

Journal of Occupational Therapy Education

Volume 4 | Issue 4 Article 15

2020

Standardized Patient Encounter: An Innovative Curricular Design to Enhance Fieldwork Readiness

Lisa M. Sakemiller The University of Findlay

Susan Toth-Cohen Thomas Jefferson University

Follow this and additional works at: https://encompass.eku.edu/jote



Part of the Occupational Therapy Commons

Recommended Citation

Sakemiller, L. M., & Toth-Cohen, S. (2020). Standardized Patient Encounter: An Innovative Curricular Design to Enhance Fieldwork Readiness. Journal of Occupational Therapy Education, 4 (4). https://doi.org/10.26681/jote.2020.040415

This Educational Innovations is brought to you for free and open access by the Journals at Encompass. It has been accepted for inclusion in Journal of Occupational Therapy Education by an authorized editor of Encompass. For more information, please contact Linda.Sizemore@eku.edu.

Standardized Patient Encounter: An Innovative Curricular Design to Enhance Fieldwork Readiness

Abstract

Occupational therapy (OT) educators are challenged to utilize instructional strategies that ensure student preparedness for Level II fieldwork. Standardized patient encounters (SPEs) offer students a low risk simulation opportunity to develop clinical skills and improve fieldwork readiness while enhancing OT students' confidence. Yet, despite the benefits and perceived value of simulation among educators and students, SPEs are not used as frequently as other instructional methods. The purpose of this educational innovation paper is to describe the curriculum development process of an overall SPE experience embedded within a synthesis course that prepared students for Level II fieldwork and to evaluate the impact of the experience on student performance skills and perceptions of fieldwork readiness. Design and implementation of the SPE followed a six-step approach to curriculum development. Data was collected via direct observation of the SPE guided by an adapted version of Henderson's Clinical Performance Assessment Tool and a pre-post-SPE questionnaire. Twenty-five OT students participated in the SPE experience. Results indicated the students performed assessment, intervention, and documentation skills above targeted domain expectations for fieldwork readiness and students had increased perceptions of fieldwork readiness. Open-ended post-SPE questions revealed self-reported strengths and challenges. Based upon the predominant themes in areas of challenge, four curricular enhancements were identified. This innovative curricular design may inform the development of other SPE experiences and serve as a model for other OT educators as they strive to implement effective instructional strategies for fieldwork readiness.

Keywords

Fieldwork preparedness, standardized patient encounters, simulation

Creative Commons License



This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License.



Volume 4, Issue 4

Standardized Patient Encounter: An Innovative Curricular Design to Enhance Fieldwork Readiness

Lisa Sakemiller, OTD, MOT, OTR/L1

Susan Toth-Cohen, PhD, OTR/L²

University of Findlay¹ and Thomas Jefferson University²

United States

ABSTRACT

Occupational therapy (OT) educators are challenged to utilize instructional strategies that ensure student preparedness for Level II fieldwork. Standardized patient encounters (SPEs) offer students a low risk simulation opportunity to develop clinical skills and improve fieldwork readiness while enhancing OT students' confidence. Yet, despite the benefits and perceived value of simulation among educators and students, SPEs are not used as frequently as other instructional methods. The purpose of this educational innovation paper is to describe the curriculum development process of an overall SPE experience embedded within a synthesis course that prepared students for Level II fieldwork and to evaluate the impact of the experience on student performance skills and perceptions of fieldwork readiness. Design and implementation of the SPE followed a six-step approach to curriculum development. Data was collected via direct observation of the SPE guided by an adapted version of Henderson's Clinical Performance Assessment Tool and a pre-post-SPE questionnaire. Twenty-five OT students participated in the SPE experience. Results indicated the students performed assessment, intervention, and documentation skills above targeted domain expectations for fieldwork readiness and students had increased perceptions of fieldwork readiness. Open-ended post-SPE questions revealed self-reported strengths and challenges. Based upon the predominant themes in areas of challenge, four curricular enhancements were identified. This innovative curricular design may inform the development of other SPE experiences and serve as a model for other OT educators as they strive to implement effective instructional strategies for fieldwork readiness.

Introduction

Occupational therapy (OT) educators must effectively prepare students to be able to provide care that meets the complex needs of their patients. High-level clinical skills are vital to successfully navigate complex clinical situations. Occupational therapy practitioners must be prepared to consistently navigate these complex situations, even when they are novices (Henderson et al., 2017). Occupational therapy educational programs are tasked with preparing students to gain this entry-level competence. Fundamental tenets of OT education include training students to think critically and integrate professional skills through a combination of active and diverse learning both within the classroom and in fieldwork experiences (Accreditation Council of Occupational Therapy Education [ACOTE], 2012; American Occupational Therapy Association [AOTA], 2015).

