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Concordia University–Portland

College of Education

Doctorate of Education Program

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A Case Study to Determine Classroom and Field Educator Perspectives on Occupational
Therapy Student Readiness for Transition to Clinical Practice

Pamela Karp

Concordia University–Portland

College of Education

Dissertation submitted to the Faculty of the College of Education in
partial fulfillment of the requirements for the degree of

Doctor of Education in

Educational Administration

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Concordia University–Portland

2018

Abstract

In occupational therapy education, fieldwork is essential to preparing students for licensure and practice. Fieldwork is where students are afforded opportunities to assimilate knowledge gained through didactic coursework into newly constructed knowledge developed through practice in authentic clinical environments. The classroom and the field represent diverse and unique teaching and learning environments which students are required to successfully navigate. Facilitating student success these environments requires the efforts of educators and the students themselves. Understanding educator perspectives about student readiness for practice in fieldwork settings can advance organized professional educator development, lead to improved academic curriculums, and more productive communication between academic and field educators. This qualitative case study sought to elucidate perspectives regarding student readiness from the viewpoint of occupational therapy academic and field educators. Data for the study was collected from open-ended survey questions, interviews, and a focus group. Results of the study revealed that educators in both the academic and clinical learning environment value similar characteristics of student readiness for transition to fieldwork. The study also revealed a limited ability in all the educators to clearly articulate the educative processes they employ to improve student readiness. These findings provide evidentiary support that academic programs might use to address their admissions criteria and their curriculums. In addition, the results of this study support the growing need for organized educator preparation and development programs in the profession.

Keywords: fieldwork education, occupational therapy, fieldwork supervision, fieldwork educator, fieldwork supervisor

Dedication

My family has grown very accustomed to mom being a “perpetual student.” I can only hope I am setting an example for my children that education is everything and you can accomplish anything you set your mind to. I dedicate this dissertation to my husband Scott, my beautiful children, Olivia, Sam, and Daniel, and my mom Audrey. They have never wavered in their support of my endeavors. And while my dad Steven is no longer with us, I dedicate this effort to him. Pop, I know you would be so proud of me. I love you and miss you every day.

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I am deeply indebted to my faculty chairperson, Dr. James Therrell. His dedication, support, perfectly crafted feedback, and his extraordinary ability to calm me when needed was invaluable. Dr. Therrell is an incredibly intelligent and giving person and I feel lucky to have had him in my corner, nurturing my ability to clearly express my ideas.

I would also like to express my thanks to Dr. Alford and Dr. Shopland, who served as my committee members. Dr. Alford's extensive skills challenged me to further my understanding of writing structure, APA, and grammar. His attention to detail was truly unparalleled and my work benefitted immensely from his expertise. Dr. Shopland offered essential and constructive feedback. She gently, but with purpose, guided me to deeper thought and analysis that became illustrated in my writing. The importance of a dissertation committee to each component of the project cannot be underestimated. I thank each and every one of the committee members for their contribution to my growth as a scholar.

Lastly, I would like to acknowledge my friends, extended family, and colleagues who together, created a network of selfless support that saw me through all the challenges I encountered along the way.

For my fellow occupational therapy practitioners and educators who shared their valuable insight and perspectives, you represent the best the field has to offer. Your knowledge, dedication, and motivation will continue to inspire me.

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Chapter 1: Introduction

Throughout my career as an occupational therapist, I have had the opportunity to support students in both the academic and clinical phases of their education. My exposure to fieldwork education, from the perspectives of both an educator in the classroom and in the clinic, has been the catalyst for my interest in how these two unique environments connect to form a meaningful and translatable learning experience. I have pondered why some students are highly effective in both the classroom and clinic environments, while for others, different learning environments present challenges that affect their ability to succeed.

Research in clinical education supports my subjective experiences. The pressures of today's complex professional environments often adversely affect students' abilities to succeed in fieldwork (Rezaee, Rassaifiani, Khankeh, & Hosseini, 2014; Strohschein, Hagler, & May, 2002). Challenges have also increased for practitioners in the dual role of clinician and educator (Thomas et al., 2007). Continued research that explores fieldwork education is warranted to meet the educational challenges from both the academic and clinical educator perspectives.

Background, Context, and History

Over the past 60 years, educational standards for occupational therapy have undergone several revisions affecting length of rotations and supervision requirements. These changes have focused on addressing issues related to the growth of occupational therapy programs, increasing student enrollment, and subsequent shortages in available, quality fieldwork placements (Lewis, 2005). In the United States, occupational therapy students in accredited occupational therapy programs, must complete a minimum of 24 weeks of full-time fieldwork experience in diverse settings (American Occupational Therapy Association, 2012). The World Federation of Occupational Therapy (WFOT) requires a minimum of 1,000 hours of level II fieldwork

experience involving “clients across the life span” with “acute, chronic, congenital, and acquired conditions” (Rodger, Fitzgerald, Davila, Miller, & Allison, 2011, p. 54).

The American Occupational Therapy Association (AOTA) has stated that the purpose of fieldwork education is “to propel each generation of occupational therapy practitioners from the role of student to that of practitioner” (2009, p. 821). However, the dynamic complexities of the current healthcare and educational environments have challenged the profession’s ability to provide the quality of clinical learning experiences necessary to meet that goal. In their most recent survey, the Association of Schools of Allied Health Professions’ (ASAHP) Clinical Education Task Force found that access to appropriate, clinical placement sites remains a significant barrier to allied health programs (Romig, Maillet, Chute, & McLaughlin, 2013). Clinical educator consensus suggests that having students onsite in the clinical environment can potentially reduce therapist productivity, adding to the high demands already placed on clinicians (Hanson, 2011). As the field of medicine has become increasingly more technologically driven, specialization is becoming more common leading to a fragmented healthcare delivery system (Allen, 2012). Fragmentation has adversely affected access to and continuity of patient care, resulting in a reduction in collaboration between members of the healthcare team (Muir, 2012).

Academic educators must be well-versed in the current trends, issues, and expectations of clinical educators in the field. Likewise, clinical educators must have a clear understanding of the educative process of the institutions from which they accept fieldwork students. Both environments play a vital role in providing learning opportunities. However, educators must expand their understanding of how these two distinctly different learning environments support and work against or with one another (Brown et al., 2011).

Statement of the Problem

Fieldwork is an integral component of professional preparation of occupational therapy practitioners and serves to bridge didactic and theoretical knowledge within the practice environment. However, Newton, Billett, Jolly, and Ockerby (2009) discussed the continuing debate regarding the theory-practice gap in which an understanding of why health professional students encounter difficulty transferring classroom/lab-based knowledge to the clinic remains elusive. Fieldwork educators have articulated their concerns about student capabilities, documentation writing, patient handling skills, and work ethic (Rodger et al., 2011), noting these as challenging aspects of providing fieldwork supervision (Thomas et al., 2007). Other concerns are the perceived mismatch between knowledge and confidence with today's students presenting as overconfident and unable to accept feedback (Hills, Ryan, Smith, & Warren-Forward, 2012). Fieldwork educators have also observed that students tend to use a "skimming approach to screening and [analysis]" (Hills et al., 2012, p. 159).

Practice settings in which students complete their clinical education are variable and complex micro-environments. Clinicians practicing in those environments must be able to act autonomously as well as collaboratively from an interdisciplinary standpoint (Delany & Molloy, 2009). Today's clinicians must be creative, ethical, critical thinkers with sound professional judgment and the ability to communicate effectively with multiple stakeholders (Delany & Molloy, 2009; Thomas, Penman, & Williamson, 2015). Such a skill level is derived from a solid foundation of knowledge that cannot be delivered solely through the classroom experience. Mortier and Yatzak (2016) echoed this sentiment, stating that healthcare students require an understanding of their chosen profession's norms and standards. This knowledge is

gained “during the educational process...when they socialize with members of their chosen profession inside and outside the classroom” (Mortier and Yatzak, 2016, p. 87).

In my experience as a fieldwork educator, I have also found that often, students encounter difficulty transitioning their classroom learning to the clinic. While they have amassed didactic knowledge, they have difficulty employing that knowledge to support clinical reasoning when exposed to authentic situations in the actual treatment environments. Hence, the main issue requiring examination appears to be one of student readiness for practice. To explore this issue, it might be prudent to gain an understanding of how student readiness is conceptualized by educators across the spectrum of learning environments.

Purpose and Significance of the Study

The purpose of this study was to explore occupational therapy student readiness for transition from the classroom to the clinical practice environment. An exploration of educator perspectives in both the academic and clinical education environments is prudent and necessary as a means of better informing professional teaching practices. This necessity raised the question: how might students become better prepared for practice, whether in the classroom or in the field? Learning, which begins in the classroom setting, must be fully integrated by students as the foundational support for clinical practice. Elucidating valued components of readiness and exploring how educators across teaching environments seek to improve student readiness, should facilitate the development of more effective knowledge translation from the classroom to the clinic and into future practice.

Fieldwork education continues to be a core component of all occupational therapy programs, providing students an opportunity to “reflect their perception of coursework through the application of their knowledge in a controlled clinical setting” (Rezaee et al., 2014, p.

1). Classroom education must provide the knowledge foundation and application skills that will enable active practice in the clinical fieldwork setting (Mortier & Yatzak, 2016). Understanding the unique perspectives on students and student learning from both the academic and clinical environments is critical to designing learning experiences that will translate from the classroom to the clinic. Increasing understanding of student readiness for clinical practice should facilitate improved teaching practices that may support student transformation to more effective practitioners.

Research Questions

To address the main problem and purpose of the study topic described above, two aligned research questions were developed:

1. How do occupational therapy fieldwork and classroom educators characterize student readiness for level II fieldwork across multiple practice settings?
2. How do occupational therapy fieldwork and classroom educators seek to improve student readiness for level II fieldwork across multiple practice settings?

Definition of Key Terms

Student readiness. Knowledge, skills, and attitude that students carry over into clinical practice to support effective clinical reasoning and decision-making

OT academic program. Occupational Therapy program. Degree program leading to a master's degree in occupational therapy and prepares students to sit for the licensure examination

OT level II fieldwork. The clinical training portion of an Occupational Therapy degree program. The fieldwork experience should promote “clinical reasoning and reflective practice” and expand occupational therapy knowledge and application (American Occupational Therapy Association, 2012, p. 1).

Conceptual Framework

The undertaking of a doctoral research study is a complex process. It requires the researcher to interrelate a variety of components in such a way as to provide a convincing and sound argument, a well-supported rationale, or a means of evidencing research statements. For the qualitative researcher, this presents an interesting challenge. The researcher must address trustworthiness to avoid compromising credibility while developing objective themes from the subjective, perspective-driven reality from participant narratives.

More than just the reporting of theory used to explicate phenomena, the conceptual framework in a study may be thought of as a tapestry through which those study components, both implicit and explicit, are woven. Ravitch (2017) defined the conceptual framework as a well-constructed argument in which “a series of sequenced, logical propositions...ground the study and convince readers of the study’s importance and rigor” (p. 5). Miles, Huberman, and Saldaña (as cited in Ravitch, 2017) noted that the conceptual framework clearly illustrates the relationship connections within the research.

Ravitch’s ideas echo earlier work by Berman (2013) who referred to the conceptual framework as a “conceptualization tool” (p. 1), which becomes embedded throughout the discourse and supports four criteria later outlined by Berman and Smyth (2015). First, the conceptual framework places the research problem within the context of the professional environment in which the problem exists. Second, the conceptual framework provides the theoretical perspectives that function as structural support for the study. Grant and Osanloo (2014) stressed the importance of a distinct theoretical framework, usually derived from previously validated and tested theories. Third, the conceptual framework supports the chosen methodology that will guide how the researcher addresses the research questions. Lastly, the

conceptual framework provides the foundation on which the literature review will be constructed, providing what Berman and Smyth referred to as “context and boundaries” (p. 128).

My study was conceptually framed to support a dynamic understanding of student readiness for transition from the classroom to the practice environment. An interpretivist/constructivist philosophical paradigm conceptualized the process of knowledge creation and was further supported through two models of teaching and learning applicable to health education and the clinical environment: The Occupational Therapy Professional Paradigm (OT-PEP) and The Model of Practice Skills Performance (Bjørk et al, 2013).

Occupational Therapy students in level II fieldwork settings must navigate a complex and fast-paced healthcare world in which it is incumbent on them to integrate a variety of reasoning skills to make, effective, evidence-based, ethical decisions regarding client care. To begin to engage in this in-depth reasoning process requires a solid foundation of content-related, theoretical, and factual knowledge combined with practical application (or technical) skills. However, occupational therapy educators continue to face a distinct barrier: students tend to problem solve solely from their factual knowledge base. While this is an important cornerstone to the critical thinking process, it does not readily transfer to real-world contexts. The classroom remains an isolated environment (Hoppe, Bender, & DeGrace, 2005).

There are distinct differences in the way students inherently learn in the classroom, versus their learning processes during fieldwork; classroom education remains intrinsically different from the type of education students receive once in the field. Classroom educators endeavor to ensure that students are well versed in basic foundational knowledge. The literature is replete with ways in which classroom educators attempt to evolve the classroom learning environment with high impact practices such as problem-based learning, and simulation (Lindstrom-Hazel & West-

Frazier, 2004; Peterson-Bethea, Cavazos-Castillo, & Harvison, 2014; Scaffa & Wooster, 2004).

However, there continues to be a passivity to the learning process in the classroom, and an overarching belief that students are empty vessels waiting to be filled.

Fieldwork education foci are the development of professional and clinical reasoning, and the way in which professional interactions that can be incorporated successfully into the sphere of clinical practice, through collaboration and feedback. This different view of student learning assumes the position that learners come to this point in their education with both knowledge and world experience that have begun to shape them as practitioners. In this view, students should be self-directed, independent learners intrinsically motivated to shape their unique understanding of the practice environment. While classroom educators might aspire to this goal, the inherently sterile nature of the classroom mitigates the ability to develop these complex skills to their full potential. The result of fieldwork education is a transformative process in which the student becomes a self-directed learner who has evolved into a novice practitioner. This transformation culminates in a practitioner who approaches clinical problems from a holistic perspective, as opposed to a linear, pre-defined course.

Constructivist theory is the philosophical stance that humans create their own knowledge through the lens of our individual perceptions and experiences. Vygotsky proposed the theory of social constructivism, which frames learning within socially mediated, situational experiences (Haenen, Schrijnemakers, & Stufkens, 2003; Lee & Greene, 1999; Thomas et al., 2014). Such a philosophical framework that emphasizes knowledge creation based on unique social environments and interactions takes on significant meaning when applied to occupational therapy students who are called upon to navigate different and complex social environments as they complete the clinical/fieldwork portion of their education.

Vygotsky's assertion that "development is strongly [linked] to input from others" (Adanza, 2017, p. 166), is the basis of the argument for the social constructivist framework in my study. If knowledge and understanding are indeed socially mediated and subjectively created, it makes sense that both field and classroom educators view student readiness differently, based on their individually created experiential knowledge about teaching and clinical practice. Elucidating these varied perspectives could facilitate social engagement among classroom and field educators, supporting the creation of new and shared knowledge that may be used to develop more effective, collaborative teaching practices across these unique learning environments. Improved teaching practices may serve to support more effective critical thinking and reflection in novice student practitioners and further close the gap between theory and practice.

Two distinct models of teaching and learning, applicable to occupational therapy education, are embedded within the social constructivist context, taking their shape and form from the tenets of an interpretivist perspective. Wright's (2012) OT-PEP exemplifies three core concepts of a systems-oriented learning process that undergirds teaching and learning in academic occupational therapy curriculums. These conceptually inter-related processes serve to orient students' learning as they transition from the classroom to the clinic. The element of "*creation of meaning*" (Wright, 2012, p. 12) is infused with social constructivist underpinnings, as Wright exemplifies the outcome of learning in the form of new, socially-mediated, knowledge.

Bjork et al. (2013) created the Model of Practice Skills Performance to illustrate the path from classroom to clinic, as experienced by nursing students. The basis for the model was overarching concerns expressed in the nurse education environment, that more than just simple, technical skills were needed for practice. The integrated, non-hierarchical model suggests a complex array of relationships among components of professional performance in nursing. These

components, though seemingly addressed as separate entities in the learning stages, require a fluid interaction in practice. The move from straightforward, technical skills to complex clinical decision-making is evident in the model and can, therefore, be applied to occupational therapy students as they too are required to coalesce intricate patterns of information to promote depth in understanding. The non-hierarchical, systems-oriented approach in this model is constructivist in nature, as complex understanding is mediated by both personal and social contexts.

My conceptual framework was developed based on social constructivism as the overarching theory supporting the two clinical practice models described above. Together, they form an epistemological lens through which to understand the current state of how learning occurs in clinical education programs. A graphical interpretation of the framework is depicted in Figure 1.

Conceptual Framework to Study Student Readiness for Transition to Clinical Practice

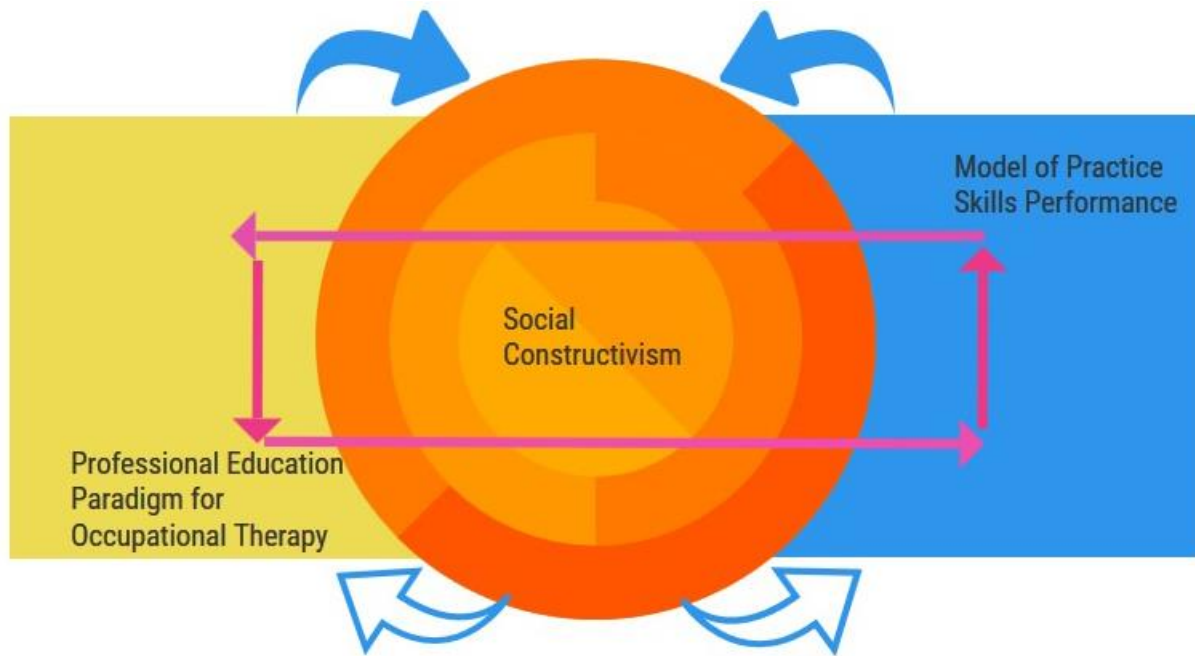


Figure 1: Graphical interpretation of the conceptual framework for this study. The components are depicted as two distinct models of teaching and learning, applicable to occupational therapy education, and their interconnectedness to an over-arching, social-constructivist paradigm.

Created by Pamela Karp using Venngage.

Research Context

The clinical experience in occupational therapy is referred to as fieldwork education. Casares, Bradley, Jaffe, and Lee (2003) described fieldwork as the integral part of an occupational therapy curriculum that “bridges academic education and practical application of knowledge and skills” (p. 246). Field experience, as a component of healthcare education, has been shown to improve attitudes about the use of evidence-based practice (Coomarasamy & Khan, as cited in Benevides, Vause-Earland, & Walsh, 2015). In a mixed methods study examining experiential learning, Simons et al. (2012) surveyed 31 undergraduate psychology students from a

metropolitan university in Pennsylvania, 31 field supervisors from community-style settings who served as practicum educators, and six faculty members responsible for advising the students. Pretest and posttest surveys, completed by the participants, offered quantitative data from multiple measures and qualitative data from open-ended survey questions. Result of the study demonstrated positive influences on students including “personal, civic, and professional development” (p. 332). The authors also concluded that the student fieldwork experiences often had positive effects on the communities in which the fieldwork experiences were embedded.

Barriers to the provision of effective clinical education in occupational therapy have been reported in the literature. Provident, Liebold, Dolhi, and Jeffcoat (2009) stated that most clinicians have not had the opportunity for formal training as educators. This includes an understanding of teaching strategies and the appropriate sequencing of learning activities to enhance student practitioner development. Lack of formal training as an educator, coupled with divergent “assumptions and expectations about the supervisory process” (Vogel, Oxford-Grice, Hill, & Moody, 2004, p. 8) between students and supervisors are a potentially significant barrier to experiential learning. The authors noted that supervisors often define competence based on their professional experiences and expect student competency to match their expectations. Students base their expectations of each new supervisory experience on their previous encounters with field educators.

Since settings are highly individualized generating unique student-supervisor relationships, the transition for students to new settings is often difficult, adversely affecting learning. Hooper (2010) argued that the field of occupational therapy will be best served if educators shift the foci of curriculums from content-centered to subject-centered. Content-centered approaches to curriculum design inherently demand the continuous addition of new or advanced material. This

has been especially problematic in occupational therapy education, as the profession has moved to graduate level degree entry into the profession. The Accreditation Council on Occupational Therapy Education (ACOTE®) recently mandated that all occupational therapy education programs move to doctoral level status by 2027. In a content-centered curriculum, students often have difficulty making connections between material and subjects due to the sheer amount of information they are required to learn. Hooper suggests that in occupational therapy programs, a subject-centered focus provides a “landmark that keeps the core subject of occupation as the horizon point...” (p. 100). Such a paradigm shift will re-orient the occupational therapy learner to a better understanding of the holistic orientation and systems approach necessary for effective practice. Hooper’s conception of educational approaches that best serve occupational therapy students becomes even more meaningful when we seek to consider not only classroom educators’ philosophical assumptions and teaching perspectives, but also the fieldwork educators’ as well.

Theoretical Approach to the Study

It is important to orient educational research from theoretical perspectives that enable the author and the reader to fully conceptualize the issue, how the issue will be studied, and how the findings might be brought full circle to apply in context. Understanding educational theory as a framework to support learning, and the development of optimal learner characteristics in occupational therapy students, is essential to facilitating fieldwork educator-student relationship and improved student fieldwork learning outcomes. It is the clinical (experiential) components of education where theory and practice ostensibly bridge to inform and guide practice. Professional education literature is replete with perspectives on how education theory might successfully provide a foundation for learning in the clinical environment. However, we must be cautious about creating what Marquardt and Waddill (2004) referred to as “silos” that consider only very

specific learning theories. Without flexibility in theoretical orientation, we run the risk of “generating disagreements and tensions” (p. 186). Kaufman (2003) advocated for a clinical learning environment that incorporated principles from multiple learning theories as a more effective means of bridging theory and practice. The increasing complexity and diversity in the realities of practice today necessitate flexibility in our theoretical perspective and approach (Mann, 2011).

Grounding my research on classroom and field educator perspectives of student readiness in social constructivist theory supports the notion that flexibility is critical in the complex and diverse learning environments encountered by occupational therapy students (Kaufman, 2003; Mann, 2011; Marquardt and Waddill, 2004). Because social constructivism supports knowledge creation as a unique, shared, and subjective process (Adanza, 2017; Thomas, Menon, Boruff, Rodriguez, & Ahmed, 2014), we may interpret this as a flexible, theoretical approach that allows for individual interpretation with the collaborative goal of clarifying student readiness from multiple perspectives.

Methodology to Guide the Study

Informing the study through a paradigmatic lens enables the researcher to explicate the ontological, epistemological, and methodological foundations that will guide the choice of research methodology and design (Doucet, Letourneau, & Stoppard, 2010). This research project sought to elucidate perspectives on academic readiness from both classroom and field occupational therapy educators, using a qualitative inquiry methodology. Qualitative inquiry seeks understanding that is richly descriptive and context-based. It is best-suited to exploring phenomena that may be interpreted in many ways (Tracy, 2013). A hallmark of qualitative methodology is its inductive nature (Creswell, 2013). The researcher is not constrained to a

focused and predefined analytical pathway. Rather, they are afforded the opportunity to forge new meaning and new understanding as the experiences of data collection and interpretation through qualitative inquiry can flexibly travel in multiple directions. An open-ended, emergent methodology such as qualitative inquiry supported the constructivist framework of my research in that “complexity of views rather than narrow meanings” (Creswell, 2013, p. 24) was a hallmark of the study.

Creswell (2013) defined a case as an in-depth understanding of a concrete or less concrete concept defined within specific parameters. While occupational therapy education is clearly bounded within specific learning environments and socioprofessional contexts, the nature of such education remains interpretive and subjective based on participant experiences. Hence, data collection requires both creativity and flexibility to understand the complexities of academic readiness. Case study methodologies do not rely on a single data collection method and, therefore, support processes that seek information from a variety of sources for richness of interpretation (Creswell, 2013; Pearson, Albon, & Hubball, 2015)

Assumptions

The following assumptions applied to my study about educator perspectives of student readiness for practice:

1. I assumed that both field and classroom educators hold deep-rooted professional values, which are the driving force in their choice of role as educators.
2. I assumed that classroom faculty have designed their courses to meet current ACOTE education standards for occupational therapy education.
3. I assumed that fieldwork educators understand the educational objectives related to the fieldwork component of occupational therapy education programs.

Delimitations

Delimitations are the boundaries, which define and constrain the study (Simon & Goes, 2013). Therefore, the topical scope of my study included only occupational therapy classroom and clinical educators and sought to examine student readiness for practice from their perspectives only. The study participants for this research project were delimited to educators from Long Island and the boroughs of New York. This delimitation facilitated efficacious proximity so that interviews and focus groups could be conducted. In my study, data was collected from face-to-face interviews, web-based interviews, and a single focus-group session.

Limitations

Limitations are the factors that have the potential to negatively impact a study (Price & Murnan, 2004). Unlike delimitations, limitations may be beyond the control of the researcher. Reporting a study's limitations is allows the reader to more accurately assess the validity and reliability of the research (Anderson, 2010). The qualitative type of research, a case study design, may be a barrier to transferability of the findings to student populations outside the field of occupational therapy. Application of findings to occupational therapy student populations outside the United States may also be minimal as the nature of the educative process may be holistically unique to a given healthcare environment. While this was a small sample study, which also can adversely affect generalization, meticulous attention to detail in the collection of participant narratives and in the thematic analysis of the data offers some degree of transferability.

Researcher-as-Instrument

The researcher in qualitative research is the thread, which inherently weaves validity, authenticity, and trustworthiness through the tapestry of the study (Stewart, 2010). There is a distinctly unique reciprocity between the internal context of the researcher, consisting of their experiences, beliefs and value systems, and the external context in which the research is situated (Norum, 2012). The qualitative researcher affects the study to the extent that her perspectives shape the way in which she attempts to make sense of her observations (Norum, 2012). The importance of this role, and the constructivist distinction regarding the plasticity of evidence accumulated in qualitative research, necessitates an understanding of the complex ways in which the researcher is the main instrument within the context of the study (Xu & Storr, 2012).

Because the researcher is also the data collector and analyzer in qualitative research, he or she must maintain awareness about their influence and position situated within the research, known as the concept of reflexivity (Baillie, 2015). In healthcare, a researcher may have intimate knowledge and a pre-established relationship with study participants; therefore, conscious awareness of one's influence as a researcher is critical (Jootun, McGhee, & Marland, 2009). A researcher's biases must be identified, and overtly accounted for throughout the project. This process can be facilitated by journaling (Jootun et al., 2009; Kielhofner, 2006). During data collection, I memoed and journaled as a means of organizing my own thoughts about what I was experiencing within the interview and focus group processes. This took place throughout the course of my study, beginning with data collection and through the write-up process. It allowed me to contemplate the study process as it moved forward, openly examine, without retribution, my own biases as they became known, and provided a safe space to reflect on choices and decisions I made throughout the study. The journal becomes part of the documents used to validate the trustworthiness of the study (Ballie, 2015).

Bracketing is the process whereby the researcher attempts to consciously remove themselves subjectively from their study (Creswell, 2018). While the practice of reflexive journaling is in opposition to the process of bracketing, Ortlipp (2008) notes that qualitative research is steadily moving toward a more transparent approach to making the researcher's values known. My own biases stem from the variety of professional positions I have held over my years as an occupational therapy clinician, fieldwork coordinator, and educator. Each of these environments has led to different viewpoints and changing knowledge about how occupational therapy education is structured and delivered. In my clinical practice, students who have had an effective balance of factual knowledge and the ability to communicate well, have been the students I enjoyed working the most with. When students have been unable to communicate effectively, frustration and a lack of confidence in their future abilities has ensued. In my teaching, lack of maturity and lack of the drive to learn independently has caused me to look unfavorably on students. These observations have led me to hold the following biases:

1. Students tend to be immature, which compromises their professional demeanor
2. Students tend to lack initiative for independent learning, limiting their ability to develop effective clinical reasoning skills.

The challenge now, as a researcher, was to interview educators in such a way as to make my biases known, without contamination of the data during both the collection and analysis phase. To do so, I refrained from inserting my opinions into the interview setting, followed my pre-planned interview guidelines, and ensured trustworthiness through member-checking of transcribed interviews, and the maintenance of a reflective, researcher's journal.

In direct opposition to quantitative approaches, the process of interviewing and data collection in a qualitative study is neither "detached" or "value-free" necessitating thoughtful

consideration of the interviewer's characteristics (Pezalla, Pettigrew, & Miller-Day, 2012). While each interview situation, and consequently, each interviewer, may display a variety of characteristics in interviewing style, I aimed for a neutral approach, which has been found to promote uninhibited disclosure from interviewees (Pezalla et al., 2012). It was critical to balance a conversational style and trust without miscommunication or inadvertent insertion of my own analysis of the topic. This entailed three attributes outlined by Yin (2018); "ask good questions, be a good listener, and stay adaptive" (p. 82). All collected data was kept confidential, using secured, protected computers, and de-identification strategies.

This qualitative study was both descriptive and interpretive in nature, which necessitated transparency about how my presence may affect the study environment. Transparency is critical as the researcher's presence potentially affects the outcomes derived from the analysis of the data collected and may influence the knowledge co-constructed between both researcher and participant (Creswell, 2018; Finlay, 2002). Therefore, engaging in bracketing throughout the course of the project supported reflexivity and a continued identification and acknowledgment of my perspectives (Fischer, 2009). Transparency of those perspectives, throughout the course of the project, was critical to ensure objectivity.

Chapter 1 Summary

This chapter introduced fieldwork education in the profession of occupational therapy as an issue of interest. The historical background and significance of fieldwork education to the profession of occupational therapy was discussed in detail. To further clarify and explore the issues for the purpose of study, two research questions were presented. A conceptual framework provided detail on the methodology of prior research in the field, and offered a structure designed

to better understand student readiness for transition from the classroom to the clinic from the perspective of classroom and field educators.

This study has relevance in today's health care environments as the demand for occupational therapists who practice from an evidence-based perspective, in high productivity demand situations, is increasing (Fairbrother, Nicole, Blackford, Nagarajan, & McAllister, 2016; Fristedt & Josefsson, 2016). It is imperative that we explore student readiness for practice as students in fieldwork who are on the cusp of becoming the novice clinicians called upon to utilize effective clinical reasoning and application skills in these environments.

The following chapter elucidates the relevant literature on occupational therapy education, providing more extensive detail, and illuminating the gaps, which led to the crafting of my research questions and subsequent study.

Chapter 2: Literature Review

Introduction

The information contained in this literature review is categorized and aligned with my conceptual framework in that it is presented from the situated perspectives of the intended research participants. Constructivist philosophy, as an education and research paradigm, is a common thread that frames the perspectives of occupational therapy fieldwork educators and is articulated by multiple authors throughout this literature review. Constructivism supports the ontological belief that complex knowledge born from a process of inquiry is intimately linked to the relational experiences of study participants (Doucet et al., 2010). Constructivism, as a philosophical paradigm, articulates learning as an active process in which the learner engages in the process of attaching meaning to experiences (Rutherford-Hemming, 2012). The interpretive nature of constructivism holds that to build their knowledge base, students must be provided opportunities to actively engage within the learning environment and formulate their unique interpretations from those experiences (Ainsworth, 2013; Krahenbuhl, 2016).

The epistemological stance of constructivism supports the need to interpret experiences and eventual knowledge construction as by-products of engagement within a social world (Morgan, n.d.). From the perspective of this current study, occupational therapy educators, in both the classroom and the clinic, are inhabitants of varied environments that inform their unique interpretations of knowing and understanding. Embedding constructivist philosophy within the framework of my study will support the process of collecting and analyzing interpretivist data regarding readiness for transition to the clinic from the perspective of classroom and field educators. Those perspectives are generated from the individual knowledge of each educator and their unique worldview of practice and teaching constructed from their social experiences.

The reviewed literature has been organized based on constructivist themes that emerged throughout the review process. Literature themes include: Fieldwork Educator Characteristics, Student Learner Characteristics, Fieldwork Educator Perspectives of the Clinical Learning Environment, Student Perspectives of the Clinical Learning Environment, Translation of Knowledge, the Fieldwork Educator Role, and Models of Learning in the Clinical Environment.

Problem Statement

This study explored occupational therapy student readiness to engage in fieldwork education. Analysis of the perspectives on student readiness, from both academic and field educators, situated in varied learning environments, and adds to the growing body of knowledge on clinical education within the health professions.

