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Role Transition from Student to Occupational Therapist in an Acute Care Physical Dysfunction Setting

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Role Transition from Student to Occupational Therapist In An Acute Care Physical

Dysfunction Setting

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In partial fulfillment of the requirements

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Approval Page

This Scholarly Project Paper, submitted by Tyler Giegerich and Juan Rosales Jr. in partial

fulfillment of the requirement for the Degree of Master of Occupational Therapy from the

University of North Dakota, has been read by the Faculty Advisor under whom the work

has been done and is hereby approved.

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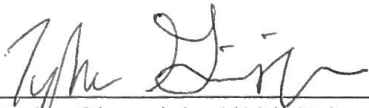Faculty Advisor

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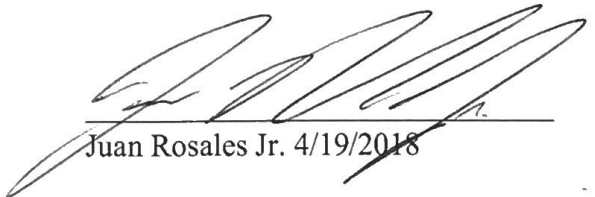
Dysfunction Setting

Department: Occupational Therapy

Degree: Master of Occupational Therapy

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Tyler Giegerich, 4/19/2018

Juan Rosales Jr. 4/19/2018

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ACKNOWLEDGEMENTS

ABSTRACT

Purpose: There are limited tools to assist new graduates and novice occupational

therapist as they navigate their job responsibilities within acute physical dysfunction

settings. The purpose of this scholarly project was to create a resource to address the

challenges faced when transitioning to an acute physical dysfunction setting.

Methods: An extensive literature review was conducted on topics relating to:

occupational therapy, role transitioning, job responsibilities in an acute setting,

environment of acute setting, readiness skills of occupational therapists, challenges faced

in an acute setting, and current tools utilized to assist novice therapists in their work

transition. The search databases used included: Pubmed, CINAHL, and PsycINFO.

Current research has identified that new graduates face many challenges as they transition

from student to a qualified occupational therapist including: learning to work

collaboratively with other professions, applying highly specific technical skills, and

confidence in professional interaction and decision making (Cusick, McIntosh, &

Santiago, 2004; Morley, 2007; Robertson & Griffiths 2009; Seah, Mackenzie, & Gamble,

2011; Tryssenaar & Perkins, 2001). Environmental aspects of practice within acute

physical dysfunction setting further contribute to practice challenges including: limited

space, fast pace, and exposure to extensive medical equipment (Cusick, McIntosh, &

Santiago, 2004).

Results: Guided by the Occupational Adaptation model, the Novice Adaptation Tool

(NAT) was developed. This tool provides a structure for novice therapist to evaluate their

relative mastery in areas of assessment, treatment planning, intervention, documentation,

communication and professionalism, and to work collaboratively with a mentor to

address areas of need. A five-stage process allows for self-evaluation, collaborate discussion, en-vivo observation, reflective processing, and goal re-evaluation. Two case studies are included to illustrate tool use.

Conclusion: The NAT offers an efficient and yet thorough format to facilitate new graduate and novice occupational therapist transition to acute physical dysfunction settings.

CHAPTER I

INTRODUCTION

Working in an acute care setting has many challenging job responsibilities even
for experienced occupational therapists. New graduates face challenges when
transitioning from student to the therapist role (Fortune, Ryan, & Adamson, 2013;
Britton, Rosenwax, & McNamara, 2015; Tryssenaar & Perkins, 1999). They can face
even more obstacles when transitioning to work in acute physical dysfunction settings.
New graduates and novice therapists experience many challenges related to their
readiness to take on job responsibilities within an acute care setting (Cusick, McIntosh, &
Santiago, 2004). Challenges include: decreased levels of confidence when compared to
their senior counterparts, distress related to demands of documentation, low levels of
experience, apprehensiveness toward job role, access to a mentor, continuously justifying
their role to other health professionals, and conflict resolution (Cusick, McIntosh, &
Santiago, 2004; Morley, 2007; Robertson & Griffiths 2009; Seah, Mackenzie, & Gamble,
2011; Tryssenaar & Perkins, 2001).

The environment of an acute care setting can influence an occupational therapist's
performance in their job responsibilities (Britton, Rosenwax, & McNamara, 2016;
Robertson, & Milligan, 2004). Aspects of the environment that might be challenging
include limited space, increased exposure to complicated medical equipment, and fast
paced treatment environments (Cusick, McIntosh, & Santiago, 2004; Robertson, &

Milligan, 2004). Due to the work environment of acute care settings and the readiness skills of new graduate and novice occupational therapists, working in this setting can be a stressful and difficulty experience.

There is a need for a product to support new graduate and novice therapists as they transition into a new role as an occupational therapist working in an acute physical dysfunction setting. Two existing tools, the *Agenda for Change* and the *Occupational Therapy Clinical Learning Framework* (OTCLF) provide models that may be useful for new graduates as they transition (Fitzgerald, Moores, Coleman, & Fleming, 2015; Morely, Rugg, & Drew, 2007). However, neither product specifically focus on the internal capacity for the new graduate to adapt to their current work environment. Both tools rely on the supervisor having to initiate the next step of the tool. These existing tools use elements of interview as a component but do not incorporate interviews with observations to address performance issues. These tools focus on futuristic goals and do not narrow in on the underlying components contributing to new graduate difficulties. Lastly, the *Agenda for Change* and the *OTCLF* concentrate on changes that need to be made by the new graduate rather than the new graduate's overall capacity to problem-solve and initiate change in novel situations. There is a need for a tool that follows an occupation model as a framework to guide the process. Additionally, a tool is needed that incorporates elements of interview and observation between new graduates and mentoring therapists. A tool needs to be developed that can help a new graduate focus on their internal capacity to adapt as it relates to challenges within their work environment.

By following the Occupational Adaptation (OA) model, a framework can be used to facilitate role transition. Within the model, language is included that defines aspects of

the environment as well as an individual's desire to master their environment. By using the OA model, users can seeks to increase his/her relative mastery and they can also seek to understand that the adaptation process is an internal phenomenon. The OA model has been identify as a valued tool that can assist adults when transitioning into new roles within novel environments (Spencer, Hersch, Eschenfelder, Fournet, & Murray-Gerzik, 1999). Using concepts of the model can be helpful when organizing the sequential steps that individuals take when going through a transition. The OA model contains language that can be used to discuss new graduates' readiness skills as well as their adaptive responses that occur when presented with job challenges. Using this model can help identify that the overall goal of the new graduates is to increase efficiency, effectiveness, and satisfaction in relation to their job responsibilities.

The subsequent chapters provide background information related to the topic of new graduate transition, the methods used for product development, a display of the developed product and a summary of product features, effectiveness, limitations, applications and recommendations. Chapter II includes an extensive literature review presenting existing literature relating to: new graduate readiness skills, environment of acute care settings, occupational challenges in an acute care settings, and current tools used for role transition. Chapter III describes how the literature informed the development of the product, the Novice Adaptation Tool (NAT) and a detailed description of the product design process is described. Chapter IV provides a complete example of the NAT product for reader viewing. Chapter V consists of the project summary which consists of the product purpose and brief overview, limitations of the product, ideal application of the NAT, and future recommendations for product

improvement. A complete list of the project references is provided at the conclusion of the document.

CHAPTER II

REVIEW OF LITERATURE

Introduction

This literature review will introduce some of the common issues that occupational

therapists encounter when working in an acute physical disability setting and will

highlight the acute care environment as well as challenges faced by new occupational

therapists in practice. This literature review will indicate some of the cognitive and

psychosocial readiness skills new occupational therapists need in order to effectively

interact with other health professionals. Within the acute care setting, occupational

therapist experience challenges that are common to other health professionals working in

acute care settings. Few tools have been developed to assist new graduates transition

from student to competent practitioner. Lastly, the literature review concludes by

introducing an Occupational Adaptation based tool as a solution to assist new graduates

and novice occupational therapists working in acute physical disability settings.

New Graduate Readiness Skills

"New graduates are the lifeblood of the occupational therapy profession. It is

important that they are equipped to practice in the current healthcare environment and are

confident about their professional contribution" (Robertson & Griffiths, 2009). On top of

the work setting challenges, it has been found that new graduates have a hard time

bridging the gap from educational programs to practice, have less confidence in their

clinical skills when compared to senior staff, and they tend to have inflated expectations

of their role on the healthcare team (Fortune, Ryan, & Adamson, 2013; Britton, Rosenwax, & McNamara, 2015; Tryssenaar & Perkins, 1999). Many new graduates are pursuing employment in acute physical disability settings (Britton, Rosenwax, & McNamara, 2015; AOTA, 2017). Acute physical disability settings come with their own unique set of challenges just like any other place of employment. The purpose of this literature review is to broadly highlight issues that new graduates face in transitioning to practice, and to explore specific challenges experienced by those starting in acute care as well as the resources that might be helpful.

A successful transition from student to professional is fundamental to becoming a competent practitioner. This transition is a lifelong process that exposes occupational therapists to experiences, education, and supervision. Like many other professions, occupational therapists need to be ready to take on the responsibilities that come with their role. Previous research has documented many aspects of new graduate readiness for practice (Tryssenaar & Perkins, 1999; Robertson & Griffiths, 2009; Fortune, Ryan, & Adamson, 2013; Hunt & Kennedy-Jones, 2010; Fitzgerald, Moores, Coleman, & Fleming, 2014). Fortune, Ryan, and Adamson (2013) stated that many new graduates feel underprepared for practice in general. Hunt and Kennedy-Jones (2010) found that new graduates felt they were not ready to take on fieldwork students because they were figuring out time-management and organizational details throughout their first year of practice. Many new graduates feel that they lack the cognitive skills such as the technical abilities for the job (Tryssenaar & Perkins, 1999). Tryssenaar and Perkins (1999) found that new graduates lacked knowledge about their role in the setting they were hired into.

One participant stated "when you go into your new job you have to learn your place and what your role is on the team" (Tryssenaar & Perkins, 1999).

New graduates can also be blindsided when realizing that their expectations of practice may not be the reality for their first job (Robertson & Griffiths, 2009). Many new graduates have reported that they expect to feel competent and believe in their role as an occupational therapist, however many new graduates find themselves feeling less confident and having a harder time recognizing their specific role on the health care team (Robertson & Griffiths, 2009). As a new graduate, occupational therapists are expected to work in an interdisciplinary team which can cause its own challenges. Tryssenaar and Perkins (1999) found that some new graduates often have difficulties communicating and understanding the role of other health care disciplines. The inability to delineate the differences between occupational therapy's role and other healthcare disciplines role on the treatment team left some new graduates uncomfortable in their new role (Cusick, McIntosh, Santiago, 2004).

When seeking employment after college, many employers emphasize professional skills such as time management, conflict resolution, and communication that are essential for several jobs and careers including occupational therapy. According to Fortune, Ryan, and Adamson (2013), employers and managers of both new graduates and senior therapists want their employees to be organized, reflective, and problem-solvers. In the same study by Fortune, Ryan, and Adamson (2013), the authors found that new graduates who were competent with their professional skills experienced less stress and were more productive at work.

While in occupational therapy programs, students develop cognitive skills that are fundamental within practice. These skills include client centered activities such as assessment, intervention strategies, evaluation, and discharge planning (Cusick, McIntosh, & Santiago, 2004). Throughout a student's time in an occupational therapy program skills are developed through classes, textbooks, lectures, and assignments that can be applied in practice. Additionally, readiness skills of a new occupational therapist can be acquired through professional practice placements or fieldwork, which encourages learning and problem solving in a real world context that can influence a new practitioner's confidence (Seah, Mackenzie, & Gamble, 2011). Despite these opportunities for learning and application of skills, new graduates are still reporting decreased confidence in their technical skills (Tryssenaar & Perkins, 1999; Gray, Clark, Penman, Smith, Bell, Thomas, & Trevan-Hawke, 2012). Many new graduates report feeling underprepared to: "present clearly written evaluation reports to team members, facilitate group interventions, identify factors that influence program outcomes in their organizations, prepare written professional material for colleagues, plan interventions within their organization's frame of reference, make recommendations to contribute to ongoing program development with their organization, and explore alternative options prior to prescribing equipment." (Gray et al., 2012). Some new graduates report that applying ideal techniques learned in school to practice is harder than many new graduates expected (Robertson & Griffiths, 2009).

Research has documented that new graduates can have lower levels of confidence and experience. However, new graduates are able to gather resources and research topics efficiently in order to increase clinical knowledge (Cusick, McIntosh, & Santiago, 2004).

Nayar, Gray, and Blijlevens (2013), share that new graduates perceived to be strong in continuing professional development. An employer of new graduates that was involved in Gray and Blijlevens (2013) study quoted, "I think they're pretty good at looking at what learning needs to happen. You know identifying their professional development, how they can improve, what assessments they can learn that would be relevant to their field." Cognitive skills are an important asset for new practitioners to develop their readiness skills as new occupational therapists.

New graduates' psychosocial readiness for practice is equally as important as their cognitive readiness. Psychosocial readiness includes stress management, levels of confidence, and handling of job expectations. New graduates lack relative experience in practice and this can directly correlate to a lack in confidence (Cusick, McIntosh, & Santiago, 2004). Much of a new graduates experience comes from their fieldwork placements however, many new graduates still have low levels of confidence in their skills as an occupational therapist throughout their first year of practice (Tryssenaar & Perkins, 1999). Holland, Middleton, and Uys (2012) define professional confidence as a "dynamic, maturing personal belief held by a professional that includes an understanding of and a belief in the role, scope of practice, a significance of the profession, based on their capacity to competently fulfil these expectations." According to Morley (2006), new graduates have experienced the need to feel confident in their role, however, the same novice practitioners experience a crisis of confidence within their first six months of working. This lack of confidence has been described as one of the key contributors to why new graduates has problems with their transition from student to occupational therapist (Toal-Sullivan, 2006). In their first year of practice, new graduates can

experience shock upon starting work. This "reality shock" can be caused by: administrative requirements, lack of knowledge regarding operation of the organization, workload demands, professional title, lack of technical skills, and inflated expectations (Seah, Mackenzie, & Gamble, 2011). Tryssenaar and Perkins (1999) found that new graduates often experience work related stress due to their expectations of their job and the reality of their job not matching up. Uncertainty at work can occur as a result of experiencing shock causing new practitioners to become emotionally challenged, apprehensive, and experience feelings of vulnerability (Seah, Mackenzie, & Gamble, 2011). Seah, Mackenzie, and Gamble (2011) also found that new graduates have to emotionally cope with the acceptance of their new role, which often times was different than what they expected. With workload demands, stress can occur due to lack of practical experience, inadequate access to resources, and colleagues' failure to understand their work role (Morley, Rugg, & Drew, 2007). Stress can also increase due to new practitioners' high expectations of practice in acute care. New occupational therapists are engaged and committed to making a difference for their clients, however feelings of stress come from not being able to do more for their clients due to shorter admission stays within acute care settings. It may be that new therapists have graduated with unrealistic expectations of what it is possible for client to achieve in these settings (Griffin & McConnell, 2001; Wressle & Samuelsson, 2014).

Occupational therapists are often required to work in interdisciplinary teams. Griffin and McConnell (2001) reported occupational therapists also work in multidisciplinary and transdisciplinary teams. However, those in the interdisciplinary teams have the most positive attitudes about others' views of their practice in acute care.

