they began to see past the disability and the societal stigma associated with that person's difference. They began to think of someone with a disability as a person rather than labeling them as the disability or disease, i.e., "schizophrenic" or "stroke." The change in professional attitude influenced how students thought of people with disabilities on a personal level as well. As students were influenced by supervisors as role models, other professionals, and certainly by clients, they were changing the way in which they thought both on a professional level and personal level.

#### Realities of Practice

Three students mentioned learning about the influence the facility can have on their service delivery. Each description related to the economic conditions and need for high productivity, and fast paced work, resulting in a change from ideal practice to what I call the "reality of practice." While all three students, who had addressed this issue, struggled with the realities of practice, this last student was determined to maintain the sense of professional integrity while still making the necessary productivity quota.

You were supposed to have so many hours of group time. You had to push for as many people in group. You might have a patient load where you want to do a group to help these four patients, and they said, you have to have six in group. They

have to stay for at least 45 minutes. . . . It wasn't realistic that you could bring someone else in and sit there. Okay, I have six bodies . . . it took away from the others. . . . If you start having people in groups just so you can bill, then it has lost its purpose. (MPW: fieldwork, woman, SC 7708)

In reality we are revenue producers. In order to sustain, we have to do that. . . . We have to provide quality care and how we go about doing that, where can we still be OTs but get the bottom line here. (KJN: graduate, man, SC 8771)

Interestingly, although everyone was working in a certain type of facility, only three students out of eleven mentioned learning about practice within that specific setting and the given area of practice. Fieldwork seems to prepare students for general practice. The findings of these interviews support the purpose of fieldwork as described by the *Essentials for Occupational Therapy Education* (1993b), and the *Guide for Fieldwork* (AOTA, 1991a). Students did not differentiate learning certain skills or behaviors in fieldwork placements that were geared specifically to physical disabilities or psychosocial dysfunction. Only a few students were aware of the influence of the setting on their practice; most did not discuss this. Students become occupational therapists on fieldwork and do not yet consider skills that prepare them for specialization, i.e, psychosocial practice, physical disabilities, or pediatrics. However, Christie, Joyce, and Moeller (1985) found students choose their area of practice based on their fieldwork experiences, indicating an awareness of the differences between areas of practice and the types of settings in which each occurs. The verification that students gain skills which prepare them for general practice also raises questions which

refute arguments in the literature urging fieldwork experiences in specific types of settings as preparation for practice in those settings (AOTA, 1993b; Baum, 1986; Kaplan & Porway, 1988; Niehues, Bundy, Mattingly, & Lawlor, 1991). Interviews with this group of fieldwork students suggest that students are not focusing on issues related to the setting during fieldwork. Perhaps students are at a point of needing to solidify their professional identity prior to considering specialization beyond that identity.

In summary, fieldwork serves an important role in the professionalization of occupational therapy students. They had entered fieldwork feeling prepared with knowledge from their academic program but anxious about applying that knowledge to specific clients. Students reported they overcame that anxiety and learned the expected professional behavior when working with clients, as they practiced their clinical skills of assessment, planning, and intervention. The positive reinforcement they received regarding their role as occupational therapists confirmed their evolving professional identity and influenced them personally, particularly in how they viewed people with disabilities. A few students were also aware of the difficulty in maintaining their professional beliefs as they worked in facilities designed to make a profit, which compromised the quality of occupational therapy services. The gain of clinical skills, professional behavior, and personal growth occurred throughout the six months of

fieldwork. Some students also reported significant challenges during fieldwork which were indeed turning points in their professionalization.

### Challenges as Professional Turning Points

Some of the fieldwork supervisors had talked about students experiencing a crisis during fieldwork that served as a rite of passage, what Hughes had referred to as “reality shock.” As this theme emerged while I was interviewing supervisors, I began asking students if they had experienced any type of crisis. Because I had already interviewed about half of the fieldwork students and graduates at that point, I could not ask everyone. However, all but one of those who I did ask had a specific incident that they had seen as a crisis at the time and recognized a change in themselves as a result of that incident. Students had crises which focused on clinical skills and professional behaviors as well as personal growth.

One student told a long account of being asked to make a splint for someone very early in his fieldwork experience. He suddenly realized that he was the only occupational therapist in the building and it was late on a Friday afternoon.

I was up in the patient's room, it was about 120 degrees. It was a Friday afternoon, everybody was gone. He was 16, but very, very large. He looked like a 30 year old man. He had some serious medical problems that he needed a resting hand splint. He had a lot of tone. I was all by myself. I was trying to get the splint on so he was comfortable. It's hot as all could be in there and then when I got back to the department . . . I was locked out. While doing the splint, I cut my finger . . . so I was bleeding. I had this cut, couldn't get into the department and it was about 6:00 on a Friday. . . . The next day they went up and checked the splint and



it was fine. It wasn't the prettiest splint in the world, but it was a splint. Experiences like that kind of toughened me up. (KJN: graduate, man, SC 8663)

In this particular scenario, the student proved he could make a splint and under stressful circumstances. He also knew that he had grown stronger as a professional and as a person.

Another student described a situation in which he learned an important lesson in setting limits with clients, a component of professional behavior.

I was in a focus group and he (the client) was all wild . . . my supervisor was on vacation for a week. I was by myself. He had an artificial arm and he ended up taking it off and hitting me with it. That really stands out in my mind. . . . I should have set limits with him and told him to leave. (OJD: graduate, woman, SC 8395)

This student learned how to deal with difficult clients, but she also learned something about her own limits and the types of situations which she was capable of handling. She too had grown personally and professionally.

Other students described situations in which they had been affected on a personal level. One student had been in an acute care psychiatric facility and had gone through training for emergency therapeutic interventions. She described feeling more comfortable with these situations, until the day she experienced an emergency drill for a hanging.

We did a lot of suicide training. They had had three attempts. No one had been successful. I think it got to be a fear. . . . I worked with one woman, they knew if they left her alone for

two minutes she would do something. She was on constant watch. I was okay with working with suicide patients until the mock hanging, and then it was almost like working with this woman--the thought of walking in. . . . It was hard to watch a mock hanging. . . . Even though when the call came, we assumed it was mock, there is still that chance . . . . I was absolutely terrified. It was a dummy hanging. I wanted to cry. We saved it anyway. (MPW: fieldwork, woman, SC 7708)

This student said the mock hanging raised many questions for her about the quality of life for people who are suicidal and she had asked herself "is it her [the client's] own fears that we need to face?"

Other students had moments of crisis that were not quite as dramatic. However, each of these moments of crisis were very significant turning points for students as they rose to challenges and reached new levels of abilities. Coping successfully with a moment of crisis is a defining moment in professionalization. Students realize that by working autonomously through the crisis they were no longer merely anticipating the role of an occupational therapist but were performing the role. As a result of such incidents of crisis, students gain "perspectives" (Mead, 1938:passim). Perspectives are beliefs, ideas, and plans of action people use to deal with problematic situations (Becker, et al., 1961:33-35). Perspectives are self-conceptions and defenses; indeed, offenses as well; they are acquired in interaction of the trainee, for example, with his or her training staff and crystallized, or ratified, in further discussion with one's peers in the program, with one's Gemeinschaft, or community of equals (cf. Khleif, 1974, 1975, 1980).

### Summary

Students changed in a variety of ways. All learned a great deal, specifically clinical skills, the role of occupational therapy, and the behavior expected of them as occupational therapists when working with clients and other professionals. The active learning in the clinic was key for the professionalization which took place. Students identified many ways in which their supervisors and others supported them and fostered their professionalization during the six intense months of fieldwork.

### Sources of Influence and Support

#### Fieldwork Supervisors Promoting Professionalization

I asked fieldwork students and graduates, eleven interviewees total, to tell me about a time when their supervisors had really helped them through a tough situation. My question was not designed to identify every approach that supervisors used, but rather to understand strategies that students believed were especially helpful during significant moments of transition during fieldwork. What the students described coincides with the strategies fieldwork supervisors had said they use to promote students' thinking. Students reported supervisors were role models and gave them specific directions to help them know what to do. Students stated supervisors also asked them questions to facilitate their thinking and challenged them to work independently with clients. Most important to students, supervisors were supportive and encouraging. Supervisor support was mentioned often

regardless of the other strategies which the supervisor had used, and was also highlighted as students talked about their fieldwork experiences in general.

Two students specified that the role modeling of their supervisors had been especially valuable. One student told of a time when her supervisor had served as a role model during a challenging therapy session. The supervisor had been observing the group therapy which the student was leading and intervened to calm a patient and keep a therapy group on track. The student appreciated the opportunity to observe the supervisor's style.

I would run them (therapy groups), but there was one time that I was sort of floundering. . . . there was one patient who was aggravating the other patients. . . . She (supervisor) was able to step in and then retracted. She didn't take over the group. . . . She just had a very gentle nature and sort of put her ideas in and got the group going in a different direction . . . . I learned a lot by keying in [to what the supervisor had done]. (MPW: fieldwork, woman, SC 7708)

As this supervisor modeled a technique to get the group on track, she also allowed the student to continue leading the group, and possibly try the just modeled intervention technique herself. The supervisor's retreat also implied to the student that she was doing a fine job leading overall and encouraged her to continue in her leadership role. Thus, even when helping the student, the supervisor was encouraging and fostering independence.

Three students described their supervisors helping them think more like occupational therapists by giving them specific directions. One such example was told by a student whose supervisor suggested she do functional

activities instead of exercises with clients, reflecting the ideology of the profession.

Sometimes I would do straight exercises. . . . She would say, "Why don't you try having them get something into the sink. Elevate their shoulders that way or wash something." She would try to push me a little more towards function. (BNZ: graduate, woman, SC 5704)

Giving directions to students is an explicit way to influence students' behavior and subsequently their thinking. Another strategy students described their supervisors using was asking them questions to stimulate thinking which would then later affect their actions. In one situation, the supervisor turned the student's questions back to her so that she would have to think through the answer on her own.

She kept saying "What do you think?" . . . She would help me out, but her first instinct wasn't to say "Well do this, do that." She would say, "What should you do?" When I said, "What should I do?" she said "What do you think?" (BNZ: graduate, woman, SC 6155)

Another student first perceived the many questions her supervisor asked as a test of her knowledge. Then she realized they were for the supervisor to better determine her level of knowledge and thinking abilities and help her apply the information to specific people.

They demanded a lot from me and it was difficult the first few weeks. I was feeling really frustrated, that I wasn't giving the right answers. They were asking me, "This person is a schizophrenic, name the four characteristics" . . . there wasn't really a right or wrong answer. She was trying to feel out how much information you knew and could I look at a patient and what could I pick up from the patient. . . . She all along was trying to get me to think, instead of just throwing out the facts,

she was, I think really getting me to think about what I saw in a schizophrenic, what activity should you need there. (MPW: graduate, woman, SC 7708)

Determining the students' level of knowledge is an indication that supervisors were trying to design an experience to meet individual needs. The student above also noted that her supervisor based her expectations on students' level as they entered fieldwork and challenged them to develop from that point.

I think she expected a lot from students. . . almost expecting me to do more. Whatever level you started off as, you should increase. . . . She would tell me . . . "I expect you to keep working up" . . . she kind of took each individual and expected an amount from them. (MPW: fieldwork, woman, SC 7708)

Another student also reported that his supervisor shaped the fieldwork experience to meet his needs when she learned the student was not interested in working in mental health.

She said that there are different types of people and people are going to go their own paths and she never really pressured me into being a psych OT. She geared the internship basically to what I wanted to get out of it. (KJN: graduate, man, SC 8771)

As supervisors meet students at their levels and foster further development from that point, they encourage them to work independently. The supervisor who had helped the student during the group therapy and then let her continue leading the group promoted independence. Questioning students also facilitates independent thinking and problem solving. All students needed to work independently by the end of their fieldwork, since working independently can create challenges for the

students. Meeting that challenge and working independently in general helps students feel more like a professional and colleague. A challenging situation was reported by a student who struggled while her supervisor stood by and watched.

I was doing a carpal tunnel splint. . . . No matter how many times I made the initial imprint, I had to keep on adjusting it, because this woman (patient) was very demanding. "It rubbed here, and oh, it did this, and oh, it did that." I was getting frustrated. She was standing there, my supervisor. I was almost getting angry. . . . She let me ride it through. After that, the lady finally said, "That's good. This is okay." Then thinking back on it and I said to her, "Thank you, Cheryl" (supervisor). I think I needed to go through that. . . . She didn't save me, but I needed to learn that I can save myself. (NBS: graduate, woman, SC 7913.

Working on their own and experiencing success is essential to help students feel good about their abilities as a professional. Working independently was what six students said helped prepare them to feel more like a colleague with their supervisor and other staff members rather than feeling like a student.

I felt like she had confidence in me. She wasn't hovering over me with patients. Sometimes she wasn't even around. . . . I think that was probably the first thing that made me feel like I should have confidence in what I am doing. (BNZ: graduate, woman, SC 6155)

Working independently means students also have to give the occupational therapy report during team meetings. This too fosters a feeling of being a colleague and promotes professional identity.

Just including me in on all meetings (made me feel like a colleague). She really encouraged me to talk in all discharge

meetings, everything . . . . She really made me the leading role and she backed down. (CSF: graduate, woman, SC 2268)

At the family meetings and the rounds I would be the one that would report on my patients. Sitting at the table with everyone else and it's your time, you feel more like a peer, rather than a student at that point. (CBS: graduate, woman, SC 6689)

Students need reassurance that they are doing well as they work independently. They gain that reinforcement from their supervisors and other staff members.

On the first one or two (family meetings) she would go with me and then she would just boost my ego, "You did good, you did a nice job with that" (CBS: graduate, woman, SC 6689).

Doing the evals myself. She (supervisor) always gave me a lot of encouragement and she always told me I was doing well. Other people, other staff members told me that I was doing well. That made me feel really good. When I got to do the evals myself, the write-up, and all of that, you know end with treatments (OJD: graduate, woman, SC 8395).

Most students reported their supervisors are supportive, even when therapy did not go as smoothly as the student had hoped. Letting students know that they too do not know everything helps students realize they can be a good occupational therapist and still make a mistake. This message was brought home to one student.

After that first time I worked with the shoulder patient, I was pretty rattled. She (supervisor) basically sat down and talked with me and said that no matter how experienced you are as a clinician, you are always going to come up against things that you are not 100% sure of, it's normal. . . . She just basically said that she doesn't know everything at times. (KJN: graduate, man, SC 8663)



Supervisors support students through their trials and successes as they begin working independently. As they gain confidence the students feel more like occupational therapists. This feeling is enhanced as students are involved in all activities in the department, and treated as one of the staff.