Fieldwork is an integral component of professional preparation of occupational therapy practitioners and serves to bridge didactic and theoretical knowledge within the practice environment. However, Newton et al. (2009) discussed the continuing debate regarding the theory-practice gap in which an understanding of why health professional students encounter difficulty transferring classroom/lab-based knowledge to the clinic remains elusive. Fieldwork educators have articulated their concerns about student capabilities, documentation writing, patient handling skills, and work ethic (Rodger et al., 2011), noting these as challenging aspects of providing fieldwork supervision (Thomas et al., 2007). In my experiences as a fieldwork educator, I have also found that often, students encounter difficulty transitioning their classroom learning to the clinic. While they appear to have didactic knowledge, they have difficulty employing that knowledge to support clinical reasoning when exposed to authentic situations in the actual treatment environments. This has led me to question whether educative components in the

classroom are in alignment with practice knowledge needs required in today's healthcare environment. Hence, my research questions are:

1. How do occupational therapy fieldwork and classroom educators characterize student readiness for level II fieldwork across multiple practice settings?
2. How do occupational therapy fieldwork and classroom educators seek to improve student readiness for level II fieldwork across multiple practice settings?

The current study is underpinned by an interpretive, constructivist paradigm to facilitate an understanding of fieldwork education within the sociocultural contexts in which it takes place. The subjective experiences of the educator participants will serve to provide viewpoints unique to both the classroom and clinic environments. Information revealed in this study could serve to reduce known barriers in fieldwork education, inform curriculum design, and facilitate more effective, translatable learning between academic and clinical environments.

Review of the Research Literature

The literature reviewed for this study spans multiple countries and encompasses a variety of health care professions to broaden our understanding of teaching and learning in the academic and clinical environments. Several databases were used to locate primary sources that captured the perspectives of health educators in both the classroom and the field. Specific attention was directed to available literature within the field of occupational therapy. The initial literature search began with Concordia University's Search@CULibraries-Education engine, which encompasses multiple education databases. Other, refined searches were conducted in the PubMed, CINAHL, and ProQuest databases. Time frames were delineated based on the subtopics of the search, which included teaching theories, current teaching practices in health education, and current student perspectives. For theoretical models of teaching employed in clinical education,

older, seminal works were used as needed. For current teaching practices and perspectives of students and teachers, newer literature (within the past five to 10 years) was examined. A variety of search terms and search term combinations were used to capture relevant information pertaining to the study topic. Throughout the process of reading the available literature, key search terms were refined and updated to ensure thoroughness of the searches. The functions of this section are to present the pertinent literature, which exemplifies the current state of research in fieldwork education and to provide the evidence base, which supports the need for further study of the teaching and learning environments in which occupational therapy students and educators are situated.

Translation of Knowledge

In occupational therapy education, fieldwork is the mechanism ostensibly used to bridge the theoretical foundations of practice learned in the classroom with application through practice in the field. However, professional health education has long been faced with the challenge of the theory-practice gap. In their research on knowledge transfer in health professional clinical education, Newton et al. (2009) found that the theory-practice gap “might be a much more fundamental schism in the way that academic and work environments operate” (p. 316). The authors’ longitudinal, mixed-methods study, in which they interviewed 2nd and 3rd year nursing students, revealed three overarching barriers to knowledge translation from the classroom to the clinic. First, students reported an overall lack of authentic experiences in the academic setting, which adversely affected their ability to perform in the clinic. Students also reported a lack of learning opportunities in the clinical setting. Second, students did not feel that their supervisors actively sought or created learning experiences for them. Third, students reported that learning in the field was significantly influenced by their interactions with field educators. Newton et al.

(2009) concluded that the gap manifests as learning environments that are fundamentally different, therefore, impeding transfer of knowledge.

The field of occupational therapy has focused on how students are brought into the profession. Professional socialization has been defined as the acquisition and internalization of professional attitudes, values, and behaviors distinct to a practice environment (Ares, 2014; Krusen, 2011; Sabari, 1985). Krusen (2011) discussed the importance of professional socialization of students, which enables them to better understand both explicit and implicit expectations of organization-specific cultures. Ashby, Ryan, Gray, and James (2013) described professional supervision as a conduit for professional socialization. Their interviews with occupational therapy clinicians revealed the underlying importance of effective supervision as a means of promoting “reflective practice” and the exploration of “professional reasoning...” (p. 115). Schön (as cited in Kinsella, 2006), has written extensively on reflective practice and its constructivist underpinnings. In Schön’s view, practitioners come to their decision-making through a constructivist process of creative thought, pragmatism, clinical skill, theoretical knowledge, and situational understanding. The process is not trial and error but rather, a structured method in which choices and consequences of choice are examined from varied perspectives (Kinsella, 2006). The findings by Ashby et al. (2013), highlighting that reflective practice and professional reasoning are evident in effective supervision, is meaningful when further research regarding the theory-practice gap, and knowledge translation, are examined.

Key studies highlight how students have been ushered into the field of occupational therapy. Towns and Ashby (2014) invited 52 occupational therapy students to talk about their fieldwork experiences. Six students chose to participate, and their responses generated emerging themes. One of those themes centered on fieldwork educators’ lack of ability to communicate

their professional reasoning process. When this perceived lack was present, student confidence in the educator's overall abilities was reduced. This finding, coupled with the students' assertion that theory integration was a critical component of professional reasoning, resonated in the perceived negative experiences with communication, reported by the study participants. It is, therefore, not surprising that in the more recent mixed-methods study by de Beer and Martensson (2015), occupational therapy supervisors who were able to effectively communicate in the form of constructive feedback on students' clinical reasoning skills were well-respected and facilitated student learning. Similar findings that highlight effective communication and constructive feedback as facilitators of student professional and clinical reasoning have been reported in nurse education literature. In their 2015 study, Saifan, Safieh, Milbes, and Shibly explored Jordanian student perspectives on the theory-practice gap. The authors thematically analyzed responses to interview questions from a purposive sampling of 30 nursing students. Major themes emerged indicating the importance of increased student support in the classroom and clinic environments. Support, in this context, was illustrated as better recognition of student needs by their field supervisors, cross communication between their classroom educators and field supervisors, and better preparation in their classroom laboratories in the form of more realistic clinic simulations that more effectively emulate real-world situations.

The theory-practice gap has been connected to both professional socialization and professional isolation. Foundationally, occupational therapy practitioners consider physical, social, and cultural environments and their role in "[shaping] people and their behavior" (Krusen, 2011, p. 547). The clinic, as an environment, is a major contributor to student "socialization and enculturation" (p. 547) within a profession. Ashby et al. (2013) argued that the transition from academic settings to practice environments is better facilitated when professional socialization

occurs. Yet, as Krusen (2011) concluded, fieldwork educators are often unable to convey the complex and unwritten demands and social processes that would facilitate student acculturation. Communication of the professional culture and norms of a practice environment is critical as a component of trust-building between fieldwork educators and students. When this communication need is unmet, Kasar and Muscari (2000) assert that a student's ability to form professional relationships will be hindered. If professional relationships cannot be effectively established and maintained, it follows that students may feel unsupported and lacking in their ability to dialogue with fieldwork educators regarding clinical questions, patient, or professional issues subsequently leading to a form of professional isolation (Bedward & Daniels, 2005).

Student Learner Characteristics

Life Course theory is a contemporary view of human development through social and historical lenses, which minimizes the importance of the biological clock emphasized in earlier theories. Life Course theory considers the social effects of a changing demographic within our population and how this changing demographic, mitigated by sociopolitical culture, drives generational differences (Elder, Kirkpatrick-Johnson, & Crosnoe, 2003). Research has shown that distinct generational differences in students play a significant role in shaping learning experiences (Giberson, Black, & Pinkerton, 2008; Hills, Levett-Jones, Warren-Forward, & Lapkin, 2016; Sandeen, 2008; Twenge, 2009). Generational differences occur as a cohort moves together through life phases, encountering the sociopolitical, economic, and culture events that shape that generation. Their experiences create what Strauss and Howe (1991) have described as "peer personality" defined as the "collective attitudes about family life, sex, roles, institutions, politics, religion, lifestyle, and the future" (p. 63). Sandeen (2008) attributed the distinct worldview of a generational cohort as arising from the social context of their youth.

Understanding the unique characteristics of the Millennial generation (or Generation Y) cohort can improve educator insight into teaching practices that may be increasingly effective with this unique group of learners. The Millennial generation is the current generation entering professional education programs and the workforce (Eckleberry-Hunt & Tucciarone, 2011). In 2015, the United States Census Bureau defined the age range of Millennials (or Generation Y) as between eighteen and thirty-four (Fry, 2016). In their 2016 study, Bonsaksen, Kvarnes, and Dahl attempted to define and describe sociodemographic characteristics of Norwegian occupational therapy students using a cross-sectional survey. Demographics collected from the survey participants revealed that the average age of an occupational therapy student is 23.9 years, placing them in the Generation Y or Millennial cohort. Bonsaksen et al. found that this generation of students were highly motivated with a familial history of higher education participation. Interestingly, this cohort of students also, on average, engaged in part-time, paid employment while attending occupational therapy school. Other authors have studied this unique group and described the Generation Y cohort as preferring to work in groups (Eckleberry-Hunt & Tucciarone, 2011; Hills, Ryan, Smith, & Warren-Forward, 2012; Sandeen, 2008), confident, and at times over-confident (Bonsaksen et al., 2016; Hills et al., 2016; Sandeen, 2008; Twenge, 2009), optimistic (Hills et al., 2012; Sandeen, 2008), technologically skilled (Bonsaksen et al., 2016; Eckleberry-Hunt & Tucciarone, 2011; Hills et al., 2016; Sandeen 2008), and requiring immediate feedback but limited in their acceptance of critique (Hills et al., 2016).

Educators in the medical and health professions have reported a growing concern that Generation Y learners are lacking in professionalism (Eckleberry-Hunt & Tucciarone, 2011; Tran et al., 2014). A search of the Concordia University's Search@CULibraries-Education search engine, using the key words, "professionalism," "health," "education" and "students," revealed

over 15,000 available articles written on the topic, within the last five years. Professionalism, as part of health and medical education, seeks to impart an understanding and subsequent projection of both social and professional behavioral expectations (Mapukata-Sondzaba, Dhai, Tsotsi, & Ross, 2014). In their survey of 200 fieldwork educators with varied years of experience, Hills et al. (2012) found that Generation Y students are often perceived as lacking in professionalism, evidenced by their casual and non-professional communications with colleagues, clients, and staff. The educators reported the need to identify and maintain clearly delineated professional boundaries with students. Lack of professionalism was also noted in student documentation, which at times contained spelling and grammatical errors, and the use of texting language. Perceived lack of professionalism is not confined to occupational therapy. In medical education literature, issues with student professionalism have been well documented (Desy, Reed, & Wolanskyj, 2017; Essary, 2011; McNair, 2005).

Guido, Chavez, and Lincoln (2010) explored multiple paradigms through which student affairs professionals might better understand diverse institutional populations. The constructivist paradigm guides inquiry to understand the human experience based on the evolution of shared meanings within context (Guido et al., 2010). The constructivist paradigm is well suited as a framework for studies on professionalism in the Generation Y cohort. Aguilar, Stupans, Scutter, and King (2013) applied a constructivist paradigm to their study using the Delphi method. The study was designed to identify consensus among professional values essential to occupational therapy practice. Consensus is an aim of constructivism, which examines individual experiences and realities and attempts to expose shared meaning from those experiences (Aguilar et al., 2013). Sixty-eight occupational therapists participated in the study. Of the 68 participants, 15 took part in an initial interview process to extrapolate and define professional behaviors. This interview

round concluded with 15 professional behaviors considered essential. However, in the following two-round Delphi, only seven of those professional behaviors achieved a set minimum of 70% consensus. Aguilar et al. attributed the lack of consensus to several reasons, including a disproportionate number of females in their sample and the range of unique environments in which the therapist participants worked. The Aguilar et al. study illustrates how a constructivist approach is well-suited as a means of exploring consensus on characteristics that may be attributed to a generational cohort such as Millennial occupational therapy students, and how defining and exemplifying professionalism may require exploration through such a contextual paradigmatic lens.

Student Perspectives of the Clinical Learning Environment

Generational influences drive the distinct values and norms associated with Generation Y occupational therapy students, providing the basis for their distinct viewpoints on teaching and learning. Hills et al. (2016) explored Generation Y student perspectives on teaching and learning in the clinical environment using a purposive sampling of third and fourth year occupational therapy students from one university in Australia. The authors employed a qualitative, descriptive research design, extrapolating four major themes from 22 semi-structured interviews. First, student hands-on participation in clinical practice had “the greatest impact on development of both their confidence and competence” (p. 373). Second, students articulated the importance of communication between themselves and their supervisors in terms of expectations. Embedded within the theme of communication was the desire to obtain appropriate and constructive feedback from supervisors as a means of enabling students to self-identify their strengths and weaknesses. This finding supports the overall characteristic of Generation Y learners who, as a cohort, desire feedback to support their acquisition and internalization of knowledge and skills (Hills et al.,

2012). The third theme identified by students in the Hill et al. (2016) study was the desire for individualized educational approaches that accounted for individual learning styles, goals, and needs. The fourth theme identified by the students was the need to be welcomed and valued as a team member at the clinical site. This contributed to their sense of belonging within the culture of the site

The overarching themes revealed in the Hills et al. (2016) study were not specifically bound to Australian culture. Similar themes were exposed in a prior study conducted with Iranian occupational therapy students. Rezaee et al. (2014) interviewed 16 students, spanning three universities, with a mean age of 22.31 years and found that they significantly valued the relationship developed with the supervisor and the style of communication the supervisor employed with the student. Embedded within the theme of communication, these students articulated the importance of varied experiences combined with appropriate and supportive feedback as an effective clinical teaching tool. Students believed coursework revision was necessary to address gaps between the academic knowledge they had gained in the classroom and use and expression of that knowledge on fieldwork (Rezaee et al., 2014). While this is not necessarily an expression of the desire for individualized educational approaches as seen in the Hills et al. (2016) study, it does support the need for further research that explores how both the academic and clinical settings develop and utilize educational strategies as an effective means of teaching in two separate but connected learning environments.

Health care education programs are required to provide educational experiences in both academic and clinical learning environments. A learning environment is uniquely defined by its physical, social, political, and cultural structure (Bakhshialiabad, Bakhshi, & Hassanshahi, 2015). Chan (2003) illustrated the clinical learning environment as an “interactive network of forces...”

within a “complex social context...” (p. 519) where learning occurs in a much less structured and unplanned environment than exists in the classroom. Chan found that while several classroom learning assessments were available, no valid tool existed, which could be used to illuminate the “perceptions of the psychosocial characteristics of the clinical environment” (p. 522). The Clinical Learning Environment Inventory (CLEI) was developed from several classroom environment assessments and tested using a cross-sectional descriptive survey disseminated to 2nd year nursing students in South Australia. The CLEI was found to be a valid and reliable tool to assess clinical perceptions of nursing students specifically within hospital environments. The CLEI explores actual and preferred learning environments through student ratings on five scales: individualization, innovation, involvement, personalization, and task orientation (Chan, 2003, p. 524).

The clinical learning environment has been found to affect professional/clinical judgement, critical thinking, and overall understanding of patient needs (Papastavrou, Dimitriadou, Tsangari, & Andreou, 2016). Studies of nursing students have shown a relationship between positive student perceptions of the clinical learning environment and academic motivation (Aktas & Karabulut, 2016; Papastavrou et al., 2016). Papastavrou et al. (2016) administered the Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) self-report questionnaire to a sample of 463 nursing students, from four universities in the Republic of Cyprus. Descriptive statistics were used to quantitatively analyze the data collected. The authors concluded that nursing student satisfaction was “significantly related” to all the constructs defined in the assessment, including “Pedagogical atmosphere” and the “supervisory relationship” (p. 5).

The validated CLEI was used by Brown et al. (2011) to explore undergraduate health science students’ perceptions about their academic and clinical learning environments. The

authors conducted a large-scale study, using cross-sectional survey design, across multiple institutions in Australia. 548 student participants from multiple health science disciplines (including occupational therapy) completed the assessment. Collected data was analyzed using descriptive statistics, with results deemed significant at a p value of < 0.05 . Statistically significant differences were noted when comparing students preferred clinical placement environments to the actual clinical settings in which they practiced. Further detailed examination of the CLEI subscales highlighted personalization as the “most important domain reported by students” on the *actual* CLEI assessment (Brown et al., 2011, p. e26). Personalization represented opportunities students were given for interaction with their supervisor and other professionals. This finding supports previous findings in which students placed great value on feedback and being part of the clinical team (Hills et al., 2016; Hills et al., 2012; Rezaee et al., 2014). Task orientation, defined as the clinical/professional activities that students participated in while on rotation, were rated second by students on the *actual* CLEI assessment form (Brown et al., 2011). The authors suggested that although highly rated in actual practice, task orientation is “important to students and needs further development” (p. e27). This finding is in line with research by Hills et al. (2016) in which individualized educational approaches were desired by students on clinical placement.

Fieldwork Educator Perspectives of the Clinical Learning Environment

Currently, professional requirements do not exist for occupational therapy practitioners to supervise students. However, because supervised fieldwork is a requirement of all accredited occupational therapy education programs, it is critical to gain an understanding of the motivators and barriers that either incentivize or prevent clinicians from assuming the fieldwork educator role. Thomas et al. (2007) utilized an online survey developed to gain an understanding of

occupational therapy fieldwork educator perspectives in New Zealand. Clinicians from a wide range of practice environments were solicited as participants. Results of the study, which included data from 132 completed surveys, revealed that potential recruitment and the opportunity to develop and practice supervisory skills were the most valued reasons for accepting fieldwork students. Responses from the open-ended questions, which solicited other benefits (not originally listed in the survey), revealed that clinicians valued the projects and resources that students developed for the practice settings. Alongside the benefits, participants rated the challenges of having fieldwork students. Issues such as lack of physical space and resources, work pressures and demands, and concern for student capability were all reported as realistic barriers to accepting students.

Like Thomas et al. (2007), in a later pilot study, Hanson (2011) queried participants from both the pediatric and adult settings. Hanson found that fieldwork educators valued having fieldwork students and considered them a bridge to building relationships with academic institutions. The participants in the Hanson study expressed that the concept of giving back was inherent in professional responsibility (Hanson, 2011). As in the earlier study by Thomas et al., the Hanson study participants expressed concerns regarding space and physical resources, with clinicians reporting that lack of these resources adversely effected their decision to accept students. Participants in the Hanson study also expressed concern about “student preparedness for level II fieldwork” (p. 171). Discussion amongst participants revealed specific issues with communication skills, assessment and intervention skills, and documentation skills, corroborating Thomas’s earlier findings regarding student capabilities.

The complexity of the healthcare environment today has impacted fieldwork education in multiple ways. Healthcare reforms that have resulted in cost containment changes affecting

hospital stay length, reimbursement, and outpatient therapy caps have led to increasing productivity requirements for clinicians (Casares et al., 2003; Fairbrother et al., 2016; Kirke, Layton, & Sim, 2007). Casares et al. (2003) disseminated 125 surveys to occupational therapy fieldwork educators from several clinical sites and academic fieldwork coordinators from occupational therapy programs in the southeastern United States. The surveys were designed to obtain information on the perceived impact of regulatory changes in healthcare, as it related to occupational therapy fieldwork education. Outcomes of the study highlighted that health professionals today are challenged to increase work productivity without the benefit of added time and often, with less allotted time to devote to professional responsibilities. These changes have also necessitated alternative therapist scheduling (Casares et al., 2003), increased documentation requirements, and larger caseloads (Hanson, 2011; Rodger et al., 2008; Vogel et al., 2004).

In relation to such changes experienced by practicing clinicians in the field, Vogel et al. (2004) explored current expectations of students on fieldwork. The authors solicited information using a questionnaire sent to 244 fieldwork supervisors across multiple practice environments, and 32 occupational therapy students from one Texas university, who were participating in fieldwork rotations. 81 supervisor questionnaires and 29 student questionnaires were returned and analyzed using descriptive statistics. The authors found that fieldwork supervisor expectations of students have increased over time, specifically in the areas of “judgement, initiative, responsibility, and independent learning” (p. 15). Multiple studies have indicated independent learning as a valued student characteristic by fieldwork educators (Chipchase et al., 2012; James & Musselman, 2006; Kirke et al., 2007; Vogel et al., 2004).

The Fieldwork Educator Role

In the current healthcare environment, the fieldwork educator role is multidimensional, encompassing “being skilled practitioners, acting as role models and juggling competing needs of patients, students, and associated administrative tasks” (Delany & Bragge, 2009, p. e402). Towns and Ashby (2014) alluded to the fieldwork supervisor’s dual role as both clinician and educator and the need to address client and student needs concurrently. Cangelosi, Crocker, & Sorrell (2009) determined that skill level as clinician does not necessarily translate or guarantee skill as a clinical educator. Understanding how fieldwork educators perceive and articulate their role is a critical component in furthering our understanding of the clinical learning environment.

Clinical supervision of students becomes a potential professional role following the first year of practice for occupational therapists and other health professions. Within that first year of practice, clinicians continue to develop their own professional identity, knowledge base, and skill set as they navigate practice within a dynamic and complex healthcare environment (Hayward et al., 2013). The challenges faced by novice therapists, from both the external healthcare and internal organizational environments, can impede their ability to successfully assume the role of clinical educator.

Delany and Bragge (2009) studied role perception from the clinical educator perspective, using a qualitative, phenomenological approach. The authors conducted separate focus groups with students and clinical educators in Melbourne Australia. This method enabled the participants to interact and explicate their experiences. Forty-five student participants were purposively selected from one university occupational therapy program and completed six one-hour focus group sessions. Nineteen clinician participants sampled from two hospitals where students were placed for field work, completed their own six focus group sessions. Two themes emerged from

the clinical educator perspective. First, educators articulated a lack of formal preparation to undertake the role of student supervision. The clinical educators also discussed their reliance on “past experiences as students to inform their educational practices” (p. e406). This second theme revealed a consensus on the skill set that clinical educators felt was important for students to attain while on placement, revealing that teaching focus in the clinical context was often on passing preconceived information to students. So, while the literature explicates independent learning as an important characteristic in fieldwork students, fieldwork educators’ teaching methods do not appear to address how to move students along the continuum of learning to the more critical and active skill of knowledge building (Delany & Bragge, 2009).

The connecting of theory to practice as part of clinical teaching is an expected professional goal for supervisors in fieldwork education. However, supervisors appear to have difficulty articulating this connection to students. Towns and Ashby (2014) noted the importance of this goal in Australian occupational therapy education, stating that professional practice education (PPE) can be incorporated as a teaching methodology specifically designed with the intent of putting theoretical knowledge into effective practice. Similar fieldwork goals have been articulated by the AOTA (2012), who stated that students “learn to apply theoretical and scientific principles . . . to address actual client needs and develop professional identity” (p. 1). The Canadian Association of Occupational Therapists (2012) noted that “occupational therapy placements provide an ideal opportunity for students to learn skills and apply theories in practice” (p. 2). Towns and Ashby employed a phenomenological approach in their qualitative study to examine student perceptions about their fieldwork educators in Newcastle, Australia. The authors chose a semi-structured interview process to query six students, recruited through convenience sampling. All the included student participants had completed their fieldwork rotations. Analysis

of the data revealed that fieldwork educators were perceived as limited in their ability to communicate their professional reasoning, possibly due to the educator's limited ability to articulate theoretical language. New occupational therapy graduates, who participated in focus groups in New Zealand, expressed the same sentiment that fieldwork educators did not appear to explicitly use theory in practice (Robertson & Griffiths, 2009).

Other health professions face the same theory-practice gap challenges affected by the supervisor's ability (or inability) to engage their role as an educator. Spouse (2001) conducted a longitudinal study using a "Constructivist/Naturalistic paradigm" (p. 516), within a multiple method approach, to understand nursing student-supervisor learning relationships in the United Kingdom. Eight students from one four-year program participated in the study, with data collected over the course of all their clinical placements. Multiple data sources were used to support trustworthiness in the study including audio-recorded interviews, observations of participants by the researchers, analysis of written documents provided by the participants, and "illuminative artwork" (p. 516). Illuminative art-work was used by Spouse in an earlier study where nursing students created pictures to symbolize and self-express their understanding of nursing and bring to light their "pre-conscious experiences" (Spouse, 2000, p. 255). Spouse (2001) found that the quality of supervision for students was dependent on the supervisors' ability to craft learning experiences, which promoted collaborative dialogue. Such dialogue enabled the supervisor to articulate the how and why of the tasks being undertaken, while at the same time allowing the student to incorporate current information into their existing knowledge base and formulate relevant questions. However, supervisors were often unable to effectively describe their practice conceptually using theory. In these cases, student learning was lacking.

Research in medical education has also revealed the importance of a supervisor's ability as an educator to explicitly link theory to practice and illustrate this link to students in the early phases of clinical learning. Taylor and Hamdy (2013) proposed a model for teaching in medical education that encompassed multiple theories of adult learning. Their model presented the continuum of learning experienced by the professional novice and the required roles of both the learner and the educator at each stage of the learning process. The five stages of learning outlined by the authors were:

- Dissonance phase
- Refinement phase
- Organization phase
- Feedback phase
- Consolidation phase (Taylor & Hamdy, 2013)

In the early dissonance phase, the educator helps learners “explore . . . prior knowledge and experiences” (p. e1567). This role is indicative of prior studies that have placed great importance on the educators' ability to use the language of theory to illustrate practice (Spouse, 2000). Later phases require the educator to facilitate reflection on learning and action and provide feedback to students as a means of promoting integration of learning into practice (Taylor & Hamdy, 2013). Critical reflection is facilitated by the educator through organized and skilled questioning (Taylor & Hamdy, 2013). Feedback enables the educator to illustrate the multiple perspectives of a situation or argument (Taylor & Hamdy, 2013). Providing appropriate feedback and the promotion of critical reflection in learners require the educator to be well-versed in the professional theories that frame and support practice.

Fieldwork Educator Characteristics

Successful student outcomes in fieldwork education are heavily dependent on the learning environment orchestrated by the fieldwork educator. Francis et al. (2016) articulated the critical importance of the “tripartite relationship between university staff, enrolled students, and practice educators” and the “culture of reciprocity” (p. 2) necessary to forge the relationships that support successful clinical learning experience.

One of the most important relationship components has been identified as the student-fieldwork educator relationship (Francis et al., 2016; Hills et al., 2016; Kirke et al., 2007). Considering the influential nature of this relationship, Francis et al. (2016) attempted to identify how effective clinical experiences and characteristics of educators were linked. Using a prospective, cross-sectional approach, Francis et al. (2016) surveyed 551 practice educators from a variety of health professions in Australia. Surveys collected from occupational therapists represented 29% of the respondents. The mixed method survey used contained fixed response questions in which practice educators were asked to rate practice educator characteristics. The survey also included open-ended questions, which allowed respondents to include additional characteristics. Results of the close-ended questions revealed consensus on the following top five preferred educator characteristics:

- Good feedback skills
- Non-judgmental
- Professionalism
- Clarity
- Listening skills (Francis et al., 2016, p. 3)

Open-ended questions revealed three overarching characteristics considered to be favored in a quality practice educator:

- Clinical skills
- Interpersonal qualities
- Quality feedback (Francis et al., 2016, p. 5)

In all the disciplines queried in the study, the characteristic of feedback was identified as a critical component to an effective fieldwork experience, while scholarly activity was unanimously rated as the least important characteristic in a practice educator (Francis et al., 2016).

Allied health education programs are responsible for developing the didactic components of their curriculums and for planning and executing quality fieldwork experiences that enable practical learning. Through clinical (fieldwork) experiences, students are given educational opportunities to bridge theory with practice, develop their clinical reasoning skills, and integrate professional culture (Chipchase et al., 2012; Delany & Bragge, 2009; Kirke et al., 2007). However, the practical component of allied health programs relies on clinicians in the field to assume the role of educator as the means of facilitating the process of professional assimilation. Therefore, students require fieldwork educators to be more than just vessels of knowledge transmission. In their qualitative study designed to elucidate key characteristics of a quality fieldwork program, Kirke et al. (2007) recruited Australian occupational therapists in practice within two years of graduation. They began by assembling a participant pool through an open invitation in a fieldwork newsletter sent to clinicians monthly by Monash University. This invitation reached approximately 100 practicing therapists. The researchers then used two sampling methods. Purposeful sampling was employed to ensure that multiple practice environments were represented and that selected participants were no more than two years out from graduation. Snowball sampling was used to

reach clinicians practicing in rural areas and with pediatric populations. Sampling resulted in 47 focus group participants. The authors conducted five separate focus groups, over a three-month period, to collect data on a variety of aspects of fieldwork education and supervision. Results of their study found varied perceptions about characteristics of an effective fieldwork educator. (Kirke et al., 2007). Intrinsic enjoyment from the student-supervisor experience, as well as the extrinsic ability to organize and prepare for a student placement, were desired characteristics articulated by the focus groups. Participants described the need for a “diversity of styles and therapeutic approaches,” therapists who can “explicitly demonstrate their clinical reasoning” and “articulate his or her own knowledge limitations” (Kirke et al., 2007, p. s17). Like other studies (Brueggeman, 2006; Francis et al., 2016; Mann, 2011; Rodger et al., 2011) the importance of being able to give positive and constructive feedback to students was highlighted as an essential fieldwork educator characteristic (Kirke et al., 2007).

The concept of the student as an integral part of the “tripartite relationship,” highlighted by Francis et al. (2016, p. 2), necessitates an understanding of the viewpoint of students regarding quality supervision in fieldwork. Rodger et al. (2011) used a qualitative focus group research design to elicit information about various aspects of the fieldwork environment from both students and educators in Australia. A total of 78 participants took part in the focus groups. Twenty-nine participants were occupational therapy students, 41 were occupational therapy practitioners, and eight were educators from two occupational therapy programs in Australia. Students reported an appreciation of learning experiences that were purposefully graded based on student learning styles and experience, constructive feedback, and opportunities to observe clinicians modeling techniques and skills. Students valued clinical educators who modeled open and inviting relationships with colleagues and students, and exuded self-confidence.

Models of Learning in the Clinical Environment

The preparation of occupational therapy practitioners is accomplished through didactic and clinical learning experiences. In theory, both types of learning experiences interconnect to promote and support creativity, critical thinking, collaborative practice, professionalism, and the ability to utilize theoretical knowledge as the basis for clinical decision-making. Within the education sphere, students are considered “occupational beings who are in dynamic transaction with the learning context and the teaching-learning process” (Haynes, 2007, p. 1). Understanding how effective clinical learning experiences are conceptualized and structured is important to the continued development of the profession’s unique “signature pedagogies” (Schaber, 2014, p. s41). Extending Kielhofner’s (2006) conceptualization of occupational therapy practice to occupational therapy education, Wright (2012) developed a model of practice education intended to articulate and address the “fundamental tenets of occupational therapy education” (p. 2). The author opined that an understanding of those tenets was a missing link to the formation of an educational paradigm in occupational therapy that would facilitate a systems approach from theory, through teaching and learning and eventual practice. Wright illustrated the OT-PEP as three overarching core concepts: adaptive thinking, reflection, and creation of meaning (p. 5). Each core concept was further described through explanatory elements (Figure 2, p. 43). Wright envisioned the OT-PEP as a “global process model” (p. 14) with implications for guiding novice academic faculty. However, the core concepts and corresponding elements are also meaningful when one applies them to the clinical learning environment and may be used to link clinical practice and clinical education for both the fieldwork supervisor and student. The model’s design is intended to present an educational process that is non-linear, with learning opportunities for both students and faculty (Wright, 2012).

The Occupational Therapy Professional Education Paradigm (OT-PEP)

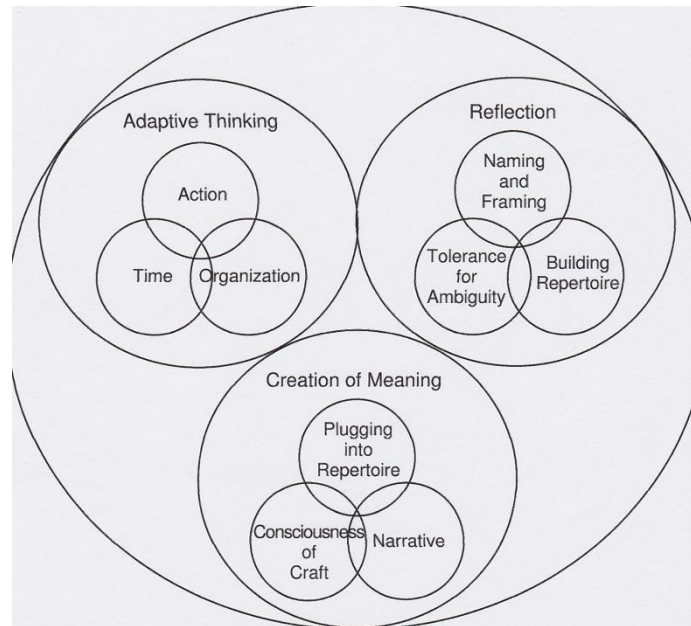


Figure 2: Illustrative representation of a conceptual model for occupational therapy education. Adapted from “OT-PEP: Development of a Professional Education Paradigm for Occupational Therapy” by C.E. Wright, 2012, *The Open Journal of Occupational Therapy*, 1(1). Copyright 2012 by Christine E. Wright. Reprinted with permission.

Interpreting pedagogical processes that drive knowledge translation is a fundamental area of research addressed in many health professions (Metzler & Metz, 2010; Newton et al., 2009; Scott et al., 2012). Bjork et al. (2013) noted that in nursing, there is a distinct need for conceptual frameworks that support knowledge translation. To meet this identified need, Bjork et al. developed the theoretical model known as the Model of Practical Skills Performance. This model was based on an earlier knowledge-to-action framework developed by Graham et al. (as cited in Bjork et al., 2013). The intent of the Model of Practical Skills Performance was to articulate nursing skills as a set of interrelated elements, devoid of any hierarchical relationship, and representative of practical nursing skills as more than just simple, technical tasks. Seven phases

were described, all of which influenced one another throughout the learning process (Figure 3, p. 44). Unlike the OT-PEP primarily designed for use in didactic learning, the Model of Practice Skills Performance was intended to be used across varied learning environments, didactic and clinical, to foster a collaborative knowledge translation process among its multiple consumers.