A new graduates' level of comfort within interdisciplinary teams can be a major factor in their readiness for practice. A large number of occupational therapy managers require new graduates to be effective communicators within interdisciplinary teams (Robertson & Griffiths, 2009). Robertson and Griffiths (2009) found that many new graduates experience stress when trying to justify their role to interdisciplinary team members, especially in an acute care settings. This stress to justify their role to team members is particular related to not feeling well prepared for cooperative teamwork practice. Occupational therapists in teams who experience low levels of interdisciplinary cooperation and coordination have the reported feeling negative and unsure about their practice role (Griffin & McConnell, 2001). Inversely, Griffin and McConnell (2001) found that occupational therapists who work in cooperative and coordinated teams have higher reports of job satisfaction and increase knowledge of their role within the team.

Robertson and Griffiths (2009) reported that a large number of occupational therapy employers hold a substantial emphasis on the professional skills of new graduates that they hire. Robertson and Griffiths (2009) gave examples of professional skills as: flexible attitudes, good communication skills, ability to cooperate with interdisciplinary team members, good time management skills, and ability to justify services to clients and other professionals. Hunt and Kennedy-Jones (2010) found that many newly graduated occupational therapists had difficulties with time-management, organizational skills, conflict resolution, and team management. More specifically, Griffin and McConnell (2001) reported that acute care settings were places that had an even larger emphasis on professional skills such as time management and the ability to make quick clinical decisions. Robertson and Griffiths (2009) concluded that new graduates who can

mentally grasp administrative requirements specific to facilities experience less work related stress and anxiety. New graduates who have sharpened their professional skills are better suited at addressing the challenges in an acute care physical disability settings.

<center>Environment of Acute Care Settings</center>

Individuals with a critical medical condition may need admission to an inpatient hospitalization setting, also known as an acute healthcare stay. These clients in acute care may have experienced the following: onset of a new condition, decline in health and well-being, worsening of a chronic illness, or decline in functional status. Stabilization of the client's medical status is the primary goal in acute care. Along with medical stabilization, improving functional status and safety to prevent any further health complications is of equal importance in acute physical disability settings (Rogers, Bai, Lavin & Anderson, 2016). An occupational therapist in an acute setting is required to conduct and analyze evaluations, administer treatments, help plan discharges, recommend the appropriate setting for continued rehabilitative care, collaborate with other medical staff, and provide information for follow-up services (Craig, Robertson, & Milligan, 2004;Griffin & McConnell, 2001).

According to the American Occupational Therapy Association, (AOTA) as of 2010 workforce trends, 26.2% of occupational therapists work in acute care hospital settings (AOTA Occupational Therapy Compensation and Workforce Study, 2010). Many new occupational therapy graduates aspire to commence their careers in acute care settings. According to Blaga and Robertson (2008), "Large networks of peer support and options for future learning through clinical rotations, continue to promote acute care settings as desirable places to work." New graduates are seeking out jobs in acute

hospital settings to work alongside fellow occupational therapists and to be provided with opportunities to transition the clientele they work with through rotational schedules. Rotational positions allow therapists to work with specific client populations (i.e. cerebral vascular accident (CVA), orthopedic, and oncology) from four to eight months before rotating to a different client population (Britton, Rosenwax, & McNamara, 2015). This provides new graduates the opportunity to broaden their scope of practice and increase self-confidence when working with various client populations.

Due to financial and economic limitations, acute hospitals pose significant challenges for both new graduates and senior occupational therapists. The fast pace setting of acute care may create many barriers for occupational therapists and their interactions with the clients they encounter (Griffin & McConnel, 2001). The economic and financial constraints of the current healthcare climate are causing facilities to push for shorter hospital stays (Britton, Rosenwax, & McNamara, 2015). The emphasis on shorter stays leads to an increased focus on discharge planning for occupational therapists and other health care staff (Crennan & MacRae, 2010). This can negatively impact clients by limiting their interactions with occupational therapists. As a result, clients may receive inadequate care in acute rehabilitation, decreased rapport with therapists, and less time to ask questions and or voice concerns prior to discharge.

Occupational Challenges in Acute Care Settings

Working in an acute care physical disability settings has challenges for new graduates as well as tenured therapist. The role of an occupational therapist in an acute care setting includes assessment, intervention and discharge planning. According to Griffin & McConnell (2001), therapists in acute care settings reported that they were

using their clinical skills to assess the client from the minute they walked into their room. This immediate initiation of services outlines the pace and productivity standards that therapists must follow throughout their day to day caseloads.

Within acute care settings, clients are typically discharged following a brief hospital stay which can create pressures for fast decision making. Shotwell, Johnson, Miranda-Flecha, 2017 outlined some common challenges experienced by therapists working in acute care settings as: the medical instability of patients, lack of physical therapy space, working with multiple health care professionals, and time limitations. One of the most frequently cited challenges by occupational therapists working in acute care settings is the fast pace work environment (Britton, Rosenwax, & McNamara, 2015). With new clients filtering through a therapist's caseload at a fairly rapid rate, many occupational therapists find it challenging to build rapport with people that they are only working with for a few days (Cusick, McIntosh, & Santiago, 2004). Shotwell, Johnson, Miranda-Flecha, 2017 reported that often times in acute care, therapists are required to evaluate the client within 24 hours of admission and implement interventions over a few days before they discharge. This fast paced environment may cause feelings of anxiety or increase work stress among therapists (Cusick, McIntosh, & Santiago, 2004). Productivity of hospital staff is always a topic of scrutiny due to the financial limitations within hospitals. Financial pressures and cost cutting measures have negatively influenced the service delivery provided by health professionals. Doctors are discharging clients quicker to ensure fast turnover as well as reducing the waiting lists. This has placed limitations on occupational therapy services as well. (Shiri, 2006).

Environmental settings can have an influence on how occupational therapists provide direct client care. Britton, Rosenwax, and McNamara (2016) shared how occupational therapists in acute care settings often have to change wards/floors many times throughout the day to see referred clients. Majority of hospitals have patient rooms that are either shared with other patients or lack required space needed to complete meaningful client goals. Often times, hospitals therapy rooms/gyms available for use during treatment, however some client factors prevent clients from using these available resources. Britton, Rosenwax, and McNamara (2016) added that difficulty accessing resources and treatment spaces on hospital units negatively influenced therapists' ability to complete assessments and interventions efficiently.

The social environment within an acute care setting can pose its own challenges. According to Morley (2009), new graduates reported that having consistent access to a senior therapist or supervisor as a way of mentorship was one of the most helpful resources they could have asked for in their young careers. Inversely, new graduates who did not have frequent access to a supervisor or senior therapist reported feelings of role confusion, increasing stress, and feelings of job dissatisfaction (Morley, 2009; Craig, Robertson, & Milligan, 2004). Even when supervision was available, high workloads prevented new practitioners from accessing these resources. As quoted in Craig, Robertson, & Milligan (2004), "When under pressure I have little time to do anything else other than what is essential for patient care; professional development and supervision are often cancelled or rescheduled".

Current Tools Used for Role Transition

With new graduates taking on new roles and challenges, they are likely to face obstacles that will prevent them from meeting high expectations. With the high levels of stress that may occur as a new practitioner, it may lead to role uncertainty as well as a decrease in confidence. New health professionals, including occupational therapists need time and support if they are to become confident and impactful professionals for their clients. Morley, Rugg, and Drew (2007) discuss *Agenda for Change*, which is a formal system of preceptorship support for newly qualified health professionals. This approach involves teaching and learning as new practitioners experience day-to-day practice with senior colleagues as role models and resources. *Agenda for Change* is carried out in a general process consisting of a learning structure that the preceptor and preceptee follow in order to increase competence in a work setting. The *Agenda for Change* outlines that the preceptor should: identify learning objectives, teach and support learning through reflective practice, assess progress in the agreed competencies (communication, personal and people development, health safety and security, service improvement, and equality and diversity), maintain professional development, address concerns about progress, and consistently meet with preceptee (Morley, Rugg, & Drew, 2007).

While *Agenda for Change* is one approach to assist new practitioners to become successful in the healthcare setting, Fitzgerald, Moores, Coleman, and Fleming (2015) introduced the *Occupational Therapy Clinical Learning Framework (OTCLF)*. This framework is used as a guide for reflection, a template for clinical learning, and a resource for a range of learning opportunities that new graduates can benefit from. The *OTCLF* follows four distinct steps as it guides novice therapists through the framework.

The first step has the new graduate reflect on their learning needs and provides an opportunity to develop learning goals. The second step focuses on reviewing potential learning opportunities in relation to the prioritized learning goals in step 1. Step 3 includes a discussion with a supervisor as a way to confirm or refine learning goals and identify learning activities. Step 4 of the *OTCLF* is all about the engagement in the professional learning activities as tool to help meet learning needs.

The *Agenda for Change* and *OTCLF* are similar because they focus on the growth and learning of novice therapists while entering into a new practice setting. Both tools have a form of supervision that the novice can use as a resource as they gain confidence and competency in their abilities. Morley, Rugg, & Drew's (2007) *Agenda for Change* is a policy that novice therapists would follow for 12 months as they learn their job working under an experienced therapist. Fitzgerald, Moores, Coleman, and Fleming (2015) *OTCLF* allows novice therapists to work under the same title as their colleagues but would be completing steps of the *OTCLF* as a way to increase their competencies. There is no time frame attached to the *OTCLF*, so a novice therapist would have the opportunity to stop the process at any point. Both the *OTCLF* and the *Agenda for Change* do not outline a particular occupation-based model that guides their frameworks. These tools have great value when looking at the specific structure of supervision they have to offer, however, neither product specifically focuses on the internal capacity for the new graduate to adapt to their current work environment. Both the *OTCLF* and the *Agenda for Change* are taken on by the supervising therapist with the supervisor having to initiate the next steps within the tools. Additionally, existing products only offer a framework for new employees to follow a sequence of goals set by one party rather than collaboratively

determined between the novice and supervisor, which is more commonly needed. Existing tools focus on the developmental of a trusting relationship between the supervisor and mentee through the use of interviews rather than using components of interview and observation of performance as avenues for information exchange. Existing tools focus on futuristic goals, however may not focus on the underlying components contributing to novice difficulty. Although adaptation is an expectation of all change, existing tools focus on change that need to be made by the novice rather than the novice's overall capacity to problem-solve and initiate change in novel situations, which limit what can be accomplished. Focusing on the novices' abilities to solve problems in new situations and environments can help with the generalization of the novices skills and abilities. Existing resources for new graduates and novice therapists demonstrate gaps that a new product can address.

Utility of Occupational Adaptation Model During Role Transition

The model of Occupational Adaptation (OA) offers a framework for exploring the development of novice competence. The overarching goal of the OA model is to increase the participants adaptive capacity and relative mastery. Adaptive capacity refers to the ability to perceive the need to change, modify or refine responses related to occupational challenges and/or environments (Schkade & Schultz, 2003). Relative mastery is made up of efficiency, effectiveness, and satisfaction to self and others. One of the focuses of OA is the participants' adaptive responses when faced with challenges. By altering participants' response behaviors, adaptation can be achieved in order to increase adaptive capacity and relative mastery when presented with novel occupational challenges.

There is a need for a product that can aid novice occupational therapists as they transition from school to working in an acute care physical dysfunction setting. Currently, there are not any resources that specifically address the transition of new graduates that use OA. This model can help novice therapists, with the assistance of a mentor, transition smoother into their role as an occupational therapist working in acute care. While using OA, a novice therapist can focus on changing their internal capacity to adapt as it relates to dealing with challenges in their current work environment. The purpose of this scholarly project is to create a manual that new graduates and novice therapists can use, alongside a mentor therapist, in order to transition to working in acute physical dysfunction settings. This manual will be a form of self-directed learning that a new therapist can utilize in order to increase their internal capacity to adapt to a variety of challenges that occur in practice. This product will assist new graduates/novice therapist in identifying their relative mastery to the various job responsibilities that occur in a typical acute physical dysfunction setting.

CHAPTER III

METHODOLOGY

The authors chose to complete an in depth literature review as well as an analysis of current resources related to new graduate development and role transitioning from an occupational therapy student to a competent professional working in an acute physical dysfunction setting. The authors gathered references using PubMed database, CINAHL, PsychINFO, OT Search, and Google Scholar through the University of North Dakota's Harley French Library of Health Sciences. A written summary was created on each article to organize and obtain relevant information to develop a product related to novice therapists in an acute physical dysfunction setting.

The research articles and textbooks included in this project provided information regarding: occupational therapy, role transitioning, job responsibilities in acute settings, environment of acute settings, readiness skills of occupational therapists, challenges faced in acute settings, and current tools utilized to assist novice therapists in their work transition. To guide this learning process the Occupational Adaptation (OA) model was implemented throughout the development of our product. The Novice Adaptation Tool (NAT) was developed to provide structure for novice therapists to evaluate their relative mastery in areas of assessment, treatment planning, intervention, documentation, communication and professionalism, and to work collaboratively with a mentor to address areas of need.

Through the review of articles and textbooks, it was apparent that new graduates face many challenges when transitioning into their role as a new practitioner (Cusick, McIntosh, & Santiago, 2004; Morley, 2007; Robertson & Griffiths 2009; Seah, Mackenzie, & Gamble, 2011; Tryssenaar & Perkins, 2001). Very few tools have been developed to support the transition process of new graduates into practice. The *Agenda for Change* and the *Occupational Therapy Clinical Learning Framework* both outline the importance of supervision as a tool in the mentoring process of new occupational therapy graduates (Fitzgerald, Moores, Coleman, and Fleming, 2015; Morley, Rugg, & Drew, 2007). The authors were unable to identify any tools that specifically assist new graduates' and novice therapists' transition into working in an acute physical dysfunction setting. Therefore, the authors decided to work on a product that can help new graduates and novice therapists collaborate with a mentor/supervisor in order to increase competency and confidence in their new role as a practitioner in an acute physical dysfunction setting.

Existing literature shows that most job responsibilities in an acute care physical dysfunction setting can be categorized into six areas including: assessment, treatment planning, intervention, documentation, communication, and professionalism (Cusick, McIntosh, & Santiago, 2004; Fitzgerald, Moores, Coleman, & Fleming, 2015). The NAT was created following a process of self-evaluation in the 6 job responsibility areas (assessment, treatment planning, intervention, documentation, communication, and professionalism). These six job responsibilities areas were incorporated into the development of the NAT and are measured through self-reflection by the novice

therapist, by using an adaptive version of the Relative Mastery Measurement Scale (George, Schkade, & Ishee, 2004).

Current literature describes the unique challenges of acute care physical dysfunction settings and readiness skills required to overcome many environmental barriers (Schkade & Schultz, 2003). The NAT includes an opportunity to assess a therapist's cognitive, psychomotor, and sensorimotor readiness skills with the guidance of a mentoring therapist. The NAT incorporates a section where the collaborating therapists can identify environmental barriers that may be influencing the novice therapist's job performance in any of the job responsibility areas. Griffin and McConnel (2001) identified that acute care settings are typically fast paced and leave little time for supervisory tasks. The NAT was developed as a tool that can be used when there is not a lot of spare time for the therapists. The tool can be completed in portions and can be completed in a short amount of time.