In the classroom, OT educators are challenged to go beyond teaching basic knowledge to develop higher-level clinical skills for more complex clients and populations within various contexts (Coker, 2010). Outside the classroom, Level II fieldwork educators are tasked with providing in-depth experiences that allow the student to apply theory and evidence to deliver OT services that focus on a broad range of professional responsibilities (Amini & Gupta, 2012). However, due to the increasing complexity of workplace demands related to time constraints and productivity expectations, fieldwork educators have less time for teaching basic application skills (Hanson, 2011). To ensure that students adequately develop practical assessment, intervention, and documentation skills, Hanson (2011) recommended academic educators expand opportunities for practice prior to Level II fieldwork placement.

Both OT students and fieldwork educators value clinical competence in preparation for fieldwork placement (Evenson et al., 2015). However, OT students have reported perceived lack of technical skills, perceived lack of clinical competence, and overall lack of confidence (Hodgetts et al., 2007; Robertson & Griffiths, 2009; Seah et al., 2011). In addition, fieldwork educators have ranked concern about student capabilities among top challenges of participating in fieldwork education (Evenson et al., 2015), and expressed frustration with the lack of skills in assessment, intervention, and documentation (Hanson, 2011). Together, these findings suggest that more hands-on learning in the classroom and pretesting competencies are needed prior to Level II fieldwork placements.

Experiential learning opportunities in the form of simulation and standardized patient encounters (SPEs) can provide the needed active, hands-on learning experiences for students prior to fieldwork. While traditional instructional methods such as lectures and readings encourage basic understanding and procedural reasoning, real-life and supervised clinical experiences support the development of skills related to competence behaviors (Thomas & Abras, 2016). Simulation, a reasonable, possible, safe, and ethical form of experiential learning, is a technique for teaching and learning that can "replace and amplify real experiences with guided ones, often "immersive" in nature, that evoke or replicate substantial aspects of the real world in a fully interactive fashion" (Lateef, 2010, p. 2). One form of simulation is the SPE, in which a well-trained person

simulates a patient in a standardized manner (Barrows, 1993). Occupational therapy educators use a variety of simulation forms, including standardized patients (SPs), for foundational courses, as preparation for fieldwork, and to address competencies (Bennett et al., 2017). The use of a combination of client cases, labs, and SPs can improve students' perception of comfort and skill level in key competency areas (Knecht-Sabres et al., 2013; Knecht-Sabres et al., 2015). Occupational therapy students have reported learning more from live simulated cases than lecture and role play methods (Velde et al., 2009), perceived interventions with SPs as valuable (Walls et al., 2019), and reported SPEs to be useful or very useful (Herge et al., 2013). In preparation for Level II fieldwork, simulation significantly improved student knowledge, skills, and confidence (Shea, 2015).

However, while the use of SPs may help students prepare for fieldwork, there is a lack of detail to guide OT educators in developing and implementing SPEs. To effectively prepare students for Level II fieldwork and eventual entry-level practice, OT programs and educators must ensure that they are utilizing effective instructional strategies. The purpose of this education innovation paper is (1) to describe the design and implementation process of an SPE embedded within a synthesis course prior to Level II fieldwork in an OT education program and (2) to evaluate its impact on student skills and perceptions of fieldwork readiness.

Methodology

Program Description

An SPE was embedded within a culminating one-credit synthesis course at the end of the didactic portion, immediately prior to Level II fieldwork placement, of the OT program at a small Midwestern university. Design and implementation of the SPE followed the six-step approach to curriculum development by Thomas et al. (2016), consisting of problem identification and general needs assessment; targeted needs assessment; goals and objectives; educational strategies; implementation; and evaluation and feedback. Figure 1 depicts how these six steps were accomplished.