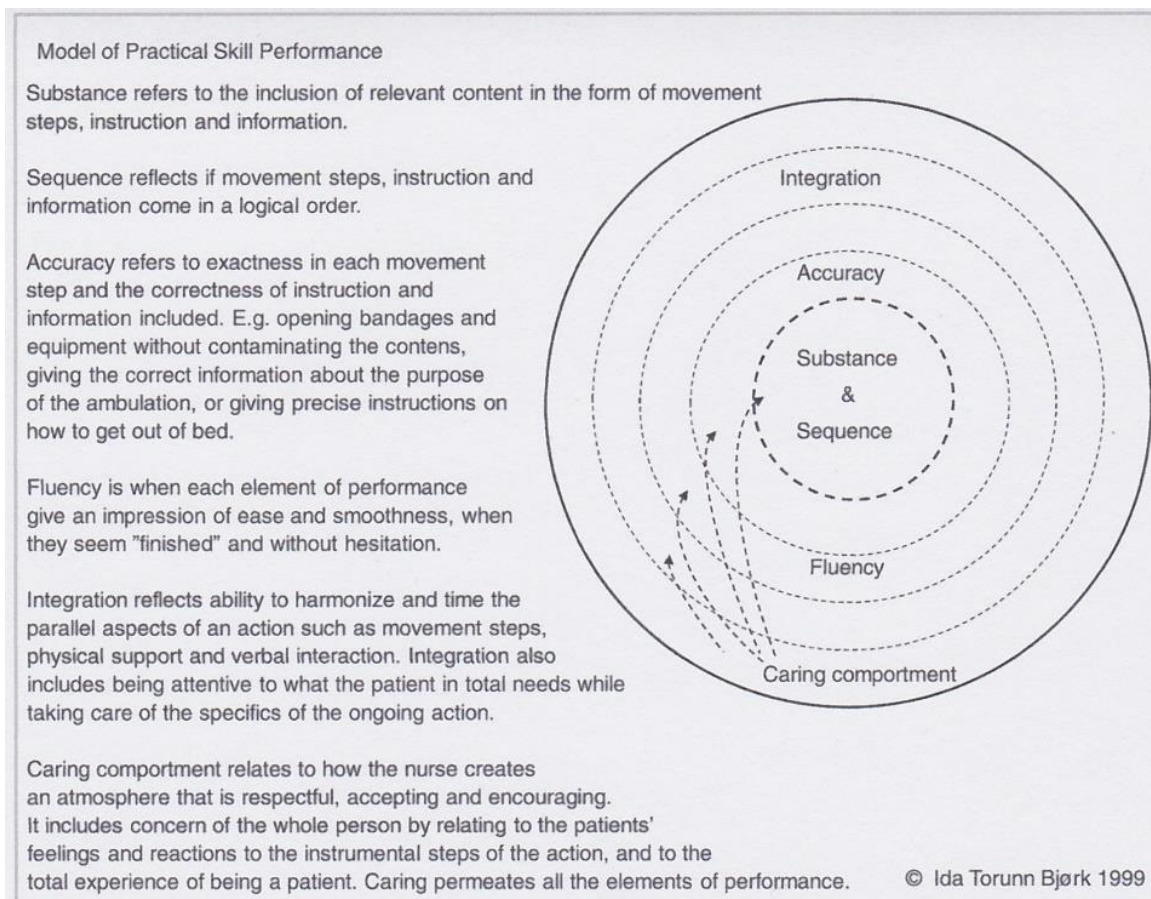


Figure 3: A depiction of six elements that influence the clinical learning process in nursing education. Adapted from “From theoretical model to practical use: an example of knowledge translation” by I.T. Bjork et al., 2013, *Journal of Advanced Nursing* 69 (10), 2336-2347. Copyright 1999 by Ida Torunn Bjork. Reprinted with permission.

The growing need for interdisciplinary collaboration within the health professions has been the impetus for the development of clinical education models that support inter-professional learning experiences (Chipchase et al., 2012; Cunningham, Wright, & Baird, 2015; Sheldon et al., 2012). To support and facilitate inter-professional learning, the Capacity Development Facilitators Model was created by the University of Sydney Work Integrated Learning Team (Fairbrother et al., 2016). The model applies “situated and workplace learning theories,” which are “based on the belief that knowledge and skills are learned in authentic contexts” (p. 46). The model is highly flexible in that it can support a variety of supervision models in the field. The unique aspect of the model is the facilitator (CDF) who is onsite during the student’s clinical placement. The CDF is responsible for ensuring that the environment supports collaborative efforts to foster a professional culture that positively affects student learning. (Fairbrother et al., 2016). The efficacy of the model in a project incorporating Australian physiotherapy students and clinical educators (CEs) across multiple placement settings (Fairbrother et al., 2016). Surveys and semi-structured interviews were employed to collect information on a variety of aspects in the clinical learning environment and the incorporation of a CDF. Analysis of the data revealed that an onsite CDF was considered an asset to the clinical education environment by both students and CEs. Addition of the CDF model to the clinical learning experience improved student-patient interactions, reduced student stress levels, and reduced workload pressure on CEs (Fairbrother et al., 2016).

Methodological Issues

The choice of research approach is, in part, driven by the expertise of the researcher and more so by the nature of the problem or phenomena being studied. Qualitative research approaches are inductive, aiming to clearly articulate participants’ perceptions and experiences

(Neergaard, Olesen, Andersen, & Sondergaard, 2009). When the researcher seeks to ascertain a “holistic view...of complex social processes” (Eklund, Jeffery, Dobersek, & Cho, 2011, p. 286), qualitative inquiry offers the opportunity for more relevant and meaningful insight. To fully appreciate individual perspectives, and connect them through shared meaning, a social, constructivist paradigm is a prudent choice of theoretical foundation (Thomas et al., 2014). Therefore, my study will be grounded in constructivist ideology, embedded in qualitative inquiry.

However, while qualitative approaches that garner insightful information can be a valuable methodological tool in research, an understanding of the strengths and weaknesses of a given research approach positions the researcher to make more informed choices about research design and to articulate more fully the relevancy and implications of the research findings (Al-Busaidi, 2008). This section of the literature review will explore the three qualitative research designs encountered in the reviewed literature on fieldwork education, ethnography, phenomenology, and case studies, aiming to evaluate both their strengths and weaknesses.

Ethnographic methodology in qualitative research provides the culturally descriptive characteristics of a group, bringing to light their shared beliefs, values, and behaviors from a social perspective (Al-Busaidi, 2008; Bresler, 1995; Creswell, 2013). Ethnographic research employs inductive reasoning to reveal meaning in context (Robinson, 2013). One of the defining features of ethnographic research is the “thick” descriptions elicited from study participants, which give rise to increased credibility through detailed accounts (Creswell & Miller, 2000). Such descriptions may be gained from in-depth interviewing, which covers multiple aspects of the phenomena being studied (Creswell, 2013; Reeves, Kuper, & Hodges, 2008). Often, ethnographic research may be intimately tied to the social context being investigated. This concept, known as reflexivity, is presented as the researchers’ personal experiences and ideas embedded within the

research. Readers are then free to consider how the researcher, embedded within the study, influenced or impacted the research (Reeves et al., 2008).

While the use of an ethnographic approach can facilitate a deeper understanding of multi-faceted, complex research questions embedded within a sociocultural or sociopolitical framework, there are limitations and issues. Sample size is often limited due to the nature of in-depth interviewing required (Goodson & Vassar, 2011). Because ethnographic studies are narrowly focused on one population or phenomena, and bounded contextually, interpreted results are not readily generalizable (Goodson & Vassar, 2011; Savage, 2000). Lack of generalizability may limit funding availability (Goodson & Vassar, 2011). Data collection in an ethnographic study can be both extensive and time consuming (Creswell, 2013; Savage, 2000). While ethnography has not historically been utilized in healthcare research (Goodson & Vassar, 2011; Robinson, 2013; Savage 2000), its consideration as an investigative approach, in a variety of health care contexts, is expanding (Cohen & Crabtree, 2008).

Phenomenological approaches attempt to describe the perceptions of the lived experience of study participants (Creswell, 2013; Greenfield et al., 2014). Bruzzone (2014) argued for an “epistemological reframing of clinical science” (p. 24) to counteract “objectification” and “reductionist thinking” in the sciences (p. 27). The author argued that applying a phenomenological approach to studies in the medical and health sciences fields would positively direct efforts towards understanding life experiences from a more reflective and meaningful perspective.

Creswell (2013) discussed the essential features of phenomenology, noting that to begin, a focused idea or concept is studied based on both the individual subjective experiences of those exposed to the phenomenon, and the cohesive objective experiences of the group to the

phenomenon. Creswell (2013) also described the concept of bracketing where by the researcher makes known their personal experiences with the phenomenon and then consciously sets those personal experiences aside. Bracketing, as well as the notion of epoché, were also explored by Priest (2002). Epoché is defined as the process as the “[suspension] of presuppositions and theorizing about the phenomenon” and the “deliberate suspense of judgement, [and] commonly held beliefs” by the researcher (Priest, 2002, p. 52).

While phenomenological approaches can result in data that is richly interpretive and descriptive, these approaches can also present the researcher with significant challenges. Data collection is often best achieved through participant interviews. Conducting in-depth-interviews can be a barrier to the researcher in terms of time commitment and access to participants (Creswell, 2013). Participant pools must be limited to include those who have shared the common phenomena in question (Creswell, 2013). In phenomenology, the researcher often has “insider” knowledge of the group or phenomena (Pringle, Hendry, & McLafferty, 2011, p. 12). This has been considered a methodological weakness by some who claim that insider knowledge may cause the research to refrain from articulating explicit meaning and inadvertently overlooking vital information (Pringle et al., 2011).

Yin (2018) cautioned that in determining how best to address a research question, one must refrain from considering research methods as hierarchical in nature. Rather, comparing research methodologies including their purpose, unit of analysis, and source of data is a prudent way of determining the methodologies fit (Pearson, Albon, & Hubball, 2015). Yin suggested that a case study approach is a valid and appropriate methodological choice when research questions seek detailed analyses and description of social phenomena. Multiple forms of case study inquiry have been described in the literature (Baxter & Jack, 2008; Creswell, 2013; Yazan, 2015). The

type of case study design used by a researcher may be selected based on the purpose of the study (Baxter & Jack, 2008).

Case study methodology is one of the most frequently used designs in educational research (Yazan, 2015). Stake (1978, 1994) has written extensively on the use of case study design in qualitative inquiry. This author's epistemological perspective is constructivist in nature, regarding the case study as the vehicle by which knowledge is constructed as opposed to uncovered (Stake, 1978, 1994). Yazan referred to this as the "Stakian perspective" (2015, p. 137).

Strengths of case study methodology include the variety of ways in which data might be collected. For instance, direct observation, interviews, focus groups, and document analysis (Creswell, 2013). The use of multiple data sources within a case study lends itself to richness of detail and research credibility (Baxter & Jack, 2008; Pearson et al., 2015).

Case study methodology has been subject to some criticism. First, this methodology is often perceived to be lacking in rigor. However, Yin (2018) contended that the use of organized and systematic procedures during all phases of the case study is critical to address this concern. Generalizability is the degree to which a study's findings may be applied to populations or situations outside the confines of the study. The degree to which case study findings are generalizable is also considered a potential issue (Myers, 2000). The issue of generalizability can be applied to all types of research approaches and is not a potential concern in case study methodology alone (Yin, 2018). However, the goal of qualitative research is not often to apply findings to general populations. Rather, from a constructivist view, the goal may be to add credence to theoretical understanding and to contribute "valuable knowledge to the community" (Myers, 2000, p. 5).

Synthesis of Research Findings

This section will focus on synthesizing the current body of literature on fieldwork education that addresses facilitators and barriers to student learning in the clinical environment. Synthesis of the research is aimed at providing an overarching analysis of the topic and facilitating the process of conceptualizing how the literature addresses the research question (The Literature Review, 2016). The body of research on fieldwork education has been thematically linked to elucidate both similar and competing characteristics, therefore affording the creation of generalizations that encompass “relevant theories,” and “resolution of conflicts” in the literature, and the identification of “central issues for future research” (Cooper, Hedges, & Valentine, 2009, p. 6). The central issue and gaps found in the literature facilitated the generation of my research questions:

1. How do occupational therapy fieldwork and classroom educators characterize student readiness for level II fieldwork across multiple practice settings?
2. How do occupational therapy fieldwork and classroom educators seek to improve student readiness for level II fieldwork across multiple practice settings

The literature on fieldwork education evidences how effective communication between supervisors and students is critical to students’ ability to develop their clinical reasoning skillset (de Beer & Martensson, 2015; Newton et al., 2009; Saifan et al., 2015; Towns & Ashby, 2014). One communication theme highlighted in several of the studies is the need for supervisors to provide feedback that is constructive and focused to facilitate positive change (Bedward & Daniels, 2005; de Beer & Martensson, 2015). When feedback is perceived as critically unsupportive, students often experience decreased self-confidence (Towns & Ashby, 2014). Negative feedback has been identified by students as a significant barrier to learning (Hills et al., 2016).

Professional socialization and the development of professional attitudes, values, and behaviors in health education students was a second communication theme that appeared in the literature (Ares, 2014; Ashby et al., 2013; Bedward & Daniels, 2005; Krusen, 2011). Effective role modeling by practice educators, or preceptors, contributed to reports of strong self-concept among recent nursing student graduates. Edwards (as cited in Ashby et al., 2013) defined professional resilience as “a quality that enables practitioners “to bounce back from adversity, persevere through difficult times, and return to a state of internal equilibrium or a state of healthy being” (p. 110). Ashby et al. (2013) equated professional resilience to self-confidence and the development of professional identity, postulating that effective supervision strongly supported the development of professional resilience. The authors employed purposeful sampling to recruit occupational therapists for their qualitative study. Nine clinicians participated in two rounds of interviews. The data from the interviews was thematically coded and analyzed, revealing a significant connection between “professional resilience, professional identity, and occupation-based practice” (p. 115). Ashby et al. determined that professional supervision facilitated reflective practice and knowledge sharing, both of which added to the framework for professional resilience.

Andonian (2017) reported a related finding, linking increases in student self-efficacy with more meaningful fieldwork experiences and more supportive supervisory relationships between students and fieldwork educators. The author conducted a large-scale study with 306 occupational therapy student participants from 42 universities across the United States. Participants completed two questionnaires. The Student Confidence Questionnaire measured self-reported perceptions of self-efficacy and the Demographic Questionnaire and Survey measured self-reported “meaningfulness of fieldwork and the perception of supervision” (Andonian , 2017, p. 5).

Descriptive statistics were used to elucidate relationships between the variables. A key-finding in the Ashby et al. (2013) study was the positive correlation between increasing student self-efficacy and increasing perception of supportive supervision on fieldwork.

Krusen (2011) employed institutional ethnography to qualitatively study professional acculturation. Five practice settings, in the southwestern United States, served as the location for the participants in the study. Krusen collected data from multiple sources, including document review, focus groups, and observations. Collected data was analyzed through transcription, multiple reviews of the transcribed documents and archival records, and coding to generate themes. Data analysis revealed a distinct need for communication within practice environments that is transparent and direct in providing newcomers, including students, with information about the professional culture and identity of the practice environment. Such communication will support the “social processes” necessary to “convey the environmental demand for mastery,” which is critical to student success in the field (Krusen, 2011, p. 552).

Health education students undertake learning in two distinct environments: the classroom and the clinic. The literature reveals several studies whose focus is an elucidation of the clinical learning environment from the student perspective (Aktas & Karabulut, 2016; Brown et al., 2011; Chan, 2003; Papastavrou et al., 2016). Much of this work has been carried out in nursing education. Overall, satisfaction with the clinical learning environment has been linked to student motivation. When students believe themselves to be immersed in a motivating learning environment, their perception of that learning environment is more favorable, resulting in the perception of more positive learning experiences (Aktas & Karabulut, 2016; Papastavrou et al., 2016). Other findings indicate that students’ expectations of the clinical learning environment differ from what they experience in the field (Brown et al., 2011). When those actual experiences

highlight deficits in supervision and academic knowledge, students report feelings of unpreparedness when required to perform in the clinical setting (Rezaee et al., 2014).

Some studies have attempted to clarify the perspectives of the fieldwork educators regarding desired attributes in allied health profession students. Self-directed, independent learning, initiative-taking, and the ability to seek out and effectively incorporate feedback were consistently reported as positive student attributes, which enhanced the clinical learning environment (Chipchase et al., 2012; James & Musselman, 2006; Kirke et al., 2007; Vogel et al., 2004). James and Musselman (2006) conducted mixed methods research using a mailed survey questionnaire and later telephone interviews with supervising occupational therapists who had previously failed a fieldwork student. Out of 760 mailed surveys, 163 were completed and returned. Six clinicians agreed to and were interviewed over the phone. Results of statistical data analysis from the surveys, and theme generation from the open-ended, semi-structured interviews, concluded that student failure in the clinical environment related to lack of student initiative, lack of problem-solving skills, and an inability to constructively internalize feedback.

Other studies have focused on external barriers to providing quality fieldwork education experiences to students. Increasing productivity demands placed on therapists, reliance on more non-traditional staffing resulting in limited full-time positions, and resource limitations affecting physical space that can be devoted to student learning are common themes found within the body of available research (Hanson, 2011; Rodger et al., 2008; Thomas et al., 2007). Casares et al. (2003) found some disagreement between academic institutions and fieldwork educators on whether reimbursement issues affected clinicians' ability to accept fieldwork students. Academic Fieldwork Coordinators in academic institutions reported reimbursement as a barrier to placements while clinical educators in the field did not feel this impacted their ability to accept

students. It is evident in the literature that the perception of barriers and facilitators to effective clinical education are characterized differently by invested parties. Such a differing of opinions and situational views may serve to affect student learning in the field.

Ultimately, to feel satisfaction with the education process, health students must feel that they have been prepared for the rigors and complexities of professional practice (Hodgetts et al., 2007). Because the educative process to achieve preparedness in occupational therapy is complex and contextual, it is critical to study various juxtapositions of preparedness amongst key players. The literature findings on preparedness for occupational therapy practice highlight critical disparities that warrant further research. Chipchase et al. (2012) conducted a two-round Delphi study to determine the characteristics of an allied health student's readiness to begin rotation in the clinic environment. 258 clinical educators responded to the questionnaire in round one and 161 went on to complete the second- round questionnaire. Thematic and descriptive analysis of the data revealed 57 ideal characteristics that represented student readiness. Overall, Chipchase et al. found that clinical educators valued more generalized external characteristics in students, as opposed to specific, technical skills.

Conversely, research conducted by Hodgetts et al. (2007) exploring occupational therapy student perspectives highlighted students' desire for more concrete, technical skills necessary to increase their preparedness for fieldwork. The authors examined Canadian students' and recent graduates' satisfaction with their occupational therapy programs using data collected from surveys and focus groups. Potential participant recruitment yielded a 70% student response rate, with 159 students completing surveys, and a 45% new graduate response rate, with 85 new graduates completing surveys. Five student focus groups consisting of 33 participants were also conducted. Data analysis revealed that satisfaction levels decreased between education program beginning

and program end. The authors surmised that this related directly to perceived lack of disseminated information specifically in “technical skills training and concrete intervention strategies” (Hodgetts et al., 2007, p. 156).

Hanson (2011) corroborated this finding from the fieldwork educator perspective by exploring what motivated clinicians to become fieldwork educators, and what types of academic institutional support those clinicians desired and valued. Hanson conducted a pilot study using focus groups conducted in an electronic format. Ten clinicians, from two clinical environments (pediatrics and adult rehabilitation), participated in the study. Four over-arching themes emerged from analysis of the data:

1. factors considered by fieldwork educators when contemplating student placement,
2. drawbacks to working with students,
3. benefits to working with quality students
4. desired support from academic programs (Hanson, 2011, p. 169)

Hanson concluded that fieldwork educators are often frustrated when they perceive a lack of adequate academic preparation of their fieldwork students, most notably in practice skills.

Thomas, Han, Osler, Turnbull, and Douglas (2017) focused their mixed methods, sequential design research on the concrete skill of evidenced based practice (EBP) from the student perspective. The authors solicited participants from the student population of one Canadian university, and new therapists who had graduated from that university within the last year, to complete a questionnaire based on “teaching and assessment of EBP and EBP within occupational therapy practice (p. 3). In the qualitative portion of the study, seven senior students participated in focus group interviews. Questions used in the focus groups were developed after analysis of returned questionnaires. Thomas et al. determined that, even in an academic

curriculum designed to increase EBP exposure over each program year, no difference in attitude towards EBP was found amongst students spanning all years of the program. Implementing EBP was found to be challenging in fieldwork environments since most students reported limited opportunities to have EBP modeled by their supervisors (Thomas et al., 2017). This finding, in tandem with the studies above, supports an ongoing need to critically examine both the classroom and clinical environments. Studies, that focus on how those environments work collaboratively to support the transfer of professional knowledge to students, professionally socialize students to their specific disciplines, and support student's growth in critical thinking, will serve to enhance our understanding and ability to effectively create and deliver authentic learning experiences.

Critique of Previous Research

This section will explore the previous research on learning in the clinical setting to provide the reader with an overall interpretation, analysis, an assessment of the body of literature reviewed (Machi & McEvoy, 2016). The goal of this section is to illustrate the major claims or findings that have been framed in previous studies, identify any gaps or deficiencies in knowledge, and form the basis of the research question to be answered in the current study (Machi & McEvoy, 2016).

Researchers who examine learning in the clinical environment, often approach their studies from a qualitative perspective to gain an intimate understanding of contextual factors related to the enactment of learning and practice from the viewpoint of their participants. In this manner, the reviewed studies tended to follow what Machi and McEvoy (2016) has described as an “*authority* logic pattern” in which “reliable expert testimony” both “strengthen and legitimize” the claims (p. 122). This logic pattern is illustrated in the relevant literature by the consistent use

of methodologies that involve surveys, which include open-ended questions, semi-structured interviews, descriptive surveys, and focus groups.

Research on the perspectives of fieldwork educators has been more prolific outside of the United States, specifically in Australia and the European nations. Four articles detailed in this literature review focused specifically on American fieldwork educators in occupational therapy (Casares et al., 2003; Hanson, 2011; James & Musselman, 2006; Vogel et al., 2004). A significant need exists to direct more research efforts nationally, due to the impact of health care reform, which has affected both the availability and quality of occupational therapy fieldwork placements (Casares et al., 2003; Hanson, 2011).

In the classroom setting, students undergo formative and summative assessment of their learning, most often through writing assignments, case study presentations, and traditional testing methods. However, traditional educational assessment methods are not conducive to learning assessment in the clinical environment. Three studies identified in this review employed the use of the (CLEI assessment to explore student perspectives (Aktas & Karabulut, 2016; Brown et al., 2011; Chan, 2003). This validated assessment tool was designed to study nursing students' "perceptions of the psychosocial characteristics of the clinical learning environment" (Chan, 2003, p. 522). Unlike Aktas and Karabult (2016) and Chan (2003), whose participants only included nursing students, Brown et al. (2011) included occupational therapy, nursing, and other health disciplines. The use of the CLEI allowed the authors to utilize descriptive statistics to support their outcomes. However, no studies were identified, which focused specifically on occupational therapy students. There appears to be a paucity of research that has examined clinical reasoning by occupational therapy students on fieldwork. Specifically, limited information exists, which illustrates how clinical reasoning is taught, both didactically and in the field.

Fieldwork educators have articulated similarly valued characteristics and educational requirements that contribute to the success of occupational therapy students on fieldwork. Overall, fieldwork educators have expressed that the complexity of today's healthcare environment necessitates that a student be able to learn independently (Chipchase et al., 2012; James & Musselman, 2006; Kirke et al., 2007; Vogel et al., 2004). Other studies have revealed specific skillsets, such as effective communication, assessment and intervention skills, and the ability to accept feedback and critique, as critical components to student success in the clinical setting (de Beer & Martensson, 2015; Hanson, 2011). Recalling that occupational therapy education consists of both didactic preparation and field experience points to a significant gap in the research. The perspective of the academic educator has not been explored as a means of enhancing the evidence base to plan for more effective bridging of both learning environments. Hence, to expand our understanding of how the classroom and clinical learning environments might collaborate more effectively to enhance professional occupational therapy education, my research questions become:

1. How do occupational therapy fieldwork and classroom educators characterize student readiness for level II fieldwork across multiple practice settings?
2. How do occupational therapy fieldwork and classroom educators seek to improve student readiness for level II fieldwork across multiple practice settings?

Chapter 2 Summary

Fieldwork education is an integral link between the didactic and professional environment. Educators in both the academic and clinical settings have a responsibility to guide students through the learning process, which should culminate in the students' acquisition and understanding of foundational knowledge, application skills, and an ability to reason critically.

While the academic and clinical environments should, in theory, work cohesively to provide this professional education foundation, an extensive review of the literature has highlighted significant issues.

Barriers to knowledge translation between the classroom and clinical environments remains a persistent issue in the allied health fields. Students have reported a lack of authentic experiences in the classroom, limited clinical learning opportunities and inadequate opportunities for engagement in professional socialization (Ashby et al., 2013; Bedward & Daniels, 2005; Kasar & Muscari, 2000; Newton et al., 2009). Professional socialization includes communication of the professional culture and norms of practice. When this communication need is unmet, students may experience professional isolation, which in turn, hinders their learning (Krusen, 2011).

Understanding the characteristics and needs of today's students is necessary to create multi-faceted educational environments that foster professional growth. Researchers have explored Generation Y learners and found competing perceptions. Millennial learners perceive themselves as open to constructive feedback and desiring of acceptance into the professional community when immersed in their fieldwork experience (Hills et al., 2016; Rezaee et al., 2014). Millennial students also expressed their need for support from caring and enthusiastic educators that complements their individualized learning styles (Brown et al., 2011; Dunneback & Therrell, 2015; Hills et al., 2016). However, fieldwork educators have articulated growing concerns about Millennial students' lack of professionalism in critical areas such as written and verbal communication (Eckleberry-Hunt & Tucciarone, 2011; Hills et al., 2012). Educators have described Generation Y learners in the health professions as requiring immediate feedback but limited in their ability to constructively internalize any critique (Hills et al., 2016). Competing

perceptions between students and educators highlight another potential barrier to effective learning in the clinical environment.

Research has shown that the student-supervisor relationship is critical to student success (or failure). Students have suggested that supervision can be an effective clinical teaching tool. Quality supervision was highly valued as contributing to the overall learning environment (Rezaee et al., 2014). Students have also reported that feedback in the clinical environment has led to a belief that there is an incongruence between coursework taught in the classroom and what is essential knowledge in the field (Brown et al., 2011; Hills et al., 2016).

The perception of incongruence between the classroom and the clinic was also evident in fieldwork educator perspectives. Concerns regarding students' foundational knowledge and technical capabilities were articulated by fieldwork educators (Hanson, 2011; Thomas et al., 2007) who also reported that today's healthcare environment challenges necessitated increased expectations of fieldwork students (Vogel et al., 2004). Multiple studies indicated the value of student independent learning (Chipchase et al., 2012; James & Musselman, 2006; Kirke et al., 2007; Vogel et al., 2004), Whether students enter the clinical environment prepared for the rigors of independent learning is questionable.

Occupational therapy practitioners may be asked to undertake the dual role of clinician and fieldwork educator after only one year in clinical practice. Unique challenges faced by novice therapists, coupled with a lack of formal preparation for clinicians who undertake student supervision in the role of fieldwork educator, may impede their ability to effectively manage the role of educator in the clinical environment (Hayward et al., 2013). It is, therefore, not surprising that teaching methods in the clinical environment are often considered to ineffectively link theory to practice (Delany and Bragge, 2009; Towns and Ashby, 2014).

The preceding literature review used a constructivist paradigm to form a cohesive understanding of learning in the clinical environment from multiple perspectives. Research, which has examined both the fieldwork educator and student perspective, has added to our understanding of clinical education. However, to engage more effectively in discourse about this complex and multifaceted learning environment, we must also gain the perspective of classroom educators to whom students are first exposed to. Those perspectives form the third and critical leg of what Francis et al. (2016) has referred to as the “tripartite relationship” between students, classroom, and clinical educators, which “underpins the educational process” (p. 2). There is evidence of a gap in perspective that supports new research to explore academic educator perspectives and the congruency of perspectives between academic and field educators. Hence, the ensuing research project will seek to answer the question: How do occupational therapy classroom educators characterize student readiness for fieldwork and how do they seek to improve student readiness for practice? The next chapter provides further explanation and detail on my study’s methodology and design, explicating specific procedures undertaken to collect, organize, and analyze the data collected.

Chapter 3: Methodology

Introduction

This chapter will outline the methodological foundation and methods that were used to better understand the meaning of student readiness to engage in clinical education from the perspectives of both classroom and fieldwork educators. The goal of the research was to add evidence to the growing knowledge base on fieldwork education and give a clearer understanding regarding how educators characterize student readiness for the clinical portion of their professional education. Readiness, in this capacity, was defined as the compilation of knowledge, skills, and attitudes that students obtain during their classroom experiences, and infuse into their professional reasoning when they engage with clients in various clinical settings during the experiential component of their education.

Research Questions

Numerous studies have explicated the challenges and barriers faced by health education students as they assume the role of student clinicians following the formal part of their academic program (Brown et al., 2011; Newton et al., 2009; Rodger et al., 2011; Thomas et al., 2007). However, no studies afford voice to the perspectives of classroom educators, nor how these perspectives aligned with fieldwork educators. Hence, my research questions included:

1. How do occupational therapy fieldwork and classroom educators characterize student readiness for level II fieldwork across multiple practice settings?
2. How do occupational therapy fieldwork and classroom educators seek to improve student readiness for level II fieldwork across multiple practice settings?

Purpose and Design of the Study

The purpose of this study was to explore the readiness of occupational therapy students for their transition from the academic to the clinical learning environment. This study examined

perspectives of occupational therapy educators from both the academic and clinical environments and sought to elucidate how these educators characterize readiness in terms of knowledge, skills, and attitudes. A second line of inquiry further explored strategies employed by educators to improve student readiness for practice. A qualitative case study design, based on interpretivist/constructivist theory, was employed to gather and analyze the perspectives from educators in both the classroom and clinical settings. The perspectives of these educators are deeply rooted within the sociocultural contexts of today's current practice environments (Hayward et al., 2013; Krusen, 2011; Spouse, 2001). As such, a constructivist philosophical paradigm, detailed in Chapter 2, was chosen to provide a theoretical foundation to the design of this research.

Research Philosophy

Creswell (2013) has described the importance of philosophical assumptions in research as representative of the researcher's embedded views about what topics require study and how to approach issues and problems within the context of research. Lincoln and Guba (2013) contended that a research paradigm, which facilitates the interpretation of subjective human perspectives is philosophically valid and necessary as a foundation for qualitative study within the social/human sciences. Constructivism, often interchanged with interpretivism, denotes a worldview in which meaning and knowledge are socially constructed, context-driven, and culturally dependent (Schwandt, 1998). Reality is contained within a "situation-specific meaning" (Schwandt, 1998, p. 21).

This current study is philosophically situated within a social constructivist paradigm, which highlights the underlying concept that meaning is born from interaction within a given context (Scotland, 2012), and as such is relative rather than absolute. This study explored the phenomena of student readiness for clinical practice, through the voices of the teachers and

clinicians who assume the role of educator, within the varied social environments that learning and practice occur. The thematic analysis of their collected narratives presented a cohesive, detailed understanding of student readiness that was neither one single reality nor intended to be generalizable. Rather, the data and findings in the study elucidated educator perspectives within the context of their professional environments, and further articulated those perspectives as a socially constructed representation of their individual experiences.

Methodology

Per social constructivist philosophy, in which meaning is subjectively and socially interpreted, this study was best aligned with a qualitative research methodology that explored the perspectives of academic and fieldwork educators in relation to student readiness for clinical practice. Creswell (2013) described qualitative research as an “interpretive lens” (p. 44) through which the researcher may use multiple methods to collect data pertaining to the identified problem or issue. Creswell (2013) argued that qualitative research methodology includes the use of both inductive and deductive reasoning to analyze and interpret meaning through identification of observed patterns and themes. Qualitative research enables the researchers to situate themselves within the phenomena being studied and employ approaches of inquiry designed to elucidate meaningful patterns using both inductive and deductive reasoning strategies (Creswell, 2018; Denzin & Lincoln, 2011). This concept was a key component of the current study, which sought to gain a thematic understanding of student readiness from the perspective of educators situated in varied learning environments. A qualitative methodology was an appropriate choice for this study based on the nature of the research questions, which explored multiple participant perspectives, developed through unique teaching experiences in varied environments. Qualitative inquiry in this study produced rich, narrative data from which meaningful patterns and themes were derived.

These patterns and themes provided insight and understanding about student readiness for clinical practice.

Research Approach

Case study research is a credible and accepted approach when research questions inherently seek to explain a current issue (Harrison, Birks, Franklin, & Mills, 2017; Yin, 2018). The current study explored educator perspectives as a means of 1) explicating educator perspectives on student readiness for transition from the classroom to the clinical environment and 2) exploring how educators describe their strategies for improving student readiness, based on their situated perspectives as either classroom or clinic educators. This study proceeded upon three conditions relevant to employing a case study approach (Yin, 2018). Each were represented in my methodology. First, the research questions took the form of a *how* or *why* question. Second, as the researcher, I had no ability to control any of the study variables. Third, the research issue was situated within a contemporary context.

Numerous attributes of case study research made it a well-informed choice of approaches for the current study. Case study research is a flexible approach that is not constrained to any one philosophical paradigm (Harrison et al., 2017). This flexibility has led to a variety of case study approaches that researchers may employ to align their philosophical position, research questions, and the methods by which data will be collected and analyzed (Harrison et al., 2017). As a result, several authors have developed unique, defined case study designs to facilitate this alignment. Creswell (2013) has combined the key elements of various case study designs to articulate the core elements of how I conducted this study:

- Defining the case parameters
- Collecting wide range of data from multiple sources to illustrate an in-depth understanding of the case
- Appropriate analysis of the collected data
- Identification and organization of relevant themes within the case
- Explicating the meanings that result from analysis of the case

I strove to implement these elements in my study and have further explained them in the sections below. The specific methods for data collection in this case study were a survey/questionnaire, interviews, and focus groups, which are described and explained in the section entitled, Target Population, Sampling Method, and Related Procedures

Context

Fieldwork education occurs within a sociocultural and sociopolitical environment that may, in part, help to form the perspectives of the educators. This study sought to access and explicate educator perspectives of student readiness for practice from an interpretive framework, which considered the diversity of contexts in which their teaching occurs. This section describes the professional background in which occupational therapy clinicians practice and teach.