Craig, Robertson, and Milligan (2004) found that new graduates and novice therapists valued supervision when available and attributed it as a major factor that influenced their success during the early years as an occupational therapist. Current research has identified that good supervision needs to be readily available (Tryssenaar & Perkins, 1999) and incorporates clinical observations of the novice therapist into the supervision framework (Robertson & Griffiths, 2009). The authors of the NAT decided to develop a tool that incorporates the use of supervision from start to finish throughout a five-stage process allowing for self-evaluation, collaborative discussion, in-vivo observation, reflective processing, and goal re-evaluation. Through the use of observation, the NAT gives the mentor an opportunity to witness, firsthand, the novices'

adaptive response mechanism and reflexive response behaviors. According to Schkade and Schultz (2003), OA's framework provides a tool to help conceptualize how individuals respond and overcome new challenges. The NAT's structure allows a mentor therapist the opportunity to observe the adaptation energy, adaptive response modes, and adaptive response behaviors of a new graduate or novice therapist during an observation session.

Throughout this review, it was constantly indicated that there was a need for a product to support new graduates and novice therapists as they transition into a new role as an occupational therapist working in an acute physical dysfunction setting. Existing research was a guide in the development of the NAT so that new graduates and novice therapists can increase their understanding of their own adaptation process in order to generalize their knowledge to new challenges that they may encounter in the future.

CHAPTER IV

PRODUCT

Introduction to the Novice Adaptation Tool (NAT)

Overview of Challenges

New graduates experience many challenges as they transition from their role as a

student to practitioner. Novice therapists who are transitioning from one work setting to

another also experiences challenges as they go through the transitional period as they take

on a new role. Current research has identified that new graduates and novice therapists

experience challenges with: decreased levels of confidence when compared to their

senior counterparts, demands of documentation, low experience, apprehensiveness

toward job role, access to a mentor, justifying their role to other health professionals, and

conflict resolution (Cusick, McIntosh, & Santiago, 2004; Morley, 2007; Robertson &

Griffiths 2009; Seah, Mackenzie, & Gamble, 2011; Tryssenaar & Perkins, 2001).

Therapists transitioning into their first job in an acute physical dysfunction

setting have reported difficulties that fall into six job responsibility areas including:

assessment, treatment planning, intervention, documentation, communication, and

professionalism (Cusick, McIntosh, & Santiago, 2004; Fitzgerald, Moores, Coleman, &

Fleming, 2015). Acute physical dysfunction settings have their own environmental

challenges that influence the transition process for new graduates and novice therapists.

Research has identified that acute physical dysfunction settings tend to have limited

space, increased exposure to complicated medical equipment, and are fast paced (Cusick,

McIntosh, & Santiago, 2004; Craig, Robertson, & Milligan, 2004).

Use of Occupation Adaptation Model

The Occupation Adaptation model (OA) can be a useful tool to help therapists as they seek to understand and complete their role transition. Spencer, Hersch, Eschenfelder, Fournet, & Murray-Gerzik (1999) found that the OA model can assist adults when transition into new roles within novel environments. Through the use of OA, a language is used to identify aspects of the environment that demand mastery from the new graduate and novice therapist. OA also helps define a therapists desire to master the environment they are in. The new environment has its own role expectations that a new graduate or novice therapist must maintain in order to feel fulfillment of their new role. OA recognizes that individuals have an internal adaptive response that in turn, leads people to produce an occupational response. When faced with a challenge, individuals respond based on their adaptive energy, adaptive response modes, and adaptive response behaviors. Adaptation energy refers to primary and secondary energy. Primary energy relates to individuals using a high awareness level, typically found in novel situations, whereas secondary energy appears to be "second nature" and takes lower energy expenditure by the individual. When faced with a challenge, individuals may respond with a familiar pattern of behaviors (pre-existing), a new pattern of behaviors (new), or a mixture between the two (modified). When faced with an occupational challenge the individual selects adaptive response behaviors (hyperstable, hypermobile, blended) in response to that challenge. Hyperstable refers to an individual who is "stuck" and unable to choose a different behavior in order to overcome the challenge at hand. An individual who selects a hypermobile behavior will rapidly switch from one solution to another with

a great deal of activity with no resulting product to their challenge. Blended behavior is a mix of hyperstable and hypermobile that allows a great opportunity to produce a positive outcome. All of these internal adaptation processes are influenced by an individual's sensorimotor, cognitive, and psychosocial idiosyncrasies.

While using OA as a tool, new graduates and novice therapists can use the language of the model to identify their reflexive adaptive responses when encountering new challenges and can recognize their capacities for mastery and competence (Lenin, 2017). The overarching goal of OA is to increase the individuals' efficiency, effectiveness, and satisfaction within their occupational role. With that in mind, OA is an acceptable resource to guide new graduates and novice therapists as they experience a role transition when beginning a career in acute physical dysfunction settings.

Key Features of the NAT

The Novice Adaptation Tool (NAT) is a framework that utilizes the Occupational Adaptation model as a guide to assist new graduates and novice therapists as they seek to own their occupational adaptation process. The NAT has many key features that mirror the process outlined by OA while employing the use of a mentor or supervisor. The NAT allows the new graduate or novice therapist to identify their relative mastery in 6 common job challenge areas. The tool also helps users recognize their body's response to occupational challenges which influences their reflexive adaptive responses. The NAT allows a new graduate or novice occupational therapist to explore and practice new adaptive responses during supportive observations by the mentor or supervisor. Lastly, the NAT offers the user a chance to set goals moving forward in order to own their adaptation process. The NAT is intended to assist new graduates and novice therapists in

their understanding of their own adaptation process so that they are able to generalize their knowledge to new challenges they may encounter in the future.

Ideal Tool Use

The Novice Adaptation Tool (NAT) is intended to be used with new graduates or novice therapists entering into an acute physical dysfunction setting for the first time. Reasons to use the tool may vary depending on the individual, however the outcome will be to increase mastery and the adaptation process related to the unique job challenges of an acute physical dysfunction setting. Some common reasons/scenarios to use the tool are listed below:

- The NAT can assist those who feel they are just going through the motions of their new job and would like to move past the superficial level of job performance. The tool can provide an opportunity to sharpen skills, learn more about job responsibilities, and fine tune therapeutic processes (evaluation, intervention, discharge planning).

- Individuals who are unsatisfying with their level of performance in 1 of the 6 job responsibility areas (assessment, treatment planning, intervention, documentation, communication, professionalism) can use the tool to utilize mentor support in order to increase their performance moving forward.

- This tool can be used after a supervisor indicates that a new graduate or novice therapist needs to improve either their efficiency or effectiveness in a related job challenge area. This may happen after a performance review or informal meeting with a departmental supervisor.

In an ideal scenario, the new graduate or novice therapist will communicate their

ideas and opinions honestly with the mentor and in turn the mentor will reciprocate with honest feedback and support with the mentee. Confidentiality will be maintained at all times between the mentor and novice as well as with clients and any other staff that are incorporated into the learning experience. It is ideal that the users of the NAT follow the sequence of stages laid out in the manuals. The order of the stages correlates to the adaptation process outlined by the Occupation Adaptation model.

Format of the NAT

The NAT contains 2 manuals (one for the novice and one for the mentor) that contain 5 stages that the new graduate or novice therapist is to complete with the supervision and guidance of a mentoring therapist.

- *Stage 1* contains a worksheet where the mentee reflects on their relative mastery in 6 areas of job responsibilities, which include: assessment, treatment planning, intervention, documentation, communication, and professionalism.
- *Stage 2* consists of an interview between the novice and the mentor in order to reflect on the scores gathered from *stage 1* and identify the novice's response patterns to challenges.
- *Stage 3* incorporates a shadowing session where the mentor observes the novice's performance as it relates to their job responsibilities in a real-setting and addresses the areas of concerns. This stage allows the novice and mentor to identify the novice's primary response patterns are when encountering challenges.
- *Stage 4* consists of a debriefing session between the novice and mentor related to the observation session. At the end of the debriefing session the novice is given an opportunity to set goals for themselves and the mentor as they relate to the job

challenge area.

- *Stage 5* is an opportunity for the novice therapist to re-evaluate themselves based on the 6 job responsibilities from *stage 1*. It is important to note that this re-evaluation stage may not be needed if the novice does not identify any other job challenges.

The NAT is most useful when honest communication and verbal reflection are utilized throughout the entire process between the novice and mentor. Confidentiality is to be maintained by all parties involved in order to foster an accepting and nurturing learning environment. When using the NAT it is recommended to follow the sequential layout of the tool starting at *stage 1* and ending at *stage 5*.

The

Novice Adaptation

Tool

(NAT)

2018

Developed by:
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Juan Rosales Jr., MOTS
Advisor: Debra Hanson, PhD., OTR/L, FAOTA
University of North Dakota
Master's of Occupational Therapy Program

The Novice Adaptation Tool (NAT)
Novice Manual

Introduction:

Hello novice therapist,

You are entering into a setting that may be new to you. You may be a new graduate or a therapist that is unfamiliar with the acute care setting. You are probably feeling a mixture of emotions right now. Some emotions of excitement and eagerness to get on with your practice and probably a few feelings of nervousness. We are here to tell you that the transition from student to therapist comes with some growing pains. Current research has identified that new graduates face many challenges as they transition from student to a qualified occupational therapist (Cusick, McIntosh, & Santiago, 2004; Morley, 2007; Robertson & Griffiths 2009; Seah, Mackenzie, & Gamble, 2011; Tryssenaar & Perkins, 2001).

You will experience challenges as you work in this setting. Some common challenges that new graduates face when entering their first job in general include: decreased level of confidence when compared to their senior counterparts, new demands of documentation, low experience, feelings of apprehensiveness toward job role, lack of access to a supervisor, justification of role to other health professionals, and conflict resolution. Within an acute physical dysfunction setting you will experience challenges that are specific to this setting. Acute care settings tend to be fast paced which decreases face to face time with clients. Many new graduates in acute care settings report a form of reality shock. Some aspects of reality shock that new graduates report include lack of knowledge regarding organization demands, administration requirements, and workload demands. Lucky for you, this tool can help you through some of the challenges you experience in your first job as a novice therapist in an acute physical dysfunction setting.

Expected Outcomes:

You are invited to participate in a mentorship program that is set up to maximize both
your learning of skills and reflection to own your general adaptation process. Based on Occupational Adaptation model, the goals of this program are:

- To increase effectiveness, efficiency, and satisfaction of job responsibilities.
- Enhance mastery as an occupational therapist working in an acute physical dysfunction setting.
- Increase generalization of skills and abilities through multiple practice settings.

Expectations:

In order to get the most out of this tool you are encouraged to adhere to the following expectations:

- Communicate honestly in written and verbal reflection with supervisor.
- Maintain confidentiality with supervisor and other participants involved in the process.
- Follow the sequential layout of the tool as you learn to master your job responsibilities.

Stage 1: Novice Initial Evaluation of Job Responsibilities

This section is designed to give you an opportunity to agree or disagree with statements regarding your relative mastery based on 6 job responsibilities (assessment, treatment planning, intervention, documentation, communication, professionalism). Make sure to honestly evaluate yourself based on the 6 job responsibilities. Later on you will be reflecting on your scores with your supervisor or mentor.

Worksheet 1

Assessment: *"The process of gathering sufficient information about individuals and their environments to make informed decisions about intervention"* (Christiansen & Baum, 1992, p. 376).

Please select agree (A) or disagree (D) with the following statements regarding assessment. Mark the answer that best relates to your performance as it applies to your most recent experiences with assessment.

1. A   D   My performance is not adequate to complete assessments.
2. A   D   I completed the assessment within about the same time frame it usually takes.
3. A   D   Overall, I am satisfied with myself regarding assessment.
4. A   D   I felt physically or mentally tired after finishing the assessment.
5. A   D   My supervisor would be happy with my level of ability in assessment.
6. A   D   I do not produce the results I expect.
7. A   D   I am very pleased with my performance of this assessment.
8. A   D   I failed to complete all the steps of the assessment.
9. A   D   The assessments take a typical amount of time for me complete.
10. A   D   I am aware of people, equipment, and techniques that would help make assessments easier.
11. A   D   My team members would not be happy with my performance of this assessment.
12. A   D   I successfully completed the assessment.

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│ Other information pertinent to job requirements:                                   │
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Scoring:
Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[_____]

Add both scores to receive a **Total Mastery Score**

[_____]

Treatment planning: *"Successful and effective interventions require practitioners to facilitate increases in skills using various meaningful activities to promote progress toward patient goals"* (Smith-Gabai & Holm, 2017, p.126).

Please select agree (A) or disagree (D) with the following statements regarding treatment planning. Mark the answer that best relates to your performance as it applies to your most recent experiences with treatment planning.

1. A   D   My performance is not adequate to complete treatment planning.
2. A   D   I complete treatment planning within about the same time frame it usually takes.
3. A   D   Overall, I am satisfied with myself regarding treatment planning.
4. A   D   I feel physically or mentally tired after finishing treatment planning for a client.
5. A   D   My supervisor would be happy with my level of ability during treatment planning.
6. A   D   I did not produce the result I expected.
7. A   D   I am very pleased with my performance of treatment planning.
8. A   D   I failed to complete all the steps of treatment planning.
9. A   D   Treatment planning takes a great deal more time than is typical for me.
10. A   D   I am aware of people, equipment, and techniques that would help make treatment planning easier.
11. A   D   My team members would not be happy with my performance of treatment planning.
12. A   D   I successfully completed treatment planning.

Other information pertinent to job requirements:

Scoring:
Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[_____]

Add both scores to receive a **Total Mastery Score**

[_____]

Intervention: *"Process and skilled actions taken by occupational therapy practitioners in collaboration with the client to facilitate engagement in occupation related to health and participation. The intervention process includes the plan, implementation, and review"* (AOTA, 2014, p. S43).

Please select agree (A) or disagree (D) with the following statements regarding intervention. Mark the answer that best relates to your performance as it applies to your most recent experiences with intervention.

1. A   D   My performance was not adequate to complete the intervention.
2. A   D   I completed the intervention within about the same time frame it usually takes.
3. A   D   Overall, I am satisfied with myself regarding this activity.
4. A   D   I felt physically or mentally tired after finishing the intervention.
5. A   D   My supervisor would be happy with my level of ability on this intervention.
6. A   D   I did not produce the result I expected.
7. A   D   I am very pleased with my performance of intervention.
8. A   D   I failed to complete all the steps of the intervention.
9. A   D   The intervention took a great deal more time than is typical for me.
10. A   D   I am aware of people, equipment, and techniques that would help make intervention easier.
11. A   D   My team members would not be happy with my performance of intervention.
12. A   D   I successfully completed the intervention.

Other information pertinent to job requirements:

Scoring:
Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[_____]

Add both scores to receive a **Total Mastery Score**

[_____]

Documentation: *"Communicate information about the client from the occupational therapy perspective; articulate the rationale for provision of occupational therapy services and the relationship of those services to client outcomes, reflection the occupational therapy practitioner's clinical reasoning and professional judgement; and create a chronological record of client status, occupational therapy services provided to the client, client response to occupational therapy intervention, and client outcomes"* (Clark, & Youngstrom, 2008, pp. 684).

Please select agree (A) or disagree (D) with the following statements regarding documentation. Mark the answer that best relates to your performance as it applies to your most recent experiences with documentation.

1. A D My performance was not adequate to complete the documentation.
2. A D I completed the documentation within about the same time frame it usually takes.
3. A D Overall, I am satisfied with myself regarding documentation.
4. A D I felt physically or mentally tired after finishing the documentation.
5. A D My supervisor would be happy with my level of ability on this documentation.
6. A D I did not produce the result I expected.
7. A D I am very pleased with my performance of documentation.
8. A D I failed to complete all the steps necessary during documentation.
9. A D Documentation takes a great deal more time than is typical for me.
10. A D I am aware of people, equipment, and techniques that would help make documentation easier.
11. A D My team members would not be happy with my performance of documentation.
12. A D I successfully completed the documentation.