We would eat lunch together everyday and we would talk about their kids and about once a month we would go to eat or go to someone's pool. By the end, when I was starting to feel like a therapist, I was feeling like I was one of them. It was very easy to make that transition. (NBS: graduate, woman, SC 7913)

Support is essential for anyone working through major life changes. By design, the fieldwork supervisor is likely one source of support for students. This was most often the case as students noted above. However, three students reported that they did not have a positive relationship with one of their fieldwork supervisors. One student had explained she had a supervisor who "needed to control things" and the student "liked to work independently. . . to figure things out" (BNZ: graduate, woman, SC 5720). The student summed it up as "really a difference in supervising styles and personalities" (BNZ: graduate, woman, SC 5720).

Another student had a supervisor who she believed was very unprofessional in her interactions with other therapists (CSF: graduate, woman, SC 9879). This student was at a large facility with many other therapists to draw from for supervision and professional role models.

The third student who described a poor supervisory relationship essentially had no supervisor. The supervisor moved out of state during the

student's fieldwork and spent time prior to the move planning for the event rather than orienting the student. This student said she "didn't have a good role model" but learned from other professionals and from the clients. (NBS: graduate, woman, SC 7913)

In each of these situations students talked about what they had learned from the experience, including information about the disabilities, the importance of collegial relations, and how to seek help from others. All students drew support from sources other than their supervisors; certainly the three with poor supervisor relationships needed to do so.

#### Other Sources of Support

Students gain support from several sources as they are making the final transition into professional life. Students reported other occupational therapists working at the facility helped them gain confidence in their professional role. To deal with frustrations which would put staff members in awkward positions, students relied on their families and other students with whom they went to school.

Most of the students were in facilities where there were other occupational therapists on staff. All students in such situations talked about watching the other therapists during therapy and seeking information from them regarding therapy techniques. Students also reported these therapists were sources of confidence.

All of the staff people for the most part (were supportive). We ate lunch together and . . . they would constantly say, "Oh come

on, you can do this. If I can do it, you can do it!" Kind of lightening up the situation. (MBS: graduate, woman, SC 7913).

One student was working in a department with a relatively new therapist who remembered life as a fieldwork student and served as a confidant.

A couple of people worked in orthopedics. One who had been in practice just a year or so himself at the time. He wasn't so removed, that he could understand what I was going through. I would talk to him off the record at the end of the day, and I would get a lot from that. He basically said, "I went through the same thing, not that long ago." For me, from a younger therapist, it was good feedback to get. (KJN: graduate, man, SC 8771)

Understanding the situation first hand and witnessing the ups and downs of early attempts in playing the role of occupational therapist put other staff therapists in good positions to support students. However, students also need people to talk to who know them well and encourage them to continue on in their efforts. Most students reported they went to their family members for support and to other students with whom they had gone to school.

Several of the students were married and four said they got support from their husbands or fiancés (CSF: graduate, woman, SC 9879; LSJ: fieldwork, woman, SC 6957; MPW: fieldwork, woman, SC 8096; BNZ: graduate, woman, SC 5704). Students often request fieldwork locations so that they can live with family or relatives as temporary housing is hard to find and expensive. Many students noted that their families were "real supportive" (OJD: graduate, woman, SC 8395; CSF: graduate, woman, SC 2268;

CBS: graduate, woman, SC 6689; & MBS" graduate, woman, SC 7913). One student articulated especially clearly a dilemma of identity during fieldwork and the support she gained from her mother.

Everyday when I could come home, she would say, "Well, do the best you can. It's for so many months." It wasn't that I didn't like it, but I don't know if this is what I really want to do. . . . She said, "Just work through this one day at a time, learn what you can." She was real supportive. (DBU: fieldwork, woman, SC 5400)

Three students said they talked with other occupational therapy students with whom they had gone to school. These were people who they had both helped and received help from earlier in their professionalization. These peers were also in the middle of fieldwork themselves and could relate, or commiserate as the case may be, as illustrated in slightly different ways by two of the students.

One support that I used was a classmate that had been to Central Hospital the semester before me, because there were no other students. You kind of like to rally around students. I would call her and she would call me when she was on her next one. That helped a lot. (CBS: graduate, woman, SC 6689)

The person that I went to school with that I was really good friends with, we were both having the same problems. We would talk to each other and I don't know how much better we made each other feel, but you know, because you are both saying, "Gee, what do I do?" (BNZ: graduate, woman, SC 5704)

Two students said they relied on friends, who either were occupational therapists whom they knew from previous jobs or non-occupational therapy friends. However, these did not seem to be primary sources of support for most students.

Most students rely on staff members who know the facility, expectations and patients to help them gain confidence to do the work. Students gain emotional support from family as they work through the final transition into a new professional role. Other occupational therapy students could relate to the difficulties students go through and in essence confirm each others' feelings along the way. Each source of support serves a different need for students, and each seem valued at the necessary time.

### Conclusion

Analysis of clinical thinking and students' discussion of their fieldwork experiences confirm acquisition of the skills which the literature indicate fieldwork is designed to offer students. Students enter fieldwork confident about their knowledge but anxious about applying that knowledge to clients. Students most often express concern around knowing how to respond to clients. This is an area which students learn a great deal during their fieldwork experience. They interact with a variety of people, both clients and other staff, in many situations. Students also gain clinical skills as they apply their theoretical knowledge to assess, plan, and implement therapy with clients. With greater experience and increasing confidence in their abilities, students are beginning to identify themselves as occupational therapists.

Fieldwork supervisors facilitate students' professionalization by identifying what students need and then model, direct, or help a student determine an appropriate response using questions. Above all, fieldwork

supervisors support the students as they make the transition to professional occupational therapists.

As students leave fieldwork they have the skills and behavior for general occupational therapy practice. However, fieldwork students do not have the confidence to easily identify themselves as members of the profession. This might be due to anxiety around a point of professional transition as they enter the work world. They may be feeling “marginal” as they still have one more rite of passage, the national examination. Taking the exam and receiving the results as well as working in a truly independent role occurs during the first year of employment. In the next chapter I will explore the continuing evolution of occupational therapists as they enter their first year of practice.

## CHAPTER X

### OCCUPATIONAL THERAPISTS: CERTIFIED AND EMPLOYED

This chapter follows students from the time they leave fieldwork and into the first year of employment as occupational therapists. I refer to this group as therapists. In the first section of this chapter, I examine the therapists' clinical thinking as they consider therapy for Sean, the case study that all other groups discussed. I also report what therapists believe influenced their thinking. In the second section, I identify what therapists look for in their first employment situation as they move from the role of student to that of professional. In the third section, I examine what therapists learn during their first job. Finally, in the last section, therapists reflect on their change in identity and the events which precipitated their perceptions of themselves as a member of the profession.

Fieldwork students leave fieldwork, feeling like colleagues of the staff therapists with whom they had worked on fieldwork. Yet, fieldwork students lack confidence to identify themselves as occupational therapists. However, they do acknowledge possessing the skills and behavior necessary to work as occupational therapists. Once they leave fieldwork, students take the national certification examination. After they pass this exam they are registered occupational therapists (OTR). Students may work prior to the certification

examination, as it is given only twice a year. They work independently but are required to have another therapist co-sign their reports, indicating some level of supervision, until they have received written notice of passing this exam.

As students select a first job, they do with care, as they must choose an area of practice which tends to put them on a given trajectory for their career. Although they may change their area of practice later, many begin specializing as they enhance their skills to work with certain types of disabilities and learn more about occupational therapy in a particular type of setting.

I interviewed six therapists, five women and one man, graduates of the Worcester State College Occupational Therapy Program. They had all passed the certification examination and had been working from four months to over a year and a half. Five work in the area of physical disabilities, one had worked initially in mental health, and one works in early intervention, with young children from birth to three years of age.

### **Clinical Thinking**

Therapists receive referrals and plan therapy for clients continually. Thus considering therapy for Sean, the 14 year old boy in the eighth grade was a comfortable task for the therapists. Two therapists had worked in schools in the past, one as a certified occupational therapy assistant (COTA) over ten years ago, and another as a teacher. None of the therapists had fieldwork



experience in a school system. No one was employed in a school system, so thinking of working with a client of this age and in this setting was not related to anyone's experience as an occupational therapist. Therapists discussed their initial impressions as they considered working with Sean, how they would describe occupational therapy to him, possible therapy goals, and what they might do in therapy, as students had done. I compare the responses of therapists to those of fieldwork students to identify differences in clinical thinking between the two groups.

### Initial Impressions

Therapists' initial thoughts as they considered working with Sean are very similar to those of fieldwork students. Therapists address psychosocial concerns, wanting to make sure Sean was adjusting to his disability and had social experiences as other 14 year old children. They also want to prepare for Sean's arrival, as the fieldwork students had discussed. Therapists include issues of accessibility of the school and classroom, talking with teachers and other children in the class. One therapist put all of this information together very concisely.

First thing I would do is talk to the classroom teacher and just explain to her and have her explain to the kids what to expect . . . maybe help her run some kind of little mini lesson plan . . . on accepting a person in a wheelchair. . . . Not just saying, "Now we are going to have Sean come to the classroom and he is in a wheelchair" but do something. Actually have them do something . . . to set the ground work. . . . When he comes in, I would just totally observe and see just the basic layout of the classroom and what is going to have to be changed. Where this

kid is going to be able to sit in the wheelchair? What is the easiest way, the ins and outs. (NBS: graduate, woman, SC 8484)

To prepare the other students for Sean and his disability, this therapist wanted to use a meaningful activity, not just discussion. Her thinking and use of activity reflects the ideology of the profession. She has incorporated occupational therapy ideology beyond working with a client.

### Description of Occupational Therapy

Therapists' descriptions of how they would introduce themselves and occupational therapy to Sean are remarkably similar to one another. They all focus on allowing Sean to function in the school and be more independent. Therapists stated they would adapt the environment or the way Sean did tasks to promote his independence.

Help him work on some of the things that are a little bit more difficult for him, because of his disability. We are going to be working on ways for him to overcome those obstacles or do things a little differently. If that is the case, help him to adapt. Adapting the environment where necessary. (KJN: graduate, man, SC 6965)

We focus on independence and function and stuff like that. If he needed any type of equipment to help him to be more independent with anything. (OJD: graduate, woman, SC 6199)

Therapists use the terms function, adapt, and independence with a sense of familiarity and comfort. These terms are jargon of the profession, now part of the everyday working vocabulary of the therapists. They identify what occupational therapists do with clients, i.e., use a problem solving approach as they adapt the method or environment so that Sean can do an

activity by himself. The clarity regarding what they will do with Sean is one way in which therapists' responses are different from those of fieldwork students. Although their descriptions were clearer, they seemed to have lost the inclusion of Sean's goals and interests in therapy, a second difference between therapists' and fieldwork students' descriptions of the profession. Therapists quickly regained Sean's input into therapy as they talked about setting goals for Sean.

### Therapy Goals

Therapists, just as fieldwork students, incorporate the goals which Sean and his parents might have for Sean's therapy. One therapist described Sean as a team member when thinking of setting goals.

Ask him and see where he is coming from and then maybe we could work together. I think we are a team. If he isn't interested, he isn't going to do it. (CBS: graduate, woman, SC 8226)

Another student described Sean's goals as his goals, although he did want to insure that Sean's goals related to function and to his future.

I don't think that I would have any real goals. They would be his goals, but I would probably make sure that they tied into functional everyday (tasks), (and look at) what does it mean in the big picture. Helping him to see that his goals are on a continuum, that it's not that you get to here and that's it. It all ties into your life experience. (KJN: graduate, man, SC 17216)

Fieldwork students had focused on Sean's future and noted that their goals would all be based on what Sean and his parents envisioned him doing after high school. Therapists also wanted to include Sean in their planning

but they had their own ideas of what to work on too. Three therapists identified goal relating to function and independence in the school.

Increase his independence, functional living skills. (CBS: graduate, woman, SC 8083)

That he could move around the classroom . . . . His coat, his locker, that he could get to it alright, that he could get to his classroom, to the bathroom okay. (OJD: graduate, woman, SC 14955)

Four therapists wanted to make sure to address the “emotional aspect in dealing with his disability” (KJN: graduate, man, SC 17449).

Therapists’ goals reflect Sean’s present needs around accessibility and psychosocial issues. Yet as one therapist noted above, all that Sean accomplishes now in therapy relates to his future. One therapist explicitly noted Sean’s future plans influencing present goals, stating that present goals “would be stepping stones along the way” (KJN: graduate, man, SC 8771). The goals of all the therapists imply preparing Sean for future independent living.

#### Occupational Therapy Program

Specific ideas for Sean’s therapy program include activities which relate to his ability to move, work, and play in school, but also give him skills which he would use in the future. Therapists describe a wide range of possible activities which they might include in therapy that reflect their own practice experience. Therapists working in the area of physical disabilities proposed working on activities of daily living or motoric abilities, which would promote Sean’s independence now and in the future.

We'd be doing the functional transfers, maybe using a sliding board if he's never used that before. . . anything with lower extremity dressing, like sock aides, dressing sticks, anything where he can't bend down and get all this stuff done. . . . maybe a reacher if he needs to pick stuff up, like if he drops his pencil or something in the classroom. (CSF: graduate, woman, SC 4623)

Do money management and even laundry. All that kind of stuff, the ADL stuff. (NBS: graduate, woman, SC 8691)

Another therapist, who also works with clients with physical disabilities, addressed Sean's coordination and wheelchair mobility, and quickly thought of activities which are common for teens to do and incorporated these into therapy.

Anytime, with a kid 14, depending on what the kid's interests are, I think it would be a fun session. It would depend on what you are working on, but I think it would be more or less actionable oriented. . . . playing catch, doing those kind of coordination kind of things. . . maybe doing a relay [race]. (KJN: graduate, woman, SC 8387)

The therapist who had worked in the area of mental health described a program that included coping skills and problem solving. Again her therapy would help Sean now and in the future.

I think somebody in that position will have to have pretty good coping skills. . . . I think with coping, it involves a little bit of problem solving. You can't just sit there and cope with something, if you can't actively solve the problem. I think that is actually where I would start, problem solving skills. (BNZ: graduate, woman, SC 6655)

Therapists all had specific ideas of what they would do with Sean in therapy. Their ability to describe a therapy program was the difference between the responses of therapists and those of fieldwork students. The

fieldwork students had been unable to provide examples as they lacked the assessment information which they needed for clear planning. Most interesting is the notion that therapists' programs reflect their work experience, indicating the influence work experience has on their thinking about people and their needs.