Each year, AOTA publishes its annual data report on academic programs. As of the 2017-2018 report, 162 master's level and 20 doctoral level occupational therapy programs were accredited in the United States, with a population of 21,348 enrolled students (Harvison, 2018). The northeast alone is home to 49 of those accredited programs and 23 are located within New York State (Accreditation Council for Occupational Therapy Education, 2015). Accredited programs must adhere to current education standards, which are explicitly detailed by the Accreditation Council on Occupational Therapy Education (ACOTE®). B standards represent

program academic requirements and are articulated as expected student outcomes State (Accreditation Council for Occupational Therapy Education, 2017, April). Currently, students need to meet 198 B standards for master's level programs. C standards represent outcomes specifically related to fieldwork education and are reflective of the responsibilities of the Academic Fieldwork Coordinator. Level I fieldwork represents introductory, often observational, experiences for students. Level II fieldwork requires a minimum of twenty-four weeks of full-time clinical practice under the supervision of a licensed occupational therapist. Currently, schools must address 19 C standards for master's level programs (Accreditation Council for Occupational Therapy Education, 2017, April).

Level II fieldwork experiences must promote “clinical reasoning and reflective practice” (Accreditation Council for Occupational Therapy Education, 2017, April, p. 35). Consistent with this philosophy, students are required to complete level II fieldwork in a minimum of two different practice settings. Practice settings are often considered either *traditional* or *emergent*. Emergent, or non-traditional practice settings, are identified as those in which no occupational therapist has been employed previously (Chow, 2015) or where no occupational therapy services are currently offered (Thomson & Thompson, 2013). Traditional placement settings are those in which occupational therapy services are an established part of the organization, and where occupational therapists are employed (Mattila & Dolhi, 2016). Traditional settings include hospitals, in-patient rehabilitation, out-patient settings, and schools. This current study focused on the traditional fieldwork context.

The majority of faculty in accredited master's level occupational therapy programs must hold a doctoral degree from an accredited institution. Currently, there is no standard dictating the type of doctoral degree that must be held. Faculty may hold research or clinical doctorates but

must also document their clinical expertise as it pertains to the areas in which they teach. In addition, core faculty must be currently licensed and/or regulated in the state where the occupational therapy program is located (Accreditation Council for Occupational Therapy Education, 2017, April). To maintain registration through the National Board of Certified Occupational Therapists (NBCOT®), a clinician must fulfill 36 education requirement units known as Professional Development Units, or PDUs in a three-year cycle (NBCOT, 2017). PDU categories include: professional service, workshops/courses/independent learning, fieldwork supervision, presenting, and publishing.

State regulatory boards set the continuing competency standard for licensure and licensure renewal. As of 2013, in New York State, renewal of occupational therapy licensure requires completion of 36 hours of continuing education within a three-year registration period (New York State Office of Professions, 2016). The state allows a minimum of 24 hours with a focus on professional subjects and a maximum of 12 hours with a focus in related subjects. The state offers guidelines in acceptable learning activities. Supervision of occupational therapy students in fieldwork may be used as an acceptable learning activity in the independent study category. No more than one third of the continuing competency requirement may be fulfilled through independent study (New York State Office of Professions, 2017).

Target Population, Sampling Method, and Related Procedures

Martinez-Mesa, Bonamigo, Gonzalez-Chica, Duquia, and Bastos (2016) defined a target population as a subset of a larger population representative of the population characteristics of interest to the researcher. The population for my study was comprised of occupational therapy educators from the academic (classroom) environment, and fieldwork educators (clinicians from the field who supervise students). Both occupational therapy fieldwork and academic educators,

geographically located on Long Island in New York and the surrounding boroughs, were solicited to gain access to the targeted population.

To reach the academic (classroom) target population from which study participants were selected, recruitment emails (described below) were disseminated to occupational therapy program chairpersons within the Long Island and boroughs of New York, requesting their help in soliciting their faculty. Fieldwork educators from the clinic environment, across Long Island and the boroughs, were recruited from a purchased email list from the AOTA. Maintaining the participant pool within these regions facilitated the process of interviewing and focus group participation.

Participant recruitment in research can be extraordinarily challenging, with many projects failing to access sufficient numbers of participants (Newington & Metcalfe, 2014). To explore the issues of participant recruitment, Newington and Metcalfe (2014) conducted a qualitative study with a convenience sample of 11 participants, all involved in clinical research. Interviews conducted with the participants revealed important themes that may also be applied to qualitative dissertation projects such as my own. First, an “infrastructure” through which a researcher might gain access to potential participants is critical (p. 5). Because I have been a clinical, fieldwork educator, and academic educator for several years, I had access to a large professional network from which to solicit participant volunteers. Second, was the “nature of the research” (p. 4). Participants must have, to some degree, a vested interest in the project. I contended that because fieldwork remains an integral component of occupational therapy education, and is required for occupational therapy licensure, the topic is of great concern to educators in all teaching environments. My recruitment letter explained the research project and the importance of the work, as well as the broader education implications for the profession.

Robinson (2013) discussed the target population within the context of research based on participant interviews. The author noted that inclusion and exclusion criteria may be used to promote either homogeneity or heterogeneity in the sample dependent on the research questions. Maintaining a participant pool from a select geographic region (e.g., Long Island and surrounding boroughs) was more conducive to the interviewing process, but limited participant diversity. However, purposeful sampling from the participant pool ensured heterogeneity in preferred practice setting. Robinson also noted that qualitative research might offer a flexible sample size range in the provisional design stage of a qualitative research project that is both feasible and expected. It was my intent to reach a targeted population of 50 potential participants from which a purposeful sample would be drawn. However, only 22 people responded to my initial survey request.

Purposeful sampling is a technique common in qualitative research studies and is used as a means of identifying participants who have intimate knowledge about the issue or phenomena under study (Creswell, 2013; Palinkas et al., 2015). Creswell noted a preference for choosing a sample that portrays multiple facets and perspectives of a case. Many research studies that have sought to elucidate an understanding of fieldwork education in occupational therapy have employed purposeful sampling in their study design (Ashby et al., 2013; Hills, Boshoff, Gilbert-Hunt, Ryan, & Smith, 2015; Kirke et al., 2007; Rezaee et al., 2014). In my study, which examined perspectives of student readiness for fieldwork, it was imperative to draw data from a variety of educators who practice within the spectrum of learning environments, both academic and clinical. The use of purposeful sampling in this exploratory, collective case study ensured representation of occupational therapy educators from each of the following clinical settings:

- Clinical setting: hospital-based, in-patient rehabilitation, out-patient, school-based pediatrics, community/mental health
- Academic setting: master level occupational therapy programs, entry-level doctoral occupational therapy programs

Occupational therapy fieldwork educators tend to learn their supervisory skills through clinical practice experience, as opposed to formal education about supervision (Richard, 2008). While my goal had been to assemble participants with experience supervising level II fieldwork students, one participant had no student supervisory experience at the time of her interview. Therefore, while it may have been beneficial to examine readiness as it is perceived by clinical educators with varied years of experience, I was unable to obtain this variability in my sample.

Today, classroom educators may be adjunct lecturers who maintain clinical practice, researchers who are fully invested in academia, inexperienced educators recently transitioned from clinical practice and full-time faculty with solid years of teaching experience. Differences in pedagogical perspectives, confidence, and teaching ability exist among these educators, with novice educators expressing uncertainty and anxiety (Hurst, 2010). I had intended to gather a sample representative of varying years of clinical experience. However, the majority of my study participants had been in practice more than 10 years.

The United States Bureau of Labor (2017) states that 87.6 % of the occupational therapy labor force is made up of women. Because the field remains dominated by female practitioners, I had expected my participant pool to mirror this demographic. The purposeful sample, drawn from the participant pool, emulated this gender representation. Participant demographics are detailed in Tables 1 and 2.

Saturation has been a mainstay of qualitative research as a means of describing the point at which further inquiry will no longer reveal novel information or add to the researcher's understanding (Creswell, 2013). While participant selection has much to do with data saturation, Malterud, Siersma, and Guassora (2016) have proposed that the concept of saturation in relation to sample size has not been consistently defined or effectively justified when used by qualitative researchers. The authors proposed a more inductive reasoning model they call "*information power*" (p. 1754) as a means of explicating justification of sample size in qualitative studies. In their model, "the larger information power the sample holds, the lower *N* is needed, and vice versa" (p. 1754). Information power is made up of five distinct components; study aim, sample specificity, use of established theory, quality of dialogue, and analysis strategy (Malterud et al., 2016). The model is intended to be employed as a process that occurs throughout the research and so no set number of participants should be offered in advance. Each of the criteria outlined in the model was met through my study methodology, yielding a purposeful sample of nine participants that were either interviewed or part of the focus group.

Precedent for my chosen sample size of nine participants was found in the literature on occupational therapy fieldwork education. Kirke et al. (2007) highlighted that six to twelve participants in a focus group would facilitate meaningful dialogue. Their study included 47 participants, split into focus groups of four to six participants. Ashby et al. (2012) conducted two in-depth interviews with each of the 10 participants recruited of their study. Hills et al. (2015) surveyed and collected descriptive data from 54 participants. No in-depth interview or focus groups were conducted in their research. Rezaee et al. (2014) included 16 participants in their fieldwork study. Ten of the participants were interviewed in-depth, and six participated in one

focus group session. The studies referenced above supported the number of participants in my study.

Data Collection Methods and Procedures

The purpose of this study was to explore the readiness of occupational therapy students for their transition from the academic to clinical learning environment. The concept of readiness, which is the acquisition of knowledge, skills, and attitudes to facilitate professional reasoning in clinical practice, was illustrated through the perspectives of both classroom and field educators and is detailed in Chapter 4.

To accomplish a well-developed understanding of these perspectives, a qualitative case study approach was employed. Yin (2018) highlighted six major sources from which data might be collected within a case study approach, including, “documentation, archival records, interviews, direct observations, participant-observation, and physical artifacts” (p. 111). This current study collected evidence by documenting readiness elements through a survey/questionnaire, participant interviews, and focus groups that produced a cohesive, in-depth body of evidence to support findings related to the research questions.

Initial Survey/Questionnaire

Based on the work of Yin (2018), a purposeful sample, representative of classroom and field educators, was drawn from the target population. The target population was constructed from initial survey/questionnaires attached to the solicitation letters disseminated to occupational therapy academic chairpersons throughout the Long Island and the boroughs of New York, through mailings to clinicians in the field, and through social media. Names and addresses for postal mailings were obtained from a purchased list through the AOTA. The initial solicitation emails introduced the researcher, the purpose of the study, and requested educators’ participation. A draft of the initial solicitation email and postal letter can be found in Appendices C and D.

Emails contained a link to the survey/questionnaire for both classroom and field educators, designed to collect pertinent demographic data from those who wished to be considered for participation in the study. Postal letters had my contact information where potential participants requested access to the survey/questionnaire. The questionnaire asked, short open-ended questions about fieldwork student qualities and preparation. Information from the returned survey/questionnaires was used to build the purposeful sample of participants who continued through the next phases of the research project.

The initial survey/questionnaire, sent to both classroom and field educators, was accessed through a Qualtrics link provided in the original solicitation email and postal letter. The survey/questionnaire was constructed to gain necessary demographic information from both education environments, classroom, and clinic. The fieldwork educator sections of the survey/questionnaire inquired about education level (i.e., BS, MS, Doctoral), number of years in practice, current practice setting, number of level II fieldwork students supervised to date, and how many students supervised each year. The academic educator section of the survey/questionnaire requested demographics such as years in practice, current clinical status, current teaching status (i.e., part-time, or full-time), courses taught (including what year courses are placed in their respective curriculums), role in the academic setting, and whether they had previously supervised level II occupational therapy students. Clinicians and educators were asked to answer two open-ended questions: what student qualities and characteristics are beneficial for a successful fieldwork placement, and how students should prepare for a fieldwork placement under their supervision? The initial survey/questionnaire template can be found in Appendix D.

The returned survey/questionnaires were sorted by date returned and then categorized according to educational setting (classroom and clinic). The clinical educator questionnaires were

further sorted by practice setting. In order of return and from each clinical setting group, clinical educators were contacted to participate in either an interview, focus group, or both. Academic educators who completed the survey were contacted in order of return.

Interviews and focus groups are commonly used methods of data collection in qualitative research (Sargeant, 2012). Individual interviews allow for interaction between the researcher and participants, while focus groups present a platform for collective views to be explicated through participant interaction (Lambert & Loiselle, 2008). Individual interviews offer participants an opportunity for candor while focus groups offer a collaborative environment for sharing perspectives and generating novel ideas (Gill, Stewart, Treasure, & Chadwick, 2008). In my study, the individual interview data, and the collective data gleaned from the focus group were instrumental to clarifying and substantiating the perspectives of the participants.

Semi-Structured Interviews

Participants chosen from the initial survey/questionnaires were contacted to take part in one-on-one, semi-structured interviews with the researcher and/or to be part of the focus group. Interviews have been noted as the most common ways in which data is collected in qualitative research (Jamshed, 2014). The semi-structured interview, differentiated from the structured interview, is a flexible and adaptable questioning framework, based on a pre-determined guide, consisting of open-ended questions (Jamshed, 2014; Whiting, 2008). The role of the researcher, within the context of the interview process, is to guide the participant in their interpretations and thematic explorations through their own narratives (Galletta, 2001).

It is critical that the researcher have a clear understanding of their own biases and their own personal interpretation of the phenomena at hand. The process by which the research identifies and considers their own assumptions and actions is known as reflexivity (Galletta, 2001;

Morrow, 2005; Whiting, 2008). It is also prudent to be aware of the social relationship that potentially exists between researcher and participants. Seidman (2006) emphasized that relationship equity is “affected by the social identities that participants and interviews bring to the interview” (p. 99). It was incumbent on me to maintain awareness of my social status, as perceived by the educator participants I interviewed, to avoid issues of power or control that might have inexorably tainted the interview process (Seidman). I endeavored to create an interview environment that was collaborative in nature, where participants trusted that they could be open, honest, and giving of their experiences.

Interviewing participants at their place of employment proved challenging due to time constraints on the clinicians and educators. Therefore, participants were interviewed in my office or a web-conferencing application that allowed me to speak and view the participants during the interview process. At the start of each interview, the consent form was reviewed, signed by the participant and myself, and the participant was given an opportunity to ask questions. Web-conferencing participants were able to email me their signed consents. Participants were made aware that the interviews were being digitally recorded for later transcription and coding.

Whiting (2008) suggested six phases for the semi-structured interview. First is the “*building rapport phase*” in which a level of trust is between researcher and participant. Second is the “*apprehension phase*,” which represents the initial level of discomfort that must be overcome. In this phase, the researcher might engage in more casual dialogue to start yet maintaining the context of the research. Third is the “*exploration phase*” where the researcher directs the process towards more in-depth discussion. From a constructivist perspective, this phase is the where the generation of meaning and new knowledge potentially occur (Galletta, 2001; Whiting, 2008). The fourth phase, which Whiting refers to as the “*Co-operative phase*”

where the researcher and participant become more at ease with each other, fostering a more free-form dialogue. However, Clarke (2006) warned that while the relationship between researcher and participant should remain non-hierarchical, it must also not take on the full characteristics of a casual conversation. In Whiting's fifth phase, the "*participation phase*," significant rapport is developed between the researcher and participant. Whiting noted this as a time when the participant may unconsciously assume the role of guide through the interview. Whiting also noted that this stage is not often reached due to environmental and time constraints. The sixth and final phase is referred to by Whiting as the "*concluding phase*." Ending should be a collaborative decision between researcher and participant, with gratitude expressed by the researcher.

In my study, I interviewed each of the participants, recorded those interviews, and had them professionally transcribed within one to two days. Once transcripts were received, they were coded. Each interview took approximately one hour to complete. Interviews followed an initial set of open-ended question guidelines, designed to elicit experiences and perceptions. Questioning began with demographics and general conversation to build rapport and elicit a level of comfort. From that point, I turned to the interview protocol questions to guide me in soliciting information from the participants relevant to the study. Questions were grouped to by knowledge, skills, and attitudes categories, and then further refined to ascertain to learn about each clinician/educator's perspectives on fieldwork student readiness within each of those areas. The interview protocol can be found in Appendix A.

Transcription is a critical tool to ensure accurate capture of participants' words (Whiting, 2008). Galletta (2001) postulated that the researcher may not, in the moment of the interview, understand what is important and what should be focused on in terms of analysis. Accurate transcriptions allow the researcher to review the interviews in written form and extract the

significant components and inform follow-up interviews as the data analysis moves forward.

Transcription of the interviews afforded me the opportunity to carefully review participant narratives, along with the audio recordings, to ensure that I accurately captured their words and meaning.

Focus Groups

Focus groups “[extend] the analytical space” (Galletta, 2001, p. 110), allowing the researcher the opportunity to elucidate comparisons and contrasts, and to extract commonalities across another source of data to answer the research questions. Focus groups offer an opportunity for participants to gain clarity and insight about the issue at hand, promoting “insightful self-disclosure” that one may not glean from an individual one-to-one interview (Tracy, 2013, p. 219).

Following the one-to-one, individual interviews, participants in my study were invited to attend the focus group. While I intended to convene the focus group in the conference room at my institution, we ultimately chose web-based conferencing to meet. This was most conducive to the participants. The focus group was facilitated by me, using a focus group protocol and moderators guide (see Appendix B). The focus group discussion was audio recorded and professionally transcribed. The meeting lasted approximately 90 minutes. Although I followed a preplanned event sequence, which included welcome and warm-up, topic overview, explanation of rules for discussion, and an opening, general question to start the process, subsequent questions were added during the discussion to gain further clarity. Focus-group questions were revised based on areas of the interview data that need more clarification and depth, and open-ended to promote sharing of experiences. Following the general discussion, I moved into more detailed questions that specifically related to the research questions. This design is consistent with a general focus group format (Breen, 2006; Krueger, 2002; “Steps for Conducting Focus Groups,” n.d.).

I had initially intended to use the individual interviews and focus groups using the same set of participants, beginning with the individual interviews as a means of exploring personal perceptions about student readiness for clinical practice. To further explore this phenomenon, and in keeping with a social constructivist framework that supports knowledge creation from shared meaning, the focus group was meant to further explicate the multi-dimensional phenomena of student readiness (Lambert & Loiselle, 2008). While the majority of focus group participants also engaged in a one-to-one interview with me, a few had been unable to fit this into their schedules and therefore, only attended the focus group.

Specific Methods of Data Analysis Procedures

Data was analyzed based on the concepts of the “data analysis spiral” (Creswell, 2013, p. 183). This spiral is characterized by a process in which data is first organized and stored for later retrieval. Creswell (2013) described the second phase of the data analysis spiral as the development of ideas and then the formation of codes and categories to further classify and interpret the data. Creswell (2013) then suggested that the spiral continues as the themes extracted from the data are developed and interpreted, resulting in a clear illustration, representative of the data, followed by an organized, written account of the findings. Creswell’s depiction of the data analysis spiral is akin to Yin’s (2018) suggestion that the researcher should develop their own general analytic strategy, which will lead to patterns and insights gleaned from the data.

Yin (2018) also suggested the use of matrices and visual maps to organize and arrange data to uncover patterns of evidence, all of which I incorporated into my analysis of data. Analytic mapping of the raw data, coding, thematic analysis, and post-coding were accomplished using Computer Assisted Qualitative Data Analysis Software (CAQDAS). Use of CAQDAS has been shown to be more time-saving and convenient than hand-coding and has also been shown to

generate a more systematic and thorough analysis (Rodik & Primorac, 2015). The CAQDAS I used was MAXQDA.

Transcriptions from the recorded one-to-one interviews and from the focus group sessions were first organized by formatting the transcribed documents into PDFs for ease of searchability within each document. Mendeley, a document manager software, was useful to house the documents and allowed for ease of key word searching within the transcripts. Organization of the transcripts into a searchable computer database was an important first step in management of incoming data and was carried out on a continuous basis, as each interview was conducted and transcribed. Data from the two open-ended questions in the Qualtrics survey were also formatted for ease of retrieval in MAXQDA.

In my research, I employed preliminary coding strategies. As transcribed interviews were received, I used the process of memoing to begin identifying key phrases and concepts following each interview by listening to the interview recordings and jotting notes (Creswell, 2013; Hedlund de Witt, 2013). More-in-depth coding ensued and is described in detail in subsequent sections.

Saldaña (2016) referred to the initial stage of coding as “first cycle coding” (p. 67) and described various coding methods that could be carried out at this point. I employed a combination of elemental and affective coding to achieve an in-depth analysis of the transcribed data. Structural coding, effective for coding interview transcripts, facilitated the initial categorizing of the data (Saldaña, 2016). Limited use of descriptive coding was used to further identify noun-based codes within the texts (Saldaña, 2016). In-vivo coding was the coding process used to identify codes embedded within the verbatim transcribed text data. In-Vivo coding, considered an elemental method of coding, “honor[s] the participant’s voice” (Saldaña, 2016, p. 106). This style of coding enables the researcher to explicate the subjective, value-based

experiences of the research participants. In-Vivo coding can follow a *lumper* or *splitter* pattern. In *lumper* coding, a piece of transcribed text might yield one, holistically based code. In a *splitter* pattern, a large piece of quoted text might yield numerous codes (Hedlund-de Witt, 2013; Saldaña, 2009). I employed a *lumper* pattern that enabled the development of a larger, more cohesive code list from my data.

Saldaña (2009) suggested several directions a researcher could take in the post-coding analysis phase. The author described three focusing strategies that might be used. In the “top ten list” strategy, a maximum of 10 pieces of text data are reflected on and rearranged by the researcher in multiple ways to understand the “most salient ideas” (p. 182). In the strategy entitled the “study’s trinity” (p. 182), the researcher extracts the three major concepts, categories, and themes from the data codes then creates a visual display to illustrate their relationship. “Codeweaving” (p. 182), the third strategy, is the process of combining codes into a holistic, narrative form to explain the inter-relationships in the data. Codeweaving might be pictorially illustrated in a code map (Saldaña, 2016). I used codeweaving to more clearly highlight patterns throughout the narratives collected, and to clarify potential new knowledge constructed from the multiple perspectives of the classroom and fieldwork educators. The CAQDAS software, MAXQDA, allows the researcher to create a visual representation of the analyzed and categorized data. Saldaña (2016) referred to this strategy as “operational model diagramming” (p. 211), labeling this another post first cycle strategy. I created operational diagrams to illustrate my codes and themes. They can be viewed in the Research Methodology and Analysis section, in the Coding subsection. I then turned to axial coding strategies that assisted me to elaborate further on how the categories that emerged during coding were inter-connected (Priest, Roberts, & Woods, 2002).

Validation

Numerous authors support the idea that phenomena of interest within a field are more amenable to qualitative research design (Kielhofner, 2006; Marterella & Aldrich, 2015; Stanley & Nayar, 2014; Tomlin & Swinth, 2015). However, a continuing hesitancy to use qualitative approaches exists due to a perceived ambiguity regarding trustworthiness (Curtin & Fossey, 2007). Trustworthiness, an analog to validity, relates to the content validity of a study (Elo, Kääräinen, Kanste, Pölkki, Utriainen, & Kyngäs, 2014). Trustworthiness was described by Creswell (2013) as the accuracy or validation of study's findings.

In attempting to justify trustworthiness within a qualitative research design, Lincoln and Guba (2013) described criteria that would provide evidence of its trustworthiness: credibility, transferability, dependability, conformability, and authenticity. Credibility relates to the accuracy of description and identification by research participants (Cohen & Crabtree, 2008; Elo et al., 2014). Transferability relates to the depth of descriptions, which allow the findings to be situated within multiple contexts (Creswell, 2013; Schwandt et al., 2007). Dependability indicates the degree of consistency within the study (Cohen & Crabtree, 2006; Schwandt et al., 2007). Conformability is the extent to which the researcher was able to remove his or her own bias from the study (Cohen & Crabtree, 2006). Authenticity, a criterion specifically related to trustworthiness in constructivist research, is an indicator of knowledge growth within participants, which can be further embedded into varying contexts and relationships through action and change (Morrow, 2005). Elements of trustworthiness should be present throughout all phases of a study (Elo et al., 2014).

In the data collection phase of my study, various procedures were in place to ensure trustworthiness. Data collection methods followed structured procedures to ensure optimal

conditions for individual interviews and focus groups. Solicitation letters and purposeful sampling followed the detailed plan laid out in earlier sections. Interview training, and the development of a skillset that lends itself to conducting an interview in a conversational style, is recommended to engender a feeling of safety within the participants (Kielhofner, 2006).

Although I was the sole researcher on my project, I did not participate in formal interview training. I did use an interview guide to maintain a specific direction, aimed at extracting information that was used to address the research questions, and to ensure sure that I kept the objectives of the study in focus throughout the process (Elo et al., 2014).

During the data analysis phase, careful attention to detail ensured that all the information gathered was accounted for and critically analyzed. Member checking ensured the accuracy of data as the categories and concepts were derived (Hadi & Closs, 2016). To accomplish this, each interview and focus group participant received a summary of the data analysis including the derived structural codes and themes. Participants were asked to read through the document and provide further comments, clarification and/or feedback. Two participants responded and indicated that they concurred with the analysis.

An audit trail, used throughout all phases of the study, provided a clear documentation path, helping to maintain clarity regarding the methodology (Creswell, 2013; Kielhofner, 2006). In my study, records were kept in subfolders and catalogued in Mendeley. The interviews and focus group transcriptions were also housed in MAXQDA to facilitate the process of coding. Using MAXQDA and Mendeley increased the ease of search ability within the records.

Triangulation of data refers to the use of multiple (two or more) data methods or sources (Creswell, 2013; Kielhofner, 2006). Multiple forms of evidence from the collection phase contribute to the richness of the narratives, lending further evidence of trustworthiness within a

study (Yin, 2018). My study collected evidence from open-ended questions, individual interviews, and focus groups which supported the creation of themes and categories in the analysis phase. As the study progressed, I maintained awareness that other documents might become available as potential sources of data. However, none came to light during the project.

Potential Range of Findings

Potential findings from this study were anticipated to shed light on learning expectations as they translate into a picture of student readiness. In terms of defining readiness as knowledge, skills, and attitudes necessary for entry-level practice, I assumed that classroom educators would place more emphasis on theoretical understanding, while clinicians might consider practical skills to be more prominent on the readiness continuum. Interestingly, this was not the case. The majority of participants did not place importance on students' ability to connect theory to practice in an explicit way. I believed both sets of educators would explicate the importance of giving constructive feedback, and students' ability to internalize and use feedback to improve understanding. This finding was substantiated in the analysis of the data. I assumed that years in practice, and varied practice settings, might evoke different descriptions of student readiness. Classroom educators might also place emphasis or importance on subjects in which they have intimate knowledge through their teaching. The findings only partially supported this assumption. Characteristics of readiness were stable across all the participant responses, with minor differences noted dependent on practice setting.

To my knowledge, no studies have focused on the examination of perspectives born from collaborative interviews of both classroom and academic educators. I expected that the focus group discussion, which brought together educators from varied practice environments, would shed light on student readiness for practice from different foci. I expected that while there may be

similarities in perspectives, the differences highlighted could inform the direction of future research on occupational therapy curriculum and field education practices. However, what I discovered as I analyzed the data was that there appeared to be consensus among educators about readiness for practice, and those characteristics had limited components that related directly to technical, clinical skills.

Ethical Issues and Responses

A research project should consider potential ethical issues through all phases of a study (Creswell, 2013). Potential ethical issues encountered throughout the project were minimized by following the study protocol, approved by the IRB committee, and implemented with conscious attention to both transparency and detail. Completion of CITI training further supported my ability to maintain accepted ethical standards throughout the course of the project.

Conflict of Interest Assessment

This qualitative study was expected to have a small, purposeful sample of field and classroom educators from the Long Island and the boroughs of New York. The proximity of the schools and clinical sites on Long Island may have precluded the researcher from remaining an outside observer. There was the possibility that I would have or have had professional relationships with many of the study participants. However, a conflict of interest may only be present if there exists the potential for influences of secondary interest (Romain, 2015). I did not foresee being affected by secondary interests in this study. A conflict of interest may be present if any of the parties may potentially gain financial benefit (Mecca et al., 2015; Romain, 2015.) This potential did not exist in my study. Non-financial gain may be the desire of the researcher to obtain recognition or status from the study (Kielhofner, 2006). My intent was to follow the procedures and protocols of my institution, and report the study findings in the documented, procedural way, to avoid premature or erroneous information dissemination.

Chapter 3 Summary

This chapter has outlined the methodological foundation and methods for my case study. The intent of this study was to explore occupational student readiness to transition from the classroom to the clinic as part of their educational program. The research questions were:

1. How do occupational therapy fieldwork and classroom educators characterize student readiness for level II fieldwork across multiple practice settings?
2. How do occupational therapy fieldwork and classroom educators seek to improve student readiness for level II fieldwork across multiple practice settings?

Social constructivism was identified as the overarching philosophical paradigm that supported a conceptual framework for teaching and learning in both the classroom and clinical environments. The framework identified two distinct, systems-oriented models of teaching and learning that may be applied to occupational therapy education, in the multiple learning environments that students will traverse. Social constructivism and the two identified practice models formed the conceptual framework on which the study and subsequent data analysis progressed.

The context in which occupational therapy occurs was described in detail so that the reader might gain a sense of the professional landscape in which the fieldwork component of occupational therapy education takes place. It is from within this landscape that the target population was identified, and the purposeful sample of study participants was drawn.

Methods for data collection and data analysis were outlined, beginning with the initial solicitation emails to identify the target population, and how the purposeful sample was constructed from the initial solicitation. Data analysis was accomplished using the data spiral describe by Creswell (2013), leading to coding for specific themes and subthemes.

Potential conflicts of interest, researcher bias, and ethical considerations were addressed in this chapter. Methods that were used to proactively to minimize ethical issues within the study were outlined in detail. Validation methods to establish trustworthiness, embedded throughout all phases of the study, were outlines and described.

Chapter 4: Data Analysis and Results

The purpose of this study was to explore occupational therapy student readiness for practice by exploring educator perceptions about the student transition from classroom to clinic. The impetus for the study emerged from my experience with students, both in the classroom and in the field, as well as my desire to understand how the academic and clinical environments coalesce to form a meaningful and translatable learning experience. Some research in occupational therapy fieldwork education has explored the challenges faced by students and fieldwork educators (Rezaee et al., 2014; Strohschein et al, 2002; Thomas et al., 2007). However, limited research exists that addresses student readiness for practice in the context of the transition from classroom to clinic. Further, the literature review highlighted a significant gap. The perspectives of academic educators have not been explored. Therefore, to explore the transitional bridge between learning environments navigated by occupational therapy students and add to the body of knowledge about clinical fieldwork education, the following research questions were formulated:

1. How do occupational therapy fieldwork and classroom educators characterize student readiness for level II fieldwork across multiple practice settings?
2. How do occupational therapy fieldwork and classroom educators seek to improve student readiness for level II fieldwork across multiple practice settings?

The purpose of this chapter is to describe the process by which data for this qualitative study was collected, analyzed, and interpreted to answer these research questions. Individual interviews and a focus group were conducted with fieldwork educators and academic faculty from occupational therapy programs. The intent of the discussions was to elucidate the educator perspectives about students transitioning from the academic to the clinical learning environment.

Occupational therapy clinicians and educators were solicited for the interviews and focus group via email, postal mailing, social media, and word-of-mouth.

Description of the Sample

Recruitment letters and the initial survey link, which requested participation in the interview or focus group process, were sent to the chairpersons of the five occupational therapy schools located on Long Island. The chairpersons were asked to distribute the letter and survey to all their occupational therapy faculty. One hundred and twenty recruitment letters were also mailed to occupational therapy clinicians throughout the tri-state area (New York, New Jersey, and Connecticut). Twenty-two occupational therapy clinicians/educators completed the initial survey and expressed interest in an interview or focus group. Nine of the 22 agreed to participate in the interview. While this presented a barrier to creating the purposeful sample, demographics of the nine participants did display the likelihood for varied perspectives. Because the number of academic faculty reached through the department chairpersons cannot be determined, and the survey link was shareable, the survey response rate cannot be determined.

Most participants were female, which is representative of the gender distribution in the profession (United States Department of Labor, 2017). Participants who identified their primary role as academic educator tended to have six or less years of teaching experience. All but one participant reported more than ten years of clinical experience. Three participants reported no academic teaching experience. The nine participants were representative of the major practice environments. Five of the nine interview participants also participated in the focus group session. Details of the interview and focus group participant demographics can be viewed in Tables 1 and 2.

Table 1

Interview Participant Demographics

Participant	Education Level	Years in Clinical Practice	Primary Role Defined	Primary Practice Area	# of Level II Students Supervised
Participant 1 (P1)	Entry level Master's	>10	Full-time teaching faculty -novice (< 6 years)	Out-patient	1-3
Participant 2 (P2)	JD	>10	Full-time teaching faculty -novice (< 6 years)	Community-based	>10
Participant 3 (P3)	Bachelor's	>10	Adjunct Instructor	Subacute rehabilitation/ SNF	7-10
Participant 4 (P4)	Post-Professional Clinical Doctorate	>10	Full-time teaching faculty -novice (< 6 years)	Homecare	>10
Participant 5 (P5)	PhD	>10	Full-time teaching faculty with experience (≥ 6 years)	Homecare	7-10
Participant 6 (P6)	Entry level Master's	1-3 years	No academic teaching experience	School-based	1-3
Participant 7 (P7)	Post-Professional Master's	>10	No academic teaching experience	Out-patient	>10
Participant 8 (P8)	Post-Professional Clinical Doctorate	>10	Adjunct Instructor	Private-practice (Peds)	7-10
Participant 9 (P9)	Post-Professional Master's	>10	No academic teaching experience	Subacute rehabilitation/ SNF	>10

Table 2

Focus Group Participant Demographics

	Education Level	Years in Clinical Practice	Major Academic Educator Role Defined	Primary Practice Area	# of Level II Students Supervised
Participant 1	Entry level Master's	>10	Full-time teaching faculty -novice (< 6 years)	Out-patient	1-3
Participant 3	Bachelor's	>10	Adjunct Instructor	Subacute rehabilitation/SNF	7-10
Participant 4	Post-Professional Clinical Doctorate	>10	Full-time teaching faculty -novice (< 6 years)	Homecare	>10
Participant 5	PhD	>10	Full-time teaching faculty with experience (≥ 6 years)	Homecare	7-10
Participant 7	Post-Professional Master's	>10	No academic teaching experience	Out-patient	>10

Research Methodology and Analysis

Much of the current literature addressing student learning in the clinical environment has been portrayed through a qualitative research lens within the framework of constructivist philosophy. Research reviewed for this current study revealed learning as an active process whereby learners formulated their unique understanding of the clinical environment through self-awareness, social engagement, and the acquisition of foundational knowledge. Individual experiential interpretation supported each learner's eventual new knowledge construction (Ainsworth, 2013; Krahenbuhl, 2016; Rutherford-Hemming, 2012).