Other information pertinent to job requirements:

Scoring:
Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[_____]

Add both scores to receive a **Total Mastery Score**

[_____]

Communication: Verbal, nonverbal, and written interaction with clients, caregivers, and colleagues relating to personal, professional, and organizational information.

Please select agree (A) or disagree (D) with the following statements regarding communication. Mark the answer that best relates to your performance as it applies to your most recent experiences with communication.

1. A   D   My performance was not adequate to complete communication.
2. A   D   I communicate the point across in an acceptable amount of time.
3. A   D   Overall, I am satisfied with myself regarding my performance in communication.
4. A   D   I feel physically or mentally tired after finishing a conversation.
5. A   D   My supervisor would be happy with my level of ability with communication.
6. A   D   I did not produce the result I expected.
7. A   D   I am very pleased with my performance regarding communication.
8. A   D   I fail to communicate all of my ideas during conversation.
9. A   D   Clear communication takes a great deal more time than is typical for me.
10. A   D   I am aware of people, equipment, and techniques that would help make communication easier.
11. A   D   My team members would not be happy with my performance of communication.
12. A   D   I successfully complete verbal and non-verbal communication.

Other information pertinent to job requirements:

Scoring:
Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[_____]

Add both scores to receive a **Total Mastery Score**

[_____]

Professionalism: *"Involves practitioners applying the values of their profession and demonstrating essential professional behaviors and attitudes"* (Aquilar, Stupans, Scutter, & King, 20130, pp. 203).

Please select agree (A) or disagree (D) with the following statements regarding professionalism. Mark the answer that best relates to your performance as it applies to your most recent experiences with professionalism.
In regards to professionalism please refer back to job responsibilities/description from your employer.

1. A   D   My professional skills are not adequate when working with other health professionals.
2. A   D   I successfully use time management skills to complete required tasks.
3. A   D   Overall, I am satisfied with my own professional behavior.
4. A   D   Professionally, I do not display adequate cooperation, flexibility, empathy and respect for others in the workplace.
5. A   D   My supervisor thinks I have consistent work behaviors including: initiation, dependability, and preparedness.
6. A   D   I do not use my supervisor to efficiently maximize my clinical learning
7. A   D   I am very pleased with my interpersonal skills
8. A   D   I feel overall pressured to perform aspects of my job that I am not comfortable with.
9. A   D   The tasks in this environment take more time than is typical for me
10. A   D   I am aware of people, equipment, and resources that would help increase my professional competence.
11. A   D   My team members would not be happy with my overall professionalism in the work environment.
12. A   D   I respond constructively to feedback.

Other information pertinent to job requirements:

Scoring:
Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

           [_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

           [_____]

Add both scores to receive a **Total Mastery Score**

[_____]

After completion of self-assessment provide scores to supervisor and set up a follow up meeting to discuss areas of growth.

Assessment	Total Mastery Score:
Treatment Planning	Total Mastery Score:
Intervention	Total Mastery Score:
Documentation	Total Mastery Score:
Communication	Total Mastery Score:
Professionalism	Total Mastery Score:

Stage 2: Mentor Meets Novice for Interview

While meeting with your supervisor or mentor, collaborate and explore factors that are causing low efficiency, effectiveness, and satisfaction related to job responsibilities. When looking at your readiness skills, it is important to address environmental components that may be hindering or enhancing the completion of the task at hand. Furthermore, collaborate with your supervisor or mentor to identify sensorimotor, psychosocial, and cognitive readiness skills that either enhance or hinder the completion of the job responsibility.

Use **Worksheet 2** to identify environmental components as well as your own sensorimotor skills, cognitive skills, and psychosocial skills that either hinder or enhance the completion of your job responsibilities. It is recommended that you as the novice therapist complete **Worksheet 2** prior to meeting with your supervisor or mentor but you can work on it together as well.

Worksheet 2

While completing **Worksheet 2**, make sure to keep in mind the job responsibilities that you rated low in either effectiveness, efficiency, or satisfaction from **Worksheet 1**. Identify a <u>priority job responsibility</u> from **Worksheet 1** and fill out the subsequent information using only your <u>priority area</u>. Examples of each subcategory are provided to help you identify components or skills that affect your performance in the 6 job responsibility areas.

<u>Assessment:</u>

- ***Environmental Components*:**

Examples: medical tubes, monitors, and lines; constant flow of other professionals in and out of room; small client rooms; lack of available space; noise; time constraints on client interaction.

- ***Sensorimotor Skills:***

Examples: ability to concentrate or pay attention to multiple things at once; difficulties transferring clients to location to complete assessment; reaction time to step in when client safety is at risk

- ***Cognitive Skills*:**

Examples: knowledge of various assessment tools; ability to follow assessment steps precisely and efficiently; knowing what to look for when evaluating client; knowing what completed assessment data means; knowledge of where to find information and assessment tool manuals.

- **Psychosocial Skills:**

Examples: comfortableness around blood, I.V.s, wounds; does setting bring up any uncomfortable memories or feelings; not comfortable watching clients perform poorly on assessment; become too stressed with so many things going on during assessment.

Treatment Planning:

- *Environmental Components***:**

Examples: supportive co-workers; enough time to complete treatment plans; able to balance time to plan interventions for multiple clients.

- *Sensorimotor Skills:*

Examples: unable to attend to multiple things while observing client; able to use therapeutic reasoning better when "doing" things with the client instead of talking

- *Cognitive Skills:*

Examples: knowledge on how to adapt various activities; ability to remember client goals

- *Psychosocial Skills:*

Examples: stress of having to change treatment plan as client progresses.

Intervention:

- *Environmental Components:*

Examples: medical tubes, monitors, and lines; constant flow of other professionals in and out of room; small client rooms; lack of available space; noise; time constraints on client time; utilizing family or caregiver input.

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- *Sensorimotor Skills:*

Examples: strong enough to help with transfers, ADLs, moving of equipment

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- *Cognitive Skills:*

Examples: knowledge of ways to adapt intervention; knowledge of ways to address goals using client's meaningful activities; knowledge of intervention techniques (PAMs, stretching, strengthening); knowing what to look for safety and precautions; knowledge of adaptive equipment to aid in intervention.

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- *Psychosocial Skills:*

Examples: level of comfort with culturally sensitive ADLs (bathing, toileting, dressing, sexuality); ability to express empathy and encouragement.

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Documentation:

- *Environmental Components:*

Examples: do you have enough time to complete documentation; facility policy on point of service documentation; adequate space to complete documentation without distractions.

[blank box]

- ***Sensorimotor Skills:***

Examples: typing speed.

[blank box]

- ***Cognitive Skills:***

Examples: knowledge of documentation procedures and format; addressing all aspects of client interaction; ability to remember details from session until time to document.

[blank box]

- ***Psychosocial Skills:***

Examples: anxiety of falling behind on paperwork: stress related to time it takes to document.

[blank box]

Communication:

- ***Environmental Components:***

Examples: enough time to find and communicate with co-workers; co-workers work in same office space; average cognitive level of clients you work with; how often you see other health professionals; enough space to communicate privately with co-workers, clients, and caregivers.

[blank box]

- *Sensorimotor Skills:*

Examples: able to clearly communicate to others (tone, volume, and pace)

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- *Cognitive Skills:*

Examples: knowledge of roles of other health professionals; able to verbalize thoughts clearly; awareness of what information is important to other professionals.

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- *Psychosocial Skills:*

Examples: level of comfort communicating to other health professionals; ability to stay calm and confident when communicating with clients, co-workers, family members.

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Professionalism:

- *Environmental Components:*

Examples: who is involved in treatment team; culture of work environment; accepted language and vocabulary among staff and with clients; how are time lines addressed.

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- *Sensorimotor Skills:*

Examples: posture, tone of voice, and non-verbal interaction projects professional behavior.

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- *Cognitive Skills:*

Examples: knowledge of resources to increase professionalism; understanding various aspects of cultural diversity.

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- *Psychosocial Skills:*

Examples: able to regulate emotions when receiving constructive feedback; able to display flexibility, empathy, and cooperation.

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Stage 3: Mentor Observes Novice in Job Challenge

The next step may vary depending on the areas of growth identified. **Stage 3** is designed to provide an opportunity for the supervisor to observe in vivo the area of growth in order to gain additional perspective, provide helpful tips, and identify additional areas of growth.

Prior to the observation, use **Worksheet 2** to write down what you want your mentor to focus on or what to observe for during the observation. Write the objectives you want your mentor to look for at the top of **Worksheet 3.**

Worksheet 3 is to be used by the mentor while observing the novice occupational therapist performing the identified job task. **Worksheet 3** will be reviewed during **Stage 4.**

Worksheet 3

Observation of Job Responsibility

I. **Job responsibility to be observed:**

_____

Novice's Focus of Observation: (What you want your mentor to look for)

_____

_____

_____

Observations of:

Efficiency:

Effectiveness:

Satisfaction to team/employer/client:

II. *Adaptation process*:

- Adaptation Energy

1. **Is the novice:** (circle all that apply related to **primary energy**)

Using high attention	Using high energy	Using an Intense activity pace
Following steps rigidly	Appearing flustered	Using lots of structure

2) **Is the novice:** (circle all that apply **secondary energy**)

Using low energy	More creative	Disregarding structure
Seeming more sophisticated	Appearing more natural	In favor of alternative approaches

Additional comments regarding adaptation energy:

- Adaptive Response Modes (Circle Yes/Y or No/N)
1. Have I seen the novice apply similar responses to work related challenges? **Y   N**
2. The novice changes his/her approach when encountering a challenge?   **Y   N**
3. Does the novice use a uniquely different approach to a challenge?   **Y   N**

Additional comments regarding response modes:

- Adaptive Response Behavior (Circle Yes/Y or No/N)
1. Does the novice seem stuck or frozen when encountering a challenge?   **Y N**
2. Novice rapidly switches between solutions when addressing challenges.   **Y N**
3. Does the novice seem stable and goal-directed when addressing challenges? **Y N**

Additional comments regarding response behaviors:

The following debriefing summary is to be completed during **stage 4**.

Debriefing Summary

> *Summary of debrief session*:

What do I as the novice want to work on moving forward?	What strategies can I as the novice implement to meet my goals?	What is my desired support from my supervisor moving forward?

Novice Therapist Signature: _____Date:_____

Mentor Signature: _____Date:_____

Stage 4: Debrief of Job Challenge Observation

Talk about the observation experience with your supervisor while going over **Worksheet 3** making sure to bring up positives as well as areas to change or try something new. This may be a time to add another piece of homework or recommend an additional assignment to increase competency in a specific job responsibility.

Complete the debriefing summary at the end of **Worksheet 3** with your mentor as a way to summarize strengths, areas of growth, and strategies that you will implement in the future.

Stage 5: Novice Re-evaluation

Re-evaluate yourself based on the 6 job responsibilities after the completion of **Stages 1-4**. If you see that your re-evaluation scores are still lower than you desire, it is recommended to begin the 5 stages over. You can also choose a new job responsibility to go through the 5 stages with.

Worksheet 1

Assessment: *"The process of gathering sufficient information about individuals and their environments to make informed decisions about intervention"* (Christiansen & Baum, 1992, p. 376).

Please select agree (A) or disagree (D) with the following statements regarding assessment. Mark the answer that best relates to your performance as it applies to your most recent experiences with assessment.

1. A   D   My performance is not adequate to complete the assessment
2. A   D   I completed the assessment within about the same time frame it usually takes.
3. A   D   Overall, I am satisfied with myself regarding assessment.
4. A   D   I felt physically or mentally tired after finishing the assessment.
5. A   D   My supervisor would be happy with my level of ability in assessment.
6. A   D   I did not produce the result I expected.
7. A   D   I am very pleased with my performance of this assessment.
8. A   D   I failed to complete all the steps of the assessment.
9. A   D   The assessments take a great deal more time than is typical for me.
10. A   D   I am aware of people, equipment, and techniques that would help make assessments easier.
11. A   D   My team members would not be happy with my performance of this assessment.
12. A   D   I successfully completed the assessment.

Scoring:

Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[_____]

Add both scores to receive a **Total Mastery Score**

[_____]

Treatment planning: *"Successful and effective interventions require practitioners to facilitate increases in skills using various meaningful activities to promote progress toward patient goals"* (Smith-Gabai & Holm, 2017, p.126).

Please select agree (A) or disagree (D) with the following statements regarding treatment planning. Mark the answer that best relates to your performance as it applies to your most recent experiences with treatment planning.

1. A   D   My performance is not adequate to complete treatment planning.
2. A   D   I complete treatment planning within about the same time frame it usually takes.
3. A   D   Overall, I am satisfied with myself regarding treatment planning.
4. A   D   I feel physically or mentally tired after finishing treatment planning for a client.
5. A   D   My supervisor would be happy with my level of ability during treatment planning.
6. A   D   I did not produce the result I expected.
7. A   D   I am very pleased with my performance of treatment planning.
8. A   D   I failed to complete all the steps of treatment planning.
9. A   D   Treatment planning takes a great deal more time than is typical for me.
10. A   D   I am aware of people, equipment, and techniques that would help make treatment planning easier.
11. A   D   My team members would not be happy with my performance of treatment planning.
12. A   D   I successfully completed treatment planning.

> Other information pertinent to job requirements:

Scoring:
Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[_____]

Add both scores to receive a **Total Mastery Score**

[_____]

Intervention: *"Process and skilled actions taken by occupational therapy practitioners in collaboration with the client to facilitate engagement in occupation related to health and participation. The intervention process includes the plan, implementation, and review"* (AOTA, 2014, p. S43).

Please select agree (A) or disagree (D) with the following statements regarding intervention. Mark the answer that best relates to your performance as it applies to your most recent experiences with intervention.

1. A   D   My performance was not adequate to complete the intervention.
2. A   D   I completed the intervention within about the same time frame it usually takes.
3. A   D   Overall, I am satisfied with myself regarding this activity.
4. A   D   I felt physically or mentally tired after finishing the intervention.
5. A   D   My supervisor would be happy with my level of ability on this intervention.
6. A   D   I did not produce the result I expected.
7. A   D   I am very pleased with my performance of intervention.
8. A   D   I failed to complete all the steps of the intervention.
9. A   D   The intervention took a great deal more time than is typical for me.
10. A   D   I am aware of people, equipment, and techniques that would help make intervention easier.
11. A   D   My team members would not be happy with my performance of intervention.
12. A   D   I successfully completed the intervention.

Other information pertinent to job requirements:

Scoring:
Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[_____]

Add both scores to receive a **Total Mastery Score**

[_____]

Documentation: *"Communicate information about the client from the occupational therapy perspective; articulate the rationale for provision of occupational therapy services and the relationship of those services to client outcomes, reflection the occupational therapy practitioner's clinical reasoning and professional judgement; and create a chronological record of client status, occupational therapy services provided to the client, client response to occupational therapy intervention, and client outcomes"* (Clark, & Youngstrom, 2008, pp. 684).

Please select agree (A) or disagree (D) with the following statements regarding documentation. Mark the answer that best relates to your performance as it applies to your most recent experiences with documentation.