#### Awareness of the School Setting

The therapists' experience not only influenced their thinking about clients' needs and programming, but also provided them with insight regarding the therapy setting. Although only two therapists had prior experience working in schools, five of the six therapists noted the setting in their discussion of Sean. They addressed the role of occupational therapy in schools and also service delivery issues. Four therapists addressed the role of occupational therapists in relation to physical therapists and teachers.

I know the physical therapist would work on lower extremity stuff, but I would want to make sure, in terms of functioning, he was able to do what he wants. (BNZ: graduate, woman, SC 6655)

In terms of school and the courses themselves . . . that is the teachers' job in education, helping the kid in terms of tutoring. . . looking at the environmental aspect of it [classroom] and how I am going to have to change it. (NBS: graduate, woman, SC 8484)

The acknowledgement of other professionals working in the setting is unique to therapists with work experience and is an indication of professional development beyond that of fieldwork students. The responses of the two therapists above, as did the responses other therapists, depict an awareness of the role of other people working in schools. Based on their knowledge, they

clarified what they would do as occupational therapists to compliment the role of the other professionals.

Three therapists addressed service delivery in the school setting. All three were aware of the importance of mainstreaming, or inclusion of children with special needs in regular classrooms with their peers. Noting the value of peer contact, these three therapists wanted to include other eighth graders in Sean's therapy activities.

It would be good to have him work on different kinds of problem solving skills with other kids too. That is really what happens in school. They are together eight hours a day. . . . I think idealistically it would be the best to have kids that have disabilities and kids that didn't. It really depends on what is available to you. (BNZ: graduate, woman, SC 6655)

This therapist had noted her plans of including other children in therapy as an ideal situation, hinting that this may not occur because of the restrictions of the setting. Another therapist explicitly doubted the school district's willingness to allow others to participate in therapy activities. In response to the constraints of the setting she suggested working with Sean during gym class as an alternative service delivery approach.

Involve them (peers) in some volleyball games or whatever. . . . I can't imagine a school system allowing it, but it is part of gym class. (CBS: graduate, woman, SC 9068)

Noting the setting as a consideration in planning and providing therapy for Sean was not done by any of the students, regardless of their level in the program. It was not until therapists had had experience working were they able to look at this source of influence on their practice and clinical

thinking. It seems prior to this point in their professionalization, students were focusing on themselves and their own knowledge, identity, and behavior. Once therapists feel secure as professionals, they are ready to acknowledge the outside influences on their thinking.

Even though this group of therapists are not working in schools, they are aware that there are influences and restrictions on practice imposed by the setting, and they are able to identify a potential issue in this setting, that of including others in Sean's therapy activities. The therapists' ability to generalize knowledge of a familiar work setting to one that is unfamiliar indicates that they are continuing to gain general skills which guide their practice. What they learn in one area of practice, they can apply elsewhere. This is an important finding especially for school-based practice, as researchers have argued that therapists need training specific to schools in order to work effectively (AOTA, 1991b; Coutinho & Hunter, 1988; Kaplan & Porway, 1988; Niehues, Bundy, Mattingly, & Lawlor, 1991; Royeen & Coutinho, 1991). The therapists interviewed might need further preparation to actually work effectively in a school setting, however, their discussion of Sean indicates they have knowledge of the parameters regarding the role of occupational therapy and service delivery restrictions. Their knowledge and awareness suggests they might be more prepared than previous researchers may credit them.



## Summary

Therapists who are working differ in clinical thinking from fieldwork students in terms of how they explain occupational therapy to a client, their ability to identify potential therapy goals and describe an occupational therapy program. Therapists had greater clarity in how they explained what occupational therapists do, relating that they work on increasing function and independence by adapting the environment or how the person does the task. Their goals for Sean address his present needs around function and independence but also give him skills for the future. Therapists gave specific ideas for therapy activities which reflect their work experience. Additionally, therapists were able to look beyond their own development as professionals and consider the influence of the setting on their clinical thinking and practice. These differences can be attributed to work experience, regardless of the area of practice in which they work.

## Influence on Therapists' Clinical Thinking

Therapists cited influence from all levels of their training and experiences to enable them to discuss Sean at the level at which they did. The two therapists who had been working for only four months were the only ones to declare that fieldwork had the greatest influence on their thinking. They addressed gaining an understanding of the role of occupational therapy and described how their fieldwork supervisors had helped them. Their

examination of the influences on their thinking coincided with that explained in the previous chapter.

The therapist who had been working for six months also did not indicate that she drew from her work experience to discuss Sean. She believed that she relied on her own personal experiences with her own children, the academic coursework, and fieldwork experiences to talk about Sean.

Therapist: Personal experience, having kids approaching the teen years. I think they [teachers] did make a point always of considering the social and emotional, even in the pediatrics class. It always was in psych courses, that you address the whole person. Even in the phys dis [physical disabilities] classes . . . you always try to incorporate the whole person and the education.

LA: Anything on fieldwork that prepared you to talk about Sean?

Therapist: Well, just looking at the physical environments that people are going home to. It just makes you aware of all the barriers that they have to overcome. (CBS: graduate, woman, SC 7281)

As this therapist blended her professional training and her own life experiences together, she was forming one sense of identity. Her reflection confirms the transformation that happens at the conclusion of fieldwork. The fact that neither she, nor the other two therapists with less practice experience, did not cite work as an influence on their thinking may indicate that they had not had enough experience or were not yet far enough removed from the experience to be able to reflect upon it. However, their clinical thinking about Sean coincided with that of other working therapists and not

of the fieldwork students, indicating that the work experience had indeed made a difference in their thinking. They were not able to recognize that influence as of yet.

The three therapists who had been working for over a year all acknowledged the influence of fieldwork on their thinking, but they also believed work experience had made a difference in their clinical thinking. This group of therapists said they gained a perspective of people's needs from their current work experience. One therapist told me that she considers the whole person after hearing patients tell of their difficulties with basic activities of daily living in her current practice as a therapist.

To hear about how it is affecting them at home and how they can't even go to the bathroom themselves and how they can't feed themselves and have no help at home. . . . That is what I think really made the difference. (BNZ: graduate, woman, SC 6155)

Another therapist stated that working with patients in practice has influenced him to include the patient's goals in therapy. He has learned to use activities that are meaningful to the person and to explain therapy as it relates to helping a person live independently.

Whether you are working with kids or adults, it's basically the same, if the person isn't motivated, you are not going to go very far. If you are not doing something that is somehow meaningful to them and even if it is not a meaningful activity, that they understand why they are doing what they are doing. A lot of times I will be doing exercise with somebody, but I will always explain functionally why we are doing this and what it means. I think that is one area that I probably drew from to create that [plan for Sean]. (KJN: graduate, man, SC 9699)

Each of the therapists who recognized the influence of work experience on their thinking described considering how the disability affects all aspects of a patient's life and how therapy needs to address those immediate concerns. These powerful lessons which patients teach therapists daily likely caused therapists to consider Sean's present needs as well as plan for his future independence.

Therapists definitely continue to learn after they leave fieldwork, as DePoy and Merrill (1988) had predicted and Slater and Cohn (1991) reported in past research. After working, therapists consider a patient's current needs as well as plan for the future. They are more precise in their description of occupational therapy for a patient. Furthermore, they are aware that the setting in which they work influences what they may do in therapy.

Without knowing specifically what they will learn as they enter practice, therapists recognize that their choice of a first job is important for continuing professional development. In the next section I explore what therapists looked for in their first jobs.

### Job Selection

Job opportunities for occupational therapists are plentiful. Occupational therapists are employed in a variety of settings from hospitals and rehabilitation centers, to public schools, to early intervention programs, to in-patient psychiatric hospitals, and to community-based practice in mental health. Each has varying expectations in terms of pace, team members, and

the role of the occupational therapist in relation to other team members. For example, in a hospital occupational therapists have discrete roles of working on daily living skills to enable patients to return home safely. In early intervention, working with infants and their families, occupational therapists may be responsible for many services provided by other health care professionals as they help a family complete medical forms, obtain a new car seat for the child, or be a sounding board as parents express frustrations.

The Research Information Department at the AOTA reported that on the average, occupational therapists entering the profession receive four job offers (personal communication, January 30, 1995). One recent graduate said that she received so many offers "it was embarrassing (EPO: fieldwork, woman, SC 9879). She found her decision on where to work difficult "because almost everybody was ready to offer me the job" (EPO: fieldwork, woman, SC 9879). One therapist took the first job that was offered to her because it was what she wanted (EMJ: fieldwork, woman, SC 6300). Everyone else had more than one offer and had to think carefully about what they wanted in their first job. Four of the five people in the fieldwork student category had just begun their first job. They too discussed the criteria which they used to make their decision on where to work. I included their interview data as well as that of the six therapists in this section. I refer to them all as therapists.

I asked each of the ten therapists what they looked for when choosing their first job and what questions they asked about the employment setting during their job interviews. Three themes emerged from the data: (1) wanting to work in a certain area of practice, (2) wanting to continue learning in a supportive environment, and (3) seeking a professional challenge.

#### Wanting an Area of Practice

Seven out of the ten therapists looked for a first job that was in the same area of practice as one of their fieldwork experiences. This supports earlier research indicating that therapists select their initial area of practice based on positive fieldwork experiences (Christie, Joyce, and Moeller, 1985). Six of these seven therapists selected jobs that were very similar to the facility in which they had done fieldwork. They had gained confidence and comfort with their identity and role during their fieldwork experience.

I wanted phys dis because that is what I did at Eastern (Hospital) in my internship. I wanted basically something that was really close to my internship. That is what I felt comfortable with. (OJD: graduate, woman, SC 8395)

I definitely wanted to do out-patient work. Some of that was because of my comfort level with doing primarily out-patient work on my affiliation. (KJN: graduate, man, SC 8771)

Once narrowed down to an area of practice, therapists selected a job from opportunities which would provide them with support as they began working on their own. They looked for supervision and opportunities for positive role models and collaboration with the staff with whom they might work.

I had interviewed at another place and it was between that place and this place. I am like, "Oh, my God, what one do I pick?" . . . . [I asked about] the supervision . . . . It was just the feeling that I got when I was at the place. (OJD: graduate, woman, SC 8395)

I especially liked the person that was going to be my supervisor at Northstar. She is why I decided to go there. I met everyone in the department. Everyone seemed, on first impressions, to be good OTs. I think I based it more on the people that I was going to be working with, in terms of staff. (BNZ: graduate, woman, SC 6155)

This group of six therapists had positive fieldwork experiences and wanted to continue working with the same type of client population. They also wanted the comfort and support of continued supervision from more experienced therapists. In this type of situation they could contribute to patient care and feel good about what they were doing as they continued to learn from occupational therapists around them.

#### Wanting to Continue Learning

Two therapists distinctly stated that they wanted to continue learning. One therapist wanted to broaden her skills as a therapist. She choose a facility that offered her a wide range of clients and disabilities, which she had not had during either of her fieldwork experiences.

I definitely knew that I needed a good foundation. . . . I need some better assessment skills, just general skills, like splinting skills, activity skills to assessment skills. I just wanted a real fast pace place where I was going to absorb as much as I can and from someone with experience. (DBU: fieldwork, woman, SC 2375)

Another therapist selected a facility that was very different from either of her fieldwork experiences. However, in this new job, she was planning to

draw from what she had learned during both fieldwork opportunities. Recognizing the challenge of this job, she wanted “supervision” to help her solidify her skills as a therapist (EPO: fieldwork, woman, SC 9879). She had interviewed four places and decided on a setting that would offer her the supervision that she felt she needed to continue learning general occupational therapy skills. This particular therapist was planning on moving to another area of practice which offers less supervision after she felt she had enhanced her general professional skills through her current work experience (EPO: fieldwork, woman, SC 9879).

Meeting professional needs sometimes has a price. One therapist took a job which she described as one which offers “a good foundation and the people are supportive and wonderful and I’m learning a lot from them. That is all I want right now” (NBS: graduate, woman, SC 7585). She compared her job to those of friends from school, noting that they make \$6000 to \$7000 more than she is making. However she said she is happy with the environment and opportunity to continue learning.

#### Seeking a Professional Challenge

Four of the therapists wanted to continue growing professionally and were seeking a challenge. Two therapists stayed within the area of practice in which they had done fieldwork, but selected a job where they felt they could grow professionally, but also make a difference in the facility. Both of these therapists had chosen the area of physical disabilities because of positive



fieldwork experiences. One therapist had been one of the few to note the influence of the facility on practice during his fieldwork and knew that he wanted to work in a department that was smaller than that one had been. He recognized that she would be able to have greater input into the way in which tasks were done in a smaller department than in a larger one.

I wanted a place that was a little bit different from where I was at in terms of productivity, pace, and size. I wanted to work for a smaller department. I felt I could make more of an impact in a smaller department, than just fitting in as a number, "therapist number 30." (KJN: graduate, man, SC 8771)

He took a job in a small, two-person department where he had been able to develop programs and serve on organizational committees to improve relations with the clients (SC 8771).

The other therapist who sought a professional challenge in an area of practice in which she had done fieldwork turned down a job offer at the fieldwork facility. She liked the rehabilitation setting and the diversity of clients and had considered working there as an employee. However, she then received an offer to help develop a rehabilitation program in a new hospital. She saw this opportunity as a challenge which she might not "get to do many places" (EPO: fieldwork, woman, SC 9879) and took the more challenging job, even though it meant an hour and fifteen minute commute each way. This therapist had just completed fieldwork and had been working for only a month. She was bubbling with enthusiasm as she spoke of her decision to work at the new facility.

It was the opportunity to develop the program, they have a nice gym, its a new facility, its brand new. . . . they've got a kitchen for the OTs and . . . the potential is there to develop that program, I can just see so much going on, I can run a kitchen group, I can fun any kind of program I want. . . . I have all this stuff that I have from school, all these protocols for all these groups. . . . that's what pulled me to do it . . . . I like the diversity of a rehab setting where there is a lot of different things going on, lot of different patients, always a lot of stuff to learn, I guess that's what I'm thinking about in the back of my mind. (EPO: fieldwork, woman, SC 9879)

Both of these therapists had chosen an area of practice in which they felt comfortable and well prepared to work. They were ready to make a difference in the way occupational therapy services were provided and took jobs that were challenging for them.

Two other therapists chose a professional challenge in an area of practice that was different from either of their fieldwork experiences. They were both mothers and wanted flexible schedules to meet the demands in other aspects of their lives. One woman had just completed fieldwork and the other had been working for six months. The first therapist had just taken a job in which she was helping to start a new department in the area of geropsychiatry.