Multiple authors have supported case study design as an appropriate approach when research questions are designed to explore current issues (Harrison et al., 2017; Yin, 2018). This current study sought to elucidate the perspectives of classroom educators and deduce how those perspectives aligned with their counterparts in the field. To allow for the unique voices of the participants to be heard, inquiry through a descriptive case study design was chosen as the vehicle through which those perspectives were interpreted.

Procedures and protocols that were used to collect participant data in this current study have been previously described (see Chapter 3). The interview guides were used as a framework for each interview and the focus group (see Appendices A & B). However, during each interview, I employed follow-up questioning to encourage participants to expand on their ideas and add depth to the discussion. No secondary interviews were conducted as the data gathered in the initial interviews was thorough, achieved data saturation, and was fully reflective of each participant's perspective. At the conclusion of each interview, I offered a summation of what was discussed, and asked each participant if they had anything to add or if they had any questions. Once all of the data was coded, each participant was sent a 20-page analysis to review for clarity, thoroughness, and to ensure that their viewpoints had been fully explicated.

All one-to-one interviews and the focus group were digitally recorded and transcribed. Upon receipt of each transcription, I read the reports and compared the material to any field notes taken to gain an overall sense of the data. During the initial reading of the transcripts, I also reviewed each of the digital recordings. This allowed for clarification of the transcription when necessary and afforded further analysis and memoing.

Coding

The initial analysis of the data corresponded to Creswell's (2013) description of the beginning steps in the "data analysis spiral" (p. 183) where information is organized and data categories are beginning to be developed. Saldaña (2016) referred to this initial coding as "first cycle coding" (p. 1) and exemplified the process as a "streamlined scheme" (p. 13) that begins with the raw data, and eventually refines that data into themes, concepts, and possibly theory. The coding processes used in my study were inductive in nature. The codes and themes emerged from the participants own words, with a conscious attempt made by me to remove my own pre-conceived ideas and biases about answers to the interview and research questions.

First, in-vivo coding allowed for the extraction of verbatim text from the interviews and focus group to construct the initial codes. Then, structural coding, using a lumpers pattern approach, commonly employed with interview transcripts, was used to organize the in-vivo codes into individual topics (Saldaña, 2016). Structural codes are rooted within, and ontologically connected to, the research questions (DeCuir-Gunby, Marshall, & McCulloch, 2011). The developed structural codes and segment frequencies for my study are presented in Table 3.

Table 3

Frequency of Coded Segments within the Structural Codes

Structural Code	Frequency (Segments with Code)	Percentage (%)
RQ1: How do OT fieldwork and classroom educators characterize student readiness for level II FW across multiple practice settings?		
Expectations of professionalism	35	24.82
Factual knowledge expectations	26	18.44
Theory knowledge expectations	24	17.02
Clinical Knowledge Expectations	18	12.77
Learner Characteristics	15	10.64
Receptiveness to feedback	9	6.39
Factors that characterize readiness for practice	7	4.96
Generational differences	7	4.96
TOTAL	141	100.00
RQ2: How do OT fieldwork and classroom educators seek to improve student readiness for level II FW across multiple practice settings?		
Nurturing growth in the clinic	32	29.62
Nurturing growth in the classroom	23	21.30
Bridging classroom and clinic	25	23.15
Creating a learning culture in the field	12	11.11
Differences between learning environments	7	6.48
Development of clinical reasoning	6	5.56
Ways of giving feedback to students	3	2.78
TOTAL	108	100.00

Post-first cycle coding analysis was accomplished using the “codeweaving” strategy, described in Chapter 3, to combine the initial codes into a more narrative form (Saldaña, 2009, p. 182). Saldaña (2016) referred to this as “operational diagramming” (p. 211). Figures 4 and 5 illustrates the codeweaving process for RQ1 and RQ2 in visual form.

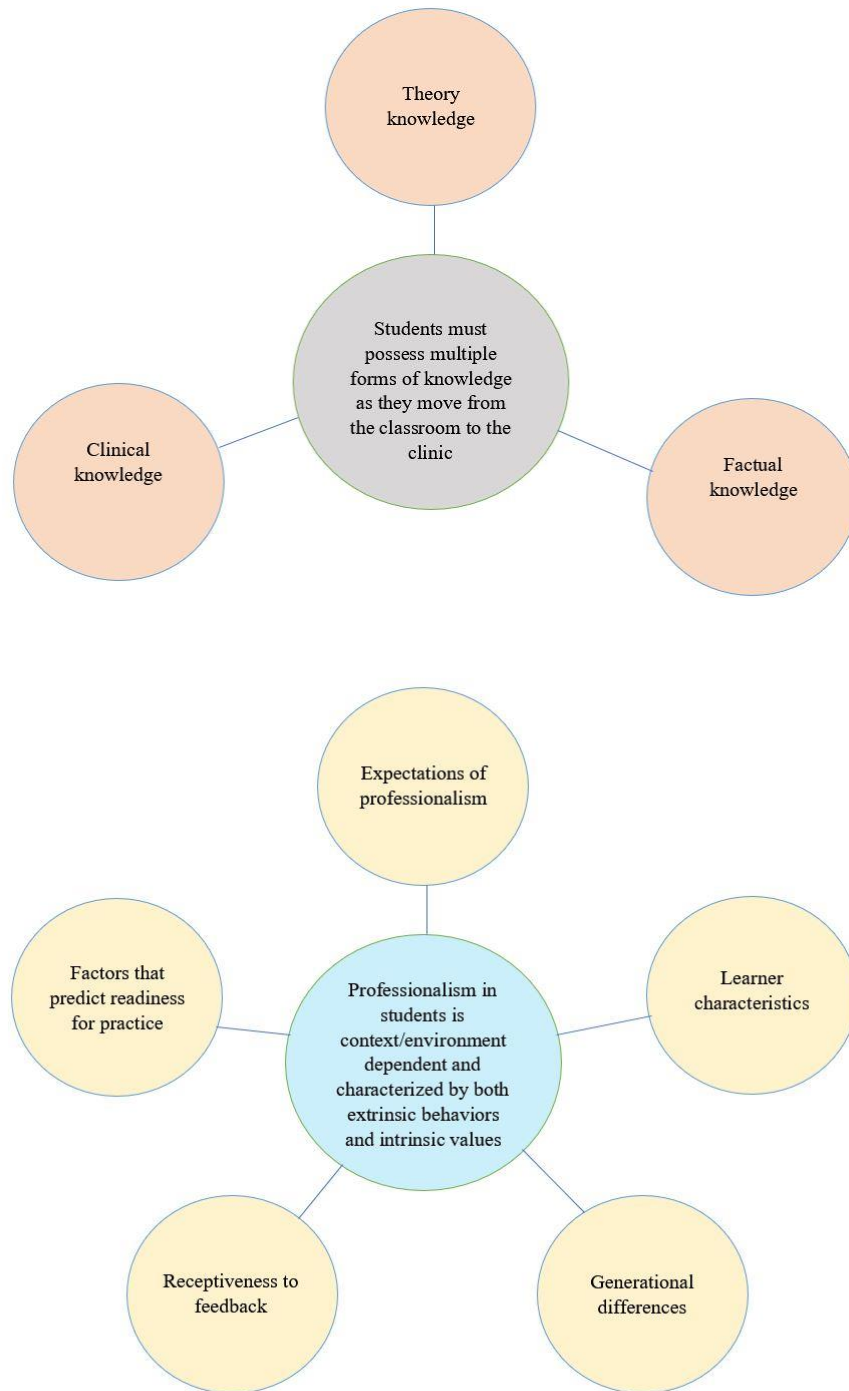


Figure 4: Graphical interpretation of the codeweaving process for RQ1. The initial eight structural codes, linked to RQ1, and produced in the first cycle coding process, were interpreted and combined within emergent, narrative themes. Created by Pamela Karp using Venngage.

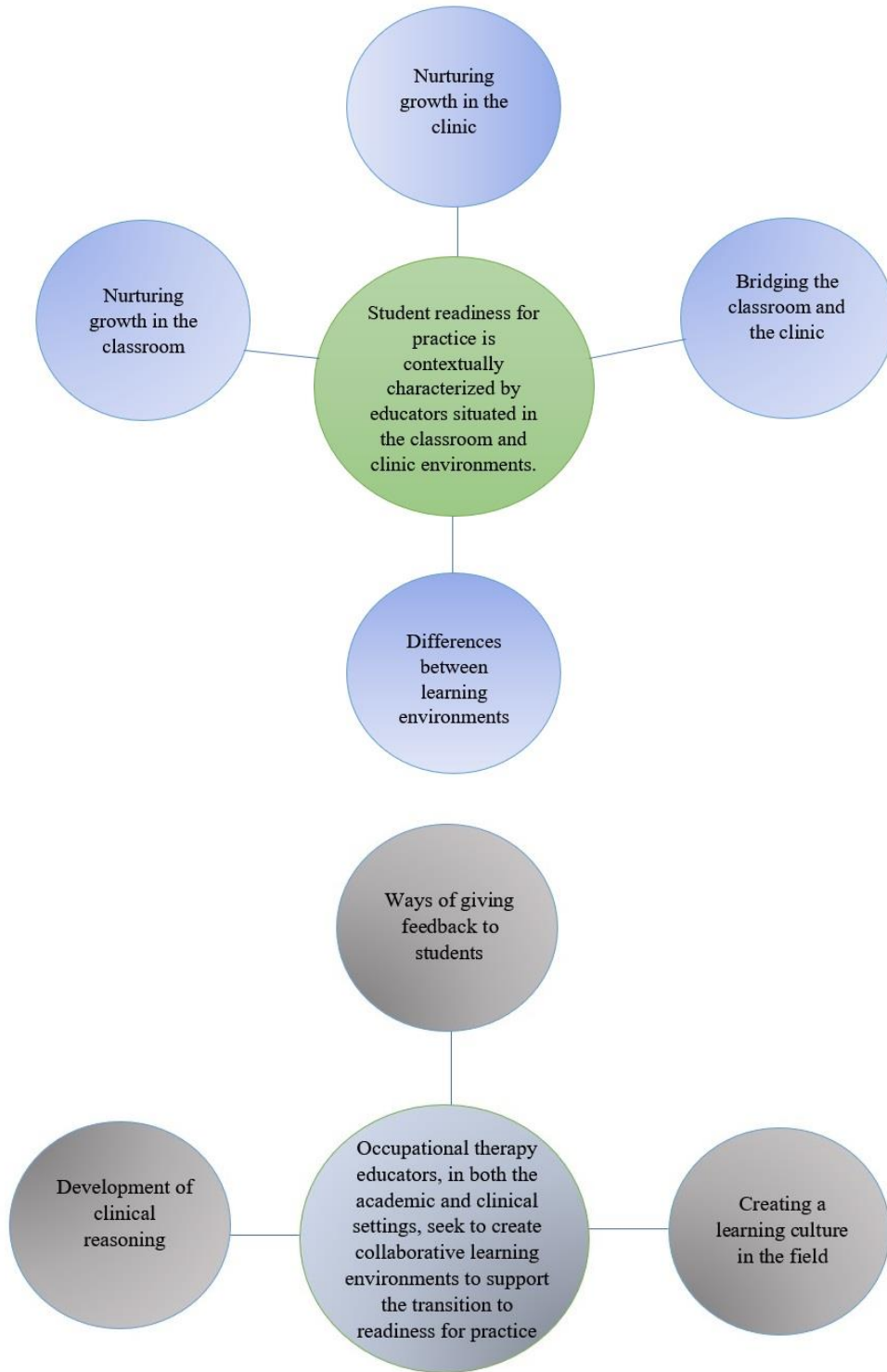


Figure 5: Graphical interpretation of the codeweaving process for RQ2. The initial seven structural codes, linked to RQ2, and produced in the first cycle coding process, were interpreted and combined within emergent, narrative themes. Created by Pamela Karp using Venngage.

The post-coding process of codeweaving transitioned into second cycle coding. Saldaña (2016) defined second cycle coding as a way in which to further synthesize and connect previously coded data through the formation of overarching themes. Pattern coding, a second cycle coding method that combines codes to form patterns and themes, results in a broader conceptual understanding of the data (Saldaña, 2016). Pattern coding facilitated connection of the emergent themes to the conceptual framework supporting the study.

Summary of Findings

The findings revealed that educators from the clinical and academic environments had both convergent and, at times, divergent characterizations of student readiness. However, while participants defined student readiness through the distinct lenses of their unique practice environments and educator roles, their viewpoints intersected to allow for the development of emergent themes that characterize student readiness, as they relate to the research questions:

RQ1. How do occupational therapy fieldwork and classroom educators characterize student readiness for level II fieldwork across multiple practice settings?

Coding of transcribed interviews and the focus group discussion produced two themes related to the first research question. Knowledge sources needed for clinical practice and expectations of professional values were common threads.

1. Students must possess multiple forms of knowledge as they transition from the classroom to the clinic.
2. Professionalism in students is context/environment dependent and characterized by both extrinsic behaviors and intrinsic values.

RQ2. How do occupational therapy fieldwork and classroom educators seek to improve student readiness for level II fieldwork across multiple practice settings?

Questions posed to all the interviewees and focus group participants, about how they conceptualize student readiness for practice, produced a wealth of information coded and interpreted in two themes:

1. Student readiness for practice is contextually characterized by educators situated in the classroom and clinic environments.
2. Occupational therapy educators, in both the academic and clinical settings, seek to create collaborative learning environments to support the transition to readiness for practice.

While educators described student readiness for practice through their individualized experiences and perspectives, the overall picture of student readiness was similar characterized, independent of learning environment.

Overall, participants characterized student readiness as a growth process requiring specific checkpoints along the learning continuum, identified and accessed by the student and educator through a system of constructive feedback and communication. Nurturing student growth required the development of a deep connection between students and their educators both in the classroom and in the field. Facilitating student growth required motivation and flexibility from both the student and the educator.

Presentation of the Data and Results

The data from the nine one-to-one interviews and one focus group were coded and analyzed based on the coding cycles and patterns previously described. The derived codes were mapped to the research questions (RQ1 and RQ2), using a codeweaving strategy, which enabled the development of key themes. The results of the data coding process are presented in this section. The use of participant quotes, embedded throughout the explanation of the results,

provided a richly detailed, “thick” description (Creswell & Miller, 2000; Denzin & Lincoln, 2011), which strengthened the credibility of the reported findings. Subsections of the analysis, including connecting themes and supporting structural codes, are organized under each of the two research questions.

RQ1: How do occupational therapy fieldwork and classroom educators characterize student readiness for level II fieldwork across multiple practice settings?

Theme 1: Students must possess multiple forms of knowledge as they move from the classroom to the clinic. Three type of knowledge were defined during the data coding process. Interview and focus group participants described the concept of factual knowledge, theory knowledge, and clinical knowledge as three separately constructed information stores that must seamlessly connect as students move from the classroom to the clinic.

Structural code 1: Factual knowledge expectations. Fieldwork educator participants articulated the importance of basic, foundational knowledge that they expected student clinicians to possess. P9, a clinician in the sub-acute rehabilitation environment, stated that students entering the fieldwork practice environment should understand the basics such as range of motion and manual muscle testing. P9 also expressed that students should have working knowledge of client mobility needs and ADLs. P8, a pediatric clinician, suggested that students come to fieldwork with a clear understanding of developmental milestones. The concept of student understanding of both normal development and biomechanical skills was also expressed by P7, a clinician situated in out-patient practice, who opined that students need to understand norms, so they recognize when deficits requiring remediation are present.

Academic educators, who had prior experience with students in the field, also expressed the need for foundational knowledge but went further in their expectations of students. P1, a full-

time faculty member and P3, an adjunct instructor and clinical education coordinator, stressed that students should enter the clinical fieldwork setting with a strong understanding of major diagnoses, precautions and contraindications, patient safety awareness, and medical terminology.

Structural code 2: Clinical knowledge expectations. Interview participants who identified their primary role as occupational therapy clinicians stressed the value of interpersonal skills as they relate to clinical knowledge expectations. P6 felt strongly that students needed to learn “the art of being able to have a conversation.” P9 included therapeutic listening and the importance of focused observation to gauge residents’ strengths and weaknesses as vital clinical skills.

The focus group, which consisted of both academic educators and clinicians, reached a consensus on the importance of students being knowledgeable in hands-on skills. This included being able to transfer and be safe in the environment, how to take vital signs, and documentation skills. Overall, the focus group participants expected that students should understand the occupational therapy process.

All participants in both the one-to-one interviews and the focus group expressed the need for students to be open-minded, flexible, and receptive to feedback. Focus group participants characterized these as “abstract skills,” noting also that these types of skills were difficult to measure, but the presence of these skills in students entering the clinic environment characterize their readiness for practice. Both flexibility and the ability to take in and constructively apply feedback were common threads supporting student readiness for practice, throughout all the interviews and focus group transcripts.

Structural code 3: Theory knowledge expectations. The topic of theory and its relevance to practice produced some of the most divergent responses between academic educators and clinicians. All the participants interviewed, who identified their primary role as clinician,

minimized the importance of theory as a necessary component of practice. P8, a long-time occupational therapy clinician and fieldwork educator stated that theory was important because it is part of the profession's history but concluded that the ability to articulate theory in the clinic was not of crucial importance. P7, who primarily works in out-patient rehabilitation, and has also been a fieldwork educator for many years, agreed with that sentiment arguing that theory did not have practical application. P3, an 18-year veteran occupational therapy clinician, was adamant when she stated, "in the real world [therapists] don't talk about theories."

Academic educators had more mixed interpretations of the importance of theory in their expectations of student knowledge. P1 admitted that, as a clinician, she did not place great importance on theoretical knowledge. However, after moving into academia her perspectives on theory changed to reflect her desire to have students clearly articulate the unique contribution of occupational therapy. Theory, according to P1, was a means of understanding the evolution of the profession and delineating the occupational therapy from other healthcare fields.

Only one academic educator expressed a strong opinion on the importance of theory to a student's knowledge base. P2 is a full-time faculty member but also maintains a private practice that hosts many fieldwork students throughout the academic year. P2 strongly asserted the opinion that students should be able to connect theory to practice, arguing that without the intentional inclusion of theory in clinical decision making, "you're not necessarily a practitioner of occupational therapy, you are essentially an aide."

Theme 2: Professionalism in students is context/environment dependent and characterized by both extrinsic behaviors and intrinsic values. Educators from the classroom and clinic environments articulated the importance of professionalism. The interviews produced

data related to student behavior and student values. Subtle differences in expected professional behaviors were expressed by fieldwork educators depending on their clinical setting.

Structural code 4: Expectations of professionalism. Almost 25% of the data segments that were coded for the study related to expectations of professionalism. Both academic and clinical educators discussed similar external behaviors that they considered essential to professionalism. P2, a full-time academic faculty member and P9, a full-time clinician, articulated the value of student timeliness and attendance. P9, went further, stating her expectation that students dress appropriately and come to the clinical site ready to work. P2 expected these behaviors in both the classroom and the clinic, labeling them “common sense issues.”

Interview and focus group participants expressed the importance of intrinsic value systems related to professionalism. Empathy, the desire and drive to be a leader, and emotional intelligence were highlighted as components of professionalism. P7, a full-time clinician, felt strongly that nurturing these systems early in the classroom was considered the responsibility of the academic faculty, with the underlying message that transition to the fieldwork setting is “the gateway to your career and it should be taken seriously.”

Leadership was considered a critical feature of student professionalism by P2. He described the student leader as one who readily steps up to accept a challenge. P2 also stressed that healthcare educators should expect this of students because patients and clients look to the therapist for guidance and direction. P6, a full-time clinician, described the student leader as one who actively offers intervention suggestions and is willing to pose in-depth, creative questions. P9 suggested that student leaders should instinctively know when to ask questions and when to ask for supervision.

Emotional intelligence was described by P7 as the ability to be empathetic but maintain one's position as a clinician in difficult and emotional situations. She contemplated that as a student,

You are kind, you are caring, and you want to help people... but a lot of times cases are very sad. There's a burden that comes with that too, so you [must] have a level of emotional intelligence to be professional.

P1, a full-time academic faculty member, regarded the development of this type of insight as a form of emotional intelligence. She suggested that when students grow to understand themselves on a conscious level, they begin to develop forethought, better decision-making, and an increased ability to attend to others.

Structural code 5: Learner characteristics. The concept of the independent learner was threaded throughout many of the participant interviews. P3 stressed the importance of being a “self-learner.” P9 described the independent learner as someone who actively seeks out information. P8 expressed her desire that students entering fieldwork are “passionate go-getters.” P4, a full-time academic faculty member, remarked that students in both the classroom and in the clinic should have a self-awareness about where their gaps in learning are and a trajectory for what they need to do to fill those gaps.

Overall, educators from both the classroom and clinic environment had similar views on what characteristics best suit an occupational therapy student. Passion, motivation, and creativity were concepts threaded throughout many of the interviews and the focus group discussion. Educators coveted the student who was willing to not only ask questions but to pro-actively seek out answers through effective use of provided resources, coupled with independent research.

Structural code 6: Generational differences. The participant interviews produced valuable data on the concept of the millennial learner. Opinions diverged within and outside educational environment lines. P8, a full-time clinician, articulated that there are those who have an innate work ethic and those that do not. However, she was hesitant to apply this to millennial learners since, in her view, issues with work ethic exist in both novice and experienced clinicians. P9, a long-time clinician, agreed stating that she saw no differences in today's students when compared to previous years.

Other interviewees had strong opinions, pointing to the millennial generation as different than previous cohorts. P3, an educator in both the classroom and the clinic opined that young students today are unable to constructively internalize criticism and use that criticism as a catalyst for self-improvement. P5, a fulltime academic educator, felt that millennial generation students have been further enabled in the academic environment, making the transition to fieldwork more challenging. In her opinion, expectations of independent learning and professionalism are not held to a lower standard in the academic setting.

Structural code 7: Receptiveness to feedback. Interview and focus group participants discussed the necessity of reciprocation in the feedback process. Constructive feedback and positive feedback were noted by P7 as a critical element of the communication process. P7 remarked that while the student must be able to extrapolate and incorporate various forms of feedback, the fieldwork educator must also be open to feedback from students. She explained that asking a student what other types of feedback they require from the supervisor, and whether feedback could be delivered more effectively, ensure that the reciprocal relationship between student and educator is both objective and supportive.

P1 and P4, who identified as academic educators, expressed a similar sentiment. P4 commented on the importance of asking the student for feedback on the teaching process. She surmised that if students feel comfortable initiating discussion with the fieldwork educator, they may be more willing to accept feedback in a constructive way. P1 expressed that learning to be receptive to feedback takes time and that newer therapists often have a difficult time accepting feedback as part of the continual learning process. Awareness of this is critical since a clinician with only one year of practice experience may be supervising students.

Focus group participants discussed the importance of developing feedback strategies early in their relationship with students entering the fieldwork portion of their educational experience. The group related that giving positive and constructive feedback from the beginning of the fieldwork experience helped to build trust in the new relationship and facilitated functional internalization of feedback by students.

Structural code 8: Factors that predict readiness for practice. Academic educators viewed students' ability to think on their feet as a defining characteristic of readiness for practice. P1 articulated the importance of student adaptability and their capacity for working autonomously. Fieldwork educators tended to characterize readiness as an evolutionary process in which students grow into their practitioner roles. P7 talked about occupational therapy students moving from observation-only to higher level skills such as developing plans of care. P7 saw the midpoint of the clinical rotation as the turning point where students move from assistant-like status to more complex, independent clinical reasoning, assessment, and "the ability to look at the big picture and extrapolate a plan from that."

RQ2: How do occupational therapy fieldwork and classroom educators seek to improve student readiness for level II fieldwork across multiple practice settings?

Theme 3: Student readiness for practice is contextually characterized by educators situated in the classroom and clinic environments. The educators interviewed for this study and the focus group discussions produced an illustration of student growth unique to the varied environments where learning takes place. All the study participants articulated versions of student growth that was best fostered through independent and active learning.

Structural code 9: Nurturing growth in the classroom. Much of the discussion within the focus group centered on student growth that occurs in the classroom, prior to fieldwork rotations. The group stressed that fostering students' flexibility, self-reflection, and ability to give and receive feedback were vital to their growth in the classroom. Flexibility, according to one focus group participant, was defined as the way in which students navigate challenging situations. Another focus group participant regarded the use of simulation as a way in which to challenge students to be flexible.

Focus group participants talked about the concept of reflection, identifying the importance of allowing students the space and time to engage in the reflective process. Self-reflection, according to the group, facilitated the art of giving and receiving feedback. As one focus group participant offered, this enables students to learn to "see the forest through the trees." Focus group participants identified self-reflection after lab practicals as contributing to student growth in the classroom.

The topic of feedback produced in-depth conversations amongst focus group participants. Two common threads emerged. First, participants likened learning to give and receive feedback as one component of maturity. Second, while the importance of learning how to navigate feedback was evident, focus group participants also acknowledged the difficulty in teaching this

as a skill. Success, according to participants, depended on active and repeated incorporation of feedback opportunities in all didactic classes and the clinical learning environment.

Academic educators discussed the importance of fostering independent learning in the classroom. P3 talked about the use of case studies and reflective papers to foster learning. P5 exemplified out-of-the-box thinking as a style of independent learning that she facilitated in students through projects requiring research and evidence. P1 discussed her use of a flipped classroom model as way of nurturing responsibility for self-learning.

Structural code 10: Nurturing growth in the clinic. Almost 30% of the data segments coded from the participant interviews related to the topic of nurturing student growth in the clinic environment. Growth in the areas of professional behavior, the ability to constructively internalize feedback, and improving a student's ability to communicate with patients and professionals were areas identified by occupational therapy clinicians as important components of growth. Clinicians described intense student-supervisor relationships that enabled the clinician to clearly observe changes in students over the course of the fieldwork placement.

Professional behavior, in the form of timeliness, dress, appropriate language, and respect for patients and clients was considered easier to teach in the clinic than in the classroom. The clinic offered a more natural environment for quickly and succinctly addressing these areas. P1 summarized this by stating, "I think you're almost setting them up for failure if they don't realize some of their behavioral things and you don't address them earlier on."

All the participant responses related to nurturing growth in the clinic described the student learning experience as a process whereby student comfort level and independence steadily increase over time. P8, a pediatric therapist, illustrated this in her practice by describing the new student as one who initially shadows, observes, and maintains proximity to the fieldwork

educator. She went on to describe the end-product of transformation to clinician as the student who can independently manager a case load.

For several interview participants, intentional observation of students during their fieldwork experience contributed to the growth process. P5, a full-time academic educator who previously worked in pediatrics, described the nature of her observations of students in the clinic: “They can give me a little bit of what they know and then, I would just say go ahead, do what you have to do and then, I would just observe.” P2, currently a full-time academic educator who also maintains a large private pediatric practice described his observations of students: “I want to see them [students] working – what theoretical reason is it that is applicable to that person and how can I make the change that is functional, therapeutic, occupation based for that person.”

P9, a full-time clinician and fieldwork educator in adult subacute rehabilitation, described the process of student growth in the clinic as moving from explicit to implicit questioning. She noted her early expectations as wanting to hear a lot of questions from students. But, as they gain more experience, she expects that students will make a concerted effort to seek out their own answers and communicate with other professions in the facility as needed.

While feedback is discussed in depth in subsequent analysis of participant responses to interview questions, it warrants mention here as well. Overall, the fieldwork educators recognized the importance of feedback for the development of students’ skills in the clinic. The feedback caveat was that for feedback to be effective, it must be structured, as P5 suggested, to be motivating and inspiring. P9 expressed a similar sentiment, she characterized herself in the supervisor-student relationship as a "facilitator of their confidence.”

Structural code 11: Differences between learning environments. Educators from both the clinical and academic environment noted that there were differences in the two learning

environments. The overarching theme was that the classroom was where textbook-style information was obtained, which included theory and where basic foundational ideas were formed. However, as P9, a fieldwork educator and full-time clinician expounded, “nothing is the way you learn it [in the classroom], but it is a frame of reference to draw from.”

P1 discussed the increase in stress levels as students move from the classroom to the clinic, noting that students tend to be easily intimidated as they believe there is more risk in the clinic environment. P3, a clinical education coordinator illustrated the student entering the clinic as “a deer in headlights.” P1 concurred, relating the entrance into fieldwork as a “lightbulb experience” where students have to engage their working memory: “it takes a lot of thinking simultaneously.”

The clinical learning environment was portrayed as one in which information processing must occur quickly and with accuracy. P1 pointed to the fact that in the clinic, students are exposed to multiple components of occupational therapy that may have been studied more linearly in the classroom. P5, a full-time academic educator concurred, noting that in the clinic, didactic information must be translated into practice and often, perspectives on foundational knowledge must be adjust because: “everything is not textbook.”

Structural code 12: Bridging the classroom and the clinic: Fieldwork educators were both articulate and passionate about the barriers they experienced in bridging the classroom and clinic environments. P8, a full-time clinician, pointed to a lack of communication stating, “I really don’t get that much from the schools.” P8 also expressed the concerning sentiment that the majority of novice clinicians enter the field under-prepared. Interestingly, full-time academic educators also discussed lack of communication as a barrier to bridging these two environments. This was expressed by P1 who opined that fieldwork educator knowledge of students’ learning styles and needs is often lacking.

Pragmatic challenges were noted by some academic educators as interfering with the bridge between classroom and clinic. P1 surmised that students are often exposed to modern technologies and equipment in the academic environment that are not readily available in the clinic. She also questioned how much supervision can be offered to students when fieldwork sites are challenged to meet high productivity standards.

Academic and fieldwork educators agreed that hands-on lab courses that facilitate clinical skills are a critical component to bridging the two learning environments. P7, a full-time clinician expressed this by stating, "I just feel like that's the knowledge that you pull from most often once you're out in the field." Educators from both environments agreed that case studies lend themselves to connecting the learning environments, as they enable students to apply knowledge. Going further, P7 suggested that Level I fieldwork experiences should include hands-on experiences and not just observation. Immediate, hands-on experience serves to solidify newly learned skills and facilitate transference of those skills to the clinic environment.

There remains an ambiguous nature to bridging the academic and clinical learning environment. P6, a relatively new full-time clinician, thoughtfully expressed that while the classroom provided the foundation and theories, connecting that information to practice and developing the ability to use that information to address client issues, did not occur until she was in the clinic environment.

P2, an experienced clinician and full-time academic educator, challenged both conventional thinking about pragmatics and knowledge arguing, "it's more about the fact that we did not instill that professional culture and that attitude of independent learning and self-discovery that we should have in our classrooms. It may not be about that factual knowledge."

Theme 4: Occupational therapy educators seek to create collaborative learning environments to support the transition to readiness for practice. The educators interviewed

for the study, and the focus group participants expressed an overall sentiment of care and concern for student educational and professional development. The need for student support in both the academic and clinic environment was evident in educators' comments and depicted their strong beliefs regarding what they considered their ethical responsibilities in facilitating student success.

Structural code 13: Ways of giving feedback to students: Openness and flexibility appear to be key characteristics required in students so that the feedback flow facilitates learning. Interview participants noted the necessity of timing and location to give appropriate and constructive feedback. P6 added that feedback should be given in an environment conducive to face-to-face communication and in a way that considers the student's learning style.

The mechanics of giving feedback were discussed by many of the interview participants. P5, a full-time academic educator, talked about the importance of instilling confidence through feedback, noting that students can become "depolarized with what they're doing and feel less in the game" if feedback is consistently negative. P3, a clinical education coordinator also stressed the importance of providing feedback that is not disparaging. P2, a full-time academic educator offered his approach stating, "I start with their strengths and then I look at their areas for growth and I explain to them why I think they need to address that."

Structural code 14: Creating a learning culture in the field: The interview participants and focus group all expressed their ideas, which coalesced into the concept of culture as it applied to the learning environment. The focus group talked about the need for supervision in the field, arguing that consistent and effectively delivered supervision was the cornerstone of student success on fieldwork. Fieldwork educators expressed the need to understand students' personalities so that they, as supervisors, could adapt to students' needs.

Adaptability of the fieldwork educator also contributed to a positive learning culture in the field. P6 illustrated this: “I think as a clinician you need to be open because the student may come to you with different ideas that may be better than what you have been doing.” P7 expressed adaptability in her questioning of students on fieldwork. She described her approach as one in which she attempts to solicit information about the student’s overall emotional state and support them in uncovering where they themselves feel they require supervision.

Self-reflection also appeared to be an important component of the learning culture in the field. P7 discussed her use of the standard student performance evaluation tool as a self-reflective assessment: “I would have students rate themselves... I wanted to see where we were in terms of being on the same page with their performance.”

Structural code 15: Development of clinical reasoning: Academic educators and fieldwork educators described clinical reasoning development in students as a dynamic process, which as P1 articulated, requires the student to engage in more independent thinking. P1 continued her description of the process of clinical reasoning development by stressing, “It’s not always about what their end-product is but as a supervisor, I try my hardest to kind of pull out what was going on in their head.” P5 discussed her continuous attempts to get the “why” out of students as a means of understanding their clinical reasoning growth.