1. A   D   My performance was not adequate to complete the documentation.
2. A   D   I completed the documentation within about the same time frame it usually takes.
3. A   D   Overall, I am satisfied with myself regarding documentation.
4. A   D   I felt physically or mentally tired after finishing the documentation.
5. A   D   My supervisor would be happy with my level of ability on this documentation.
6. A   D   I did not produce the result I expected.
7. A   D   I am very pleased with my performance of documentation.
8. A   D   I failed to complete all the steps necessary during documentation.
9. A   D   Documentation takes a great deal more time than is typical for me.
10. A   D   I am aware of people, equipment, and techniques that would help make documentation easier.
11. A   D   My team members would not be happy with my performance of documentation

12. A   D   I successfully completed the documentation.

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│ Other information pertinent to job requirements:                         │
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Scoring:
Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[_____]

Add both scores to receive a **Total Mastery Score**

[_____]

Communication: "*Verbal, nonverbal, and written interaction with clients, caregivers, and colleagues relating to personal, professional, and organizational information.*"

Please select agree (A) or disagree (D) with the following statements regarding communication. Mark the answer that best relates to your performance as it applies to your most recent experiences with communication.

1. A   D   My performance was not adequate to complete communication.
2. A   D   I communicate the point across in an acceptable amount of time.
3. A   D   Overall, I am satisfied with myself regarding my performance in communication.
4. A   D   I feel physically or mentally tired after finishing a conversation.
5. A   D   My supervisor would be happy with my level of ability with communication.
6. A   D   I did not produce the result I expected.
7. A   D   I am very pleased with my performance regarding communication.
8. A   D   I fail to communicate all my ideas during conversation.
9. A   D   Clear communication takes a great deal more time than is typical for me.
10. A   D   I am aware of people, equipment, and techniques that would help make communication easier.
11. A   D   My team members would not be happy with my performance of communication.
12. A   D   I successfully complete verbal and non-verbal communication.

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│ Other information pertinent to job requirements: │
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Scoring:
Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[_____]

Add both scores to receive a **Total Mastery Score**

[_____]

Professionalism: *"Involves practitioners applying the values of their profession and demonstrating essential professional behaviors and attitudes"* (Aquilar, Stupans, Scutter, & King, 20130, pp. 203).

Please select agree (A) or disagree (D) with the following statements regarding professionalism. Mark the answer that best relates to your performance as it applies to your most recent experiences with professionalism.
In regards to professionalism please refer back to job responsibilities/description from your employer.

1. A   D   My professional skills are adequate when working with other health professionals.
2. A   D   I successfully use time management skills to complete required tasks.
3. A   D   Overall, I am satisfied with my own professional behavior.
4. A   D   Professionally, I display adequate cooperation, flexibility, empathy and respect for others in the workplace.
5. A   D   My supervisor thinks I have consistent work behaviors including: initiation, dependability, and preparedness.
6. A   D   I do not use my supervisor to efficiently maximize my clinical learning.
7. A   D   I am very pleased with my interpersonal skills
8. A   D   I feel overall pressured to perform aspects of my job that I am not comfortable with.
9. A   D   The tasks in this environment take more time than is typical for me
10. A   D   I am aware of people, equipment, and resources that would help increase my professional competence.

11. A   D   My team members would be happy with my overall
professionalism in the work environment.

12. A   D   I respond constructively to feedback.

Other information pertinent to job requirements:

Scoring:

Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[_____]

Add both scores to receive a **Total Mastery Score**

[_____]

<h2 style="text-align:center"><u>The Novice Adaptation Tool (NAT)</u></h2>
<h2 style="text-align:center">Mentor Manual</h2>

Introduction:
Hello and congratulations on being a mentor of a novice therapist in an acute physical dysfunction setting. Research has identified that consistent and effective supervision is one of the optimal tools in helping new graduates and novice therapists gain competence, confidence, and effectiveness in many aspects of practice (Cusick, McIntosh & Santiago, 2004). Your role is to help the new graduate bridge the gap from student to practicing professional or from a different work setting to this one by giving useful feedback and providing an environment that encourages exploration and competency.

   Current research has identified that new graduates face many challenges as they transition from student to a qualified occupational therapist (Cusick, McIntosh, & Santiago, 2004; Morley, 2007; Robertson & Griffiths 2009; Seah, Mackenzie, & Gamble, 2011; Tryssenaar & Perkins, 2001). Many new graduates and novice therapist working in an acute physical dysfunction setting experience challenges with decreased level of confidence when compared to their senior counterparts, new demands of documentation, low experience, feelings of apprehensiveness toward job role, lack of access to a supervisor, justification of role to other health professionals, and conflict resolution. Within acute care settings, six job responsibilities have been identified as areas of challenge to new graduates and novice occupational therapists. These six job responsibility areas include: assessment, treatment planning, intervention, documentation, communication, and professionalism.

Expected Outcomes:
   Through the use of this tool, the therapist you are mentoring will have an opportunity to:
- Increase their effectiveness, efficiency, and satisfaction in job responsibilities.
- Enhance their mastery as an occupational therapist working in an acute physical dysfunction setting.
- Increase generalization of skills and abilities through multiple practice settings.

Expectations:
In order for your mentee and you to get the most out of this tool, you are expected to adhere to the following expectations:
- Communicate honestly in written and verbal reflection with mentee.
- Maintain confidentiality with mentee and other participants involved in the process.
- Follow the sequential layout of the tools as you help the mentee learn to master their job responsibilities.

Stage 1: Novice Initial Evaluation of Job Responsibilities

During this stage, the new graduate is asked to reflect on their mastery in 6 areas of job responsibilities (assessment, treatment planning, intervention, documentation,

communication, professionalism). Novice therapist will complete this assessment for 5 job responsibilities with the 6th responsibility format revised to evaluate the concepts of professionalism.

Worksheet 1 represents the format that the novice therapist will fill out in their manual.

Worksheet 1

Assessment: *"The process of gathering sufficient information about individuals and their environments to make informed decisions about intervention"* (Christiansen & Baum, 1992, p. 376).

Please select agree (A) or disagree (D) with the following statements regarding assessment. Mark the answer that best relates to your performance as it applies to your most recent experiences with assessment.

1.   A   D   My performance is not adequate to complete assessments.
2.   A   D   I completed the assessment within about the same time frame it usually takes.
3.   A   D   Overall, I am satisfied with myself regarding assessment.
4.   A   D   I felt physically or mentally tired after finishing the assessment.
5.   A   D   My supervisor would be happy with my level of ability in assessment.
6.   A   D   I do not produce the results I expect.
7.   A   D   I am very pleased with my performance of this assessment.
8.   A   D   I complete all the steps of the assessment.
9.   A   D   The assessments take a typical amount of time for me complete.
10. A   D   I am aware of people, equipment, and techniques that would help make assessments easier.
11. A   D   My team members would not be happy with my performance of this assessment.
12. A   D   I successfully completed the assessment.

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Other information pertinent to job requirements:



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Scoring:

Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12   [_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11   [_____]

Add both scores to receive a **Total Mastery Score**   [_____]

Treatment planning: *"Successful and effective interventions require practitioners to facilitate increases in skills using various meaningful activities to promote progress toward patient goals"* (Smith-Gabai & Holm, 2017, p.126).

Please select agree (A) or disagree (D) with the following statements regarding treatment planning. Mark the answer that best relates to your performance as it applies to your most recent experiences with treatment planning.

1.   A   D   My performance is not adequate to complete treatment planning.
2.   A   D   I complete treatment planning within about the same time frame it usually takes.
3.   A   D   Overall, I am satisfied with myself regarding treatment planning.
4.   A   D   I feel physically or mentally tired after finishing treatment planning for a client.
5.   A   D   My supervisor would be happy with my level of ability during treatment planning.
6.   A   D   I did not produce the result I expected.
7.   A   D   I am very pleased with my performance of treatment planning.
8.   A   D   I failed to complete all the steps of treatment planning.
9.   A   D   Treatment planning takes a great deal more time than is typical for me.
10. A   D   I am aware of people, equipment, and techniques that would help make treatment planning easier.
11. A   D   My team members would not be happy with my performance of treatment planning.

12. A   D   I successfully completed treatment planning.

Other information pertinent to job requirements:

Intervention: *"Process and skilled actions taken by occupational therapy practitioners in collaboration with the client to facilitate engagement in occupation related to health and participation. The intervention process includes the plan, implementation, and review"* (AOTA, 2014, p. S43).

Please select agree (A) or disagree (D) with the following statements regarding intervention. Mark the answer that best relates to your performance as it applies to your most recent experiences with intervention.

1.   A   D   My performance was not adequate to complete the intervention.
2.   A   D   I completed the intervention within about the same time frame it usually takes.
3.   A   D   Overall, I am satisfied with myself regarding this activity.
4.   A   D   I felt physically or mentally tired after finishing the intervention.
5.   A   D   My supervisor would be happy with my level of ability on this intervention.
6.   A   D   I did not produce the result I expected.
7.   A   D   I am very pleased with my performance of intervention.
8.   A   D   I failed to complete all the steps of the intervention.
9.   A   D   The intervention took a great deal more time than is typical for me.
10. A   D   I am aware of people, equipment, and techniques that would help make intervention easier.
11. A   D   My team members would not be happy with my performance of intervention.
12. A   D   I successfully completed the intervention.

Other information pertinent to job requirements:

Documentation: *"Communicate information about the client from the occupational therapy perspective; articulate the rationale for provision of occupational therapy services and the relationship of those services to client outcomes, reflection the occupational therapy practitioner's clinical reasoning and professional judgement; and create a chronological record of client status, occupational therapy services provided to the client, client response to occupational therapy intervention, and client outcomes"* (Clark, & Youngstrom, 2008, pp. 684).

Please select agree (A) or disagree (D) with the following statements regarding documentation. Mark the answer that best relates to your performance as it applies to your most recent experiences with documentation.

1.   A   D   My performance was not adequate to complete the documentation.
2.   A   D   I completed the documentation within about the same time frame it usually takes.
3.   A   D   Overall, I am satisfied with myself regarding documentation.
4.   A   D   I felt physically or mentally tired after finishing the documentation.
5.   A   D   My supervisor would be happy with my level of ability on this documentation.
6.   A   D   I did not produce the result I expected.

7.	A	D	I am very pleased with my performance of documentation.
8.	A	D	I failed to complete all the steps necessary during documentation.
9.	A	D	Documentation takes a great deal more time than is typical for me.
10.	A	D	I am aware of people, equipment, and techniques that would help make documentation easier.
11.	A	D	My team members would not be happy with my performance of documentation.
12.	A	D	I successfully completed the documentation.

Other information pertinent to job requirements:

Scoring:

Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12   [_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11   [_____]

Add both scores to receive a **Total Mastery Score** [_____]

Communication: "*Verbal, nonverbal, and written interaction with clients, caregivers, and colleagues relating to personal, professional, and organizational information."*

Please select agree (A) or disagree (D) with the following statements regarding communication. Mark the answer that best relates to your performance as it applies to your most recent experiences with communication.

1.	A	D	My performance was not adequate to complete communication.
2.	A	D	I communicate the point across in an acceptable amount of time.
3.	A	D	Overall, I am satisfied with myself regarding my performance in communication.
4.	A	D	I feel physically or mentally tired after finishing a conversation.
5.	A	D	My supervisor would be happy with my level of ability with communication.
6.	A	D	I did not produce the result I expected.
7.	A	D	I am very pleased with my performance regarding communication.
8.	A	D	I fail to communicate all of my ideas during conversation.
9.	A	D	Clear communication takes a great deal more time than is typical for me.
10.	A	D	I am aware of people, equipment, and techniques that would help make communication easier.
11.	A	D	My team members would not be happy with my performance of communication.
12.	A	D	I successfully complete verbal and non-verbal communication.

Other information pertinent to job requirements:

Scoring:

Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12 [_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11   [_____]

Add both scores to receive a **Total Mastery Score** [_____]

Professionalism: *"Involves practitioners applying the values of their profession and demonstrating essential professional behaviors and attitudes"* (Aquilar, Stupans, Scutter, & King, 20130, pp. 203).

Please select agree (A) or disagree (D) with the following statements regarding professionalism. Mark the answer that best relates to your performance as it applies to your most recent experiences with professionalism.
In regards to professionalism please refer back to job responsibilities/description from your employer.

| 1. | A | D | My professional skills are not adequate when working with other health professionals. |

2.	A	D	I successfully use time management skills to complete required tasks.
3.	A	D	Overall, I am satisfied with my own professional behavior.
4.	A	D	Professionally, I do not display adequate cooperation, flexibility, empathy and respect for others in the workplace.
5.	A	D	My supervisor thinks I have consistent work behaviors including: initiation, dependability, and preparedness.
6.	A	D	I do not use my supervisor to efficiently maximize my clinical learning
7.	A	D	I am very pleased with my interpersonal skills
8.	A	D	I feel overall pressured to perform aspects of my job that I am not comfortable with.
9.	A	D	The tasks in this environment take more time than is typical for me
10.	A	D	I am aware of people, equipment, and resources that would help increase my professional competence.
11.	A	D	My team members would not be happy with my overall professionalism in the work environment.
12.	A	D	I respond constructively to feedback.

Other information pertinent to job requirements:

Scoring:

Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12 [_____]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11   [_____]

Add both scores to receive a **Total Mastery Score** [_____]

After completion of self-assessment provide scores to supervisor and set up a follow up meeting to discuss areas of growth.

Assessment	Total Mastery Score:
Treatment Planning	Total Mastery Score:
Intervention	Total Mastery Score:
Documentation	Total Mastery Score:
Communication	Total Mastery Score:
Professionalism	Total Mastery Score:

After the new practitioner completes the template, he/she is to give you the completed form for you to review. It may be beneficial to review their scores and develop some probing questions to address specifics on low rated job responsibilities.
Either write down or keep in mind probing questions to use while meeting with new graduate during **Stage 2.**

Stage 2: Mentor Meets Novice for Interview

       During the meeting, collaborate with the new practitioner to explore possible factors that are causing low efficiency, effectiveness, and satisfaction scores relating to the 6 job responsibilities. When looking at the readiness skills of the new graduate it is important to address environmental components that may be hindering or enhancing the completion of the task at hand. Furthermore, collaborate with the novice therapist to identify sensorimotor, psychosocial, and cognitive readiness skills that either enhance or hinder the completion of the job responsibility.

       Worksheet 2 is used to help the novice therapist, along with your assistance, identify the environmental components of the job responsibility as well as determine the sensorimotor, cognitive, and psychosocial skills that are either hindering or enhancing the efficiency, effectiveness, or satisfaction of the various job responsibilities.

Worksheet 2

While completing **Worksheet 2**, make sure to keep in mind the job responsibilities that you rated low in either effectiveness, efficiency, or satisfaction from **Worksheet 1**. Identify a <u>priority job responsibility</u> from **Worksheet 1** and fill out the subsequent information using only your <u>priority area</u>. Examples of each subcategory are provided to help you identify components or skills that affect your performance in the 6 job responsibility areas.

<u>Assessment:</u>

- ***Environmental Components*:**

Examples: medical tubes, monitors, and lines; constant flow of other professionals in and out of room; small client rooms; lack of available space; noise; time constraints on client interaction.

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- ***Sensorimotor Skills:***

Examples: ability to concentrate or pay attention to multiple things at once; difficulties transferring clients to location to complete assessment; reaction time to step in when client safety is at risk

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- ***Cognitive Skills*:**

Examples: knowledge of various assessment tools; ability to follow assessment steps precisely and efficiently; knowing what to look for when evaluating client; knowing what completed assessment data means; knowledge of where to find information and assessment tool manuals.

[blank box]

- **Psychosocial Skills:**

Examples: comfortableness around blood, I.V.s, wounds; does setting bring up any uncomfortable memories or feelings; not comfortable watching clients perform poorly on assessment; become too stressed with so many things going on during assessment.