It is a challenge. There hasn't been an OT. I am working with another woman in mental health, twice a week. She just started in our department. It is a lot for a new student, but they didn't have anybody, so they offered me the challenge. (MPW: fieldwork, woman, SC 7400)

She had spent the first week developing program descriptions and protocols for the department (MPQ: fieldwork, woman, SC 8096). She talked of feeling

prepared for the job and relied on preparation from school and fieldwork to meet the challenges.

The second therapist also wanted the flexible schedule, but she too saw the need for supervision. She knew she was seeking a challenge as she was looking for a setting that offered her variety.

I was looking for flexibility in my schedule. I was looking for supervision. . . I was looking for growth through the supervision not just through the supervisor but with another therapist. Also, a setting in which it wouldn't be all that cut and dry. (CBS: graduate, woman, SC 7118)

As this woman took on a professional challenge, she also received the supervision and support from other therapists to foster continuing development. Her desires were similar to those of other therapists described above. This therapist took a job in early intervention, working with young children and their families. Both of her fieldwork experiences had been very traditional and had not included children. Because of the dramatic difference in service delivery in these areas of practice, I asked her how fieldwork experiences in the medical model had prepared her to work in the family-centered model of early intervention. She replied that she had gained and still used her "assessment skills, observation skills, and clinical reasoning" (CBS: graduate, woman, SC 8096). She had been working for six months and seemed very comfortable in her position.

In summary, therapists had choices of where to work once they completed fieldwork. It was up to them to determine the area of practice in

which they wanted to work and the level of support and challenge they were needing to continue their professional development. Regardless of the choice which they made, all of the therapists did indeed continue to grow professionally, as will be explored in the next section.

### **Continued Learning on the Job**

Once therapists began working and were getting paid to be an occupational therapist, they believed that they should know what they were doing. Many struggled with the discrepancy between their perceived knowledge and income. One therapist, who had been working for four months and still felt insecure in her abilities, told me that she finally realized that she did not need to know everything, but needed to know where to search out necessary information.

When you're in there and you've got a job and you're getting such and such money, since I'm making this much, I should know something, or I should know it all, and that's hard to stand back to say, well, you don't have to know it all. You just need to know the resources to know it all. (CSF: graduate, woman, SC 5626)

A therapist who had just finished fieldwork and was beginning her first job saw this step in her professional development as a confidence issue. She recognized that she needed to continue learning to foster her own confidence as a therapist.

Just the level of confidence, getting more education. I think if you go out there and know what you need and you go out and get the education, I think you feel better about what you are

doing. That it is important to keep on going. If you are lacking in something, then ask. (DBU: fieldwork, woman, SC 2129)

Therapists who had been working for over a year still claimed they were learning daily, as one clearly stated.

I am constantly learning. . . . I think you think that once you graduate from school, okay, I have graduated, I know everything. I am going to save the world. I think that is the biggest thing that I learned [after starting work]. I learn every single day at work. (NBS: graduate, woman, SC 7585)

In this section, I draw primarily from interview data with the six therapists who were certified and had been working for at least four months. Two therapists who had been working for two weeks also talked about what they had learned in that short time on their jobs. Their comments are included as well.

I asked therapists to tell me what surprised them about practice once they started working. I analyzed their answers to this question and other discussions about their jobs to determine what therapists learn during their first job. Therapists said they learned more about their roles because of the influence of a particular area of practice or a certain type of setting. Therapists also became aware of the national changes in health care which influence what they do as occupational therapists.

#### Influence of Practice Area on Therapists' Roles

Three therapists said they learned more about their role as therapists once they were in their first job. In each of these cases, the therapists found that occupational therapists had a less defined role than they had believed

earlier. One therapist recognized the overlap of occupational therapy services with those of physical therapy. She did not see this as a problem because both professions are trying to help the clients become more independent.

I know that sometimes there is some overlap, but I think we are all shooting for the same thing. We are all shooting for the benefit of the patient. . . . I think you are seeing a lot of overlap and you are seeing OTs doing some modalities and you are seeing some PTs doing functional things. (DBU: fieldwork, woman, SC 2129)

Occupational therapists working in home care need to take a broader role than is typical in a clinical area of practice with many other professionals working nearby. In home care, when therapists go to a person's home, they need to "take everything into account" (NBS: graduate, woman, SC 8187).

The therapist described how she needed to talk with other professionals after home visits to verify her observations and ideas for therapy because her role had expanded when she began working in home care.

A therapist who had taken a job in early intervention talked of wearing a "social work hat" as she needed to fill out Head Start forms and deal with issues which come up during home visits that are not related specifically to the child's development. She understood the importance of the diversity in her roles because helping a family simultaneously helps the child. She related that gaining this understanding on her first job "opened up my eyes" (CBS: graduate, woman, SC 7281).

Another therapist was surprised how much she used her psychiatric training when working with people with physical disabilities. She recalled

that in school “people seemed to separate it into black and white” but that in practice she “finds it all kind of works together. . . in this geriatric setting, it was primarily phys dis, but there was a lot of psych involved” (LSJ: fieldwork, woman, SC 6479).

It seems therapists had focused on the discrete role of occupational therapists as they were in school and on fieldwork. They had not yet considered using training from one area of practice in a different area. In these earlier sites of professionalization, they had been seeking to understand therapeutic approaches and specific skills to use when working with a client with particular disability. Also they had been wanting to identify how they were different from other professionals. Now that they were in practice, and often working in smaller departments than those in which they had done fieldwork, they were asked to take on other roles which they had not done previously. The expansion of roles described above are determined by an area of practice. In other situations, a setting may influence what an occupational therapist does. They were developing clinical reasoning skills which enables them to more easily consider other aspects of a person in therapy, e.g., psychosocial issues with a physical disability (Slater & Cohn, 1991).

#### Influences of the Setting on Practice

Even though therapists may chose their first job in the same area of practice as they had done fieldwork, several encountered differences in the settings in which they worked. They quickly recognized the influence which

a specific setting can have on the delivery of occupational therapy services. One therapist talked at length about the difference in relationships occupational therapists had with physicians which in turn determined the type of tasks therapists engaged and services provided. He was surprised by the lack of communication between the two professions at his work facility and also at the demands which physicians put on therapists. Because of new demands, the therapist was not able to do all that she wanted in therapy.

Some of their (physicians') diagnoses are very unclear. They are not always very helpful or open to what the therapist has to say. That was probably an eye opener. At Seashore Hospital . . . they had a closer [relationship] with their physicians. . . . They (physicians) would be down in the clinic and would be very open to what the therapists do. Here, a lot of times they will send you [a patient] basically to diagnose. They will say, "Question tendinitis or question this or rule out that." So we are doing that. Having to do the screening and the evaluating, not necessarily the treating. (KJN: graduate, man, SC 8663)

As a result of the need to determine a diagnosis, the therapist said his role had changed from one of therapy to one of evaluation. This in turn influenced what he was able to do in therapy. He felt further constrained by the number of visits allowed by insurance companies.

I think that in this setting we have to have them [patients] doing some of the things, even if they are not functional activity based. It's more out of the facility and the setting that we are working in. . . . There doesn't seem to be time to develop these elaborate activity programs and when you look at just the worker's comp people, they are only given nine visits. In nine visits, you basically have to get everything done. . . . There is that time pressure. It does prevent us from doing some of the neat activity based things. (KJN: graduate, man, SC 8663)



The ideal practice of occupational therapy in this situation was hampered by an increase in role expectations as well as limited number of sessions in which the patient can be seen by the occupational therapist. This therapist resorted to doing more exercise and less purposeful activity. In essence, he was not practicing using the ideology of the profession.

Another therapist also saw that she was not able to use activities and at times even theories in therapy and had lost the wholistic approach as she was not able to incorporate the clients' interests into therapy. She attributed this change in her practice to the pace of the facility.

Therapist: It is easy to loose track of your wholistic approach and your utilizing theory. You learned about PNF, you learned about NDT [theories of rehabilitation], but you are there with somebody on the ergometer [exercise machine], it's like, hmm, where is the activity in this? Where is the trying to incorporate everything? It is not easy to incorporate everything.

LA: What caused you and other people to forget those activities and to forget the variety?

Therapist: The pace. (CBS: graduate, woman, SC 6689)

Behind many of the changes in practice are the health care reforms going on today. Although Congress has yet to determine what those reforms will entail, changes are already occurring as third party payers, insurance companies and managed health care programs take a pro-active position.

#### Influence of Health Care Changes on Practice

Five of the eight therapists who talked about their jobs reported they were very aware of the influence which health care reform has on their jobs.

Pre-determined number of visits, as noted above, is one result of the emerging changes in health care. All five of the therapists were surprised by the amount of paperwork which they needed to complete to document therapy.

I realize that it [service delivery] is much more focused on money and how much health care and all the changes really influences your job. When I first got out, I [though] it is just for the patient and that is the only one you have to please. And now it is like, well if you don't have this medicare form filled out right, you are going to get denied and people won't get paid. I didn't realize the impact of all the financial aspect of it. . . . I was taught that on the job right away. You have to document a certain way, or this is going to get denied and this is how much it costs. (LSJ: fieldwork, woman, SC 6479)

Therapists also described how the paperwork is so time consuming.

I could spend all day doing it. I really could, there is so much. . . . I bring home stuff all the time. (OJD: graduate, woman, SC 8395)

To learn the paperwork . . . I was dumbfounded. . . . It's pretty hefty. (EPO: fieldwork, woman, SC 9879)

Once out in practice, therapists learned that not all of their time was spent working with clients, but also justifying what they did, so that they could get paid for their services.

### Summary

As they entered practice, therapists expanded their roles as occupational therapists. The area of practice and the specific setting, as well as the changes in health care were all influencing what they did with clients and even how they accomplished their goals. In some situations it seems that professional ideology may be lost. Subsequently, therapists need to fine-tune their

identities as they enter and continue in practice. The two therapists who had been working for over a year and a half were the ones who most clearly declared how much they had learned since they began their jobs.

LA: What surprised you the most about practice?

Therapist: How much there was to know. How much I needed to learn. It was overwhelming. It is still overwhelming. Like I said, you think you graduate and you think you know it all and you are going to do your job--ha--I have been educated. I know what I am doing. The surprise was, you know this much about this much and you are just going. It is going to take time and experience to learn that. You are not going to learn it over night. (NBS: graduate, woman, SC 7913)

As this therapist talked about continuing to learn, she seemed very comfortable with her identify as an occupational therapist. But she knows that professional development never ends. Another therapist, with equal experience contended that the learning and changing as a professional is what keeps therapy interesting and exciting. He also noted the diversity in the profession which opens up even more opportunities for learning and professional growth.

To stay interested, you have to change or otherwise it can get awfully boring I think, to do the same thing over and over. . . . That is what makes being an OT so much fun. There are so many different ways to go. Right now I am really a phys dis OT, but somewhere down the line I could do something totally different. In a different setting, different pace, different population. Just having that open is kind of a neat thing. (KJN: graduate, man, SC 9699)

As therapists change jobs, moving to another facility and perhaps a new area of practice, they will again need to redefine their roles and how they

will best carry out that role. Yet the strong identity as an occupational therapist remains, regardless of the area of practice. It is the general training that enables therapists to make the career changes. Therapists are prepared to become members of the profession, not specialists within that profession. Therapists' discussions of their academic education and fieldwork support the training occupational therapists receive to work in any type of setting and within all areas of practice. Only during employment do therapists acquire skills specific to that particular setting and practice area. They add this knowledge to their existing identity as occupational therapists.

The notion that students do not suddenly become occupational therapists as they leave either their academic program or fieldwork and begin a job becomes evident as I consider information in the previous chapters as well as this one. Professionalization for this group of students and therapists appears to be one in which identity emerges as students gain theoretical knowledge, professional ideology, behavior, and etiquette over a five year period of time. During each phase of professional development throughout academic training, students recall moving closer to feeling like an occupational therapist as they use language, ideology, knowledge and skills. Fieldwork students applied all that they knew as they engaged in all of the tasks done by occupational therapists by the end of each of their two fieldwork experiences. However, they seemed to lack confidence as they entered the professional work world and were not fully identifying themselves as

occupational therapists. Once students pass their certifying examination and get settled into a job, they begin to relax and allow themselves identify themselves a member of the profession for which they worked so had to train.

### Identity as an Occupational Therapist

I asked therapists who had been working when they first felt like an occupational therapist. Their answers were what I had expected from fieldwork students. Five of the six therapists reported having felt like an occupational therapist during fieldwork. Independently doing activities which are done by occupational therapist, i.e., providing occupational therapy services, were significant turning points for this group of therapists. One woman recalled she felt like a therapist when she was writing up an assessment which she had done on a patient. At that point she realized she had full responsibility for planning and providing therapy to this patient.

When you go back and write up your assessment. I think you have done this assessment and this person becomes your patient and you actually begin treatment. You develop the treatment plan and you initiate the treatment. (CBS: graduate, woman, SC 7118)

Along similar lines, another therapist reported that realizing that he had made a difference in someone's life because of his work as a therapist marked a significant milestone in his professional identity.

When I started to see patients on my own and make discharge decisions. . . . I remember at the time thinking, I did the evaluation, I planned the treatment and we did the treatment and the person did well. I remember . . . my supervisor . . .

[saying] "you took a very anxious woman from the very start, and helped her along a great deal." . . . I made a difference. (KJN: graduate, man, SC 9699).

Another therapist recalled helping a little boy learn to tie his shoes, a skill he had been wanting to acquire. The therapist described using her skills in analyzing his needs, assessing the therapy environment and how that was effecting him, and focusing on this patient as a little boy who was motivated by "Teenage-Mutant Ninga Turtles." When he met this goal the therapist stated she had realized "This is OT" (BNZ: graduate, woman, SC 6155).

These three examples were typical of the five therapists who said they realized they felt like occupational therapists when on fieldwork. They had all the responsibilities of a therapist, making the decisions, analyzing patients' needs, and providing what needed to be done to help patients do more tasks independently. These therapists saw autonomy as important for their sense of identity.

One of these five therapists also said that she had another uplifting experience when she received notice that she had passed her certification examination. At that moment, she was able to legally work independently and no longer needed a supervisor to co-sign her reports.

People kept co-signing on my notes and it was a real pain. When I found out that I passed my test, then I felt like I was really an OT. (OJD: graduate, woman, SC 8775)

Another therapist had waited until she had taken her examination before beginning a job. When she had been hired, she was the only therapist

in a new nursing home. She said once she was joined by other therapists from other health care professions and she was able to help orient them she felt a confident professionally.