The process of clinical reasoning development was expressed by the educators as one in which both students and supervisors must come to understand that clinical decision making relates to balance. P2, in describing his approach to nurturing clinical reason, explained that in his supervision of students he wants them to understand the importance of the path to an answer, even if that answer is incorrect. P2 stressed the need to engage students to articulate their understanding of why an approach may have been wrong. P1 concurred, noting that failure is not

the endpoint, but the beginning: “If you’re so afraid to try something new that you’re going to fail...[then] you don’t have that room to grow.”

P2 discussed his own growth as a fieldwork educator and how that growth has led to improved nurturing of clinical reasoning in students.

I have changed in ways where I was very concrete, and the expectation is that you have to learn A, B, and C. And now – my expectation is that you demonstrate a degree of care, like if you can show me that you are genuinely trying to meet the needs of the client.

In this excerpt, the emergence of an ethical component to quality clinical decision making begins to emerge.

Chapter 4 Summary

This chapter presented the qualitative data and results from one-to-one academic and fieldwork educator interviews and one focus group comprised of educators from both learning environments. The data-gathering and coding strategies were discussed in detail and the organizational structure of the codes and developed themes was presented in table and graphical format as they related to each of the research questions.

Findings that emerged from the coded data revealed overwhelming agreement in how occupational therapy educators, in both the clinical and academic environment, consider student readiness for practice in the fieldwork setting. Professionalism, communication, feedback, the process of clinical reasoning, and independent learning were key threads throughout all the interviews. These threads form the foundation of the emergent themes illustrated above.

Chapter 5 will provide a detailed analysis of the emergent themes in connection with the relevant literature reviewed for the study. Results will be further analyzed as they relate to the key

themes and conceptual framework grounding the study. Chapter 5 will also provide a discussion on the implications of the research findings as they relate to occupational therapy education.

Chapter 5: Discussion and Conclusion

This chapter provides a review of the research questions and the overarching themes that emerged from analysis of the collected data. Study results will be summarized and explored based on their connection to relevant literature on the topic of fieldwork education, and then revisited within the conceptual framework that supported the study. Limitations and implications for current occupational therapy education and practice will be discussed, as well as avenues for further research that may add to our understanding of the student readiness needed for clinical practice.

Summary of Results

The purpose of this study was to increase understanding of occupational therapy student readiness for practice in fieldwork and to support improved teaching practices, leading to a more effective student transition from the classroom to the clinic. As such, the study sought to answer two research questions:

1. How do occupational therapy fieldwork and classroom educators characterize student readiness for level II fieldwork across multiple practice settings?
2. How do occupational therapy fieldwork and classroom educators seek to improve student readiness for level II fieldwork across multiple practice settings?

A social constructivist paradigm framed the study to elucidate educator perspectives rooted in the sociocultural contexts of today's practice environments. Social constructivism supports knowledge creation as a unique, shared, and subjective process requiring a flexible approach to teaching and learning in health-related environments (Kaufman, 2003; Mann, 2011; Marquardt & Waddill, 2004).

While social constructivism provided the overarching theory guiding the study, two practice models provided scaffolding on which results of the data analysis will be discussed in the subsequent sections. The OT-PEP model, a systems-oriented approach (Wright, 2012), illustrates three conceptually inter-related processes: adaptive thinking, reflection, and creation of meaning (p. 5). Wright's model provides a basis for interpreting data related to student readiness for occupational therapy practice. The Model of Practice Skills Performance, an integrated heterarchical model developed by Bjork et al. (2013) is composed of six elements that influence the clinical learning process: substance, sequence, accuracy, fluency, integration, and the caring component. Although Bjork developed the model in response to issues in nursing education, it is applicable to clinical education across other health fields such as occupational therapy.

This study used an exploratory, collective case study approach to explicate educator perspectives on student readiness for transition from the classroom to the clinical environment and to describe their strategies for improving student readiness, based on their situated perspectives as either classroom or clinic educators. Benefits of using a case study approach may be reviewed in Chapter 3.

Data for the study was collected through individual interviews with educators and one focus group discussion with the same individuals. The interviews and focus group were conducted using a semi-structured format. This provided a flexible and adaptable questioning framework, consisting of open-ended questions, which allowed me to guide participants in their exploration of the topic (Galletta, 2001; Jamshed, 2014; Whiting, 2008). Interview and focus group transcripts were recorded and transcribed for coding purposes.

Results of the data analysis presented in Chapter 4 led to four emergent themes:

1. Students must possess multiple forms of knowledge as they move from the classroom to the clinic.
2. Professionalism of students is context/environment dependent and characterized by both extrinsic behaviors and intrinsic values.
3. Student readiness for practice is contextually characterized by educators situated in the classroom and clinic environments.
4. Occupational therapy educators, on both academic and clinical settings, seek to create collaborative learning environments to support the transition to readiness for practice.

Discussion of Results

The educators interviewed for this study were exceptionally articulate and eager to engage in dialogue about fieldwork education and student growth leading to transition from the classroom to the clinic environment. All the educators individually expressed the value of a supportive learning environment and their openness to continuous improvement of the student transition process. While each educator's perspective was framed within the context of their unique teaching or practice setting, commonalities were evident and are discussed below in relation to the conceptual framework supporting this study. This section explores and interprets the relevant implications of the findings from chapter 4 in relation to my research objectives, including practical and theoretical implications. In addition, I will highlight those results that did not fully support my research purpose, including negative cases, methodological errors, design limitations, and other flaws that had an impact on the findings. The discussion of results is organized in relation to the four overarching themes developed from the coded data.

Students must possess multiple forms of knowledge as they transition from the classroom to the clinic.

Factual knowledge was considered by all study participants to be mainly medically modeled. This form of knowledge includes aspects of biomechanics, precautions, contraindications, basic disease processes, transfer skills, and developmental milestones. Academic educators felt a great sense of responsibility to ensure they were transmitting factual knowledge in their classrooms as a precursor to success in fieldwork.

The characterization of factual knowledge offered by the study participants was expected. Seminal, primary textbooks for occupational therapy education continue to be centered on factual knowledge. Knowledge, at this most concrete level, is easily understood within the context of client care. The acquisition and maintenance of factual knowledge was not considered by the study participants to be problematic regarding student transition to fieldwork.

The topic of clinical knowledge expectations generated much discussion in the interviews and focus group. Clinical knowledge, as expressed by the study participants, was more ambiguous in nature than factual knowledge. As in previous studies, clinical knowledge expectations were connected to a student's interpersonal skills such as the ability to communicate effectively (de Beer & Martensson, 2015; Hanson, 2011).

Communication was initially expressed by the study participants as a students' ability to engage in therapeutic listening as a component of interpersonal skills. Wright (2012) embedded communication in "Narrative," an element of "creation of meaning" (p. 13). Narrative, according to Wright, is a student's efforts at listening to the stories of others and incorporating what they hear into their own mental map of experiences. The academic educators interviewed articulated that building the communication skill of therapeutic listening can be accomplished in part through

classroom activities that use case studies. Case studies enable students to interact with one another, share their analyses, and move their clinical thought process from what Wright described as “concrete, linear thinking to abstract, global thinking.” (p. 13).

Participants in the study spoke about supporting transference of skills through interpersonal communication between the supervisor and student, and supervisor and academic program. Transference of skills through communication is implied in the OT-PEP model within the core concept of “creation of meaning” (Wright, 2012, p. 12). The underlying message in this core concept is that occupational therapy practitioners must achieve levels of understanding that transcend mere acquisition of skills. This transcendence is a necessary component of student readiness and is facilitated by interpersonal communication between students, supervisors, and learning environments. Suggestions for improving communication, and ultimately student readiness for practice, included connecting practitioners to students prior to their fieldwork experiences and offering experiential learning opportunities, such as simulation and livestream case studies in the academic setting.

Whether or not learners of today exhibit differences in their communication styles as compared to previous cohorts, became a subject of debate amongst the study participants. Some felt that the communications style of today’s millennial learners was casual, bordering on unprofessional. Some opined that today’s students lack the ability to internalize feedback as a catalyst for self-improvement, due to a generation-wide enablement of today’s learners in the academic setting. This posited enablement, participants felt, has stunted the development of millennial students’ ability to openly and constructively communicate through feedback. Others were unwilling to attribute communication deficits to generational differences.

Wright's (2012) description of the element, "building repertoire," provides insight into how we can frame the communication styles of millennial learners. Wright discussed the need to immerse students in culturally and socially diverse contexts and environments that challenge them to a deeper and more meaningful reflective process. As interview participants talked about their drive to provide diverse experiences to students, both inside and outside the classroom, it became evident that their intent was to foster a self-reflective process that facilitated changes in students' communication behaviors.

Most of the study participants devalued theory knowledge expectations in terms of practical use. They viewed theory as necessary historical information but without a distinct connection to practice. This finding is not uncommon in the available literature. Research in clinical education practices in numerous health-related fields has pointed to a lack of explicit use of theory to guide practice, hence the theory-practice gap (Robertson & Griffiths, 2009; Spouse, 2001; Towns & Ashby 2014).

Professionalism in students is context/environment dependent and characterized by both extrinsic behaviors and intrinsic values.

Study participants expressed how the fieldwork setting is a student's true initiation into the professional culture of occupational therapy, and the place where they will leave a lasting impression on their clients and colleagues in the field. Professionalism is an integral component to the formation of that impression. While educators expressed a variety of behaviors and values to define professionalism, what stood out was the importance of commitment to understanding of one's self as an occupational therapist and the cultivation of empathy for the experiences of clients.

In the Model of Practice Skills Performance (Bjork et al., 2013), professionalism is expressed through the “caring component” element (p. 2340) which is infused into all layers of the practice model. The “caring component” is outwardly expressed in the model’s element, “concern for the whole person” (p. 2340). Expanding these concepts to occupational therapy education, the components of professionalism relate to students’ ability to view practice as a humanistic experience, meaning that students must view clients as individuals first, before their disease, injury, or deficits. This is a critical step towards nurturing the ability to provide client-centered care. Wright (2012) expressed professionalism in her OT-PEP Model within the element of “Consciousness of Craft” (p. 13). This element posits that a student practitioner should develop an internal understanding of what it means to be an occupational therapist.

Educators interviewed for this study all expressed how building empathy and internal awareness of one’s professional self were components necessary to practice client-centered care. As such, they also stressed the importance of supporting development of this value system in students early in the educative process, as a component of readiness for fieldwork. However, specific teaching techniques to develop these values in students remained elusive. None of the educators interviewed for this study offered pedagogical strategies for teaching empathy or self-awareness.

Study participants stressed the key behaviors associated with independent learning as a component of professionalism. Independent learning behaviors included the consistent use of research, evidence to substantiate decisions, and the ability to self-identify and understand where gaps were in their own knowledge, as well as how to fill those gaps. Academic and fieldwork educators interviewed for the study had varying views on how the development of independent learning is supported. Participants who identified as academic educators recognized the

importance of independent learning as a characteristic of readiness for the transition from classroom to clinic. To improve readiness, they described educational strategies such using lab time to move away from passive, didactic lectures, allowing for student exploration to foster independence. They described group processes though peer projects as another method for fostering independent learning. Whereas academic educators illustrated distinct learning activities that could be implemented to foster independent learning, fieldwork educators tended to consider independent learning as a process of internal growth mediated by students themselves, as they acclimated to the clinical environment.

Fieldwork educators viewed independent learning as part of the growth process in the clinic. P7 referred to this growth as the “evolution of the student-therapist,” requiring opportunities for self- reflection. Students begin the experience asking a lot of basic questions. The initial weeks of clinical experience take on characteristics of passive learning. As the growth process continues, fieldwork educators discussed their expectation that students would begin seeking seek out information on their own, in a more active way, soliciting and incorporating feedback not only from the supervisor but also other professional colleagues.

Independent learning, as described by the study participants, requires flexibility. Wright (2012) described the core concept of “adaptive thinking” which is the essence of flexibility. Flexibility is embedded within a constructivist framework because each clinical situation and each patient is unique. Academic and fieldwork educators characterize the embodiment of adaptive thinking as a motivated, self-directed, creative thinker who can fluidly connect various forms of knowledge, actively communicate, and interact positively with others in the clinical environment.

Student readiness is contextually characterized by educators situated in the classroom and clinic environments.

Within this theme, the importance of feedback was embedded in all the participant interviews and focus group discussions. Feedback was described by the study participants as a meaningful way that growth can be nurtured in both the class room and the clinic. Feedback was considered critical to productive communication between educator and student. Feedback was described as the embodiment of collaboration between student and educator. Study participants characterized feedback as the supportive structure upon which students can begin to construct their own ideas, blending knowledge with their experiences, and the experiences of the fieldwork educators who supervise them.

Within the core concept of “Creation of meaning,” Wright described the element, “Plugging into repertoire.” (2012, p. 12). This is a learner’s active response through their consciousness awareness. In the study, P4 attributed this active response to a student’s ability to engage in dialogue with the fieldwork supervisor via questioning and discussion. Plugging into repertoire, as described by Wright, is an active form of communication. Participants expressed their opinion that this should be fostered by the fieldwork educator early in the clinical learning process, through feedback interactions. They surmised that providing students the safe space in which to dialogue and question would facilitate trust and better equip students to internalize feedback and apply it in practice.

Bjork et al. (2013) defined “integration” as the context-dependent connection of theoretical knowledge and practical skills for each unique patient situation (p. 2341). Integration can be considered a critical skill in the development of occupational therapy practitioners. Integration, according to the study participants, is a challenging task as the academic and clinical learning environments are often viewed as separate and distinct entities. However, through well-informed

feedback, bodies of knowledge developed by the student and initially perceived as disconnected from practice, coalesce into practitioner schemas.

Classroom feedback tends to be offered in a group format. For example, a classroom educator may ask students to write down a concept that is not clear and then the educator may review that concept with the entire class. The review may develop into an active class discussion, which can also be a form of feedback. Students in the academic environment tend to be grade-oriented. Their interest in, and internalization of, feedback is often geared mainly towards improving test scores.

Feedback that occurs in the fieldwork environment tends to be a one-to-one interaction between the student and supervisor. Feedback may be offered before, during, or after a student - patient interaction, allowing for adjustments in any phase of the occupational therapy process. Because the clinical environment is where multiple areas of didactic knowledge may be called into play simultaneously, feedback is more dynamic in nature and more process-oriented. In the field, student concerns about traditional test scores is minimized, clearing the way for internalization of feedback for improvement in practice.

While all the educators in the study professed a belief in the importance of feedback, understanding that students view and use feedback differently, dependent on the learning environment, is an important consideration for all occupational therapy educators. Perhaps student readiness for practice may be improved if educators increase their knowledge and awareness of how feedback is effectively delivered and used by students across the academic and clinical settings. It may be useful to offer simulated practice feedback in the classroom that more resembles the type of feedback students will be exposed to in the field.

Occupational therapy educators, in both the academic and clinical settings, seek to create collaborative learning environments to support the transition to readiness for practice.

Fieldwork educator participants illustrated a learning environment where student learners were akin to novice practitioners. Professional expectations in the clinic surpassed those expected in the classroom. Passive learning was non-existent in the fieldwork educators' descriptions of learning in their settings. Although the academic educators expressed this sentiment also, their description of the how classroom education functioned took on a different tone. While academic educators described multiple ways in which they attempted to engage students in active learning, it was not until students reached the clinic that they truly experienced that process. Similarities and differences in collaborative processes within each of the learning environments was evident when participants described clinical reasoning development in students.

All the study participants characterized clinical reasoning as a process, requiring students to move beyond evidence and textbook information. The process requires students to be reflective. Reflection is a critical concept in Wright's (2012) OT-PEP model and defined as the interpretation of one's experiences. From a constructivist perspective, participants characterized reflection as the ability to integrate knowledge with the conscious awareness of its fluidity so that it can be redesigned and restructured within the process of clinical reasoning.

Clinical reasoning has an ambiguous quality and for Wright (2012), "tolerance for ambiguity" (p. 10) is an essential element that enables students to incorporate and connect through reflection, their factual knowledge base, their life experiences, and the life experiences of their clients. However, the ambiguous nature of clinical reasoning, according to P5, is one of the barriers students face. Their fear of failure, which often comes to light as they move from the classroom to the clinic, can be exacerbated because clinical reasoning requires judgement.

Academic educators expressed their belief that clinical reasoning skills can be fostered in the classroom using case studies, problem-based learning videos, and patient narratives. While these learning strategies are well-known in professional health education programs, it is not possible to re-enact all the complexities of real-life situations. Because simulated experiences lack the authenticity of the clinic environment, students tend to rely on passive learning strategies. Academic educators' reliance on educational outcomes assessment to gauge student learning limits their ability to employ the less structured approaches used by fieldwork educators.

The clinic environment demands a more fluidly collaborative strategy. Student learning occurring in real-time patient care requires teaching strategies that not only engage the learner in the clinical reasoning process but also ensure quality patient care. This requires students to actively include empathy in their clinical reasoning process. The Model of Practice Skills performance frames empathy in clinical reasoning in the "caring component" element (Bjork et al., 2013, p. 2341). The caring component element, according to Bjork et al., includes respect, acceptance, encouragement, and a genuine concern for the patient.

Because clinical decision-making includes ethical and humanistic components, aspiring to include empathy in clinical decisions is an essential aspect that study participants felt was significant in the development of students' clinical reasoning skills. However, attaining the ability to include empathy in the clinical reasoning process seems best actualized in the clinical learning environment. It is there that students gain a unique opportunity to be immersed in the lived experiences of the patients and clients they encounter. What was previously known to students in the classroom environment only as case study examples takes on texture and dimension, opening the door for the caring component element to enter the reasoning process.

Discussion Summary

The analysis of the data derived from the interviews and focus group session with academic and fieldwork educators conveyed that in both educational settings, there are critical elements that characterize student readiness for transition to fieldwork practice. Professionalism, the ability to constructively internalize feedback, and clinical reasoning process were common topics threaded throughout all the transcribed and coded data. While educators were extraordinarily articulate in conceptualizing these threads as they pertain to occupational therapy student readiness for fieldwork, the process by which they seek to improve student readiness for fieldwork was not as clearly delineated.

The interview questions developed for the study were grounded in a constructivist framework as described in Chapter 2. The intent was to allow educators sufficient opportunity and space within the questions to explore and interpret their educative practices. What came to light through the data analysis process was that educators in both academic and clinical settings were challenged by questions intended to facilitate exploration of their personal teaching philosophies and methods.

In considering why educators were challenged when asked to explore how they seek to improve readiness in students, two potential barriers came to light. First, regarding the interview question protocol, the semi-structured interview questions were organized in three areas: knowledge, skills, and attitudes. The questions were not further sub-divided specific to each research question. In reviewing the questions pertaining to knowledge and skills, a weakness was uncovered. Knowledge and skills questions prepared for the academic and fieldwork educators included only two questions that could be construed as focused on teaching methods (see Appendix A):

How do you facilitate knowledge growth throughout the academic and FW experience?

How do you see your role in educating students in specific clinical skills?

The same issue was apparent in the question protocol prepared for the focus group discussion.

Only two of the prepared questions directed educators to provide insight into their teaching (see Appendix A):

What is your role as an educator in each setting?

What potential changes to the educative process, in each setting, might facilitate improved student outcomes?

The second barrier that presented itself during the analysis phase of the study pertained to the fact that historically, occupational therapy clinicians have no formal training in pedagogy (Provident et al., 2009). Regardless, the profession assumes that the clinician will also identify and undertake the responsibilities of an educator role, both in the academic and clinical settings. The lack of formal training in how to effectively teach is a potential barrier to clearly expressing the process entailed in improving student readiness for practice in fieldwork.

Discussion of the Results in Relation to the Literature

The literature reviewed for this study spanned a breadth of healthcare professions to illustrate a clear, contextual picture of the various aspects of learning encompassed in professional health education. Specific attention was paid to literature exploring occupational therapy and the perspectives of occupational therapy students, educators, and clinicians. In concert with a constructivist philosophical paradigm, thematic interpretations emerged from the literature creating a cohesive illustration of the current body of research applicable to my study. This section will discuss seminal and new literature published since this study was undertaken, organized under three interrelated areas: community of practice, the body of current literature, and its relationship to the community of scholars.

Relationship to the Community of Practice

Successful student outcomes in fieldwork education are heavily dependent on the learning environment orchestrated by the fieldwork educator. The student-fieldwork educator relationship has been identified in the literature as a critical component to student success (Francis et al., 2016; Hills et al., 2016; Kirke et al., 2007). In occupational therapy, as in most healthcare professions, fieldwork education relies on clinicians to assume the role of educator and facilitator of professional assimilation for students. Therefore, several studies that examined fieldwork educator characteristics were reviewed. The ability to deliver positive and constructive feedback has been identified as one of the most important characteristics of an effective fieldwork educator (Brueggeman, 2006; Francis et al., 2016; Mann, 2011; Rodger et al., 2011). Results from my study corroborate earlier findings, highlighting the significance that feedback plays in the professional development of students. Unlike earlier studies, my research elucidated academic educator perspectives, bringing to light the importance of feedback in the classroom learning environment as a precursor to fieldwork.

Hoadley (2012) broadly defined a community of practice as knowledge and beliefs that lie “somewhere between individuals and cultures” (p. 290). From an educational viewpoint, communities of practice that students enter encompass educators in both the classroom and clinic environments, and other professionals they encounter throughout their educational experiences. Feedback generated from individuals and the community of practice are a significant tool that should be used by the student as they mature into clinicians.

A recent qualitative study conducted by Snyder (2018) targeted a sample population of 23 level II fieldwork students and used a phenomenological methodology to develop and interpret themes related to perspectives on feedback. Snyder’s study corroborated earlier findings but also

found that feedback, delivered constructively and appropriately, played a major role in facilitating student assimilation into professional culture. Assimilation into professional culture is the essence of community of practice where students become authentic members through their educational experiences.

All occupational therapy educators and clinicians should be well-versed in applying theory to practice and further, should be able to explicitly articulate how it is applied to practice. Currently, within our communities of practice in occupational therapy, there are varying levels of understanding of how theory relates to practice. This has created a barrier to student readiness for transition to the fieldwork setting. Because theory is foundational to developing clinical reasoning, more research in this area is needed to continue closing the theory-practice gap and increase cohesiveness in our communities of practice.

More recent literature has begun to address how occupational therapy practitioners may be afforded educational opportunities designed to improve their ability to incorporate theory into supervision and practice. Roberts and Fitzgerald (2017) described the implementation of a collaborative project between an occupational therapy education program and a large health organization in Queensland Australia. Data collected prior to the project implementation highlighted how practitioners were not comfortable incorporating theory and evidence into their supervisory practices. The educational package, in part, included learning modules designed to enhance supervisor's incorporation of theory into their reflective practices and to educate practitioners on a variety of learning theories and practice models in occupational therapy. While the authors note that preliminary results of using the educational package were positive, in terms of long-term impact is yet to be determined. The findings from my study, coupled with this recent

literature, point to the need for collaborative strategies between the academic and clinical settings, to improve educator awareness of the value of theory-driven practice.

Relationship to the Literature

Successful assimilation into professional culture requires students to exhibit appropriate professional behaviors, yet research findings have highlighted a growing concern that Generation Y learners are lacking in professionalism (Eckleberry-Hunt & Tucciarone, 2011; Tran et al., 2014). Negative professional behaviors have been linked to occupational therapy student failure in fieldwork (James & Musselman, 2006). A recent retrospective review, conducted by Hackenberg and Toth-Cohen (2018), analyzed 319 Fieldwork Performance Evaluations (FWPE) from one occupational therapy education program to determine if poor scoring specifically correlated to low scores in the professional behaviors' categories. The FWPE is the current, standardized tool used to evaluate student performance in the fieldwork setting. Eleven questions on the FWPE relate to professional behaviors. The authors found higher percentages in the "needs improvement" range in the following categories: verbal/nonverbal communication, written communication, work behaviors, and time management.

While the results of my study did not fully agree with the generational issues noted by Eckleberry-Hunt & Tucciarone (2011) and Tran et al. (2014), participants did identify communication between students and educators, and academic institutions and fieldwork sites as critical components that support students' ability to transition effectively between learning environments. The insight gained from my study regarding the need for increased communication between educators in both learning environments constituted a unique finding not found in earlier studies.

Multiple studies have indicated independent learning as a valued student characteristic by fieldwork educators (Chipchase et al., 2012; James & Musselman, 2006; Kirke et al., 2007; Vogel et al., 2004). While the literature explicates independent learning as an important characteristic in fieldwork students, Delany & Bragge (2009) found that fieldwork educators' teaching methods do not appear to address how to move students along the continuum of learning to the more critical and active skill of knowledge building.

The findings in my study indicated that independent learning may be more of a process rather than a discrete skill that can be taught. Findings also highlighted that the ability to learn independently was a quality seen in leaders. The ability to exhibit behaviors that illustrate leadership qualities has been the focus of recent literature on occupational therapy fieldwork education. Ryan et al. (2018) used a mixed methods research design, which included a semi-structured interview, to assess fieldwork educator practices and preferences. 46 clinicians completed a Likert-scale survey and an interview. A significant finding in the study found that fieldwork educators considered leadership skills in students essential to future practice. This included the motivation for independent study and the ability to act independently in the fieldwork setting. Independence in the fieldwork setting was characterized by students' ability to actively engage in treatment planning, requiring clinical decision-making skills.

Relation to the Community of Scholars

The push for outcomes-based, quantitative research in the professional health fields is evident (Hooper & Gupta, 2018). However, researchers must be mindful of the distinct contribution of the variety of knowledge that is proffered through qualitative analyses (Creswell, 2018). The current body of research related to occupational therapy education is, by far, qualitative in nature. From a constructivist view, qualitative inquiry adds authenticity and

credibility to theoretical understanding (Myers, 2000) and provides the foundation on which further inquiry into outcomes can be explored (Hooper & Gupta, 2018).

My study was a qualitative inquiry into educator perspectives from the academic and clinical learning environments. In concert with the importance of theoretical underpinnings, I offered an interpretation of the study results through a conceptual framework consisting of two practice models, both paradigmatically aligned with a constructivist epistemology. The practice models identified as foundational to occupational therapy education were flexible, heterarchical approaches allowing for a more dynamic interpretation of occupational therapy knowledge necessary for transition to fieldwork practice.

The literature review prepared for my study illuminated a gap in evidence available to understand the occupational therapy education process that facilitates student transition from the classroom to the clinic. Student readiness for this transition has been explored from the perspectives of fieldwork educators and students themselves. However, examination of the perspectives of academic educators is lacking. My study was inclusive of both fieldwork and academic educator perspectives, supporting previous findings, but also adding new knowledge to the body of available evidence. This study found that while readiness characteristics are similarly identified across educational settings, educators in both the classroom and the clinic have difficulty articulating specific educational practices that may serve to improve readiness.

Limitations

In this exploratory, collective case study, I attempted to reach potential participants in a variety of clinical and academic settings, with varied years of experience. The goal was to have a participant pool from which a purposeful sample of academic and fieldwork educators could be derived. Because the concept of data saturation in relation to sample size has not been effectively

justified in qualitative research (Malterud et al., 2016), no set number of participants was offered in the study procedures. In addition, multiple methods were used to reach potential participants including postal mailings, email, and social media. While I was able to cast a wide net for potential participants, the pool from which to draw the purposeful sample was smaller than expected. Only 22 occupational therapists completed my initial survey and only 9 out of the 22 were able schedule an interview or join the focus group.

While no set number of participants was offered the limited responses to my request to participate, and the eventual size of the purposeful sample may be considered a limitation in the study. I initially assumed I would need a large pool to develop the heterogeneous sample that would represent the diversity of teaching and practice environments. This diversity would hopefully enable me to uncover similarities in perspective that could be generalized outside of the sample (Robinson, 2014). While my sample of nine participants had similar years of experience, their clinical backgrounds introduced the heterogeneous component I had hoped to amass.

Throughout the interview and focus group sessions, I endeavored to remain cognizant of my potential influence as the researcher and as an occupational therapy practitioner and educator. Using the technique of bracketing described by Creswell (2013), in each interview, I attempted to refrain from inserting my own opinions. However, the dialogue that ensued during many of the interviews drew me into deep conversations in which my own experiences, at times, were brought forth. I diligently referred to the interview protocol and open-ended questioning to limit the potential bias of my position. I also reflected carefully throughout the process so that I could contemplate the effects of my relationships with interview and focus group participants. Most of the study participants were familiar with me through our professional circles. In order to ensure the study was feasible, my search for participants was focused within a contained geographic

region (Long Island and the boroughs of New York). Perhaps the opportunity to engage in dialogue with more practitioners and educators outside of this geographic region may have added more diversity to the perspectives offered.

While the interviews produced significant data for the study, retrospective consideration has led me to consider that a more in-depth survey may have produced more data related to specific pedagogical activities that educators in the classroom and clinic employ. Logistically, a survey has the potential to reach many more participants. The methodology in this study utilized interviews and focus groups to collect relevant data. The requirement for interviews constrained the geographic location from which participants were solicited.

Implication of the Results for Policy, Practice, and Theory

In the profession of occupational therapy, fieldwork is an integral element in the education process that serves to introduce students to authentic clinical practice. The culmination of the level II fieldwork experience is a student who can be characterized as an entry level practitioner (AOTA, 2012). Therefore, on-going research that seeks to illuminate and address issues in fieldwork education is warranted and necessary.

This study was a qualitative inquiry into the perspectives of educators who interact with students in the classroom and in the clinic environment. If students are expected to bridge their learning between these environments, it is incumbent on educators to understand each other's philosophies about teaching and learning, and further, find common ground through practice and policy that connects these unique educative contexts. The following subsections relate the study's findings to the policy, practice, and theory implications within the framework of occupational therapy education.

Policy

As of 2017, there are 110 education standards (known as the B standards) that relate to the didactic component of an occupational therapy program (ACOTE, 2017). Separate from the B standards are 19 standards which relate to fieldwork (known as C standards). The overarching goals of the C standards are that students must complete the level II fieldwork experience able to assume the role of entry-level general practitioners and that the fieldwork experience be “integral to the program’s curriculum design” (ACOTE, 2017, p. 35). However, neither the B or C standards appear to imply a reciprocal or interconnected relationship between the two education environments. Rather, the C standards remain a separate entity from other didactically structured content standards meant to be addressed in the classroom.

Based on the interpretation of the data analysis from this study, academic and fieldwork educators are peripherally in agreement with the characteristics of student readiness for practice, but they appear to lack the ability to express how readiness can be improved through teaching. This is evident in both the classroom and the field. The results set the stage for opening a dialogue to re-visit the C standards and contemplate how they may be re-structured to better support teaching across the classroom and clinic.

Restructuring of the occupational therapy education standards should include facilitation of teacher preparation for classroom and field educators. Currently, neither content (B) nor fieldwork (C) standards address requirements for teaching. In fact, the C standards use antiquated terminology (fieldwork supervisor as opposed to fieldwork educator). As a profession, our education policies should reflect the importance and viability of the educator role across teaching environments. This restructuring of the standards would provide a framework on which educators could re-conceptualize the mechanics of how they teach and further facilitate increased understanding of how to support readiness for practice through pedagogical mechanisms.

The re-conceptualization of occupational therapy education standards through policy changes would have a direct effect on current practice, specifically regarding preparation of academic and clinical educators. There may be call for a clearer role delineation between practitioners and educators. With role delineation, the profession could further focus on how educators can be better-prepared for teaching responsibilities both in the classroom and clinic environment.

Practice

The results of this study indicated that academic and fieldwork educators have similar perspectives on what they consider characteristics of readiness for fieldwork practice. Professionalism, communication skills, and the ability to reciprocally internalize and constructively use feedback were considered integral components of readiness. However, what came to light was an apparent lack of how, from a pedagogical perspective, these characteristics can be cultivated and refined in students transitioning from the classroom to the clinic environment. This finding corroborates earlier findings by Cangelosi et al. (2009) who noted that different skillsets are required of a practitioner when compared to a clinical educator.

Perhaps the profession of occupational therapy should consider the development of teacher education programs that address classroom pedagogy and adult learning theory. While the American Occupational Therapy Association does offer some tools for independent learning in this area, and a course that a potential or current fieldwork educator can pay for, more substantial, organized preparation that begins in our academic programs, for those who wish to may be necessary.

As discussed in Chapter 1, the profession has been mandated by their accrediting body (ACOTE) to transition all occupational therapy education programs entry level doctoral degrees

by 2027. At present, the mandate is in abeyance due to stakeholders' concerns about moving the profession forward in this direction (AOTA, 2018). However, in preparation that the mandate will be upheld, many programs are preparing their doctoral level curriculums for submission to their governing institutions. While all currently licensed practitioners will be grandfathered into the new standards of educational preparation, the effect current practice need to be explored. As a profession, we need to engage in dialogue to discuss how we will provide effective education in our academic curriculums and in the field that supports the interconnectedness of theory to practice, the advancement of research, and the inclusion of evidence into the occupational therapy process. Current and future practice is focused, profession-wide attention to academic and fieldwork educator preparation.

Providing training to practitioners choosing to assume the role of educators, situated both in the classroom and clinic, would facilitate the development of skills that could translate to more effective teaching practices and more focused, constructive approaches to advancing student readiness. However, whether the profession of occupational therapy is ready to accept the challenge of restructuring how we prepare clinical educators remains ambiguous. Even in the most recent studies, fieldwork educators still report that student readiness for the practice setting is mainly conducted in the classroom setting where students would benefit from more practice in hands-on skills (Ryan et al., 2018).

The study results highlight that while educators share similar views of student readiness, there remains a persistent lack of communication across the teaching environments as to the mechanics of facilitating improved student readiness. Going forward, practice should include deliberate attempts to connect educators from the classroom and the clinic. Stronger

collaborations between educators and clinicians would facilitate meaningful dialogue that might lead to improved practices in both education of future practitioners, and clinical practice itself.

Theory

The majority of the study participants held similar views about theory with regard to practice. As indicated by the study participants, theory tends to reside in the periphery of practice, reserved only for students to know superficially and as isolated knowledge. This finding is not uncommon in occupational therapy and other health professions. However, prior studies that have examined the use of theory in practice have illustrated the theory-practice gap from the perspective of clinical educators (Robertson & Griffiths, 2009; Spouse, 2001; Thomas et al., 2007). This current study brought to light that the theory-practice gap, evidenced by the lack of importance placed on theory, is also evident in the academic environment. The lack of importance and understanding of theory appears to be initiated in the classroom and further perpetuated in the clinic.