[blank box]

Treatment Planning:

- *Environmental Components:*

Examples: supportive co-workers; enough time to complete treatment plans; able to balance time to plan interventions for multiple clients.

[blank box]

- *Sensorimotor Skills:*

Examples: unable to attend to multiple things while observing client; able to use therapeutic reasoning better when "doing" things with the client instead of talking

[blank box]

- *Cognitive Skills:*

Examples: knowledge on how to adapt various activities; ability to remember client goals

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- *Psychosocial Skills:*

Examples: stress of having to change treatment plan as client progresses.

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Intervention:

- *Environmental Components:*

Examples: medical tubes, monitors, and lines; constant flow of other professionals in and out of room; small client rooms; lack of available space; noise; time constraints on client time; utilizing family or caregiver input.

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- *Sensorimotor Skills:*

Examples: strong enough to help with transfers, ADLs, moving of equipment

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- *Cognitive Skills:*

Examples: knowledge of ways to adapt intervention; knowledge of ways to address goals using client's meaningful activities; knowledge of intervention techniques (PAMs, stretching, strengthening); knowing what to look for safety and precautions; knowledge of adaptive equipment to aid in intervention.

- *Psychosocial Skills:*

Examples: level of comfort with culturally sensitive ADLs (bathing, toileting, dressing, sexuality); ability to express empathy and encouragement.

Documentation:

- *Environmental Components:*

Examples: do you have enough time to complete documentation; facility policy on point of service documentation; adequate space to complete documentation without distractions.

- *Sensorimotor Skills:*

Examples: typing speed.

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- *Cognitive Skills:*

Examples: knowledge of documentation procedures and format; addressing all aspects of client interaction; ability to remember details from session until time to document.

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- *Psychosocial Skills:*

Examples: anxiety of falling behind on paperwork: stress related to time it takes to document.

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Communication:

- *Environmental Components:*

Examples: enough time to find and communicate with co-workers; co-workers work in same office space; average cognitive level of clients you work with; how often you see other health professionals; enough space to communicate privately with co-workers, clients, and caregivers.

- *Sensorimotor Skills:*

Examples: able to clearly communicate to others (tone, volume, pace)

- *Cognitive Skills:*

Examples: knowledge of roles of other health professionals; able to verbalize thoughts clearly; awareness of what information is important to other professionals.

- *Psychosocial Skills:*

Examples: level of comfort communicating to other health professionals; ability to stay calm and confident when communicating with clients, co-workers, family members.

Professionalism:

- *Environmental Components:*

Examples: who is involved in treatment team; culture of work environment; accepted

language and vocabulary among staff and with clients; how are time lines addressed.

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- *Sensorimotor Skills:*

Examples: posture, tone of voice, and non-verbal interaction projects professional behavior.

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- *Cognitive Skills:*

Examples: knowledge of resources to increase professionalism; understanding various aspects of cultural diversity.

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- *Psychosocial Skills:*

Examples: able to regulate emotions when receiving constructive feedback; able to display flexibility, empathy, and cooperation.

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Stage 3: Mentor Observes Novice in Job Challenge

If needed: This stage gives the supervisor the opportunity to observe the new graduate's performance as it relates to their job responsibilities in a real-setting and to address the areas of concerns.

The next step may vary depending on the areas of growth identified. **Stage 3** is designed to provide an opportunity for the supervisor to observe in vivo the area of growth in order to gain additional perspective, provide helpful tips, and identify additional areas of growth.

Prior to the observation, the novice will use **Worksheet 2** to write down what they want their mentor to focus on or what to observe for during the observation. They will write the objectives of what they want you to look for at the top of **Worksheet 3.**

Worksheet 3 is to be used by the mentor while observing the novice occupational therapist performing the identified job task. **Worksheet 3** will be reviewed during **stage 4.**

Worksheet 3

Observation of Job Responsibility

I. **Job responsibility to be**

observed:_____

Novice's Focus of Observation: (What you want your mentor to look for)

_____

_____

_____

Observations of:

Efficiency:

Effectiveness:

Satisfaction to team/employer/client:

II. *Adaptation process*:
- Adaptation Energy
1) **Is the novice:** (circle all that apply)

Using high attention	Using high energy	Using an Intense activity pace
Following steps rigidly	Appearing flustered	Using lots of structure

2) **Is the novice:** (circle all that apply)

Using low energy	More creative	Disregarding structure
Seeming more sophisticated	Appearing more natural	In favor of alternative approaches

Additional comments regarding adaptation energy:

- Adaptive Response Modes (Circle Yes/Y or No/N)
1) Have I seen the novice apply similar responses to work related challenges? **Y   N**
2) The novice changes his/her approach when encountering a challenge?   **Y   N**
3) Does the novice use a uniquely different approach to a challenge?   **Y   N**

Additional comments regarding response modes:

- Adaptive Response Behavior (Circle Yes/Y or No/N)
1) Does the novice seem stuck or frozen when encountering a challenge?   **Y   N**
2) Novice rapidly switches between solutions when addressing challenges.   **Y   N**
3) Does the novice seem stable and goal-directed when addressing challenges? **Y   N**

Additional comments regarding response behaviors:

The following debriefing summary is to be completed during **stage 4**.

Debriefing Summary

Summary of debrief session:

What do I as the novice want to work on moving forward?	What strategies can I as the novice implement to meet my goals?	What is my desired support from my supervisor moving forward?

Novice Therapist Signature: _____Date:_____

Mentor Signature: _____Date:_____

Stage 4: Debrief of Job Challenge Observation

After observing, take the time to debrief and discuss the strengths and areas of continued growth as it relates to the specific job responsibilities in an acute setting. The following probing questions may help the novice therapist address the concepts of occupational adaptation as they relate to job challenges:
- Did this task feel natural to you or did it take more energy and focus?
- Is it represented of a way you usually take on challenges or was this new to you?
- When you encounter a new situation do you rapidly search for a solution or do you become stuck in thought?
- How can I help you get unstuck where you are?

Complete the debriefing summary at the end of **Worksheet 3** with the novice as a way to summarize strengths, areas of growth, and strategies that the novice can implement in the future.

This is also a good time to provide additional assignments and learning opportunities as needed to increase the new graduate's efficiency, effectiveness, and satisfaction.

Stage 5: Novice Re-evaluation

This stage is a chance for the new graduate to re-evaluate themselves based on the 6 job responsibilities. This re-evaluation may not be the ending step of this tool. If the new therapist continues to rate themselves lower than what is desired the 5 stages can be repeated over. Feel free to start the process over with a new job responsibility as needed.

The Novice Adaptation Tool (NAT)
Assessment Case Study

Background information:

Jack is a new graduate occupational therapist who recently accepted a job in an acute physical dysfunction setting at Hope Hospital. Jack had a Level II fieldwork in an acute physical dysfunction setting similar to Hope Hospital. He and 2 other therapists work under Mary who is the senior occupational therapists and his direct supervisor. Jack has been working at Hope Hospital for 4 weeks and is starting to recognize that he is having some difficulty with administering, interpreting, and documenting assessments at this facility. The occupational therapy department at Hope Hospital uses different assessments compared to what Jack previously used at his Level II fieldwork. Jack has decided to seek guidance from Mary, who introduced The Novice Adaptation Tool (NAT) to him. Mary explained that the NAT can be a useful tool in helping Jack address his challenges relating to assessments at this facility.

The following case study outlines an ideal application of the NAT as Jack utilizes Mary as a Mentor to assist him in mastering the job responsibility of assessment.

Stage 1: Novice Initial Evaluation of Job Responsibilities

During this stage, Jack reflected on his relative mastery based on the 6 job responsibilities. To no surprise to Jack, he rated himself the lowest on the assessment portion. His rating on assessment can be seen below along with the totals from the other job responsibility areas in order to pick a priority area to work on during the completion of this tool.

Worksheet 1

Assessment: *"The process of gathering sufficient information about individuals and their environments to make informed decisions about intervention"* (Christiansen & Baum, 1992, p. 376).

Please select agree (A) or disagree (D) with the following statements regarding assessment. Mark the answer that best relates to your performance as it applies to your most recent experiences with assessment.

1. **A**   D   My performance is not adequate to complete assessments.
2. A   **D**   I completed the assessment within about the same time frame it usually takes.
3. A   **D**   Overall, I am satisfied with myself regarding assessment.
4. **A**   D   I felt physically or mentally tired after finishing the assessment.
5. **A**   D   My supervisor would be happy with my level of ability in assessment.
6. **A**   D   I do not produce the results I expect.
7. A   **D**   I am very pleased with my performance of this assessment.
8. **A**   D   I failed to complete all the steps of the assessment.
9. A   **D**   The assessments take a typical amount of time for me complete.
10. A   **D**   I am aware of people, equipment, and techniques that would help make assessments easier.
11. A   **D**   My team members would not be happy with my performance of this assessment.
12. A   **D**   I successfully completed the assessment.

> Other information pertinent to job requirements: *I feel that it takes me a long time to complete assessments. I do not have experience using all of the assessments of this facility. I did not use the Cognitive Performance Test (CPT) or Montreal Cognitive Assessment (MoCA) during fieldwork. Formal assessments and evaluations take longer for me to complete compared to other therapists in the department.*

Scoring:
Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[___*1*___]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[___*2*___]

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Add both scores to receive a **Total Mastery Score**

[___3____]

After completion of self-assessment provide scores to supervisor and set up a follow up meeting to discuss areas of growth.

Assessment	Total Mastery Score: *3*
Treatment Planning	Total Mastery Score: *12*
Intervention	Total Mastery Score: *7*
Documentation	Total Mastery Score: *9*
Communication	Total Mastery Score: *11*
Professionalism	Total Mastery Score: *9*

After seeing his total mastery scores, Jack decided he would like to increase his mastery in the assessment area to increase overall competence in this setting.

Stage 2: Mentor Meets Novice for Interview

*Jack reached out to Mary to schedule a time to meet and go over his **Worksheet 1** scores. During this stage Mary assisted Jack to help him identify factors that may be affecting Jacks performance in assessment. Mary guided Jack through this process by providing probing questions and giving examples of possible readiness skills that could be hindering his performance in assessment. They also discussed environmental factors that may be influencing Jack's performance during assessments. The results of this initial interview/meeting can be seen below on **Worksheet 2**.*

Worksheet 2

While completing **Worksheet 2**, make sure to keep in mind the job responsibilities that you rated low in either effectiveness, efficiency, or satisfaction from **Worksheet 1**. Identify a priority job responsibility from **Worksheet 1** and fill out the subsequent information using only your priority area. Examples of each subcategory are provided to help you identify components or skills that affect your performance in the 6 job responsibility areas.

*Since Jack rated himself the lowest in assessment, he only completed the assessment portion of **Worksheet 2** as his priority area. The 5 other job responsibility areas from **Worksheet 2** were not applicable to Jack's case.*

Assessment:
- ***Environmental Components*:**

Examples: medical tubes, monitors, and lines; constant flow of other professionals in and out of room; small client rooms; lack of available space; noise; time constraints on client interaction.

> *Small client rooms, lack of available space, and a lot of complicated medical equipment.*

- ***Sensorimotor Skills:***

Examples: ability to concentrate or pay attention to multiple things at once; difficulties transferring clients to location to complete assessment; reaction time to step in when client safety is at risk

> *Difficulties focusing on subjective and objective information at the same time. I tend to get distracted when others enter the room.*

- ***Cognitive Skills*:**

Examples: knowledge of various assessment tools; ability to follow assessment steps precisely and efficiently; knowing what to look for when evaluating client; knowing what completed assessment data means; knowledge of where to find information and assessment tool manuals.

> *I don't remember all the assessments used here. I do not remember all of the assessment steps off the top of my head. When using CPT, I am unsure what I should be observing for. I am unfamiliar with the CPT manual and how to follow the scoring guide. I am unfamiliar on how to score and interpret final results.*

- **Psychosocial Skills:**

Examples: comfortableness around blood, I.V.s, wounds; does setting bring up any uncomfortable memories or feelings; not comfortable watching clients perform poorly on assessment; become too stressed with so many things going on during assessment.

> *I notice I get uncomfortable when clients perform poorly on assessments. I tend to rate clients higher than they actually perform. When I am unfamiliar with an assessment, I notice that I become stressed when thinking about all of the steps involved the assessment.*

Stage 3: Mentor Observes Novice in Job Challenge

*After discussing items from **Worksheet 2**, Mary and Jack agreed that an observation session would take place while Jack completed the CPT. Prior to observation, Jack wrote down what he wanted Mary to specifically look for when administering the CPT in the **Novice's Focus of Observation**.*

*Mary's comments regarding the observation can be seen below on **Worksheet 3** in relations to Jack's performance in assessments starting after the **Novice's Focus of Observation**.*

Worksheet 3

Observation of Job Responsibility

I. **Job responsibility to be observed:** *Administrating the CPT assessment*

Novice's Focus of Observation: (What you want your mentor to look for)

Please observe my ability to give directions clearly. Look at my interpretation of assessment results. Keep track of the amount of cues I am using while giving the CPT. Overall, identify any other information that you see important to share with me.

Observations of:

> Efficiency: *Jack I notice you give instructions at a face pace. I recommend giving instructions a little slower. I recommend setting up the room prior to the assessment. Remember where CPT items are located (bread, silverware, extra soap, and phone). You seem to become distracted when someone enters the room while you are giving the test. Maybe sit with your back to the door to decrease distractions.*

Effectiveness: *When giving CPT remember to only give instructions twice. Remember to read from assessment manual when giving instructions. When you are questioning what to score a client after the assessment, choose the lower score so you do not overestimate the client's capabilities.*

Satisfaction to team/employer/client: *Reassure the client that their score is not the only determining factor on whether or not they can return home. Explain that the assessment gives us a better understanding of the clients thinking and what we can do to help them. After calculating a score on the assessment, makes sure to explain results and finding to team members so they can understand the clients cognition needs as well.*

II. *Adaptation process*:
- Adaptation Energy
2. **Is the novice:** (circle all that apply related to **primary energy**)

Using high attention	Using high energy	Using an Intense activity pace
Following steps rigidly	Appearing flustered	Using lots of structure

2) **Is the novice:** (circle all that apply **secondary energy**)

Using low energy	More creative	Disregarding structure
Seeming more sophisticated	Appearing more natural	In favor of alternative approaches

Additional comments regarding adaptation energy: *Use manual when given instructions, but read slower and clearer so clients can understand. Set up the room to avoid wasting time at the beginning of evaluation and prevent you from running around at the beginning of the session.*

- <u>Adaptive Response Modes</u> (Circle Yes/Y or No/N)
4. Have I seen the novice apply similar responses to work related challenges? **Y**   **N**
5. The novice changes his/her approach when encountering a challenge?   **Y**   **N**
6. Does the novice use a uniquely different approach to a challenge?   **Y**   N

Additional comments regarding response modes: *Nice job asking the client if he understood the instructions prior to the task. If the client seems confused with the instructions, do not hesitate to give them written instructions. Overall, you seem like a calm and collected therapist. However, during the assessment it was apparent that you became uneasy and took time to fix your mistakes.*

- <u>Adaptive Response Behavior</u> (Circle Yes/Y or No/N)
4. Does the novice seem stuck or frozen when encountering a challenge?   **Y**   N
5. Novice rapidly switches between solutions when addressing challenges.   **Y**   **N**
6. Does the novice seem stable and goal-directed when addressing challenges? **Y**   N

Additional comments regarding response behaviors: *When you get stuck determining a score for a subtest, use the CPT manual and rounding down to help you get "unstuck". Do not be afraid to ask other therapists for their opinion when interpreting assessment results.*

The debriefing summary is to be completed during **Stage 4** with the mentor.