PT and speech came in and started asking me questions, and I actually knew the answers. . . it felt good . . . it feels pretty good to know somethings. (CSF: graduate, woman, SC 2479)

Therapists identified themselves as members of the profession once they were doing all the tasks expected of a therapist during fieldwork and doing these with autonomy. They were reflecting a change in identity which the fieldwork supervisors had reported occurs for students during that portion of professional training. This was indeed different from the reports of fieldwork students interviewed in this study. They had been very insecure and unsure of their identities as occupational therapists. Because most therapists did report a change of identity occurring during fieldwork, my suggestion that fieldwork students were lacking confidence as they transition to a first job seems probable. The students had all described success stories with patients during their fieldwork experiences that were similar to the ones noted by therapists as indicators of a change in identity. Only additional interviews with the same fieldwork students would support my suggestions.

### **Conclusion**

Interviewing therapists about their professional training was important to include in this study, as this group was able to speak with confidence about their identity and how it emerged. They reflected on the

importance of all of their professional preparation including academic education and fieldwork. Additionally, they described how their first job solidified their identity and helped them examine the setting in which they worked. Indeed therapists had made it over many hurdles along the way, all of the rites of passage. At this time, a summary of the professionalization of occupational therapists and how that compares with the framework outlined at the beginning the study is necessary. The following chapter does that and presents suggestions for future research based on trends noted and questions raised throughout this study.



**CHAPTER XI**  
**SUMMARY, CONCLUSIONS,**  
**AND SUGGESTIONS FOR FUTURE RESEARCH**

I undertook this research to gain understanding of the emergent identity of occupational therapy students during their professional training through their first year of practice. By emergent identity I mean how students come to think of themselves by a different title, in this case, as occupational therapists. A new identity requires a new way of thinking and acting in addition to the person taking possession of a new self-image. I interviewed 37 students or graduates from Worcester State College (WSC), a public college in central Massachusetts. Students in the study offered the diversity which exists at WSC, with women and men, and students seeking second careers with a range of life experiences, as well as women and first career, traditional age students. Student interviews provided me with three types of data. 1. Their use of the profession's ideology in their clinical thinking as they discussed therapy for a person with a disability, a hypothetical case that I created for this study. 2. Students' reports of feeling like an occupational therapist enabled me to ascertain their change in self-image. 3. Students' description of the influences on their professional development in terms of courses and learning activities, fieldwork, and a first job.

I analyzed occupational therapy textbooks for content and organization regarding the profession's ideology and role behavior. Interviews with faculty and fieldwork supervisors highlight goals for professionalization in the academic program and during clinical experiences. These two groups of educators also identified strategies which they use to promote students' professional development. Using this triangulated approach in data collection, I am able to describe how the faculty and fieldwork supervisors do indeed foster students' acquisition of the profession's ideology and encourage role development using active learning. All interview data was analyzed using HyperQual2 for Qualitative Analysis and Theory Development, version 1.0 (Padilla, 1993). The HyperQual2 software allowed me to quickly code the data into meaningful categories and return to the original source easily during analysis.

In this final chapter, I summarize the professionalization of students in the occupational therapy program at Worcester State College, from their freshman year through fieldwork and into their first job. I review the influence of academic education on helping students to acquire the profession's ideology and to learn the expected role behavior. I also summarize the effect of fieldwork supervision as students engage in activities in which they indeed take on a new identity as occupational therapists. This dissertation is a case study, valuable in generating ideas regarding the professionalization of students in one program and providing deeper

understanding of that program. These ideas are not to be generalized to other programs, nor was that my purpose.

In the conclusion section of the chapter, I examine the findings of this research in relation to theories of professionalization as described by Mead, Hughes, and Khleif, which served as my framework for analysis. I compare my conclusions to those of Bucher and Stelling and propose an alternative visual model for professionalization, a spiral, which I discuss later in the chapter. In the third and fourth sections of the chapter, based on understanding gained from this study, I offer practical suggestions for occupational therapy education and for future research regarding professionalization of occupational therapists.

#### **Summary of Emergent Identity**

Students in the occupational therapy program at Worcester State College (WSC) are a heterogeneous group, one reason why this particular program was so appealing to study. Sixty percent of the students are of traditional age, coming directly from high school, or one year later. Approximately 40% of the students are of non-traditional age: some are without college degrees and often unrelated work experience; others have college degrees in related or unrelated fields. Some students are certified occupational therapy assistants (COTA), continuing on in school or returning to school for a bachelor's degree to become registered occupational therapists (OTR). WSC also has a greater number of men enrolled in the program than

the national average, 17% at WSC as opposed to 11% nationally. As a commuter school, WSC draws students primarily from central and western Massachusetts as well as Rhode Island, all within approximately an hour commute: hence, the student population has socio-economic diversity as well as diversity of age and gender.

In spite of the differences in the students, including their gender, age, life experience, or previous careers, including experience as a COTA, all are very similar in their reasons for choosing occupational therapy. Students choose occupational therapy because of their desire to help others live more independently and their interest in both medicine and psychology. They are further attracted to the profession by the diversity of opportunities in practice. Students describe important qualities they believe occupational therapists should have to work with people who have disabilities. Students recognize that occupational therapists need to be able to understand the patient's perspective and be respectful, non-judgmental, and open minded as they work with a variety of clients. Students further acknowledge that to be a good therapist, a person needs to be caring, flexible, quick thinking, and adaptable as they problem solve with patients around their individual needs and goals. Most students believe these qualities are an integral part of one's personality and question whether they could be acquired through courses.

Students make many changes in their thinking as they proceed through the occupational therapy program. As a result of the educational

activities at each level during their professional training, students more explicitly incorporate the profession's ideology into their thinking and identify the service role of occupational therapy with greater clarity. These changes have been noticed as students discussed providing therapy for a fictitious client, Sean, a 14 year old boy with spina bifida, a case study I employed in this research. Spina bifida is a birth defect of the spinal cord, which results in paralysis of the legs and often a loss of bladder and bowel control. Students were to describe their immediate concerns regarding Sean and his entry into a school where they were told they worked. They were to identify goals and suggest a therapy plan for him. Appendix E has complete information on Sean and the questions which I asked students.

Freshmen have the desire to help Sean and want to include him in planning therapy. Their responses are vague but reflect the beginning of the profession's ideology as they want to include Sean in planning therapy. Sophomores incorporate greater occupational therapy ideology as they take a wholistic approach and focus on Sean's psychosocial needs. Their sense of occupational therapy's role is unclear, but they know that a relationship with Sean is important. They express wanting to be a friend to Sean as they help him adjust to adolescence and the new school. Sophomores describe problem solving around Sean's needs, indicating increasing awareness of occupational therapy's role. Junior level thinking is markedly different from that of sophomores. Juniors encompass all aspects of Sean's life, including school,

home, leisure, and self-care. By junior year, students at WSC use the ideology of the profession in their planning as they value occupation, i.e., the use of activities, in all aspects of Sean's life. They want to include Sean when they set goals and plan therapy activities. Junior students' discussions reflect the role of an occupational therapist as a problem solver as they describe adapting his classroom or activities so that Sean can participate with his peers. Senior level students' discussions of therapy for Sean are similar to those of juniors; they too incorporate the profession's ideology and role. Seniors have a deeper appreciation for Sean's feelings regarding therapy activities than did they juniors. They appear more comfortable talking about their plans, perhaps having had more opportunity to do so in class.

Opportunity for applying occupational therapy thinking is especially important for students to begin feeling like an occupational therapist. Students must seek most experiences out on their own. Students at all levels in the program with jobs or volunteer work in the community or in a hospital had greater occasion to use their occupational therapy knowledge, ideology, and problem solving skills. Such experiences facilitated students to identify themselves as therapists earlier than the students without such opportunities.

During fieldwork, all students have ample opportunity to apply their knowledge as they work with clients on a full time basis for six months. Their experience is reflected in their clinical thinking with Sean. Their

therapy plans reflect the ideology of the profession and they further consider Sean's long range plans and suggest possible goals which Sean and his parents might have. Fieldwork students, who are now well aware of the protocol of first gathering assessment data, then planning therapy, are unable to suggest possible activities as they lack the necessary information from their own assessment. Thus they are prevented from problem-solving as they are unsure of the specific problems. Fieldwork students consider the environment where Sean will be, the school setting and describe preparing Sean's classmates and teachers for his arrival so that Sean would feel more comfortable and have a smoother adjustment.

Graduates, who are now certified and have been working for at least four months, also have addressed preparing the environment for Sean's psychosocial adjustment. They specify talking with Sean's teachers and other students. Their ideas for such preparation are clearer and more specific than those of fieldwork students. Therapists' therapy goals and activities reflect their practice experience. Their responses range from addressing Sean's physical and daily living skill needs to helping him cope and problem solve. Furthermore, therapists have an awareness of the school setting. Therapists distinguish between the role of occupational therapists and other school staff and discuss the recent trends which influence service delivery. This additional consideration of the employment setting is unique among the

cohorts in this study, suggesting that awareness of the setting develops after therapists have completed all formal training and are in practice.

Students' emergent self-image as an occupational therapist varies by where they are in professional training. None of the freshmen had had experiences when they recalled feeling like an occupational therapist. The fact that only three freshmen volunteered to participate in this study indicates that they may not yet identify themselves as occupational therapy students or future occupational therapists. Sophomores were eager to enter into the professional program and grasped moments of using professional language to help them move closer to identify with the profession. Juniors described using their knowledge in job situations and occasionally with friends. Seniors expressed confidence and told of eagerly using their occupational therapy knowledge and skills whenever they could, both in their jobs and in their personal lives with family and friends. Seniors recognized they were still students, but all told of feeling like an occupational therapist many times. They were moving towards a professional self-image. Fieldwork students had a different perspective than students. They knew the multiple responsibilities associated with being an occupational therapist. Most did not yet feel like a therapist, even though they had performed all of the tasks of an occupational therapist. Graduates, therapists working in the field, stated they had felt like a therapist when they were on fieldwork as they worked independently to do assessments, plan for patients to be discharged, share



information about occupational therapy at team meetings, and make a difference in patients' lives. Working with autonomy was key for a sense of identity, particularly working through moments of crisis. It is hard to determine why this group identified themselves as therapists during fieldwork while the students whom had just completed fieldwork had not. It may be the cohorts were extremely different, and perhaps working therapists had had time to reflect on their earlier fieldwork experience with greater confidence. Only one therapist cited passing the national certification examination as a high point in her professional development and identity as a therapist, yet this is the final rite of passage into the profession. The professionalization of occupational therapists is considered mild, compared with that of some professional groups, such as paratroopers (Khleif, 1981).

#### Influence of Academic Education

Textbooks provide students primarily with knowledge which serves as a foundation for learning activities in courses. Most textbooks do include content on occupational therapy ideology and expected role behavior. However, this information is often given in separate chapters and not integrated with other content nor reinforced throughout the books. Faculty rely on students gaining knowledge from reading and help students apply their knowledge as they engage in learning experiences using activities, role plays and clinical examples. Faculty emphasize helping students acquire a new way of thinking, which includes considering all activities in which

clients engage throughout their daily routine, including work, leisure, and self-care. They also stress the importance of involving clients' goals, interests, and motivation to plan therapy goals and activities. These concepts reflect the ideology of the profession. Furthermore, faculty promote students learning the role of occupational therapy, that of a problem solver. Faculty encourage students' reflection on the learning activities to facilitate awareness of their professional development. The faculty's active teaching approach has been described as expeditious for student learning (Clinchy, Belenky, Goldberger, & Tarule, 1985; Dewey, 1938) and professionalization (Schön, 1987).

Students report courses in which they had experiential activities as the most influential in their professional development. Two courses at the sophomore level were noted by students from all levels within the program as helping them acquire the profession's values and learn how to problem solve. These courses are a media skills course and a group process course. In the media skills course, students learn to analyze activities, a basic skill needed for problem solving. They also learn to consider a client's perspective as they simulate disabilities and learn to adapt activities for the disabilities. The group process course promotes students' acquisition of interpersonal skills. This course also requires students to develop plans for change, again promoting problem solving.

Juniors describe increasing their understanding of the patient's perspective and the need to consider work, leisure, and self-care activities when planning therapy. They credit activities which require them to analyze how people spend their time and to consider the person's interests and motivation in helping them plan therapy at a higher level. Juniors believe these activities help them "put everything together" (SC 5969). Seniors have many opportunities to use and enhance their clinical thinking and problem solving skills with client examples in classes as they complete treatment plans. Students leave the academic program feeling confident and excited for their fieldwork experiences. They feel well prepared as a result of their academic training.

#### Influence of Fieldwork

In spite of the confidence in the spring as students complete their academic education, they begin fieldwork with anxiety. Fieldwork students express concern that they will not know what to say to clients, a task not required during the academic program. Fieldwork supervisors use a variety of strategies to help students feel more comfortable and ultimately complete the fieldwork experience with the skills and identity of a therapist. Supervisors model professional behavior, give students specific directions, question students to enhance their reflective thinking, and allow students to work independently. Throughout all of fieldwork, supervisors support students and include them in all departmental activities. Support and

inclusion are particularly important to foster collegial relations and professional identity. During fieldwork, students gain skills which prepare them for general practice. Once they are working, they gain skills needed to work in a specific area of practice or in a particular setting.

### Conclusions

Students enter the profession of occupational therapy because of their desire to help others. They further believe that they already possess many of the essential qualities needed by therapists to work effectively with people with disabilities: empathetic, caring, adaptable. They realize that they need further training to use these qualities in a professional way and certainly need greater knowledge and skills before they can take on the role of an occupational therapist. Summary of the findings of this study suggest that occupational therapy students do proceed through the steps of professionalization depicted by Mead (1962), Hughes (1970), and Khleif (1981). Once students enter into the professional program via a selection process, they must learn the language and creed of the profession. This occurs primarily in the sophomore and junior year for the group of occupational therapy students studied. During their senior year, students begin playing the role of a therapist through course activities and assignments, gaining more comfort with the ideology and role behavior which they are practicing. Students who have jobs or volunteer work in the community or a health care setting have opportunities to take on the role of a therapist at a higher level,

as they incorporate the role of therapist into other aspects of their lives and their interactions with people. They are entering what Mead calls the game stage of role playing. All students reach this level of role playing when they begin fieldwork and work full-time under supervision of a full-fledged member of the profession. The supervisors, other professional staff, and clients provide feedback for fieldwork students to reflect on their actions and modify their role behavior. Many students leave fieldwork having had experiences in which they report a change in identity. The certification examination serves as a final rite of passage to publicly affirm the completion of professionalization.