Embedding theory, in an authentic and meaningful way, throughout the didactic curriculum in occupational therapy education, may help improve the development of students' clinical reasoning skills before they enter the fieldwork portion of their education. Theory that is deliberately and consistently related to practice in the classroom would serve to enhance understanding of occupational therapy's contribution in the larger sphere of healthcare delivery. This has significant implications for future practice. Today's students are tomorrow's practitioners. It is incumbent on academic educators to alter future clinician perspectives on theory so that when students eventually enter the profession and become fieldwork educators themselves, the usefulness of theory to practice is not lost. The ability to articulate and embed theory into practice is a distinct way to improve readiness for practice.

Recommendations for Further Research

The profession of occupational therapy continues to rely heavily on fieldwork education to prepare future clinicians for practice. As the profession moves forward in the 21st century, the health environment will continue to place demands on practitioners for more theoretically framed, evidence-based clinical decision-making, interdisciplinary practice, and the ability to clearly articulate the value of occupational therapy as a unique contribution to patient and client care. To excel in this complex, multi-dimensional environment, as a profession we must more closely examine how we educate students in both the classroom and the clinic. Most available literature on occupational therapy student education is focused on the perspectives of either students or fieldwork educators. This study added the perspectives of academic educators and through analysis of the data collected, also highlighted potential avenues for future research.

Occupational Therapy Curriculums

In this study, educators could not clearly articulate pedagogical strategies for improving student readiness for fieldwork practice. While this was not an uncommon finding based on previous studies that examined preparation of fieldwork educators (Delany & Bragge, 2009; Towns and Ashby 2014), it was unexpected coming from the academic educators. Future research that more closely examines occupational therapy program curriculums might bring to light areas in didactic preparation that could support the development of future educators, both in the classroom and the field.

Expansion of the Current Study

This case study employed interview and focus group strategies as the platform on which academic and fieldwork educators could articulate their perspectives in student readiness for transition to fieldwork practice. Nine participants comprised the purposeful sample and while the

sample was heterogeneous regarding diversity in practice and education settings, further development of the constructed themes and a more in-depth understanding of specific pedagogical practices would add to our current understanding of occupational therapy education. This could be achieved by employing survey research that requires participants analyze their use of specific, documented teaching strategies.

Professionalism in Health Professions Students

The topic of professionalism was widely discussed by participants in the current study in the context of intrinsic values and extrinsic behaviors. Professionalism concerns have also been articulated in the body of literature reviewed for this study (Desy et al., 2017; Eckleberry-Hunt & Tucciarone, 2011; Essary, 2011; McNair, 2005; Tran et al., 2014). Because of the importance placed on student professionalism in the classroom and field, future research that explores how occupational therapy education programs determine the presence of professionalism in prospective students through their admissions processes may be warranted. Such research may produce results that in part, help to strengthen student cohort and further improve student readiness and transition to practice.

Conclusion

In occupational therapy, fieldwork is often described as the bridge that connects knowledge to practice (Casares et al., 2003; Chipchase et al., 2012; Delany & Bragge, 2009; Kirke et al., 2007; Newton et al., 2009). Classroom experiences and learning must prepare students for the transition to fieldwork practice where they will further develop the multitude of skills required of entry-level practitioners. However, significant challenges that present barriers to effective

learning and subsequent transition to the fieldwork practice setting have been elucidated in the literature.

This study sought to explore occupational therapy student readiness to enter and engage in fieldwork education through the perspectives of classroom and fieldwork educators. While student and fieldwork educator perspectives have been elucidated in previous studies, this study was unique in that it included academic educator perspectives and an analysis of a focus group discussion that included educators from both teaching environments. Results of the study revealed consensus among educators on what characterizes student readiness for practice. Highlighted topics of importance were communication, feedback, professionalism, and the ability to reason clinically.

Consensus in how educators from both learning environments characterize student readiness for practice was an important finding directly related to the first research question; How do occupational therapy fieldwork and classroom educators characterize student readiness for level II fieldwork across multiple practice settings? Consensus will facilitate future directions in educational programming that is collaboratively structured between academic programs and the clinical settings in which students engage in fieldwork.

In relation to the second research question which sought to explicate how educators seek to improve student readiness for fieldwork practice, there appeared to be an inherent lack of ability to clearly articulate pedagogical strategies. Further, this was evident in the responses from both classroom and field educators. This finding validates the need for further studies which explore academic educator practices and how the profession is undertaking the challenge of formally preparing its educators.

As the profession of occupational therapy continues to evolve, so too must the educational practices that prepare educators and students. My own path has led down the academic road, nurturing my interests in teaching, learning, and pedagogy as it applies to preparing students for practice. I look forward to contributing future research that may be utilized in advancing educator preparation, and policy and curriculum development, to facilitate and improve student readiness for practice.

References

- Accreditation Council for Occupational Therapy Education. (2015). Carnegie classifications of accredited and developing educational programs. *The American Occupational Therapy Association*. Retrieved from <https://www.aota.org/Education-Careers/Accreditation.aspx>
- Accreditation Council for Occupational Therapy Education. (2017, April). 2011 ACOTE standards and interpretive guide (effective July 2013): April 2017 interpretive guide version. *The American Occupational Therapy Association*. Retrieved from <https://www.aota.org/~//media/Corporate/Files/EducationCareers/Accredit/Standards/2011-Standards-and-Interpretive-Guide.pdf>
- Adanza, J. R. (2017). Social constructivism and clinical teaching in a selected higher education institution in Cavite, Philippines. *International Conference on Law, Business, Education, and Corporate Social Responsibility*, Jan 23–24.
- Aguilar, A., Stupans, I., Scutter, S., & King, S. (2013). Towards a definition of professionalism in Australian occupational therapy: Using the Delphi technique to obtain consensus on

- essential values and behaviours. *Australian Occupational Therapy Journal*, 60(3), 206–216. <http://doi.org/10.1111/1440-1630.12017>
- Ainsworth, J. (2013). *Sociology of education: An A-to-Z guide*. Thousand Oaks, CA: Sage Publications, Inc.
- Aktaş, Y. Y., & Karabulut, N. (2016). A survey on Turkish nursing students' perception of clinical learning environment and its association with academic motivation and clinical decision making. *Nurse Education Today*, 36, 124–128. <http://doi.org/10.1016/j.nedt.2015.08.01>
- Al-Busaidi, Z. Q. (2008). Qualitative research and its uses in health care. *Sultan Qaboos University Medical Journal*, 8(1), 11–9. <http://doi.org/10.1177/1524839910363537>
- Allen, H. (2012). Is there a social worker in the house? Health care reform and the future of medical social work. *Health & Social Work*, 37(3), 183–186. <https://doi.org/10.1093/hsw/hls021>
- American Occupational Therapy Association. (2009). Occupational therapy fieldwork education: Value and purpose. *The American Journal of Occupational Therapy*, 63(6), 821–222.
- American Occupational Therapy Association. (2012). COE guidelines for an occupational therapy fieldwork experience- level II. *AOTA*. Retrieved from <https://www.aota.org/~//media/Corporate/Files/EducationCareers/Educators/Fieldwork/LevelII/COE%20Guidelines%20for%20an%20Occupational%20Therapy%20Fieldwork%20Experience%20--%20Level%20II--Final.pdf>
- American Occupational Therapy Association. (2018). ACOTE 2027 mandate update and timeline. Retrieved from <https://www.aota.org/Education-Careers/Accreditation/acote-doctoral-mandate-2027.aspx>

- Anderson, C. (2010). Presenting and evaluating qualitative research. *American Journal of Pharmaceutical Education*, 74(8), 1–7. <http://doi.org/10.5688/aj7408141>
- Andonian, L. (2017). Occupational therapy students' self-efficacy, experience of supervision, and perception of meaningfulness of Level II fieldwork. *The Open Journal of Occupational Therapy*, 5(2), 1–12. <http://doi.org/10.15453/2168-6408.1220>
- Ares, T. L. (2014). Professional socialization of students in clinical nurse specialist programs. *The Journal of Nursing Education*, 53(11), 631–640. <http://doi.org/10.3928/0148/4834-20141027-03>
- Ashby, S. E., Ryan, S., Gray, M., & James, C. (2013). Factors that influence the professional resilience of occupational therapists in mental health practice. *Australian Occupational Therapy Journal*, 60(2), 110–119. <http://doi.org/10.1111/1440-1630.12012>
- Baillie, L. (2015). Promoting and evaluating scientific rigour in qualitative research. *Nursing Standard*, 29(46), 36–42. <http://doi.org/10.7748/ns.29.46.36.e8830>
- Bakhshialiabad, H., Bakhshi, M., & Hassanshahi, G. (2015). Students' perceptions of the academic learning environment in seven medical sciences courses based on DREEM. *Advances in Medical Education and Practice*, 6, 195–203. <http://doi.org/10.2147/AMEP.S60570>
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, 13(4), 544–559.
- Bedward, J., & Daniels, H. R. J. (2005). Collaborative solutions—clinical supervision and teacher support teams: Reducing professional isolation through effective peer support. *Learning in Health & Social Care*, 4(2), 53–66. <http://doi.org/10.1111/j.1473-6861.2005.00090.x>

- Benevides, T. W., Vause-Earland, T., & Walsh, R. (2015). Impact of a curricular change on perceived knowledge, skills, and use of evidence in occupational therapy practice: A cohort study. *American Journal of Occupational Therapy*, 69(Supplement 2), 1–9.
<http://doi.org/10.5014/ajot.2015.018416>
- Berman, J. (2013). Utility of a conceptual framework within doctoral study: A researcher's reflections. *Issues in Educational Research*, 23(1), 1–18.
<http://doi.org/10.2147/AMEP.S60570>
- Berman, J., & Smyth, R. (2015). Conceptual frameworks in the doctoral research process: A pedagogical model. *Innovations in Education and Teaching International*, 52(2), 125–136.
<http://doi.org/10.1080/14703297.2013.809011>
- Bjørk, I. T., Lomborg, K., Nielsen, C. M., Brynildsen, G., Frederiksen, A. M. S., Larsen, K., ... Stenholt, B. (2013). From theoretical model to practical use: An example of knowledge translation. *Journal of Advanced Nursing*, 69(10), 2336–2347.
<http://doi.org/10.1111/jan.12091>
- Bonsaksen, T., Kvarnes, H., & Dahl, M. (2016). Who wants to go to occupational therapy school? Characteristics of Norwegian occupational therapy students. *Scandinavian Journal of Occupational Therapy*, 23(4), 297–303.
- Breen, R. L. (2006). A practical guide to focus-group research. *Journal of Geography in Higher Education*, 30(3), 463–475. <http://doi.org/10.1080/03098260600927575>
- Bresler, L. (1995). Ethnography, phenomenology, and action research in music education. *The Quarterly Journal of Music Teaching and Learning*, 6(3), 4–16.
- Brown, T., Williams, B., Mckenna, L., Palermo, C., Mccall, L., Roller, L.,... Aldabah, L. (2011). Practice education learning environments: The mismatch between perceived and preferred

- expectations of undergraduate health science students. *Nurse Education Today*, 31, e22–e28. <http://doi.org/10.1016/j.nedt.2010.11.013>
- Brueggeman, P. M. (2006). Applying adult learning principles to supervision. *Seminars in Hearing*, 27(2), 86–91. <http://doi.org/10.1055/s-2006-939445>
- Bruzzo, D. (2014). The “human factor” and the phenomenological approach in the education of healthcare professionals. *Encyclopaedia*, 18(39), 21–32. <http://doi.org/10.6092/issn.1825-8670/4546>
- Canadian Association of Occupational Therapists. (2012). CAOT & ACOTUP position statement: Professional responsibility in fieldwork education in occupational therapy (2012). *CAOT*. Retrieved from <https://www.caot.ca/document/3693/F%20-%20Fieldwork%20Education%20and%20OT.pdf>
- Cangelosi, P., Crocker, S., & Sorrell, J. M. (2009). Expert to novice clinicians. *Nursing Education Research*, 30(6), 367–371.
- Casares, G., Bradley, K. P., Jaffe, L. E., & Lee, G. P. (2003). Impact of the changing health care environment on fieldwork education. *Journal of Allied Health*, 32(4), 246–251.
- Chan, D. S. (2003). Validation of the clinical learning environment inventory. *Western Journal of Nursing Research*, 25(5), 519–532. <http://doi.org/10.1177/0193945903253161>
- Chipchase, L. S., Buttrum, P. J., Dunwoodie, R., Hill, A. E., Mandrusiak, A., & Moran, M. (2012). Characteristics of student preparedness for clinical learning: Clinical educator perspectives using the Delphi approach. *BMC Medical Education*, 12(1): 112, 2–9. <http://doi.org/10.1186/1472-6920-12-112>
- Chow, J. K. (2015). The future of fieldwork experience: Hospice and palliative care. *American Occupation Therapy Association Special Interest Quarterly*, 25(4), 1–3.

- Clarke, A. (2006). Qualitative interviewing: Encountering ethical issues and challenges. *Nurse Researcher*, 13(4), 19–29. <http://doi.org/10.7748/nr2006.07.13.4.19.c5987>
- Cohen, D. J., & Crabtree, B. F. (2008). Research in health care: Controversies and recommendations. *Annals of Family Medicine*, 6(4), 331–339. <http://doi.org/10.1370/afm.818>.INTRODUCTION
- Cooper, H., Hedges, L.V., & Valentine, J. C. (2009). *The handbook of research synthesis and meta-analysis 2nd edition*. New York, NY: Russell Sage Foundation.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches, 3rd edition*. Thousand Oaks, CA: Sage.
- Creswell, J. W. (2018). *Qualitative inquiry and research design: Choosing among five approaches, 4th edition*. Thousand Oaks, CA: Sage.
- Creswell, J. W. & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39(3), 124–130.
- Cunningham, J., Wright, C., & Baird, M. (2015). Managing clinical education through understanding key principles. *Radiologic Technology*, 86(3), 257–273.
- Curtin, M., & Fossey, E. (2007). Appraising the trustworthiness of qualitative studies: Guidelines for occupational therapists. *Australian Occupational Therapy Journal*, 54(2), 88–94. <http://doi.org/10.1111/j.1440-1630.2007.00661.x>
- de Beer, M., & Mårtensson, L. (2015). Feedback on students' clinical reasoning skills during fieldwork education. *Australian Occupational Therapy Journal*, 62(4), 255–264. <http://doi.org/10.1111/1440-1630.12208>

- DeCuir-Gunby, J. T., Marshall, P. L., & McCulloch, A. W. (2011). Developing and using a codebook for the analysis of interview data: An example from a professional development research project. *Field Methods*, 23(2), 136–155. <http://doi.org/10.1177/1525822X10388468>
- Delany, C., & Bragge, P. (2009). A study of physiotherapy students' and clinical educators' perceptions of learning and teaching. *Medical Teacher*, 31(9), e402–e411. <http://doi.org/10.1080/01421590902832970>
- Delany, C. & Molloy, E. (2009). *Clinical education in the health professions*. Elsevier, Australia: Churchill-Livingstone.
- Denzin, N. K. & Lincoln, Y. S. (2011). *The Sage handbook of qualitative research 4th edition*. Thousand Oaks, CA: Sage Publications.
- Desy, J. R., Reed, D. A., & Wolanskyj, A. P. (2017). Milestones and millennials: A perfect pairing—competency-based medical education and the learning preferences of generation Y. *Mayo Clinic Proceedings*, 92(2), 243–250. <http://doi.org/10.1016/j.mayocp.2016.10.026>
- Doucet, S. A., Letourneau, N. L., & Stoppard, J. M. (2010). Contemporary paradigms for research related to women's mental health. *Health Care for Women International*, 31(4), 296–312. <http://doi.org/10.1080/07399330903518509>
- Dunneback, S., & Therrell, J. (2015). What is important to students? *Journal of the Scholarship of Teaching and Learning*, 15(5), 49–63. <http://doi.org/10.14434/josotl.v15i5.19068>
- Eckleberry-Hunt, J., & Tucciarone, J. (2011). The challenges and opportunities of teaching “Generation Y.” *Journal of Graduate Medical Education*, 3(4), 458–461. <http://doi.org/10.4300/JGME-03-04-15>

- Eklund, R. C., Jeffery, K. A., Dobersek, U., & Cho, S. (2011). Reflections on qualitative research in sport psychology. *Qualitative Research in Sport, Exercise and Health*, 3(3), 285–290. <http://doi.org/10.1080/2159676X.2011.607183>
- Elder, G. H., Kirkpatrick-Johnson, & Crosnoe, R. (2003). The emergence and development of life course theory. In J.T. Mortimer & M.J. Shanahan (Eds.), *Handbook of the life course* (pp. 3–19). New York, NY: Kluwer Academic/Plenum Publishers.
- Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis. *SAGE Open*, 4(1), 1–10. Retrieved from <http://doi.org/10.1177/2158244014522633>
- Essary, A. C. (2011). The impact of social media and technology on professionalism in medical education. *The Journal of Physician Assistant Education: The Official Journal of the Physician Assistant Education Association*, 22(4), 50–53.
- Fairbrother, M., Nicole, M., Blackford, J., Nagarajan, S. V., & McAllister, L. (2016). A new model of clinical education to increase student placement availability: The capacity development facilitator model. *Asia-Pacific Journal of Cooperative Education*, 17(1), 45–59.
- Finlay, L. (2002). Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209–230.
- Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research*, 19(4–5), 583–590. <http://doi.org/10.1080/10503300902798375>
- Francis, A., Hills, C., Johnston, C., MacDonald-Wicks, L., Surjan, Y., James, D., & Warren-Forward, H. (2016). Characteristics of an ideal practice educator: Perspectives from undergraduate students in diagnostic radiography, nuclear medicine, nutrition and

- dietetics, occupational therapy, physiotherapy and radiation therapy. *Radiography*, 22(4), 295–305. <http://doi.org/10.1016/j.radi.2016.04.007>
- Fristedt, S., & Josefsson, K. A. (2016). Factors influencing the use of evidence-based practice among physiotherapists and occupational therapists in their clinical work, *Internet Journal of Allied Health Sciences*, 14(3), 1–13.
- Fry, R. (2016, April 25, 2016). Millennials overtake baby boomers as America’s largest population. *Pew Research Center*. Retrieved from <http://www.pewresearch.org/fact-tank/2016/04/25/millennials-overtake-baby-boomers/>
- Galletta, A. (2001). *Mastering the semi-structured interview and beyond: From research design to analysis and publication*. New York, NY: New York University Press.
- Giberson, T. R., Black, B., & Pinkerton, E. (2008). The impact of student-clinical instructor fit and student-organization fit on physical therapist clinical education experience outcomes. *Journal of Physical Therapy Education*, 22(1), 59–64.
- Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *British Dental Journal*, 204(6), 291–295. <http://doi.org/10.1038/bdj.2008.192>
- Goodson, L., & Vassar, M. (2011). An overview of ethnography in healthcare and medical education research. *Journal of Educational Evaluation for Health Professions*, 8(4), 1–5. <http://doi.org/10.3352/jeehp.2011.8.4>
- Grant, C., & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your “house.” *Administrative Issues Journal Education Practice and Research*, 12–26. <http://doi.org/10.5929/2014.4.2.9>

- Greenfield, B. H., Bridges, P. H., Phillips, T. A., Drill, A. N., Gaydosik, C. D., Krishnan, A., & Yandziak, H. J. (2014). Exploring the experiences of novice clinical instructors in physical therapy clinical education: A phenomenological study. *Physiotherapy (United Kingdom)*, *100*(4), 349–355. <http://doi.org/10.1016/j.physio.2013.10.005>
- Guido, F. M., Chávez, A. F., & Lincoln, Y. S. (2010). Underlying paradigms in student affairs research and practice. *Journal of Student Affairs Research and Practice*, *47*(1), 1–22. <http://doi.org/10.2202/1949-6605.6017>
- Hackenberg, G. R., & Toth-Cohen, S. (2018). Professional behaviors and fieldwork : A curriculum-based model in occupational therapy. *Journal of Occupational Therapy Education*, *2*(2) 1–14. <http://doi.org/10.26681/jote.2018.020203>
- Hadi, M. A., & Closs, J. S. (2016). Ensuring rigour and trustworthiness of qualitative research in clinical pharmacy. *International Journal of Clinical Pharmacy*, *38*(3), 641–646. <http://doi.org/10.1007/s11096-015-0237-6>
- Haenen, J., Schrijnemakers, H., & Stufkens, J. (2003). Sociocultural theory and the practice of teaching historical concepts. In A. Kozulin, B. Gindis, V.S. Ageyev, & S.M. Miller (Eds.), *Vygotsky's educational theory in cultural context* (pp. 246–264). New York, NY: Cambridge University Press.
- Hanson, D. J. (2011). The perspectives of fieldwork educators regarding level II fieldwork students. *Occupational Therapy in Health Care*, *25*(2–3), 164–177. <http://doi.org/10.3109/07380577.2011.561420>
- Harrison, H., Birks, M., Franklin, R., & Mills, J. (2017). Case study research: Foundations and methodological orientations. *FQS*, *18*(1), 1–17. Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/2655/4079>

- Harvison, H. (2018). Academic programs annual data report: Academic year 2017-2018. *The American Occupational Therapy Association*. Retrieved from <https://www.aota.org/~//media/Corporate/Files/EducationCareers/Educators/2017-2018-Annual-Data-Report.pdf>
- Haynes, D. A. (2007). Philosophy of occupational therapy education. *American Journal of Occupational Therapy*, 61(6), 678–678. <http://doi.org/10.5014/ajot.61.6.678>
- Hayward, L. M., Black, L. L., Mostrom, E., Jensen, G. M., Ritzline, P. D., & Perkins, J. (2013). The first two years of practice: a longitudinal perspective on the learning and professional development of promising novice physical therapists. *Physical Therapy*, 93(3), 369–383. <http://doi.org/10.2522/ptj.20120214>
- Hedlund-de Witt, N. (2013). Resource paper no. 1 2013 1. *Integral Research Center*, 1–21. Retrieved from http://webcache.googleusercontent.com/search?q=cache:IH0KUrwoXoUJ:www.academia.edu/9864164/Coding_An_Overview_and_Guide_to_Qualitative_Data_Analysis_for_Integral_Researchers+&cd=1&hl=en&ct=clnk&gl=us&client=firefox-b-1-ab
- Hills, C., Boshoff, K., Gilbert-Hunt, S., Ryan, S., & Smith, D. R. (2015). The future in their hands: The perceptions of practice educators on the strengths and challenges of “Generation Y” occupational therapy students. *The Open Journal of Occupational Therapy*, 3(4), 1–16. <http://doi.org/10.15453/2168-6408.1135>
- Hills, C., Levett-Jones, T., Warren-Forward, H., & Lapkin, S. (2016). Teaching and learning preferences of ‘Generation Y’ occupational therapy student in practice education. *International Journal of Therapy and rehabilitation*, 23(8), 371–379.

- Hills, C., Ryan, S., Smith, D. R., & Warren-Forward, H. (2012). The impact of “Generation Y” occupational therapy students on practice education. *Australian Occupational Therapy Journal*, 59(2), 156–163. <http://doi.org/10.1111/j.1440-1630.2011.00984.x>
- Hoadley, C. (2012). What is a community of practice and how can we support it? In D. H. Jonassen & S. M. Land (Eds.), *Theoretical foundations of learning environments* (Second ed., pp. 287–300). New York, NY: Routledge.
- Hodgetts, S., Hollis, V., Triska, O., Dennis, S., Madill, H., & Taylor, E. (2007). Occupational therapy students’ and graduates’ satisfaction with professional education and preparedness for practice. *Canadian Journal of Occupational Therapy. Revue Canadienne D’ergotherapie*, 74, 148–160. <http://doi.org/10.1177/000841740707400303>
- Hooper, B. (2010). On arriving at the destination of the centennial vision: Navigational landmarks to guide occupational therapy education. *Occupational Therapy in Health Care*, 24(1), 97–106. <http://doi.org/10.3109/07380570903329636>
- Hooper, B., Gupta, J., Bilics, A., & Taff, S. D. (2018). Balancing efficacy and effectiveness with philosophy, history, and theory-building in occupational therapy education research. *The Open Journal of Occupational Therapy*, 6(1), 1–9. <http://doi.org/10.15453/2168-6408.1347>
- Hoppes, S., Bender, D., & DeGrace, B. W. (2005). Service learning is a perfect fit for occupational and physical therapy education. *Journal of Allied Health*, 34(1), 47–50.
- Hurst, K. M. (2010). Experiences of new physiotherapy lecturers making the shift from clinical practice into academia. *Physiotherapy*, 96(3), 240–247. <http://doi.org/10.1016/j.physio.2009.11.009>
- James, K. L., & Musselman, L. (2006). Commonalities in level II fieldwork failure. *Occupational Therapy in Health Care*, 19(4), 67–81. <http://doi.org/10.1300/J003v19n04>

- Jamshed, S. (2014). Qualitative research method-interviewing and observation. *Journal of Basic and Clinical Pharmacy*, 5(4), 87–88. <http://doi.org/10.4103/0976-0105.141942>
- Jootun, D., McGhee, G., & Marland, G.R. (2009). Reflexivity: Promoting rigor in qualitative research. *Nursing Standard*. 23(23), 42–46.
- Kasar, J. & Muscari M. E. (2000). A conceptual model for the development of professional behaviours in occupational therapists. *The Canadian Journal of Occupational Therapy*, 67(1), 42–67.
- Kaufman, D. M. (2003). Applying educational theory in practice: Self-directed learning, self-efficacy, constructivism, Reflective practice. *Bmj*, 326, 213–216.
<http://doi.org/10.1136/bmj.326.7382.213>
- Kielhofner, G. (2006). *Research in occupational therapy*. Philadelphia, PA: F.A. Davis.
- Kinsella, E. A. (2006). Constructivist underpinnings in Donald Schön's theory of reflective practice: echoes of Nelson Goodman. *Reflective Practice*, 7(3), 277–286.
<http://doi.org/10.1080/14623940600837319>
- Kirke, P., Layton, N., & Sim, J. (2007). Informing fieldwork design: Key elements to quality in fieldwork education for undergraduate occupational therapy students. *Australian Occupational Therapy Journal*, 54(SUPPL. 1), 13–22. <http://doi.org/10.1111/j.1440-1630.2007.00696.x>
- Krahenbuhl, K. S. (2016). Student-centered education and constructivism: Challenges, concerns, and clarity for teachers. *The Clearing House: A Journal of Educational Strategies, Issues and Ideas*, 89(3), 97–105. <http://doi.org/10.1080/00098655.2016.1191311>
- Krueger, R. A. (2002). Designing and conducting focus group interviews. *University of Minnesota*. Retrieved from <http://www.eiu.edu/ihec/Krueger-FocusGroupInterviews.pdf>

- Krusen, N. (2011). The influence of environment on clinical practice: Unspoken rules. *British Journal of Occupational Therapy*, 74(12), 546–553.
<http://doi.org/10.4276/030802211X13232584581335>
- Lambert, S. D., & Loiselle, C. G. (2008). Combining individual interviews and focus groups to enhance data richness. *Journal of Advanced Nursing*, 62(2), 228–237.
<http://doi.org/10.1111/j.1365-2648.2007.04559.x>
- Lee, M. Y., & Greene, G. (1999). A social constructivist framework for integrating cross-cultural issues in teaching clinical social work. *Journal of Social Work Education*, 35(1), 21–37.
<http://doi.org/10.1080/10437797.1999.10778944>
- Lewis, L. (2005). Past, present, and future, *American Occupation Therapy Association Special Interest Quarterly*, 15(3), 28–42. <http://doi.org/10.1016/B978-0-12-497451-7.50002-4>
- Lincoln, Y. S. & Guba, E. (2013). *The constructivist credo*. Walnut Creek, CA: Left Coast Press
- Lindstrom-Hazel, D., & West-Frasier, J. (2004). Preparing students to hit the ground running with problem-based learning standardized simulations. *American Journal of Occupational Therapy*, 58(2), 236–239.
- Machi, L. A. & McEvoy, B. T. (2016). *The literature review: Six steps to success, 3rd edition*. Thousand Oaks, CA: Corwin.
- Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, 26(13), 1753–1760.
<http://doi.org/10.1177/1049732315617444>
- Mann, K. V. (2011). Theoretical perspectives in medical education: Experience and future possibilities. *Medical Education*, 45(1), 60–68. <http://doi.org/10.1111/j.1365-2923.2010.03757.x>

- Mapukata-Sondzaba, N., Dhai, A., Tsotsi, N., & Ross, E. (2014). Developing personal attributes of professionalism during clinical rotations: Views of final year bachelor of clinical medical practice students. *BMC Medical Education*, *14*(1): 146, 1–10.
<http://doi.org/10.1186/1472-6920-14-146>
- Marquardt, M., & Waddill, D. (2004). The power of learning in action learning: A conceptual analysis of how the five schools of adult learning theories are incorporated within the practice of action learning. *Action Learning: Research and Practice*, *1*(2), 185–202.
<http://doi.org/10.1080/1476733042000264146>
- Marterella, A. L., & Aldrich, R. M. (2015). Developing occupational therapy students' practice habits via qualitative inquiry education. *Canadian Journal of Occupational Therapy*, *82*(2), 119–128. <http://doi.org/10.1177/0008417414562955>
- Martínez-Mesa, J., Bonamigo, R. R., González-Chica, Duquia, R. P., & Bastos, J. L. (2016). Sampling: How to select participants in my research study? *An Bras Dermatol*, *91*(3), 326–330. DOI: <http://dx.doi.org/10.1590/abd1806-4841.20165254>
- Mattila, A. M., & Dolhi, C. (2016). Transformative experience of master of occupational therapy students in a non-traditional fieldwork setting. *Occupational Therapy in Mental Health*, *32*(1), 16–31. <http://doi.org/10.1080/0164212X.2015.1088424>
- McNair, R. P. (2005). The case for educating health care students in professionalism as the core content of interprofessional education. *Medical Education*, *39*(5), 456–464.
<http://doi.org/10.1111/j.1365-2929.2005.02116.x>
- Mecca, J. T., Gibson, C., Giorgini, V., Medeiros, K. E., Mumford, D. M., & Connelly, S. (2015). Researcher perspectives on conflicts of interest: a qualitative analysis of views from

academia. *Sci Eng. Ethics*, 21(4), 843–855. [http://doi.org/10.1007/s11948-014-9580-](http://doi.org/10.1007/s11948-014-9580-6)

6.Researcher

Metzler, M. J., & Metz, G. A. (2010). Translating knowledge to practice: An occupational therapy perspective. *Australian Occupational Therapy Journal*, 57(6), 373–379.

<http://doi.org/10.1111/j.1440-1630.2010.00873.x>

Morgan, S. T. (n.d.). Epistemology and ontology. Retrieved from

<http://www.stmorgan.co.uk/epistemology-and-ontology.html>

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250–260.

<http://doi.org/10.1037/0022-0167.52.2.250>

Mortier, T., & Yateczak, J. (2016). Utilizing Shulman’s table of learning to understand learning in professional health science programs. *Journal of the Scholarship of Teaching and Learning*, 16(6), 85–105. <http://doi.org/10.14434/josotl.v16i6.20074>

Muir, S. (2012). Occupational therapy in primary health care: We should be there. *American Journal of Occupational Therapy*, 66(5), 506–510.

<https://doi.org/10.5014/ajot.2012.665001>

Myers, M. (2000). Qualitative research and the generalizability question: Standing firm with proteus. *The Qualitative Report*, 4(3), 1–14. Retrieved from

<http://nsuworks.nova.edu/tqr/vol4/iss3/9>

National Board of Certified Occupational Therapists. (2017). Certification renewal handbook.

NBCOT. Retrieved from <https://www.nbcot.org/>-

[/media/NBCOT/PDFs/Renewal_Handbook.ashx?la=en](https://www.nbcot.org/-/media/NBCOT/PDFs/Renewal_Handbook.ashx?la=en)

- National Board of Certified Occupational Therapists. (n.d.). NBCOT® certification renewal activities chart. *National Board of Certified Occupational Therapists*. Retrieved from https://www.nbcot.org/-/media/NBCOT/PDFs/Renewal_Activity_Chart.ashx?la=en
- Neergaard, M. A., Olesen, F., Andersen, R. S., & Sondergaard, J. (2009). Qualitative description – The poor cousin of health research? *BMC Medical Research Methodology*, *9*(1): 52, 1–5. <http://doi.org/10.1186/1471-2288-9-52>
- Newington, L., & Metcalfe, A. (2014). Factors influencing recruitment to research: Qualitative study of the experiences and perceptions of research teams. *BMC Medical Research Methodology*, *14*(1):10, 1–11. <http://doi.org/10.1186/1471-2288-14-10>
- Newton, J. M., Billett, S., Jolly, B., & Ockerby, C. M. (2009). Lost in translation: Barriers to learning in health professional clinical education. *Learning in Health & Social Care*, *8*(4), 315–327. <http://doi.org/10.1111/j.1473-6861.2009.00229.x>
- New York State Office of Professions. (2016). Continuing competency: Questions and answers. Retrieved from <http://www.op.nysed.gov/prof/ot/otcco.htm#wala>
- New York State Office of Professions. (2017). Part 76, Occupational therapy. Retrieved from <http://www.op.nysed.gov/prof/ot/part76.htm>
- Norum, K. E. (2012). Reality and multiple realities. In L.M. Given (Ed), *The SAGE encyclopedia of qualitative research methods* (pp. 736–739). <http://doi.org/10.4135/9781412963909.n371>
- Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process. *The Qualitative Report*, *13*(4), 695–705.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method

- implementation research. *Adm. Policy Ment. Health*, 42(5), 533–544.
<http://doi.org/10.1007/s10488-013-0528-y>. Purposeful
- Papastavrou, E., Dimitriadou, M., Tsangari, H., & Andreou, C. (2016). Nursing students' satisfaction of the clinical learning environment: A research study. *BMC Nursing*, 15(44), 1–10. <http://doi.org/10.1186/s12912-016-0164-4>
- Pearson, M. L., Albon, S. P., & Hubball, H. (2015). Case study methodology: Flexibility, rigour, and ethical considerations for the scholarship of teaching and learning. *The Canadian Journal for the Scholarship of Teaching and Learning*, 6(3), Article 12, 1–6. DOI: <http://dx.doi.org/10.5206/cjsotl-rcacea.2015.3.12>
- Peterson-Bethea, D., Cavazos-Castillo, D., & Harvison, N. (2014). Use of simulation in occupational therapy education: Way of the future? *The American Journal of Occupational Therapy*, 68(S2), S32–9. <http://doi.org/10.5014/ajot.2014.012716>
- Pezalla, A. E., Pettigrew, J., & Miller-Day, M. (2012). Researching the researcher-as-instrument: An exercise in interviewer self-reflexivity. *Qualitative Research*, 12(2), 165–185. <http://doi.org/10.1177/1468794111422107>
- Pivko, S. E., Abbruzzese, L.D., Duttaroy, P., Hansen, R. L., & Ryans, K. (2016). Effects of physical therapy students' clinical experiences on clinician productivity. *Journal of Allied Health*, 45(1), 33–40.
- Price, J. H., & Murnan, J. (2004). Research limitations and the necessity of reporting them. *American Journal of Health Education*, 35(2), 66–67. <http://doi.org/10.1080/19325037.2004.10603611>
- Priest, H. (2002). An approach to phenomenological analysis of data. *Nurse Researcher*, 10(2), 50–63.