Debriefing Summary

Summary of debrief session: *Overall, the assessment went well. Jack displayed good professionalism during the initial assessment. Jack is able to build rapport quickly with clients and make them feel comfortable throughout the assessment process. It is recommended that Jack get more experience using the CPT and other assessments that are available here at this facility. Make sure to study the manuals before administrating them. Make sure to read the written instructions to stay standardized throughout the assessment. Leave yourself enough time to score and interpret the results gathered from the assessment. Utilize facility resources and other staff when you have questions about assessment data. Lastly, remember to set up room prior to evaluation. Keep up the good work!*

What do I as the novice want to work on moving forward?	What strategies can I as the novice implement to meet my goals?	What is my desired support from my supervisor moving forward?
I want to familiar myself with the CPT and other assessments here at the facility. *I want to use the available resources around me better.*	*I will take an unfamiliar assessment tool home to study each weekend.* *I can ask coworkers questions regarding the assessments at the facility.*	*I would like the supervisor to give me clear and constructive feedback relating to my performance in giving assessments.*

Novice Therapist Signature: *Jack Colline*   Date: *9/16/2018*

Mentor Signature: *Mary Little*   Date: *9/16/2018*

Stage 4: Debrief of Job Challenge Observation

*After the completion of **Worksheet 3**, both Mary and Jack decided to meet over lunch in the cafeteria the following day to debrief the observation session. They made sure they were secluded to remain confidential in their discussion. They talked about high and low points of the observation while following the format of **Worksheet 3**. Mary reported aspects of the session that stood out to her and Jack stated his thoughts that stood out to him. Both therapists collaborated on goals moving forward, strategies to meet Jack's goals, and levels of support needed from Mary. Jack and Mary summarized the session together and wrote down the summary of their session in the **Debriefing Summary Section** of **Worksheet 3**. Mary reassured Jack that all of the information that was obtained while using the NAT is not filed in Jack's personal performance file in this facility and is given to him as a resource to reference in the occurrence of any future job challenges.*

Stage 5: Novice Re-evaluation

*Jack re-evaluated himself on the job challenge of assessment. His scores can be seen on the following page. (Second copy of **Worksheet 1**)*

At the completion of the NAT, Jack reflected on his experience and realized that this tool was a valuable tool to assist with his transition into this new work setting. He really appreciated the opportunity to have a supervisor collaborate with him throughout the entire process as well as the chance to have a senior therapist observe his performance in an area that he did not feel as comfortable in (assessment). A secondary benefit of using this tool was the relationship that he built with Mary, which made him more comfortable asking for help and guidance from her.

Worksheet 1

Assessment: *"The process of gathering sufficient information about individuals and their environments to make informed decisions about intervention"* (Christiansen & Baum, 1992, p. 376).

Please select agree (A) or disagree (D) with the following statements regarding assessment. Mark the answer that best relates to your performance as it applies to your most recent experiences with assessment.

1. A   D   My performance is not adequate to complete assessments.

2. A   D   I completed the assessment within about the same time frame it usually takes.
3. A   D   Overall, I am satisfied with myself regarding assessment.
4. A   D   I felt physically or mentally tired after finishing the assessment.
5. A   D   My supervisor would be happy with my level of ability in assessment.
6. A   D   I do not produce the results I expect.
7. A   D   I am very pleased with my performance of this assessment.
8. A   D   I failed to complete all the steps of the assessment.
9. A   D   The assessments take a typical amount of time for me complete.
10. A   D   I am aware of people, equipment, and techniques that would help make assessments easier.
11. A   D   My team members would not be happy with my performance of this assessment.
12. A   D   I successfully completed the assessment.

Other information pertinent to job requirements: *I still recognize that I take longer to give formal assessments compared to my co-workers but I feel that the information that I get from it is more accurate. I understand what resources are available at the facility to help me and who I can talk to when I have questions.*

Scoring:
Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[___*5*___]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[___*5*___]

Add both scores to receive a **Total Mastery Score**

[__*10*___]

The Novice Adaptation Tool (NAT)
Communication Case Study

Background information:

Jill is an occupational therapist who has been working in a pediatric outpatient client for the past 2 years. Jill recently has decided to try something new and has accepted a position in an acute physical dysfunction setting at Hope Hospital. Jill has limited experience in acute care settings. She previously worked with only occupational therapists and has little experience working as a member on an interdisciplinary team. Jill has been working at Hope Hospital for 2 and half weeks. Her supervisor Mary has brought to her attention that she has concerns about Jill's communication skills in this setting. During Jill's initial performance review, Mary told Jill that she communicates to clients and coworkers as if she is still working with pediatric clients. Mary has also noticed that Jill does not relay information to other health professionals that is pertinent to a client's treatment plan. Mary thinks that Jill is hesitant to communicate with other health professionals because she may not have the experience doing so. After Mary's comments, Jill reflected and realized that she could improve her communication skills in this setting. Mary thinks that Jill will benefit from utilizing the NAT to enhance Jill's adaptation process as it relates to her communication skills in this setting.

The following case study outlines an ideal application of the NAT as Jill uses Mary as a Mentor to assist her in mastering the job responsibility of communication.

Stage 1: Novice Initial Evaluation of Job Responsibilities

*Jill received the NAT manual booklet from Mary and decided to complete **Stage 1** at home after work that day. After completing the communication section she realized that she rated herself fairly low in her mastery of communication at this facility. Her self-rating on communication can be seen below along with the totals from the other job responsibility areas as a way to compare her mastery scores against each other so that she can pick a priority area to work on throughout this tool.*

Worksheet 1

Communication: Verbal, nonverbal, and written interaction with clients, caregivers, and colleagues relating to personal, professional, and organizational information.

Please select agree (A) or disagree (D) with the following statements regarding communication. Mark the answer that best relates to your performance as it applies to your most recent experiences with communication.

1. A   D   My performance was not adequate to complete communication.
2. A   D   I communicate the point across in an acceptable amount of time.
3. A   D   Overall, I am satisfied with myself regarding my performance in communication.
4. A   D   I feel physically or mentally tired after finishing a conversation.
5. A   D   My supervisor would be happy with my level of ability with communication.
6. A   D   I did not produce the result I expected.
7. A   D   I am very pleased with my performance regarding communication.
8. A   D   I fail to communicate all of my ideas during conversation.
9. A   D   Clear communication takes a great deal more time than is typical for me.
10. A   D   I am aware of people, equipment, and techniques that would help make communication easier.
11. A   D   My team members would not be happy with my performance of communication.
12. A   D   I successfully completed verbal and non-verbal communication.

Other information pertinent to job requirements: *I realize that I still use a pediatric tone with my clients as well as my coworkers. I am still having difficulties understanding the roles of the different healthcare members on my interdisciplinary team. I am not quite sure what information is relevant to which professional. I am interested to find out what resources can help me with this job challenge.*

Scoring:
Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

                                                            [___*1*___]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

                                                            [___*0*___]

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Add both scores to receive a **Total Mastery Score**

[___*1*___]

After completion of self-assessment provide scores to supervisor and set up a follow up meeting to discuss areas of growth.

Assessment	Total Mastery Score: *10*
Treatment Planning	Total Mastery Score: *10*
Intervention	Total Mastery Score: *7*
Documentation	Total Mastery Score: *12*
Communication	Total Mastery Score: *1*
Professionalism	Total Mastery Score: *7*

Jill was slightly discouraged about her score in communication but was optimistic about the potential growth that she can gain. Mary provided some reassurance to help Jill remain positive about the experience to come. After Jill compared her mastery scores in all 6 job responsibility areas, she chose communication as the area to work while completing this tool.

Stage 2: Mentor Meets Novice for Interview

*After the completion of **Worksheet 1**, Jill contacted Mary to schedule a time to meet and go over her scores. Mary used probing questions and examples to help Jill identify factors that may be affecting her performance in communication. Both Mary and Jill collaborated to identify environmental factors that may be influencing Jill's performance in communication. Mary assisted Jill in recognizing sensorimotor, cognitive, and psychosocial readiness skills that may be influencing Jill's performance with communication. The results of this initial interview/meeting ca be seen below on **Worksheet 2**.*

Worksheet 2

While completing **Worksheet 2**, make sure to keep in mind the job responsibilities that you rated low in either effectiveness, efficiency, or satisfaction from **Worksheet 1**. Identify a <u>priority job responsibility</u> from **Worksheet 1** and fill out the subsequent information using only your <u>priority area</u>. Examples of each subcategory are provided to help you identify components or skills that affect your performance in the 6 job responsibility areas.

Jill rated herself the lowest in communication, therefore, she only completed the communication portion on **Worksheet 2** *as this is her priority area. The 5 other job responsibility areas from* **Worksheet 2** *were not applicable, due to Mary being satisfied with the score results in the other job responsibility areas.*

<u>Communication:</u>
- ***Environmental Components:***

Examples: enough time to find and communicate with co-workers; co-workers work in same office space; average cognitive level of clients you work with; how often you see other health professionals; enough space to communicate privately with co-workers, clients, and caregivers.

> *I am not sure where to locate some of the doctors and social workers in this facility in order to relay them client information. The fast pace environment makes me feel that I do not have enough time to seek out other professionals in order to communicate with them.*

- ***Sensorimotor Skills:***

Examples: able to clearly communicate to others (tone, volume, and pace)

> *I have noticed that I feel rushed with many of my job responsibilities in this setting and my communication is not an exception. I tend to rush through conversations with co-workers and clients at a rapid pace. I am so used to doing therapy with children that my tone of voice naturally sounds as if I am working with kids. I need to make a conscious effort to change my tone of voice.*

- ***Cognitive Skills:***

Examples: knowledge of roles of other health professionals; able to verbalize thoughts clearly; awareness of what information is important to other professionals.

> *I do not know what information is important to what professionals here. The therapy process is still new to me in this facility. I am still learning all of the*

roles of the team members. I am still learning the vocabulary used here, especially some of the abbreviations.

- ***Psychosocial Skills:***

Examples: level of comfort communicating to other health professionals; ability to stay calm and confident when communicating with clients, co-workers, family members.

I did not have experience talking with doctors at my previous job so I feel less confident communicating ideas and needs to them regarding client care. This may be a reason for me avoiding to relay information to them.

Stage 3: Mentor Observes Novice in Job Challenge

*Mary and Jill agreed that observations would take place over the course of 2 weeks during interdisciplinary team meetings, co-treatments, care-conferences, and weekly department meetings. Jill filled out the **Novice's Focus of Observation** section on **Worksheet 3** by explaining what she wanted Mary to focus on during the observation session.*

*Mary's comments regarding observation can be seen below on **Worksheet 3** in relation to Jill's performance in communication starting after the **Novice's Focus of Observation**.*

Worksheet 3

Observation of Job Responsibility

I. **Job responsibility to be observed:** *2 weeks of observed interdisciplinary team meetings, co-treatments, care-conferences, and weekly department meetings*

Novice's Focus of Observation: (What you want your mentor to look for)

Keep track of the tone I use when interacting around the facility. Observe what information I share during team meetings and 1-on-1s with staff. Watch for vocabulary used and ability to communicate ideas clearly. Please note any occurrences where I use a fast pace to communicate.

Observations of:

Efficiency: *I noticed that when giving information to clients you do have an elevated pace. Seems like you are spending a lot of time walking around the facility to find*

doctors and other health professionals. I will show you how to use the facility's pager system to send messages quickly to other staff. I can see that in the future you become more comfortable in this setting, you won't feel as rushed and your communication could slow down because of it.

Effectiveness: *When speaking in a pediatric tone it may sound belittling to your clients and co-workers. I do not foresee this being a long-term problem as you are still new in this kind of setting. For now, make a conscious effort to recognize the tone of voice you are using when interacting. I notice that you are hesitant to relay information during team meetings about clients. Even if you think the information you want to share is not important, others may find it beneficial to their treatment or understanding of the client.*

Satisfaction to team/employer/client: *The hesitancy to share information with your team members can affect client care and team relationships. As you settle in try to participate in the meetings once or twice to gain confidence in this setting. After meeting with clients, it might be a good idea to send doctors a brief message to update them about their patients.*

II. ***Adaptation process***:
- Adaptation Energy
3. **Is the novice:** (circle all that apply related to **primary energy**)

Using high attention	Using high energy	Using an Intense activity pace
Following steps rigidly	Appearing flustered	Using lots of structure

2) **Is the novice:** (circle all that apply **secondary energy**)

Using low energy	More creative	Disregarding structure
Seeming more sophisticated	Appearing more natural	In favor of alternative approaches

Additional comments regarding adaptation energy: *It is apparent that this way of communicating is new to you because it seems like it takes a lot of energy and focus for you to complete this job responsibility. As you gain more experience in this setting, I think this will come easier to you and communication will feel more like second nature.*

- Adaptive Response Modes (Circle Yes/Y or No/N)
7. Have I seen the novice apply similar responses to work related challenges? **Y**   **N**
8. The novice changes his/her approach when encountering a challenge?   **Y**   **N**
9. Does the novice use a uniquely different approach to a challenge?   **Y**   **N**

Additional comments regarding response modes: *I notice that when presented with a challenge such as not knowing interventions to use with clients you did a lot of research for intervention ideas. This could be a strategy that you can use to feel more comfortable with communication in this setting. You might want to modify your research so that you are asking others how they communicate amongst the team instead of looking up resources.*

- Adaptive Response Behavior (Circle Yes/Y or No/N)
7. Does the novice seem stuck or frozen when encountering a challenge?   **Y**   N
8. Novice rapidly switches between solutions when addressing challenges.   **Y**   **N**
9. Does the novice seem stable and goal-directed when addressing challenges? **Y** **N**

Additional comments regarding response behaviors: *Through observing you in team meetings, it seems like you want to contribute to the conversations but instead you hold back your thoughts. What is something we can do to help you move past being "stuck"? Lets make it a goal where you speak up at least twice per team meeting. I want you to notice when you are getting stuck with other job challenges at this facility so you can generalize your adaptive response to other job areas.*

The following debriefing summary is to be completed during **stage 4**.

Debriefing Summary

Summary of debrief session: *It is suspected that Jill will be able to move past this challenge fairly quickly. Jill has made large strides in the fact that she has noticed her difficulty areas with communication. Jill's strong organizational abilities will allow her to keep communication at the front of her mind so that she can address this job challenge every day. Make sure to keep in mind the tone that you are using when interacting with various parties. It may be beneficial to give updated statements to doctors about their patients. Set personal goals for yourself prior to team and departmental meetings to increase your participation among coworkers. You're moving in the right direction!*

What do I as the novice want to work on moving forward?	What strategies can I as the novice implement to meet my goals?	What is my desired support from my supervisor moving forward?
I want to recognize my tone with my every day interactions. *I want to understand the roles of the health professionals I'll be communicating within this facility.*	*I will reflect at the end of each day regarding my tone with communication.* *I will create a document that contains the roles of my interdisciplinary team that I can reference for the immediate future.*	*I would like to meet with my supervisor in two weeks to update her regarding my progress with communication.* *I want my supervisor to provide me with any other feedback relating to my work performance.*

Novice Therapist Signature: *Jill Chute*　　　　　Date: *9/16/2018*

Mentor Signature: *Mary Little*　　　　　Date: *9/16/2018*

Stage 4: Debrief of Job Challenge Observation

*Once **Worksheet 3** was completed, Mary and Jill decided to stay after work hours to debrief the observation session. Mary and Jill decided to meet in the therapy office so that it was secluded and confidential. They discussed aspects of the observations that went well and also highlighted areas of improvement. With the help of Mary, Jill created goals for herself, strategies to meet her goals, and outlined levels of assistances that are needed from Mary in the future. Jill and Mary summarized the debriefing session and wrote down key points in the **Debriefing Summary Section** of **Worksheet 3**. Mary made sure to remind Jill that information obtained and shared while using the NAT is not filed in Jill's personal performance file in this facility. The information is given to Jill for her use as a resource and reference in the occurrence of any future job challenges.*

Stage 5: Novice Re-evaluation

Re-evaluate yourself based on the 6 job responsibilities after the completion of **Stages 1-4**. If you see that your re-evaluation scores are still lower than you desire, it is recommended to begin the 5 stages over. You can also choose a new job responsibility to go through the 5 stages with.