Students' progression towards a new identity seems to be facilitated by learning opportunities, i.e., classroom activities and assignments, determined by faculty or fieldwork supervisors or by experiences outside of the formal program. Students tend to report the same courses as especially meaningful for their professional development. However, the meaning and influence of the activities is based on each person's reflection of that experience, as it enhances their existing understanding of the profession and its ideology. The individual reflection coincides with the work of Mead (1962) as he described the "active I" and the "reflexive me," in the theory of symbolic interactionism. The symbolic interactionism framework asserts that people find meaning and a new identity from interaction with others as they take on a role and reflect on feedback from others. Olesen and Whittaker (1968) and

Bucher and Stelling (1977) considered the symbolic interactionism model for identity as one which portrays students as “active agents” as they reflect on their thinking and behavior to take on a professional identity, rather than “passive vessels” ready to be “filled” or influenced by the faculty and supervisors. They portrayed students as active agents of their own professional development as they apply their knowledge, thinking, and skills to experiences and opportunities in which they play the role of the professional. Such opportunities could be both part of the academic program or outside of the formal program.

Emphasizing experience to promote learning was posed by Dewey (1938). Clinchy, Belenky, Goldberger, and Tarule (1985) found women in particular learn best if they can connect new experiences to previous ones, leading to a new level of understanding of oneself. Schön (1987) believed experience and reflection were necessary for professional development and a change in identity for trainees in a professional program.

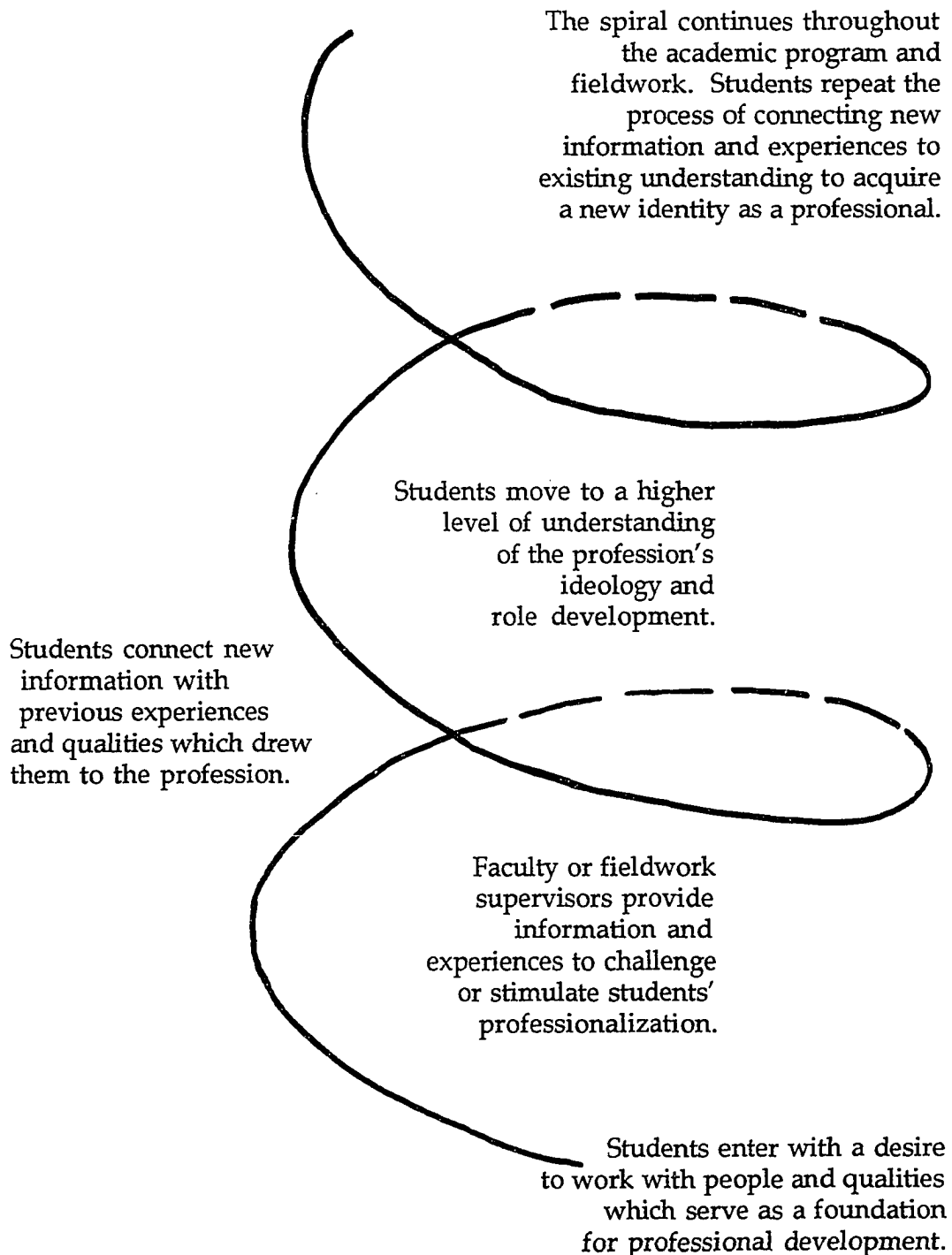
Bucher and Stelling (1977) visually depicted professionalization in a linear fashion with the structures of the professional community and the training program influencing the trainee both individually and collectively. The influence of these structures is illustrated as a vertical line effecting the student. Using the symbolic interactionism theory, Bucher and Stelling portray the student as actively evaluating and constructing their own responses to the influences of the structures. Thus, they do not see trainees as

passive recipients of influence. Rather they describe trainees as able to make choices regarding information and feedback from those who are involved in their professional training. Pictorially, Bucher and Stelling note the students' reflective nature along a horizontal line as they move towards professional identity. This visual model enhances our understanding of the influence of the structure of the profession and the training program and also the active reflective process which students use to select and use certain influences on their development.

As I consider the importance of learning opportunities and especially the connections which students make between new experiences and previous understanding of the role of the profession, I do not visualize professional development in the linear manner depicted by Bucher and Stelling (1977). A spiral used by Gilfoyle, Grady, & Moore (1990) to illustrate neurodevelopment in children more accurately illustrates the blending of existing identity with new experiences as a person evolves to higher levels on an ongoing basis (Figure I). The spiral has no prescription for change as each individual is unique based on prior experiences and self-image. Nor does the spiral have an end, indicating the ongoing changes which continue even after a person is working (Fleming, 1991; Slater & Cohn, 1991).

At the base of the spiral, students enter with an identity as a person, often with many qualities which serve as an important foundation for their future as occupational therapists. Through coursework, particularly

FIGURE I. SPIRAL CONTINUUM OF PROFESSIONAL DEVELOPMENT  
(Adapted from Gilfoyle, Grady, & Moore, 1990)





experiential learning activities, and additional opportunities to apply the knowledge and thinking to role behavior, students move up the spiral toward a new identity. The spiral emphasizes the connection of new experiences to prior understanding as the spiral coil reverts down before it moves upward to the next level of understanding and identification. Each new challenge or experience offers new connections and therefore greater self awareness and a change in identity.

Faculty must be aware of students' needs and provide the appropriate experience to facilitate students moving upward on the spiral toward professional identity. The same is true of fieldwork supervisors as they use a variety of strategies to foster role development and professional etiquette. Faculty and fieldwork supervisors in this study both described a keen awareness of students' professional development needs and use teaching and supervisory strategies accordingly.

### **Practical Suggestions for Occupational Therapy Training**

Based on the findings in this research, I offer the following suggestions with regard to occupational therapy education. Suggestions pertain to (1) selection criteria for admission into the professional training program, (2) components to include in the academic educational program, (3) pace of the academic program and timing of fieldwork, and (4) preparation of faculty and supervisors.

### Selection Criteria

Students in this particular program discussed at length the competition between students and lack of support they felt among one another as a result of their selection process, based on grade point average. As long as the number of students interested in occupational therapy remains greater than the number of spaces available, eliminating selection seems improbable. However, including criteria related to volunteer experience and values which coincide with those of the profession in addition to grades would decrease the competition and promote an attitude of caring for other people.

### Components of Academic Education

Activity analysis. The value of activity analysis was strongly supported by students at all levels in the training program. Activity analysis includes examining any activity, such as the self-care task of dressing, the work task of reaching and lifting, or the leisure task of fishing, in terms of the muscle control, cognitive abilities, and social skills required to complete the activity successfully. Including increasingly more complex levels of activity analysis throughout the curriculum could provide the framework for a program design and prepare students well for the essential role as a problem solver.

Practical experience. Opportunities to use occupational therapy terminology and knowledge were central in supporting professional identity in students. While not all students can be expected to work in an employment setting which offer these opportunities, many types of

volunteer situations could be created within the communities surrounding the college or university. Students could volunteer in nursing homes, in day care centers for children or elderly, serve as boy scout or girl scout leaders, or provide respite care for families with a member who has a disability. While students would have opportunities for professional development, service needs in the community could be also be met.

#### Pace of Training Program

Because students in this study were using the ideology and able to problem solve at the end of the junior year, exploring ways to increase the pace at which seniors receive knowledge regarding theories and skills for practice and perhaps begin fieldwork a semester earlier could be explored.

#### Preparation of Trainers

The strategies which faculty and fieldwork supervisors use to promote professionalization could be incorporated into workshops to prepare educators for their respective roles. Understanding both the strategies and the situations in which they might work most effectively would be beneficial for students and their socializers.

While these suggestions do not increase the number of students admitted to the training programs to address the demand for occupational therapy personnel, they do help to promote well prepared therapists who enter the work force.

### Suggestions for Future Research

While the above practical suggestions have been offered as a result of the findings of this research, questions are also raised for future research. There are limitations of a study based on a group of students enrolled in one professional program. Certainly additional investigations such as this are warranted. However, the depth of understanding gained from the ethnographic nature of this research offers important information as the profession of occupational therapy undergoes unprecedented growth. To address the projected increase in demand for occupational therapists, the number of programs will increase by over 26% in the next three years (Manoly, 1994:62). While this move is positive for the profession, there is concern about who will be prepared to fill the faculty positions. A severe shortage of faculty already exists and many programs hire instructors on a part-time basis to teach one or two courses, without the advantage of awareness of the larger curriculum. The increase in student numbers compounds the lack of fieldwork sites for existing students.

This research indicates there is more to teaching and supervising students than merely lecturing and modeling practice. Therapists would more effectively assume the role of faculty or fieldwork supervisor with knowledge of professionalization and preparation specific for their potential influence on students' identity as occupational therapists. Historically, faculty and fieldwork supervisors have taken on their respective roles without

formal training and have learned by trial and error. However, the large class sizes and increased expectations by universities and clinical settings makes preparation even more essential. While this research may offer some relevant information to assist those in developing or teaching in an occupational therapy program, it also raises questions for further research. There are three noteworthy findings which indicate the need for additional research: (1) professional development trends, (2) the value of experience, and (3) the preparation for general practice.

#### Professional Development Trends

Analysis of professional development in students in this study shows three trends.

A. All students, regardless of gender, age, previous career and/or life experiences, including working as a COTA, acquire and apply the ideology of the profession and take on the role of an occupational therapist in the same manner as their peers at the same level in the professional program. Based on this analysis of professionalization, the students who were pursuing a second career fit in well with the traditional age students, much like veterans going back to college after World War II.

B. Courses which require students to analyze and adapt activities for people with limitations and problem solve are considered most influential by students as they reflect on their professional development during the academic program. In this particular program studied, students gained these

professional skills in a media skills course in which they completed many craft projects. The use of crafts has been controversial over the decades in both practice and in professional training programs.

C. Students in this study apply the ideology and problem solve by their junior year in the program. They further refine their role as they apply their knowledge and clinical thinking during their senior year. Students in this program acquire what faculty desire they gain from the program, which is beyond the purpose of academic education, as stated in the Essentials for Occupational Therapy Education (AOTA, 1993).

In light of these findings, it would be helpful to identify more explicitly those experiential learning activities which foster students' acquisition of professional ideology and problem solving skills. There may be alternatives to craft media which are expensive and time consuming for students and not always valued in practice. Research on the subsequent use of crafts and activities by therapist who gained professional skills using crafts compared with those who did not would also be valuable to the profession. Research on the most opportune moments to introduce certain courses and learning activities would help with curriculum design in developing programs. This particular faculty communicated as a group nearly every week and more often informally to discuss learning activities and curriculum issues. Investigation of the value of, and need for, this level of communication among faculty in relation to students' professional development would be

helpful, particularly as occupational therapy programs rely on part-time instructors to teach courses. Perhaps the American Occupational Therapy Association needs to re-examine realities and expectations of professionalization which occur during academic education and subsequently on fieldwork.

#### Value of Experience

Another important finding of this research is the need for students to have experiences to foster their professional identity. Students who had jobs or volunteer opportunities reported feeling like occupational therapists earlier in their professional training than did their peers without such opportunities. Their experiences enabled them to apply their professional knowledge and ideology early in their professionalization and practice skills necessary for role development. The experiences promote connected learning and reflection, which are key for a change in identity. This finding needs to be examined more systematically, looking at the types of experience which do lead students to identify themselves as occupational therapists. Then it would be beneficial to examine additional avenues to promote student experiences which would complement occupational therapy education. Such avenues might include volunteering with community programs, in nursing homes, or day care centers for both children and elders. Investigation of the influence of these experiences on professional identity would be valuable.

### Preparation for General Practice

This research suggests that students gain skills for general practice as occupational therapists, rather than skills for specific practice areas. Academic education is designed to address all areas of practice. However, it has been implied that students gain skills for specific areas of practice during fieldwork (AOTA, 1991b; Baum, 1986; Kaplan & Porway, 1988; Niehues, Bundy, Mattingly, & Lawlor, 1991). This does not seem to be the case with the students involved in this study. Only after beginning a first job are therapists able to discuss the influence of the area or practice or setting on their service delivery with clients. This raises an important question for future research, particularly as therapists work more independently providing home-based and community-based services. A comparison of what students gain during fieldwork experiences in traditional areas of practice, i.e., hospital or clinic, and in non-traditional areas of practice such as home-based care for children and adults and school-based practice would be valuable. If therapists do enter practice with general skills as occupational therapists, additional questions arise regarding the type of orientation, supervision, and support provided to them on their first job, particularly in settings with few occupational therapists or in a practice area in which therapists work physically removed from their colleagues, such as in clients' homes, work settings, or school classrooms.