- Priest, H., Roberts, P., & Woods, L. (2002). An overview of three different approaches to the interpretation of qualitative data. Part 1: Theoretical issues. *Nurse Researcher*, *10*(1), 30–42. <http://doi.org/10.7748/nr2002.10.10.1.30.c5877>
- Pringle, J., Hendry, C., & McLafferty, E. (2011). Phenomenological approaches: Challenges and choices. *Nurse Researcher*, *18*(2), 7–18. <http://doi.org/10.7748/nr2011.01.18.2.7.c8280>
- Provident, I., Liebold, M. L., Dohli, C., Jeffcoat, J. (2009). Becoming a fieldwork educator: Enhancing your teaching skills. *OT Practice*. Retrieved from <http://www.acu.edu/content/dam/community/documents/cehs/ot/becoming-a-fieldwork-educator.pdf>
- Ravitch, S. M. (2017). *Reason and rigor: How conceptual frameworks guide research*. 2nd edition. Thousand Oaks, CA: Sage Publications.
- Reeves, S., Kuper, A., & Hodges, B. D. (2008). Qualitative research methodologies: Ethnography. *British Medical Journal*, *337*(7668), 512–514. <http://doi.org/10.1136/bmj.alO20>
- Rezaee, M., Rassafiani, M., Khankeh, H., & Hosseini, M. A. (2014). Experiences of occupational therapy students in the first field-work education: A qualitative study. *Medical Journal of the Islamic Republic of Iran*, *28*(110), 1–12.
- Richard, L. F. (2008). Exploring connections between theory and practice: Stories from fieldwork supervisors. *Occupational Therapy in Mental Health*, *24*(2), 154–175. <http://doi.org/10.1080/01642120802055259>
- Roberts, M. J., Fitzgerald, D., & Molineux, M. (2017). Educating occupational therapists in the use of theory and evidence to enhance supervision practice. *The Open Journal of Occupational Therapy*, *5*(4), 1–8. <http://doi.org/10.15453/2168-6408.1356>

- Robertson, L. J., & Griffiths, S. (2009). Graduates' reflections on their preparation for practice. *British Journal of Occupational Therapy*, 72(3), 125–132.
<https://doi.org/10.1177/030802260907200307>
- Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology*, 11(1), 25–41.
<http://doi.org/10.1080/14780887.2013.801543>
- Robinson, S. G. (2013). The relevancy of ethnography to nursing research. *Nursing Science Quarterly*, 26(1), 14–9. <http://doi.org/10.1177/0894318412466742>
- Rodger, S., Fitzgerald, C., Davila, W., Millar, F., & Allison, H. (2011). What makes a quality occupational therapy practice placement? Students' and practice educators' perspectives. *Australian Occupational Therapy Journal*, 58(3), 195–202. <http://doi.org/10.1111/j.1440-1630.2010.00903.x>
- Rodger, S., Thomas, Y., Greber, C., Broadbridge, J., Edwards, A., Newton, J., & Lyons, M. (2014). Attributes of excellence in practice educators: The perspectives of Australian occupational therapy students. *Australian Occupational Therapy Journal*, 61(3), 159–167.
<http://doi.org/10.1111/1440-1630.12096>
- Rodger, S., Webb, G., Devitt, L., Gilbert, J., Wrightson, P., & McMeeken, J. (2008). A clinical education and practice placements in the allied health professions: An international perspective. *Journal of Allied Health*, 37(1), 53–62.
- Rodik, P., & Primorac, J. (2015). To use or not to use: Computer assisted qualitative data software usage among early-career sociologists in Croatia. *Forum: Qualitative Social Research*, 16(1), 1–15. Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/2221/3758>

- Romain, P. L. (2015). Conflicts of interest in research: Looking out for number one means keeping the primary interest front and center. *Current Reviews in Musculoskeletal Medicine*, 8(2), 122–127. <http://doi.org/10.1007/s12178-015-9270-2>
- Romig, B. D., Maillet, J. O. S., Chute, P. M., & McLaughlin, R. J. (2013). Clinical education from a specialized accreditation viewpoint: A report of the ASAHP Clinical Education Task Force. *Journal of Allied Health*, 42(3), 151–156.
- Rutherford-Hemming, T. (2012). Simulation methodology in nursing education and adult learning theory, *Adult Learning*, 23(3), 129-137. <http://doi.org/10.1177/1045159512452848>
- Ryan, K., Beck, M., Ungaretta, L., Rooney, M., Dalomba, E., & Kahanov, L. (2018). Pennsylvania occupational therapy fieldwork educator practices and preferences in clinical education. *The Open Journal of Occupational Therapy*, 6(1), 1–15. <http://doi.org/10.15453/2168-6408.1362>
- Sabari, J. S. (1985). Professional socialization: Implications for occupational therapy education. *American Journal of Occupational Therapy*, 39(2), 96–102. Retrieved from <http://navigator-iup.passhe.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=1986-07546-001&site=ehost-live>
- Saifan, A., Safieh, H. A., Milbes, R., & Shibly, R. (2015). Suggestions to close the gap in nursing education: Nursing students' perspectives. *International Journal of Advanced Nursing Studies*, 4(2), 62–68. <http://doi.org/10.14419/ijans.v4i2.4318>
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage Publications.

- Saldaña, J. (2016). *The coding manual for qualitative researchers, 3rd edition*. Thousand Oaks, CA: Sage Publications.
- Sandeen, C. (2008). Boomers, xers, and millennials: Who are they and what do they really want from continuing higher education? *Continuing Higher Education Review*, 72, 11–31.
- Sargeant, J. (2012). Qualitative Research part II: Participants, analysis, and quality assurance. *Journal of Graduate Medical Education*, 4(1), 1–3. <http://doi.org/10.4300/JGME-D-11-00307.1>
- Savage, J. (2000). Ethnography and health care. *Bmj*, 321(7273), 1400–1402. <http://doi.org/10.1136/bmj.321.7273.1400>
- Scaffa, M., & Wooster, D. (2004). Effects of problem-based learning on clinical reasoning in occupational therapy. *American Journal of Occupational Therapy*, 58(3), 2–5. Retrieved from <http://ajot.aota.org/Article.aspx?articleid=1868395>
- Schaber, P. (2014). Keynote address: Searching for and identifying signature pedagogies in occupational therapy education. *American Journal of Occupational Therapy*, 68(October 2014), S40–S44. <http://doi.org/10.5014/ajot.2014.685S08>
- Schwandt, T. A. (1998). Constructivist, interpretivist approaches to human inquiry. In N.K. Denzin, & Y.S. Lincoln (Eds.), *The landscape of qualitative research* (pp. 221–259). Thousand Oaks, CA: Sage Publications.
- Schwandt, T. A., Lincoln, Y. S. and Guba, E. G. (2007). Judging interpretations: But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New Directions for Evaluation*, Summer 2007(114), 11–25. doi:10.1002/ev.223
- Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical

- research paradigms. *English Language Teaching*, 5(9), 9–16.
<http://doi.org/10.5539/elt.v5n9p9>
- Scott, S. D., Albrecht, L., O’Leary, K., Ball, G. D., Hartling, L., Hofmeyer, A., ... Dryden, D. M. (2012). Systematic review of knowledge translation strategies in the allied health professions. *Implementation Science*, 7(1): 70, 1–18. <http://doi.org/10.1186/1748-5908-7-70>
- Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences, 3rd edition*. New York, NY: Teachers College Press.
- Sheldon, M., Cavanaugh, J. T., Croninger, W., Osgood, W., Robnett, R., Seigle, J., & Simonsen, L. (2012). Preparing rehabilitation healthcare providers in the 21st century: Implementation of interprofessional education through an academic-clinical site. *Work*, 41(3), 269–275.
- Simon, M. K., & Goes, J. (2013). Assumptions, limitations, delimitations, and scope of the study. *Dissertation and Scholarly Research: Recipes for Success*.
<http://doi.org/10.1080/02681309009414645>
- Simons, L., Fehr, L., Blank, N., Connell, H., Georganas, D., Fernandez, D., & Peterson, V. (2012). Lessons learned from experiential learning: What do students learn from practicum/internship? *International Journal of Teaching and Learning in Higher Education*, 24(3), 325–334. Retrieved from <http://www.isetl.org/ijtlhe/>
- Snyder, K. (2018). Exploring students’ use of feedback during occupational therapy level II fieldwork experiences. *Journal of Occupational Therapy Education*, 2(2), 1–18.
- Spouse, J. (2000). Talking pictures: Investigating personal knowledge through illuminative artwork. *NTresearch*, 5(4), 253–261.

- Spouse, J. (2001). Bridging theory and practice in the supervisory relationship: A sociocultural perspective. *Journal of Advanced Nursing*, 33(4), 512–522.
- Stake, R. E. (1978). The case study method in social inquiry. *Educational Researcher*, 7(2), 5–8.
<http://doi.org/10.3102/0013189X007002005>
- Stake, R. E. (1994). Case study: Composition and performance. *Bulletin of the Council for Research in Music Education*, 122, 31–44.
- Stanley, M., & Nayar, S. (2014). Methodological rigor: Ensuring quality in occupational therapy qualitative research. *New Zealand Journal of Occupational Therapy*, 61(1), 6–12.
<http://doi.org/10.1080/14780887.2013.801543>
- Steps for conducting focus groups or individual in-depth interviews. (n.d.). Retrieved from
https://www.orau.gov/cdcynergy/soc2web/Content/activeinformation/resources/SOC_focusgroup-indepthinterview_steps.pdf
- Stewart, D. L. (2010). Researcher as instrument: Understanding “shifting” findings in constructivist research. *Journal of Student Affairs Research and Practice*, 47(3), 291–306.
<http://doi.org/10.2202/1949-6605.6130>
- Strauss, W. & Howe, N. (1991). *Generations: The history of America’s future 1584 to 2069*. New York, NY: William Morrow and Company.
- Strohschein, J., Hagler, P., & May, L. (2002). Assessing the need for change in clinical education practices. *Physical Therapy*, 82(2), 160–172.
- Taylor, D. C. M., & Hamdy, H. (2013). Adult learning theories: Implications for learning and teaching in medical education: AMEE Guide No. 83. *Medical Teacher*, 35(11), e1561–e1572. <http://doi.org/10.3109/0142159X.2013.828153>

The literature review: A research journey. (2016, October). Retrieved from

<http://guides.library.harvard.edu/c.php?g=310271&p=2071511#s-lg-box-6323723>

Thomas, Y., Dickson, D., Broadbridge, J., Hopper, L., Hawkins, R., Edwards, A., & McBryde, C.

(2007). Benefits and challenges of supervising occupational therapy fieldwork students: Supervisors' perspectives. *Australian Occupational Therapy Journal*, 54(SUPPL. 1), 2–12. <http://doi.org/10.1111/j.1440-1630.2007.00694.x>

Thomas, A., Han, L., Osler, B. P., Turnbull, E. A., & Douglas, E. (2017). Students' attitudes and

perceptions of teaching and assessment of evidence-based practice in an occupational therapy professional master's curriculum: a mixed methods study. *BMC Medical Education*, 17(1): 64, 1–11. <http://doi.org/10.1186/s12909-017-0895-2>

Thomas, A., Menon, A., Boruff, J., Rodriguez, A. M., & Ahmed, S. (2014). Applications of social

constructivist learning theories in knowledge translation for healthcare professionals: A scoping review. *Implementation Science*, 9(54), 1–20. <http://doi.org/10.1186/1748-5908-9-54>

Thomas, Y., Penman, M., & Williamson, P. (2005). Australian and New Zealand fieldwork:

Charting the territory for future practice. *Australian Occupational Therapy Journal*, 52(1), 78–81. <http://doi.org/10.1111/j.1440-1630.2004.00452.x>

Thomson, N. A. & Thompson, L. (2013). Reflections on a role-emerging fieldwork placement

using a collaborative model of supervision. *Occupational Therapy Now*, 15(3), 17–19.

Tomlin, G. S., & Swinth, Y. (2015). Contribution of qualitative research to evidence in practice

for people with autism spectrum disorder. *American Journal of Occupational Therapy*, 69(5), 1–4. <http://doi.org/10.5014/ajot.2015.017988>

- Towns, E., & Ashby, S. (2014). The influence of practice educators on occupational therapy students' understanding of the practical applications of theoretical knowledge: A phenomenological study into student experiences of practice education. *Australian Occupational Therapy Journal*, 61(5), 344–352. <http://doi.org/10.1111/1440-1630.12134>
- Tracy, S. J. (2013). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact*. Malsen, MA: Blackwell Publishing.
- Tran, K., Morra, D., Lo, V., Quan, S. D., Abrams, H., & Wu, R. C. (2014). Medical students and personal smartphones in the clinical environment: The impact on confidentiality of personal health information and professionalism. *Journal of Medical Internet Research*, 16(5): e132, 1–8. <http://doi.org/10.2196/jmir.3138>
- Twenge, J. M. (2009). Generational changes and their impact in the classroom: Teaching Generation Me. *Medical Education*, 43(5), 398–405. <http://doi.org/10.1111/j.1365-2923.2009.03310.x>
- United States Department of Labor. (2017). Labor force statistics from the current population survey. *United States Department of Labor*. Retrieved from <https://www.bls.gov/cps/cpsaat11.htm>
- Vogel, K. A., Oxford-Grice, K., Hill, S., & Moody, J. (2004). Supervisor and student expectations of level II fieldwork. *Occupational Therapy in Health Care*, 18(1–2), 5–19. <http://doi.org/10.1080/J003v18n01>
- Whiting, L. S. (2008). Semi-structured interviews: Guidance for novice researchers. *Nursing Standard*, 22(3), 35–40.

- Wright, C. E. (2012). OT-PEP: Development of a professional education paradigm for occupational therapy. *The Open Journal of Occupational Therapy*, 1(1), 1–19.
<http://doi.org/10.15453/2168-6408.1000>
- Xu, M. A., & Storr, G. B. (2012). Learning the concept of researcher as instrument in qualitative research. *The Qualitative Report 2012*, 17(21), 1–18.
<http://doi.org/http://dx.doi.org/10.1108/17506200710779521>
- Yazan, B. (2015). Three approaches to case study methods in education. *The Qualitative Report*, 20(2), 134–152. <http://www.jstor.org/stable/42923724>
- Yin, Robert K. (2018). *Case study research and applications, 6th Edition*. Thousand Oaks, CA: Sage Publications.

Appendix A: Interview Protocol

1. Set date, time, and location with participant
2. At beginning of interview, remind participants of the confidentiality of the interaction, and the fact that the interview is being recorded for later transcription.
3. Offer a bottle of water
4. Establish rapport with initial/ opening questions
5. Use active listening strategies throughout the interview
 - a. Reserve judgement (in both articulation and expression)
 - b. Allow ample time for participant to reflect and respond to the question
 - c. Express interest in what participant is saying
 - d. Probe for more detail as needed
6. Use the interview questions as a guide, but be prepared to follow participants lead
7. Close the interview
 - a. Closing question should prompt participants to add any comment they feel was not covered, but may be important or add more depth
 - b. Ask participant if they have any questions or concerns
 - c. Thank the participant for engaging in the interview process
 - d. Remind participant that you will be contacting them again to review the interview transcripts for member-checking

Possible interview questions for FW educators:

Opening/Rapport Questions

1. Tell me how you came to first start accepting Level II FW students?
2. What do you like/dislike about being a FW educator?
3. Tell me about your process for accepting a FW student currently
4. How do you prepare for the experience of supervising a Level II student?

Knowledge Questions

5. How do you expect the student to prepare for the Level II fieldwork experience?
6. What factual knowledge is important for the student to have prior to the FW experience?
7. What theoretical knowledge is important for the student to have prior to the FW experience?
8. How do you facilitate knowledge growth throughout the FW experience?
9. How do you expect their knowledge to change or transform by the end of the FW experience?

Skills

10. What clinical skills should students possess when they begin level II FW?

11. How do you see your role in educating students in specific clinical skills?
12. How do you expect student skills to evolve through the FW experience?

Attitudes

13. How do you educate students on professionalism?
14. What characterizes a student as professional?
15. Describe how you envision the learning process in the clinic as compared to the classroom setting
16. Describe how you engage in feedback communication with FW students.
 - a. Describe your expectations of student's response to feedback

Closing

17. Would you like to add any comments to our discussion?
18. Do you have any questions?

Possible interview questions for classroom educators:

Opening/Rapport Questions

1. Tell me how you came to first start teaching in an OT program?
2. Prior to your academic path, did you accept level I FW students in practice?
3. What (areas) did you practice in?
4. Tell me about your process for accepting FW students when you were in practice
5. How did you prepare for the experience of supervising a Level II student?

Knowledge Questions

6. How do you expect the student to prepare for the Level II fieldwork experience?
7. What factual knowledge is important for the student to have prior to the FW experience?
8. What theoretical knowledge is important for the student to have prior to the FW experience?
9. How do you facilitate knowledge growth in the classroom, that will benefit the FW experience?
10. How do you expect their knowledge to change or transform prior to the start of FW? During FW? At the end of FW?

Skills

11. What clinical skills should students possess when they begin level II FW?
12. How do you see your role in educating students in specific clinical skills?
13. How do you expect student skills to evolve through the FW experience?

Attitudes

14. How do you educate students on professionalism?
15. What characterizes a student as professional?
16. Describe how you envision the learning process in the classroom as compared to the clinic setting
17. Describe how you engage in feedback communication with FW students.
 - a. Describe your expectations of student's response to feedback

Closing

18. Would you like to add any comments to our discussion?
19. Do you have any questions?

Appendix B: Focus Group Protocol

1. Choose date, time, and location
 - a. Consider Zoom meeting
2. 3 days prior to group send reminder email with date, time, and location
 - a. If face-to-face
 - i. Name tag preparation
 - b. If Zoom – provide login instructions
3. On the day of the group
 - a. If face-to-face
 - i. Water
 - ii. Snacks
 - b. If Zoom
 - i. Enter room early to ensure connections and video working appropriately
4. Opening statements
 - a. Brief overview of study and goals for the focus group
 - b. Guidelines the focus group
 - i. Engagement is voluntary – may leave at any time
 - ii. All ideas will be respected
 - iii. Everyone will have an opportunity to speak if they choose to
 - iv. There are no right or wrong answers
 - v. Reminder that the focus group is being recorded for later transcription

*As the focus group moderator, I will initiate the opening conversation and present the opening question to get the group started. My role will continue in terms of articulating the questions, ensuring that members are given fair opportunity to speak without being judged, and request clarification from participants as needed.

*As the moderator, I will take care not to insert my own views or opinions into the discussion.

Potential Focus Group Questions

1. How can educators in the academic and clinical setting effectively communicate about the fieldwork experience?
 - a. Describe the various methods of communication you currently use, and how and when they best employed
2. How do educators from both environments envision a successful student?
 - a. What knowledge skills and attitudes represent a high-quality student ready for Level II FW?
3. What is your role as an educator in each setting?
 - a. Describe the student-educator relationship
 - b. Describe the responsibilities of both the student and the educator
4. What impacts student learning in each setting?

- a. What are the potential barriers to student learning?
5. What potential changes to the educative process, in each setting, might facilitate improved student outcomes?

Appendix C: Email/Social Media Solicitation Letter

Dear Occupational Therapy Practitioner/Educator:

My name is Pamela Karp and I am an occupational therapist and doctoral student at Concordia University–Portland. This letter is an invitation to participate in a study I am conducting as part of my doctoral degree, under the supervision of Dr. James Therrell, Ph.D. Below is a description of the study’s purpose, procedures. This study has been approved by the Concordia University–Portland’s Institutional Review Board (IRB).

Fieldwork is an integral component of professional preparation of occupational therapy practitioners and serves to bridge didactic and theoretical knowledge within the practice environment. However, there are persistent concerns regarding the theory-practice gap, and barriers to student transition from the classroom to the clinic environment. In my experiences as a fieldwork educator, I have also found that often, students encounter difficulty transitioning their classroom learning to the clinic. While they appear to have amassed didactic knowledge, they have difficulty employing that knowledge to support clinical reasoning when exposed to authentic situations in the actual treatment environments. Hence, the main issue requiring examination appears to be one of student readiness for practice. To explore this issue, it may be prudent to gain an understanding of how student readiness is conceptualized by educators across the spectrum of learning environments.

This study will explore student readiness for transition to the clinical environment using a short demographic survey followed by an interview and/or focus group. The initial survey/questionnaire should take less than 5 minutes to complete. The individual interview should take approximately 30-40 minutes to complete. The focus group meeting should take approximately 60-90 minutes to complete. Completing the short survey/questionnaire indicates your consent to participate in either the individual interview, focus group, or both.

If you would like to participate in my study, click the link below to access the consent letter and survey where you will complete your demographic information. The initial survey should take less than 5 minutes to complete.

Insert Link Here

Thank you for considering taking part in my study. Your input is invaluable to continued growth of the body of literature related to occupational therapy fieldwork education. Please feel free to contact me with any questions.

Sincerely,

Pamela Karp

[email redacted]

[phone number redacted]

Appendix D: Postal Mail Solicitation Letter

Dear Occupational Therapy Practitioner/Educator:

My name is Pamela Karp and I am an occupational therapist and doctoral student at Concordia University–Portland. This letter is an invitation to participate in a study I am conducting as part of my doctoral degree, under the supervision of Dr. James Therrell, Ph.D. Below is a description of the study’s purpose, procedures. This study has been approved by the Concordia University–Portland’s Institutional Review Board (IRB).

Fieldwork is an integral component of professional preparation of occupational therapy practitioners and serves to bridge didactic and theoretical knowledge within the practice environment. However, there are persistent concerns regarding the theory-practice gap, and barriers to student transition from the classroom to the clinic environment. In my experiences as a fieldwork educator, I have also found that often, students encounter difficulty transitioning their classroom learning to the clinic. While they appear to have amassed didactic knowledge, they have difficulty employing that knowledge to support clinical reasoning when exposed to authentic situations in the actual treatment environments. Hence, the main issue requiring examination appears to be one of student readiness for practice. To explore this issue, it may be prudent to gain an understanding of how student readiness is conceptualized by educators across the spectrum of learning environments.

This study will explore student readiness for transition to the clinical environment using a short demographic survey followed by an interview and/or focus group. The initial survey should take less than 5 minutes to complete. The individual interview should take approximately 30-40 minutes to complete. The focus group meeting should take approximately 60-90 minutes to complete. Completing the brief survey/questionnaire indicates your consent to participate in either the individual interview, focus group, or both.

If you would like to participate in my study, please contact me at the email address below so that I can provide you with the link to access the consent letter and survey where you will complete your demographic information and answer two short questions. The initial survey/questionnaire should take less than 5 minutes to complete.

Thank you for considering taking part in my study. Your input is invaluable to continued growth of the body of literature related to occupational therapy fieldwork education. Please feel free to contact me with any questions.

Sincerely,

Pamela Karp

[email redacted]

[phone number redacted]

Appendix E: Initial Survey/Questionnaire

This survey was disseminated through Qualtrics

OT Student Readiness

Q2 SURVEY CONSENT FORM

Research Study Title:

A Case Study to Determine Classroom and Field Educator Perspectives on Occupational Therapy Student Readiness for Transition to Clinical Practice

Principal Investigator: Pamela Karp, MHS, OTR/L, CHT

Research Institution: Concordia University–Portland

Faculty Advisor: James Therrell, PhD

The purpose of this survey, interview, and focus group process is to explore classroom and fieldwork educator perspectives on occupational therapy student readiness for transition from the classroom to the clinical environment. No one will be paid to be in the study. To be in the first phase of the study, you will complete this online survey. The purpose of this survey is to gain demographic information, ascertain your interest in participating beyond the survey. You may choose to participate in either the interview, the focus group, or both, but you are not required to participate. Your choice in how you would like to participate will be chosen in the survey step. We will begin enrollment on May 3, 2018.

The survey will take approximately 5 minutes to complete and is intended to:

- a) Gain demographic information.
- b) Ascertain your interest in participating in either the interview, focus group, or both.
- c) Ask two short questions related to occupational therapy students entering the fieldwork component of their education.

There are no risks to participating in this study other than the everyday risk of your being on your computer as you take this survey. The benefit is your answers will help us understand the concept of student readiness for transition into clinical practice.

All data is collected anonymously. If you were to write something that made it to where we predict that someone could possibly deduce your identity, we would not include this information in any publication or report. And data you provide would be held privately. All data will be destroyed three years after the study ends.

You can stop answering the questions in this online survey if you want to stop.

Please print a copy of this for your records. If you have questions you can talk to or write the principal investigator, Pamela Karp, at [email redacted]. If you want to talk with a participant advocate other than the investigator, you can write or call the director of our institutional review

board, Dr. OraLee Branch (email obranch@cu-portland.edu or call 503-493-6390). **Click the button below to consent to take this survey.**

Q29 Do you consent to participate in this survey?

- Yes, I agree to participate in this survey (1)
- No, I do not agree to participate in this survey (2)

End of Block: Consent Block

Start of Block: Contact Information

Q6 **Contact Information**

Q4 What is your first name?

Q27 Please provide your contact information:

Phone Number: (1) _____

Email (2) _____

Q7 How would you prefer to be contacted to schedule your interview, or to participate in the focus group? (*check all that apply*)

Phone (1)

Email (2)

Q10 Would you like to be contacted for participation in: (*check all that apply*)

A face-to-face interview (1)

A focus group (2)

Either (3)

Both (4)

End of Block: Contact Information

Start of Block: Practice Information

Q19 **Practice Information**

Q12 What is your highest level of education?

Associate's degree (1)

Bachelor's degree (2)

Entry level Master's degree (3)

Post-professional Master's degree (4)

Entry level Doctoral degree (5)

Post-professional clinical doctorate (6)

EdD (7)

PhD (8)

Other (9) _____

Q13 How many years have you been an occupational therapy clinician?

- 1-3 years (1)
- 4-6 years (2)
- 7-10 years (3)
- > 10 years (4)

Q14 What clinical setting do you predominantly practice in?

- Private practice (1)
- Out-patient (2)
- Home care (across the life span) (3)
- School (4)
- Hospital (5)
- Subacute rehabilitation/SNF (6)
- Community-based practice (7)
- Other (8) _____

End of Block: Practice Information

Start of Block: Teaching Experience

Q18 **Teaching Experience**

Q15 Do you teach in an accredited occupational therapy program?

- Yes-part time (1)
 - Yes-full time (2)
 - I do not teach in an accredited occupational therapy program (3)
-

Q16 What courses do you teach or have taught in the past?

Please list one course name per line and year in curriculum course takes place (e.g., 1st, 2nd, 3rd)

- Course 1/ year (1) _____
- Course 2/ year (2) _____
- Course 3/ year (3) _____
- Course 4/ year (4) _____
- Course 5/ year (5) _____
- Course 6/ year (6) _____

Q17 Which academic educator role do you most identify with?

- Full-time researcher (1)
 - Full-time teaching faculty with experience (=, >6 years) (2)
 - Full-time teaching faculty -novice (< 6 years) (3)
 - Adjunct instructor (4)
 - Other (5) _____
-

End of Block: Teaching Experience

Start of Block: Fieldwork Educator Experience

Q20 **Fieldwork Educator Experience**

Q21 How many Level II occupational therapy students have you supervised in your career to date?

- 1-3 students (1)
 - 4-6 students (2)
 - 7-10 students (3)
 - >10 students (4)
-

Q22 When did you supervise your last level II occupational therapy student?

- Currently supervising (1)
 - Within the last year (2)
 - Within the last 2 years, but not within the last year (3)
 - > 2 years ago (4)
-

End of Block: Fieldwork Educator Experience

Start of Block: Open-ended questions

Q23 **Informative Questions**

Q24 What qualities/characteristics do you want to see in a fieldwork student?

Q25 How should students prepare for a fieldwork placement under your supervision?

Q26 Thank you. I will contact you soon to arrange scheduling for the interview and/or focus group.

End of Block: Open-ended questions

Appendix F: Consent Forms

Concordia University–Portland Institutional Review Board
Approved: May 16, 2018; will Expire: May 2, 2019

CONSENT FORM

Research Study Title: A Case Study to Determine Classroom and Field Educator Perspectives on Occupational Therapy Student Readiness for Transition to Clinical Practice

Principal Investigator: Pamela Karp, MHS, OTR/L, CHT

Research Institutions: Concordia University-Portland and [organization redacted]

Faculty Advisor: James Therrell, PhD

Purpose and what you will be doing:

The purpose of this survey, interview, and focus group process is to explore classroom and fieldwork educator perspectives on occupational therapy student readiness for transition from the classroom to the clinical environment. You may choose to participate in either the interview, the focus group, or both. Your choice in how you would like to participate will be chosen in the survey step. We will begin enrollment on May 16, 2018.

The survey is intended to:

- Gain demographic information
- Ascertain your interest in participating in either the interview, focus group, or both.
- Ask two short questions related to occupational therapy students entering the fieldwork component of their education.

The face-to-face interview will be conducted at a mutually agreed upon date, time, and location. The focus group date, time, and location will be forwarded to you. At that time, you may indicate if you can participate.

Risks:

There are no risks to participating in this study other than providing your information. However, we will protect your information. I will record interviews. The recording will be transcribed and the recording will be deleted when the transcription is completed. Any data you provide will be coded so people who are not the investigator cannot link your information to you. Any name or identifying information you give will be kept securely via electronic encryption on my password protected computer locked inside the cabinet in my office. The recording will be deleted as soon as possible; all other study documents will kept secure for 3 years and then be destroyed.

Benefits:

Your participation in this study may help to increase our understanding of student readiness for transition to the clinical environment. The results of this study may be used to inform

curriculum design, fieldwork program development, and teaching in both the classroom and clinical environments.

Confidentiality:

This information will not be distributed to any other agency and will be kept private and confidential. The only exception to this is if you tell us of abuse or neglect that makes us seriously concerned for your immediate health and safety.

Right to Withdraw:

Your participation is greatly appreciated, but I acknowledge that the questions we are asking may be considered personal in nature. You are free at any point to choose not to engage with or stop your participation. You may skip any questions you do not wish to answer. This study is not required and there is no penalty for not participating.

Contact Information:

You will receive a copy of this consent form. If you have questions, you can write the principal investigator, Pamela Karp, at [email redacted]. If you want to talk with a participant advocate other than the investigator, you can write or call the director of our institutional review board, Dr. OraLee Branch (email obranche@cu-portland.edu or call 503-493-6390) or [contact information redacted].

Your Statement of Consent:

I have read the above information. I asked questions if I had them, and my questions were answered. I volunteer my consent for this study.

_____	_____
Participant Name	Date
_____	_____
Participant Signature	Date
_____	_____
Investigator Name	Date
_____	_____
Investigator Signature	Date



Investigator: Pamela Karp email:
[email redacted]
c/o: Professor Dr. James Therrell, PhD
Concordia University – Portland
2811 NE Holman Street Portland, Oregon 97221

[contact information redacted]

Concordia University–Portland Institutional Review Board
Approved: May 16, 2018; will Expire: May 2, 2019

Appendix G: Statement of Original Work

The Concordia University Doctorate of Education Program is a collaborative community of scholar-practitioners, who seek to transform society by pursuing ethically-informed, rigorously-researched, inquiry-based projects that benefit professional, institutional, and local educational contexts. Each member of the community affirms throughout their program of study, adherence to the principles and standards outlined in the Concordia University Academic Integrity Policy. This policy states the following:

Statement of academic integrity.

As a member of the Concordia University community, I will neither engage in fraudulent or unauthorized behaviors in the presentation and completion of my work, nor will I provide unauthorized assistance to others.

Explanations:

What does “fraudulent” mean?

“Fraudulent” work is any material submitted for evaluation that is falsely or improperly presented as one’s own. This includes, but is not limited to texts, graphics and other multi-media files appropriated from any source, including another individual, that are intentionally presented as all or part of a candidate’s final work without full and complete documentation.

What is “unauthorized” assistance?

“Unauthorized assistance” refers to any support candidates solicit in the completion of their work, that has not been either explicitly specified as appropriate by the instructor, or any assistance that is understood in the class context as inappropriate. This can include, but is not limited to:

- Use of unauthorized notes or another’s work during an online test
- Use of unauthorized notes or personal assistance in an online exam setting
- Inappropriate collaboration in preparation and/or completion of a project
- Unauthorized solicitation of professional resources for the completion of the work.

Statement of Original Work (Continued)

I attest that:

1. I have read, understood, and complied with all aspects of the Concordia University-Portland Academic Integrity Policy during the development and writing of this dissertation.
2. Where information and/or materials from outside sources has been used in the production of this dissertation, all information and/or materials from outside sources has been properly referenced and all permissions required for use of the information and/or materials have been obtained, in accordance with research standards outlined in the *Publication Manual of The American Psychological Association*.



Digital Signature

Pamela Karp

Name (Typed)

November 19, 2018

Date