*Jill re-evaluated herself on the job challenge of communication. Her scores can be seen on the following page. (Second copy of **Worksheet 1**)*

After the completion of the NAT, Jill reflected on her experience and recognized that the tool was very useful in making her feel comfortable talking about her areas of growth with her supervisor. Using the NAT helped Jill understand aspects of her communication that she can improve upon that she did not realize before starting the tool. Jill appreciated having a mentor to ask questions and provide guidance through the use of the 5 stage tool. Mary plans to follow the goals she set regarding communication and is planning to use the NAT again to address the job responsibility area of intervention.

Worksheet 1

Communication: "*Verbal, nonverbal, and written interaction with clients, caregivers, and colleagues relating to personal, professional, and organizational information.*"

Please select agree (A) or disagree (D) with the following statements regarding

communication. Mark the answer that best relates to your performance as it applies to your most recent experiences with communication.

1. A **D** My performance was not adequate to complete communication.
2. **A** D I communicate the point across in an acceptable amount of time.
3. A **D** Overall, I am satisfied with myself regarding my performance in communication.
4. A **D** I feel physically or mentally tired after finishing a conversation.
5. **A** D My supervisor would be happy with my level of ability with communication.
6. A **D** I did not produce the result I expected.
7. **A** D I am very pleased with my performance regarding communication.
8. A **D** I fail to communicate all of my ideas during conversation.
9. A **D** Clear communication takes a great deal more time than is typical for me.
10. **A** D I am aware of people, equipment, and techniques that would help make communication easier.
11. A **D** My team members would not be happy with my performance of communication.
12. **A** D I successfully completed verbal and non-verbal communication.

Other information pertinent to job requirements: *I think that I can still improve with my communication abilities. Setting goals to communicate during team meetings has helped encourage me to increase my participation and helped my build relationships with other co-workers.*

Scoring:

Give yourself a point for each time you answered "**A**" to questions 2, 3, 5, 7, 10, 12

[___*5*___]

Give yourself a point for each time you answered "**D**" to questions 1, 4, 6, 8, 9, 11

[___*6*___]

Add both scores to receive a **Total Mastery Score**

[__*11*___]

Product References

American Occupational Therapy Association. (2014). Occupational therapy practice

framework: Domain and process (3rd ed.). *American Journal of Occupational

Therapy, 68* (Suppl.1) S1-S48. http://dx.doi.org/10.5014/ajot.2014.682006

Aquilar, A., Stupans, I., Scutters, S., & King, S. (2013). Towards a definition of

professionalism in australian occupational therapy: Using the delphi technique to

obtain consensus on essential values and behaviors. *American Occupational

Therapy Journal, 60*, 203-216. doi: 10.1111/1440-1630.12017

Clark, G. F. & Youngstrom, M. J. (2008). Guidelines for documentation of occupational

therapy. *American Journal of Occupational Therapy, 62*(6), 684-690. doi:

10.5014/ajot.62.6.684.

Christiansen, C. & Baum, C. (1992). *Occupational therapy: Overcoming human

performance deficits.* Thorofare, NJ: SLACK Incorporated.

Craig, G., Robertson, L., & Milligan, S. (2004). Occupational therapy practice in acute

physical health care settings: A pilot study. *New Zealand Journal of Occupational

Therapy, 51*, 5-13.

Cusick, A., McIntosh, D., & Santiago, L. (2004). New graduate therapists in acute care

hospitals: Priorities, problems, and strategies for departmental action. *Australian

Occupational Therapy Journal, 51,* 174-184. doi: 10.1046/j.0045-

0766.2003.00380.x

Fitzgerald, C., Moores, A., Coleman, A., & Fleming, J. (2015). Supporting new graduate

professional development: A clinical learning framework. *Australian

Occupational Therapy Journal, 62,* 13-20. doi: 10.1111/1440-1630.12165

Lenin, C. G. (2017). Occupational adaptation. In P. Kramer, J. Hinojosa, & C. B. Royeen (Eds.), *Perspectives in human occupation: Participation in life* (pp.287-311). Baltimore, MD: Lippincott Williams & Wilkins.

Morley, M., Rugg, S., & Drew, J. (2007). Before preceptorship: New occupational therapists' expectations of practice and experience of supervision. *British Journal of Occupational, 70*, 243-253.

Robertson, L. J., & Griffiths, S. (2009). Graduates' reflections on their preparation for practice. *British Journal of Occupational Therapy, 72*, 125-132.

Seah, C. H., Mackenzie, L., & Gamble, J. (2011). Transition of graduates of the master of occupational therapy to practice. *Australian Occupational Therapy Journal, 58,* 103-110. doi: 10.1111/j.1440-1630.2010.00899x

Smith-Gabai, H. & Holm, S. E. (2017). Intensive Care Unit. In K. Clark (Ed.), *Occupational Therapy in Acute Care* (pp. 115-135). Bethesda, MD: AOTA.

Spencer, J., Hersch, G., Eschenfelder, V., Fournet, J., & Murray-Gerzik, M. (1999). Outcomes of protocol-based and adaptation-based occupational therapy interventions for low income elders on a transitional unit. *American Journal of Occupational Therapy, 53*, 159-170. doi: 10.5014/ajot.553.2.159

Tryssenaar, J., & Perkins, J. (2001). From student to therapist: exploring the first year of practice. *American Journal of Occupational Therapy, 55,* 19-27.

CHAPTER V

SUMMARY

In conclusion, there is a need for resources that assist therapists as they transition into working in an acute physical dysfunction setting. The purpose of the Novice Adaptation Tool (NAT) is to support new graduates and novice occupational therapists to own their adaptation process in relation to the job responsibilities typically seen in an acute care setting. Through the use of this product, practitioners will be able to better understand their reflexive adaptation responses when encountering occupational challenges. Additionally, new graduates and novice therapists can utilize the information gained from this process to generalize their knowledge when faced with new challenges that may be encountered throughout their career.

The NAT utilizes the Occupational Adaptation model (OA) as a framework to assist new graduates and novice therapists as they seek to own their occupational adaptation process. While following the process outlined by OA, new graduates and novice therapists complete the sequential stages of the NAT with the assistance of a mentoring occupational therapist. The developed tool allows novice therapists to rate their relative mastery in 6 common job responsibility areas typically seen in acute care setting. Therapists using the tool will evaluate their readiness skills related to their job challenges and will identify environmental barriers that may be influencing their performance at work. The NAT provides an opportunity for a mentoring therapist to

observe the novice therapist as they practice new adaptive responses during a supportive observational session. Lastly, the NAT offers the user a chance to set goals, develop strategies to meet their goals, and identify desired levels of support needed from the mentor moving forward.

Throughout the development of the NAT, it is important to note that the product does present some limitations that should be considered prior to use. The first limitation is that this product has not been piloted on a group of therapists working in an acute care physical dysfunction setting. Secondly, this tool requires that the therapist have a basic understanding of OA. The NAT was developed to be used only in acute settings, therefore other settings may have job responsibilities that do not apply to this tool. Furthermore, this tool was designed by students who have limited supervision experience.

The NAT was designed to have 3 main applications. The NAT was created as a tool to assist new graduates and novice therapists as they work collaboratively with mentors in order to master the job responsibilities expected in an acute care physical dysfunction setting. This tool can also be used to assist experienced therapists who are transitioning from other areas of practice. A therapists who has experience in an acute setting may find the NAT as a useful tool to sharpen and develop their skills related to their job responsibilities. The NAT can also be applied in other physical disability settings by following the same sequence of steps that are outlined in the tool. The NAT's structure is flexible and can be adapted for use in community settings.

Additionally, there are recommendations for the NAT in order to improve its flexibility, usefulness, and validity. It is recommended that the NAT be piloted on a

population of new graduate and novice therapists. Moving forward, it is recommended that supervisors' perceptions of the NAT are recorded to increase effectiveness of the tool. It is also recommended that more case studies are developed in order to highlight the use of the tool regarding other job responsibilities. Another recommendation is to adapt the tool so that the NAT can be used in healthcare settings other than acute physical dysfunction environments. Finally, it is recommended that videos be added to the product to demonstrate ideal tool use and as a way to complement existing case studies included in the product.

In, summary, the Novice Adaptation Tool has the potential to contribute significantly to the successful transition of new graduates and novice therapists to work in acute care settings within the occupational therapy profession. This is critically important, as "New graduates are the lifeblood of our profession" (Robertson & Griffiths, 2009).

References

AOTA. (2017). Occupational therapy's role in acute care. Retrieved from

https://www.aota.org

Blaga, L., & Robertson, L. (2008). The nature of occupational therapy practice in acute

physical care settings. *New Zealand Journal of Occupational Therapy, 55*, 11-18.

Britton, L., Rosenwax, L, & McNamara, B. (2016). Occupational therapy in Australian

acute hospitals: A modified practice. *Australian Occupational Therapy Journal,
63,* 257-265. doi: 10.1111/1440-1630.12298

Britton, L., Rosenwax, L., & McNamara, B. (2015). Occupational therapy practice in

acute physical hospital settings: Evidence from a scoping review. *Australian
Occupational Therapy Journal, 62*, 370-377. doi: 10.1111/1440-1630.12227

Craig, G., Robertson, L., & Milligan, S. (2004). Occupational therapy practice in acute

physical health care settings: A pilot study. *New Zealand Journal of Occupational
Therapy, 51*, 5-13.

Crennan, M. & MacRae, A. (2010). Occupational therapy discharge assessment of elderly

patients from acute care hospitals. *Physical & Occupational Therapy in
Geriatrics, 28*, 33-43. doi:
http://dx.doi.org.dbgw.lis.curtin.edu.au/10.3109/02703180903381060

Cusick, A., McIntosh, D., & Santiago, L. (2004). New graduate therapists in acute care

hospitals: Priorities, problems, and strategies for departmental action. *Australian*

Occupational Therapy Journal, 51, 174-184. doi: 10.1046/j.0045

0766.2003.00380.x

Fitzgerald, C., Moores, A., Coleman, A., & Fleming, J. (2015). Supporting new graduate

professional development: A clinical learning framework. *Australian*

Occupational Therapy Journal, 62, 13-20. doi: 10.1111/1440-1630.12165

Fortune, T., Ryan, S., & Adamson, L. (2013). Transition to practice in supercomplex

environments: Are occupational therapy graduates adequately prepared?

Australian Occupational Therapy Journal, 60, 217-220.

George, L., Schkade, S., & Ishee, J. (2004). Content validity of the relative mastery

measurement scale: A measure of occupational adaptation. *OTJR: Occupation,*

Participation and Health, 24, 92-102.

Gray, M., Clark, M., Penman, M., Smith, J., Bell, J., Thomas, Y., & Trevan-Hawke, J.

(2012). New graduate occupational therapists feelings of preparedness for practice

in australia and aotearoa/new zealand. *Australian Occupational Therapy, 59,* 445-

455. doi: 10.1111/j.1440-1630.2012.01029.x

Griffin, S. D., & McConnell, D. (2001). Australian occupational therapy practice in acute

settings. *Occupational Therapy International, 8*, 184-197.

Holland, K.E., Middleton, L., Uys, L. (2012). Professional confidence: a concept

analysis. *Scandinavian Journal of Occupational Therapy, 19,* 214-224. doi:

    10.3109/11038128.2011.583939

Hunt, K., & Kennedy-Jones, M. (2010). Novice occupational therapists' perceptions of

    readiness to undertake fieldwork supervision. *Australian Occupational Therapy*

    Journal, 57, 394-400.

Lenin, C. G. (2017). Occupational adaptation. In P. Kramer, J. Hinojosa, & C. B. Royeen

    (Eds.), *Perspectives in human occupation: Participation in life* (pp.287-311).

    Baltimore, MD: Lippincott Williams & Wilkins.

Morley, M. (2006). Moving from student to new practitioner: The transitional experience.

    British Journal of Occupational Therapy, 69, 231-233.

Morley, M. (2009). Contextual factors that have an impact on the transitional experience

    of newly qualified occupational therapists. *British Journal of Occupational*

    Therapy, 72(11), 507-514.

Morley, M., Rugg, S., & Drew, J. (2007). Before preceptorship: New occupational

    therapists' expectations of practice and experience of supervision. *British Journal*

    of Occupational, 70(6), 243-253.

Nayar, S., Gray, M., & Blijlevens, H. (2013). The competency of New Zealand new

    graduate occupational therapists: Perceived strengths and weaknesses. *Australian*

    Occupational Therapy Journal, 60, 189-196. doi: 10.1111/1440-1630.12027

Robertson, L. J., & Griffiths, S. (2009). Graduates' reflections on their preparation for

practice. *British Journal of Occupational Therapy, 72*, 125-132.

Rogers, A. T., Bai, G., Lavin, R. A., & Anderson, G. F. (2016). Higher hospital spending

on occupational therapy is associated with lower readmission rates. *Medical Care*

Research and Review, 1-19.

Schkade, J. K. & Schultz, S. (2003). Occupational adaptation. In P. Kramer, J. Hinojosa,

& C. B. Royeen (Eds.), *Perspectives in human occupation: Participation in life*

(pp. 287-311). Baltimore, MD: Lippincott Williams & Wilkins.

Seah, C. H., Mackenzie, L., & Gamble, J. (2011). Transition of graduates of the master of

occupational therapy to practice. *Australian Occupational Therapy Journal, 58,*

103-110. doi: 10.1111/j.1440-1630.2010.00899x

Shiri, S. (2006). Job satisfaction, physical acute care and occupational therapists. *New*

Zealand Journal of Occupational Therapy, 53, 5-11.

Spencer, J., Hersch, G., Eschenfelder, V., Fournet, J., & Murray-Gerzik, M. (1999).

Outcomes of protocol-based and adaptation-based occupational therapy

interventions for low income elders on a transitional unit. *American Journal of*

Occupational Therapy, 53, 159-170. doi: 10.5014/ajot.553.2.159

Toal-Sullivan, D. (2006). New graduates' experiences of learning to practice

occupational therapy. *British Journal of Occupational Therapy, 69,* 513-524.

Tryssenaar, J., & Perkins, J. (2001). From student to therapist: exploring the first year of

practice. *American Journal of Occupational Therapy, 55,* 19-27.

Tryssenaar, J., & Perkins, J. (1999). The first year of practice: Challenges and

opportunities. *OT Practice, 4*, 18-22.

Wressle, E., & Samuelsson, K. (2014). High job demands and lack of time: A future

challenge in occupational therapy. *Scandinavian Journal of Occupational*

Therapy, 21, 421-428. doi: 10.3109/11038128.2014.941929