### Author's Note

The summary and conclusions reflect the study of the occupational therapy program at Worcester State College as viewed during the spring of 1994. The program is not stagnant and faculty continue to make changes to further enhance the professional development of the students. Beginning in the fall of 1994, students began entering the program as freshmen rather than through a selection process prior to the junior year at WSC. One faculty member has left to develop a new occupational therapy program; two additional faculty have been hired. Faculty continually try new experiential activities and add new examples to provide more opportunities with which students connect and reflect on their emergent identity. Professionalization is a creative endeavor, a process of change.

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## APPENDIX A

# UNIVERSITY OF NEW HAMPSHIRE

School of Health and Human Services  
Occupational Therapy Department  
Hewitt Hall  
Durham, New Hampshire 03824-3563  
(603) 862-2167

December 3, 1993

Donna M. Joss, Program Director  
Occupational Therapy Program  
Worcester State College  
486 Chandler Street  
Worcester, MA 01602-2597

Dear Donna,

I am very excited after talking with you today about doing my research at Worcester State College. Thank you for your support and encouragement in my endeavors. I hope that all of the faculty are also open to my ideas. I look forward to joining your faculty meeting on February 1 to discuss questions and provide more information as needed.

Enclosed is a copy of the proposal that I submitted to UNH's IRB. I think it presents the quickest overview of what I plan to do. However, the details of the interviews are not outlined. I am planning to do three, possibly four, student interviews:

First student interview : Individual interviews to explore students' reasons for choosing OT as a profession and their awareness of what is unique about OT as a profession in terms of client care.

Second student interview : Done in a group with other students at the same point in the program. I want to gain an understanding of students' thinking process as an OT. I will give them a therapy story of a client which they will discuss as a group, using some questions to guide their discussion.

Third student interview : Individual interviews reflecting comments made during the second interviews and further exploring how students' thinking has changed since entering the OT program and events which have influenced their thinking. At this time students may talk about readings, faculty, or other events that have been meaningful for them.

A possible fourth student interview: To check my perceptions and further explore readings, which I will have read since the third student interviews. Not all students will be interviewed four times, perhaps only a few would be.

Pilot interviews with UNH students have taken from 20 to 40 minutes for each

interview, so the expected time commitment would be approximately 2 to 3 hours total per student.

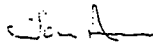
Faculty interviews , done individually, will explore the types of skills they feel are important for a person to be a "good" OT. I will ask about what the faculty member does to help students gain these important professional skills. I plan on talking to faculty only once, but may want to go back and explore a certain teaching strategy further if students are talking about a particular course activity or professor that has been especially influential in their professional development. I anticipate that faculty interviews will probably last for an hour.

I would also like to spend time doing participant-observations: "hanging around" the department, getting a feeling for the department and perhaps attending a few classes, if appropriate.

As I mentioned on the phone, I would like to spend a full week in the department. At this time I would do the participant-observations and do the first and second student interviews and perhaps some of the faculty interviews. I would return for one or two days later in the semester to do the third student interviews.

I hope this gives you a feeling for my research, without overwhelming you. This is not the time in the semester to be talking of adding more tasks! I will call you at the end of the week to hear if the faculty agree to participate in the research and to answer any questions which may have been raised. Thank you for taking the time to present my proposal to the faculty. I look forward to talking with you soon.

Sincerely,



Lou Ann Griswold  
Asst Professor

& Doctoral student\*\*the hat which I am wearing for this research

## IRB PROPOSAL

**Title Research Project:** Professionalization of Occupational Therapists: An Exploration of an Educational Program

### **Introduction**

The purpose of the proposed research is to explore the professionalization of occupational therapy students, looking specifically at the impact of academic education and fieldwork experiences. Professionalization refers to the process by which a student in a professional group begins to think of him or herself as a member of the group and adheres to the values, beliefs, and behavior of the profession. To gain an understanding of the changes which occur in students during the educational process, I will focus my research efforts on students enrolled in one occupational therapy program. This particular program is moderately large in size, with 55 to 60 students per class, with a mission to prepare practitioners for practice, at a state-funded college. This college's primary goal is to educate residents in the region, yet student demographic data reveals diversity within the occupational therapy program: approximately 40% are non-traditional age and 17% are male. This program was not chosen to be a "representative" of all occupational therapy programs, but because the programmatic mission is traditional in nature, while offering unique research opportunities in terms examining the changes in professionalization in a diverse group of students.

Understanding the impact of various aspects of academic education and fieldwork on the professionalization of occupational therapists offers valuable timely information for educators. Student enrollment has increased by over 20% in the last three years, with over-enrollment in many programs nationwide. The demand for occupational therapy as a major is incomprehensible, with application increases of over 25% each year in the last two years. Consequently, educators wrestle with decisions on feasible class sizes. Professors juggle the number of students in larger class sizes and change teaching strategies while hoping to avoid compromising the quality of education necessary for professional preparation. Greater numbers of students have further created an excess demand and limited supply of fieldwork sites for students to gain essential practical experience. This research can provide insights into the impact of components of academic and fieldwork education which can help educators adjust their teaching and plan fieldwork for larger numbers of students without compromising the professional training.

### **Specific Aims**

- (1) to identify changes in professional identity for students in the different levels in the educational process (freshmen through senior year, during fieldwork and the first year of employment);
- (2) to identify the ways in which formal academic education influences a student to consider him/herself a professional occupational therapist;
- (3) to identify how fieldwork experiences contribute to making a student identify with the profession;
- (4) to identify what components of academic and fieldwork education tend to be essential to the professionalization process.

### **Research Protocol**

This research will be conducted at in the Occupational Therapy Department at Worcester State College in Worcester, Massachusetts. This research will be anchored in the following types of ethnographic methods:

1. Formal interviews:
  - (a) with five students from each class (freshmen, sophomore, junior, senior, and fieldwork) and five students who have recently graduated from the program and are in their first year of employment as an occupational therapist (Total number will be 30).
  - (b) with the full-time faculty members in the OT Program at Worcester State College and fieldwork supervisors (total number will be approximately 10).

If permission is given by informants, all formal interviews will be audiotaped and fully transcribed.

2. Participant observations: I will observe students and educators in the natural settings in classrooms and on campus or in clinical settings. I will function primarily as an observer, noting the content and process of teaching used, interaction patterns between educators and students and among students. Observations will be recorded in fieldnotes.
3. Textbooks and selected journal articles used in the education process will be analyzed for key occupational terminology, the orienting profession, etiquette, creed, and code of the profession.
4. If need be, as a supplementary source of data, a questionnaire may be developed on the basis of important issues discovered in the

interviews. The questionnaire would be pre-tested and then distributed to senior level and fieldwork students in the seven occupational therapy programs in New England.

All data will be content analyzed for emerging patterns in professionalization and ways in which academic education and fieldwork experiences contribute to professionalization.

### **Risks and Benefits**

Recent ethnographic studies in occupational therapy have identified the program or location of the study, usually withholding the names of individuals. If acceptable to faculty involved the project, I will follow the same practice. The department chairperson will be responsible for insuring that all faculty are in agreement regarding identification of program and location of this research. Anonymity of individual informants will be preserved at all times throughout, and after completion of the research. Pseudonyms will be used for informants and any descriptions changed to decrease the likelihood of individual identification. No material will be included in the study that, in the judgment of the researcher or informants, threatens to compromise the psychological, social, or economic well-being of participants in the project. To insure this, I will check my perceptions against those held by participants. Given these checks and precautions, risks associated with participation in this study will be minimal.

Faculty in the occupational therapy department at Worcester State College will have the aims of research explained to them at a faculty meeting. At this time, I will emphasize that I will not be evaluating their teaching. In keeping with ethnographic and naturalistic research, I will ask that they not do anything different from what they normally do in teaching. Students will be given an explanation of the research at the time of their first interview.

Participants will not receive compensation for their participation. However, comments from UNH occupational therapy students who have participated in pilot interviews have indicated that the interviews were interesting. Conversations with occupational therapy faculty throughout New England have indicated great interest in the topic and enthusiastic support for such a study as they consider the potential value of the information in light of current student numbers.

## APPENDIX B

Dear OT Student,

I am exploring the changes in your thinking as you study to become an occupational therapist. I also want to learn which types of events are important in helping you become an OT.

To do this, I would like to interview you three to four times during the semester. One of these times will be in a small group with four of your peers. You will not need to prepare in any way for the interviews. I will audiotape the interviews and transcribe these. You may ask that I turn off the tape recorder to say something "off the record;" this information would not be included in a report of the project. The interviews will be arranged at your convenience in a convenient location on the college campus. Your participation is voluntary and will in no way effect your academic standing. You may withdraw from the study at any time. As set by precedent by similar studies in occupational therapy, the name of your educational program may be given in written or oral accounts of the research. However, individual anonymity will be maintained. I will use pseudonyms and disguise any descriptions to help insure confidentiality.

If you have any questions or concerns, please call me collect at home: (603) 659-6972.

If you agree to participate in this project, please sign the consent form below and bring it with you to the interview.

Thank you.

Sincerely,

Lou Ann Griswold, MS, OTR



**Consent to Participate**  
**in a study of the professionalization of occupational therapist**

I understand the purpose of this project and that my participation is voluntary and that I may withdraw at any time. I know that interviews with me will be audiotaped, but that I may have the opportunity to say something "off the record" which will not be reported in the final account of the project. I further understand that my individual anonymity will be maintained, while the program and college will be used in accounts of the project.

I consent to participate in the project.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

May 23, 1994

Dear Research Project Participant,

I am currently conducting a research project in the Occupational Therapy Department at Worcester State College. Your name was given to me by the fieldwork coordinator at WSC. I am exploring the changes in students' thinking as they prepare to become occupational therapists. I also want to learn which types of events have been important in helping prepare students to become occupational therapists. To complete my study I also would like to talk with therapists who are graduates of WSC.

I would like to interview you for approximately two hours at a time and location which is convenient for you. You will not need to prepare in any way for the interviews. I will audiotape the interviews and transcribe these. You may ask that I turn off the tape recorder to say something "off the record;" this information would not be included in a report of the project. Your participation is voluntary and you may withdraw from the study at any time.

As set by precedent by similar studies in occupational therapy, the name of your educational program may be given in written or oral accounts of the research. However, individual anonymity will be maintained. I will use pseudonyms and disguise any descriptions to help insure confidentiality.

If you have any questions or concerns, please call me collect at home: (603) 659-6972.

If you agree to participate in this project, please sign the consent form.

Thank you.

Sincerely,

Lou Ann Griswold, MS, OTR

## APPENDIX C

### Educator Interview Questions

#### Demographics:

- Degree and Educational History
- Area of practice
- Number of years teaching and where
- Number of years at WSC

#### Educational Goals

- What is the most important thing students gain from your program?
  - What do you do to make sure that they gain this?
  - How do you determine if they are gaining this?

#### Teaching Strategies

- While we often focus on the end-product, ie. a good treatment plan, how do you tap into and observe and evaluate students process of coming up with the good end-product?
  - How do you measure students' change in thinking?
  - How do your exams reflect a change in thinking?
  - What about assignments, how do they reflect a change in thinking/ how can you measure a change in thinking?
- In OT education we teach skills, knowledge and attitude. Give me an example of how you teach each of these things in your courses, if your courses address all aspects of the educational process. How do you deal with a student who focuses on just one or two aspects of education--for example learns new skills and knowledge but not attitude?
- Describe your preferred style of teaching, give me an example.
  - How often do you get to use this style? When?

- How do you decide to use one teaching strategy (grp activity, sm. grp, indep. assignment, lecture, video, etc) over another? (class level, class size, purpose & goals)
- What goals do you hope to achieve with these teaching approaches you mentioned?
- How do you measure the success of the approach?
- How does gender influence your thinking about teaching/learning activities?
- If you could design a program without the restrictions of the college, how would the program look like?
  - What would you include?
  - What would that add to the students' learning?

### **Student Changes and Evaluation**

- Tell me about the changes you tend to notice as people enter as freshmen and proceed through the program and return while on a first job.
  - Are these changes that the curriculum promotes?
  - What do you do as an instructor to promote these changes?
  - How do you know students are ready for new information and greater challenge?
- Tell me about a student who you believed made dramatic changes in professional attitude.
  - Describe the student, what he or she was like when entering the program.
  - What did you do to facilitate this change?
  - What was s/he like when leaving the program?
  - How did you feel during the 2 - 4 years in which you were teaching this student?

- How has this student changed the way you think about OT education?
- If you personally could select your students, what would you consider in your selection criteria?
- Tell me about the relationship between you and the students?
  - How does gender influence your relationship with students and your thinking about education?
  - How does the student's age influence your relationship with him/her?
- Tell me about the differences between the students who are traditional age and non-traditional age and what that means in terms of OT education.

## APPENDIX D

### Student Initial Interview Questions

#### Demographic Information

Age  
Gender  
Year in the program

#### Questions

##### Entry

- Tell me about what you did since high school and when you decided to become an OT?
  - What other occupations or careers have you thought about?
  - What made OT your career of choice?
- What has helped you be sure that this is the right career for you?

##### Professional Ideology

- How do you explain what OT is to your parents and friends?
  - What kinds of things do OTs do with clients?
- What makes a “good” or “ideal” OT?
  - Where and who provided you with this image?
  - Who serves as role models for you?
  - How do these people let you know what a “good” OT is?
  - How do your professors let you know what a “good” OT is?
  - How can a person gain the qualities and skills you just described?
  - Do you think you have most of these skills now?
  - How did you gain these?

### **Professional Development**

- How has your image/view of OT changed since you entered the OT program?
  - What has changed your thinking?
- What does this program emphasize?
  - What is the most important thing you have learned in your OT program?
  - Tell me about how you learned this--who and what did that person do to help you?
- Tell me about the most meaningful educational activity in your OT program.
  - What did you learn from this experience?
  - How did you change from this activity/experience?
  - What do you learn from other types of learning experiences?

### **Professional Identity**

- Have you ever had a time when you felt like a “real” OT?
  - Tell me about that time--where was it, what were you doing, who were you with?
  - How did you feel after this experience?
  - What prepared you for this experience?
- Tell me about the kind of job you would like to have when you get your degree.
  - What type of work would you be doing, who would you work with, where would that job be?
  - What types of activities do you think you will do as a therapist?

### **Professional Goals**

- What do you hope to gain from your OT program?

- What are your own goals for your education and preparation to become an OT?
- What types of learning experiences help you learn best?

**Is there anything else you would like to tell me about your OT education?**



## APPENDIX E

### Case Study for Small Group Interviews

#### Introduction

I am going to read a brief description of a person to you. Then I will ask you a few questions. I would like you to talk about the person and what you would do if you were this person's therapist. There are not any "right" answers. I just want to gain a better understanding of your thinking process.

#### The therapy story

You are working as a school occupational therapist. Sean has just moved to your district. Sean is a 14 year old boy in the 8th grade. He has spina bifida and uses a wheelchair. The special education director has not received information about Sean yet, but she wants to make sure that the student receives all of the services necessary for a smooth transition to the district and a positive experience in the school. She and the teachers are open to anything that you might suggest.

## Questions to students

- Think out loud for a few minutes and tell me about the what you are thinking about as you consider as working with Sean.
  - What questions do you have about Sean?
  - How would you get the information you need?
  - Tell me about where you would begin when Sean comes to your school.
- What are your long-term goals for Sean, where do you expect him to be in 6 years (when he is 20)?
- Are there important areas which you do not want to overlook when assessing or working with Sean?
- Give me some examples of what you would say to Sean about OT.
- How would you describe OT to Sean's teacher?
- What do you think Sean's goals might be?
- What about his parents' and teachers' goals for him?
- How might you juggle your goals, which you know are important, Sean's goals, and goals his parents and teachers have for him?
- Describe your OT program for Sean?
  - What would your priorities be?
  - Where would work with Sean?
- What personal qualities would be important to use when working with Sean?
- Who else would you think about as you contribute to Sean's education program?

### **Group Discussion Questions After Talking About Sean**

- How do you think you might have answered these same questions about Sean a year ago?
  - What has helped you think differently?
  - How did you reach this point in your thinking?
  
- What has influenced how you answered these questions? (courses, textbooks, readings, experiences)
  - What kinds of things have your professors said or done that helped form your opinions?
  - Have there been readings that stood out that helped you reach this level of thinking?
  - Any classes or experiences?
  - Assignments that have helped you when you think about working with a client?
  
- How often do you share your thoughts and ideas about people with disabilities with other people?
  - Who?
  - Where?
  - Tell me about one of these discussions.

## APPENDIX F

### Questions for Second Individual Student Interview

- Tell me about the different groups of students in your class.
  - What group are you in?
  - How did the group form?
  - How do others get into that group?
  - How do you keep someone out?
  - What keeps your group together?
  - When do you get together?
  - What do you do?
  - How often do you get together?
  - Where do you usually go?
  
- Tell me about how the diverse group of students you described gets along in the classroom?
  
- What do professors do to encourage or discourage interaction in the class?
  
- Tell me about the different kinds of teachers.
  
- What is the best classroom environment to foster effective learning?

- Tell me what questions you ask yourself about a new class at the beginning of the semester.
  
- When do you talk with professors?
  - What do you talk about?
  - How often?
  - Who calls the meeting?
  - How long do you usually meet?
  - Tell me about a recent interaction you had with a professor.
  - How does a professor let you know that it is okay to ask questions?
  - How does a professor let you know what is important to remember? (for a test; for practice--how are these different?)
  
- What do the OT professors do to prepare you to be a colleague when you are out of the program?
  
- Tell me about what happens when someone isn't doing well in a class.
  - If you don't understand something in class or about a reading for a class, what do you do?
  
- Compare your favorite course with your least favorite.
  - What did you like about one and not the other?
  - How did your feelings effect your learning?
  
- If you offer input to the OT program, what would you suggest?
  - What do you gain from each of these things?
  
- How do you feel when you tell people that you are going to be an OT?

- What personal needs do you think will be met as you work as an OT?

**Is there anything else that you would like to tell me about OT education and what helps you to learn? Or about the kinds of things professors can do to help your learning?**

## APPENDIX G

### Fieldwork Student and Graduates Interview Questions

#### Demographic Information

Age  
Gender  
Year in the program

#### Questions

##### Personal and Professional Match

- Tell me about what you did since high school and when you decided to become an OT?
  - What other occupations or careers have you thought about?
  - What made OT your career of choice?
- What has helped you be sure that this is the right career for you?
- How do you explain what OT is to your parents and friends?
  - What kinds of things do you tell them that you do with clients?

##### Professional Values

- What makes a “good” or “ideal” OT?
  - Where and who provided you with this image?
  - Who serves as role models for you?
  - How do these people let you know what a “good” OT is?
  - How did your FW supervisors let you know what a “good” OT is?
  - How can a person gain the qualities and skills you just described?
  - Do you think you have most of these skills now?

- How did you gain these?

#### **Academic Education**

- What was the most important thing you have learned in your OT program?
- Tell me about how you learned this--who and what did that person do to help you?
- Tell me about the most meaningful educational activity in your OT program.
  - What did you learn from this experience?
  - How did you change from this activity/experience?

#### **Fieldwork Questions**

- Think back for a moment and tell me what questions you had as you began each fieldwork experience.
  - What were you hoping for?
  - What were your worst fears?
- How often did you usually talk with your FW supervisor?
  - Who called the meetings?
  - What did you usually discuss?
  - Who decided what you would discuss?
- Tell me about a meaningful interaction you had with a FW supervisor.
- How did your FW supervisors let you know what they expected from you?
  - If you don't understand something about a client or disability, what did you do?



- What surprised you the most about practice from what you expected?
- What was the biggest challenge?
  - How did you deal with that?
- As you worked through the transition from school to the clinic, during FW, who helped you?
  - What did that person do that made a difference?
- How did your fieldwork experiences change your image/view of OT?
  - What has changed your thinking?
  - There are many people who we have contact with and who influence our thinking about ourselves as therapists. These people might be our professors, our supervisors, staff therapists, other students, clients and their families. Tell me about a time when you know that one of these people changed the way your thought about yourself and your abilities as an OT.
- Tell me about the most important thing you learned from your fieldwork experiences?
- If you could totally plan an ideal fieldwork experience, what would it look like?
- Tell me about a time when your FW supervisor really made a difference in your thinking.
- What did your supervisors do to prepare you to be a colleague when you are done with all of your fieldwork experiences?

#### **Identity**

- Tell me about the first time that you felt like a “real” OT?
  - Where was it, what were you doing, who were you with?
  - How did you feel after this experience?

- What prepared you for this experience?
- When did you first call yourself an OT?
  - Where were you, what were you doing?
  - How did that feel?
- How do you feel when you tell people that you are an OT?
- When you are planning therapy for a client, what questions do you ask yourself?
  - When you think of your ideal plans for a client, what keeps you from carrying out those plans?
  - Tell me about a time when your therapy plans changed significantly?
  - What influenced your change of plans?
  - How did you feel about this?
  - Have your thoughts about this changed since?
- Tell me about a time when you felt especially good about what you had done in practice.
  - Who was there, how did they make you feel?

### **Employment Settings**

- What was the morale at your fieldwork facilities like?
  - What made the morale high or low?
- Could you see yourself working at the facilities where you did your FW?
  - What would make the fit “ok” and what about it would not make it what you would want?
  - Tell me about the different kinds of therapists you’ve encountered?

- When you think about finding a job, what will you look for and ask about to help you decide if the facility would be a good place for you to work?
  - What rewards are you hoping to find in a job?
  - What personal needs do you think will be met as you work as an OT?
- Where would you like to see yourself in 10 years?
  - What type of job will you have?
  - Who would you be working with?
  - What will you be doing?
  - Tell me about your thinking and rationale behind these plans.
- When do you and other OT students get together?
  - What do you do?
  - How often do you get together?
  - Where do you usually go?
- Tell me how your thinking about people has changed during your OT education process and FW (and first job).
  - What has had the biggest impact on your thinking?
- Do you think your beliefs about people, as an OT, effect your personal beliefs about people?
- If you offer input to the way OT education is designed, what would you suggest?

**Is there anything else that you would like to tell me about what prepared you to become an OT?**

## APPENDIX H



WORCESTER  
STATE  
COLLEGE

486 Chandler Street

Worcester, MA 01602-2597

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Dear Prospective Occupational Therapy Student,

Thank you for your interest in the baccalaureate program in Occupational Therapy at Worcester State College. Application to the Program is made through the Admissions Office at the time of application to the College. For freshmen, admission to the Program is based on SAT scores, high school grades and coursework relevant to the major. Transfer students, including second-degree candidates, are admitted on the basis of GPA's as well as relevant coursework. Experience which is relevant to the major is considered for both categories of applicants, and can be described in a short personal statement attached to the Worcester State College application sent to the Admissions Office.

Early application to the College is important for candidates to Occupational Therapy. Applications should be received by the Admissions Office by February 1 to ensure consideration for the following fall.

Once a student is admitted to the Occupational Therapy Program, a progressively higher GPA must be achieved in order to continue in the Program. To enter the sophomore, or 200 level courses, the student must have an overall GPA of 2.75. To enter the junior (300 level) and senior (400 level) courses, the student must have an overall GPA of 3.2.

In addition to these GPA requirements, graduation with a major in Occupational Therapy and eligibility to sit for the AOTCB certification examination requires completion of all courses required by the major, including six months of Level II Fieldwork, with a grade of "C" or better. These courses are listed in the enclosed packet. To graduate, the student must also meet certain foundation, distribution and total credit requirements which are explained in the College Catalog. Graduates who successfully complete the AOTCB examination are eligible to apply for licensure in individual states.

The faculty of the Occupational Therapy Program and I welcome your interest in our curriculum, which was first accredited in 1983, and reaccredited in 1993. I hope you will consider Worcester State College when you make your academic choice.

Sincerely,

Donna M. Joss, Ed.D., OTR/L  
Director, Occupational Therapy Program

— FOUNDED 1874 —

APPLICATION TO THE OCCUPATIONAL THERAPY PROGRAM-TRACK I

Return completed application to Lisa Waszkiewicz at the address listed below. It is the applicants responsibility to be sure all transcripts have been received and application packets are complete. Packets may be reviewed with Lisa Waszkiewicz only, and no packet will be reviewed after April 22, 1994. The Program Director and Faculty will not check packets for completeness. Only Lisa Waszkiewicz will do this. Please type or print. Do not omit any information.

NAME \_\_\_\_\_  
Last First Middle Initial  
STUDENT NUMBER SOCIAL SECURITY \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street and Number  
City or Town State Zip

CHECK STATUS: UNDERGRADUATE \_\_\_\_\_ POSTGRADUATE \_\_\_\_\_

ADMISSION TO THE PROGRAM REQUIRES COMPLETION OF THE FOLLOWING COURSES WITH A GRADE OF C OR BETTER:

OT 100	INTRODUCTION TO OCCUPATIONAL THERAPY
OT 200 AND 201	OCCUPATIONAL THERAPY INTERVENTION TECHNIQUES MEDIA I AND II
OT 230	COMMUNICATION AND GROUP PROCESS
BI 161 AND 162	HUMAN ANATOMY AND PHYSIOLOGY I AND II
BI 171	BASIC KINESIOLOGY
NS/BI 315	NEUROANATOMY AND NEUROPHYSIOLOGY
PS 110 AND 111	GENERAL PSYCHOLOGY I AND II
PS 120 OR	HUMAN DEVELOPMENT OR
PS 210 AND PS 220	CHILD GROWTH AND DEVELOPMENT AND PSYCHOLOGY OF AGING

WAIVERS OR SUBSTITUTIONS FOR ANY OF THE COURSES LISTED ABOVE MUST BE APPROVED BY YOUR OT ADVISOR PRIOR TO APPLYING TO THE PROGRAM. A STATEMENT SIGNED BY THE ADVISOR OR PROGRAM DIRECTOR RE: THE WAIVER OR SUBSTITUTION MUST BE ATTACHED TO THIS APPLICATION.

SEE INSTRUCTIONS ON NEXT PAGE FOR COURSES TAKEN DURING THE SUMMER, 1994.

I HAVE COMPLETED THE ADMISSION REQUIREMENTS AS LISTED ABOVE AND REQUEST ADMISSION TO THE OCCUPATIONAL THERAPY PROGRAM. I UNDERSTAND THAT THE NUMBER OF STUDENTS WHO CAN BE ADMITTED TO THE OT PROGRAM IS LIMITED, AND THAT THE COLLEGE RESERVES THE RIGHT TO SELECT APPLICANTS WITH THE HIGHEST ACADEMIC CREDENTIALS. I ALSO UNDERSTAND THAT COMPLETION OF THE PREREQUISITE COURSES WITH A GRADE OF C OR BETTER DOES NOT ENSURE ADMISSION TO THE PROGRAM.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have completed any college level courses(s) at an institution other than Worcester State College, you must have official transcripts sent to

DR. DONNA M. JOSS  
Occupational Therapy Program  
Room G-25  
Worcester State College  
486 Chandler Street  
Worcester, MA 01602.

Deadline for submission of application and transcripts is April 22, 1994.

Official grade reports for any courses taken during Summer Session I, 1994, either prerequisite or non-prerequisite, including courses taken at WSC and off-campus must be mailed (certified) to Dr. Joss at the address above, or faxed to her at (508) 793-8191 and must be received no later than July 13, 1994. Please indicate below if you are taking a Summer Session I course. Grades for courses taken in SS II cannot be considered.

I will be enrolled in \_\_\_\_\_  
course name and number  
at \_\_\_\_\_ during Summer  
name of institution  
Session I, 1994. Please include the grade for this course in my application.

Notification of the result of your application will be mailed to your address as indicated on this application on July 22, 1994. Results of the admission process will not be available prior to this date. Please do not call the OT office requesting results unless you have not received your notification by July 29 1994.

Thank you for your patience and courtesy during this application process.

Sincerely,

The Application Committee

## APPENDIX I

### Track One Curriculum Sequence and Degree Requirements for entering Freshman students

<u>Freshman Year, Fall Semester</u>	<u>Credits</u>
OT 100 Introduction to Occupational Therapy	3
PS 110 General Psychology I	3
BI 161 Human Anatomy & Physiology I	4
Distribution	3
Foundation	3
	16
 <u>Freshman Year, Spring Semester</u>	
PS 111 General Psychology II	3
BI 162 Human Anatomy & Physiology II	4
Distribution	3
Distribution	3
Foundation	3
	16
 <u>Sophomore Year, Fall Semester</u>	
OT 200 OT Intervention Techniques: Media I	2
PS 120 Human Growth and Development	3
BI 171 Kinesiology	3
OT 230 Communication and Group Process	3
Distribution	3
	14
 <u>Sophomore Year, Spring Semester</u>	
OT 201 OT Intervention Techniques: Media II	2
BI 315 Neuroanatomy and Neurophysiology	4
Distribution	3
Distribution	3
Foundation	3
	15
 <u>Junior Year, Fall Semester</u>	
OT 315 Psychosocial Health and Illness	3
OT 310 OT Methods with Developmental Problems I	3
OT 311 Practicum in Developmental Problems I	1
MA 250 Introduction to Statistics or PS 300 Psych. Statistics	3
Distribution	3
Distribution	3
	16

(over)