Figure 1
Six Steps of SPE Design and Implementation

	Six-Step Approach to Curriculum Design	Evidence to Guide Decision Making
1	Problem Identification	Student reported lack of fieldwork preparedness
2	Targeted Needs Assessment	Student request for more hands-on exposure; Targeted ACOTE standards
3	Goals & Objectives	Bloom's Taxonomy (a synthesis course requires high-level goals related to applying, analyzing, & evaluating)
4	Educational Strategies	Standardized Patient Encounters for high-level hands-on learning
5	Implementation	Best practice for customized clinical simulation experiences (Hoppe et al., 2018)
6	Evaluation & Feedback	Clinical Performance Assessment Tool (CPAT); Prepost- SPE questionnaire

The overall SPE experience included two months of independent preparation guided by a targeted study guide, two days of interaction with an assigned SP, followed by individual and small group debriefings.

Participants

Participants consisted of 25 OT students enrolled in OCTH 695, the required synthesis course. Twenty-one participants were female and four male; 21 were between 25 and 35 years of age with one between 18 and 24 years and three between 35 and 44. Twenty-one identified as white/Caucasian, two as black/African American, and two as Asian.

Institutional review board approval was secured. While the SPE was a required learning activity within the course, consent was requested to participate in the pre- and post-SPE questionnaire and debriefing session. Choosing to decline would not negatively impact students' ability to complete all course requirements and move on to Level II fieldwork. All students consented to participate in the study and met the inclusion criteria of being a member of the university's weekend college masters of occupational therapy cohort of 2019 and enrolled in OCTH 695, as well as being able to read and write in English.

https://encompass.eku.edu/jote/vol4/iss4/15 DOI: 10.26681/jote.2020.040415

Assessment Tools

To determine the impact of the SPE on student performance skills, direct observation during the SPE by trained faculty evaluators was guided by an adapted version of Henderson's Clinical Performance Assessment Tool (CPAT; Henderson, 2016). The original six domain CPAT was created to assess OT student competency and performance in an on-site teaching clinic at the end of didactic education prior to Level II fieldwork. Due to the scope of this project, the CPAT was adapted to include three of the original six domains (evaluation, intervention, and documentation). A 5-point rating scale of each item in the three domains was used to assess student performance. Table 1 denotes the CPAT descriptors and matching fieldwork readiness explanation.

Table 1

CPAT Ratings, Descriptors, and Fieldwork Readiness

Rating	CPAT description	Fieldwork Readiness focus
4	Self-directed	Entry-level skill
3	Supervised	Fieldwork-level skill
2	Assisted	Fieldwork readiness at least 50% of the time
1	Novice	Fieldwork readiness less than 50% of the time
0	Dependent	Lack of fieldwork readiness

The impact of the SPE experience on student perceptions of fieldwork readiness was collected through a pre- post- SPE questionnaire. This questionnaire was based upon Goldbach and Stella's (2017) single question pre- and post- pro bono experiential learning experience: "At this point in the OT program, I am adequately prepared for my first Level II fieldwork experience." Each participant answered using a six-point Likert scale: (0= strongly disagree, 5= strongly agree). A self-assessment at post-SPE further included open-ended reflection questions related to areas of strength and challenges in each of the adapted CPAT's three domains.

Stakeholder Preparation

The implementation process began with training the evaluators and SPs and participant preparation.

Evaluators

The evaluators were eight full- and part-time faculty members. Two 2-hour blocks were used to train evaluators as a group on the detailed scenarios, use of the adapted CPAT, and the importance of and conduction of debriefing. One-on-one training occurred for those evaluators unable to attend the group meeting time. To preemptively address unexpected events during the encounters, predetermined cues, known as "scenario life savers," were created in collaboration with the evaluators, for before and during the encounter to maximize learning (Dieckmann et al., 2010). Cues included hand signs to

indicate SP over or under-portrayal of physical or cognitive aspects of the scenario. Evaluators were trained to utilize specific life savers for consistent application within the SPEs.

Simulated Patients

The SPs were 21 junior-year OT students. Their participation was part of a class assignment related to the use of occupation as a therapeutic tool. They received four hours of group-based training that included a detailed description of the case and their expected portrayal, a basic script, the importance of their role, and information regarding appropriate dress and affect, that incorporated live and video demonstration and performance practice. Performance practice included improvisational instruction that was led by a drama instructor. The goal of this extensive practice was to standardize performance and to encourage a holistic view of the 'patient' they were to portray. In addition, they were taught about the evaluator's potential use of the predetermined life savers.

Student Participants

Immediately following consent, student participants completed the on-line pre-SPE questionnaire. They were provided with a two month period to independently utilize a targeted study guide that organized the OT process into chunks of preparatory materials leading up to the two-day course and the SPE. Preparatory materials included detailed instructions for enacting the simulation, the three scenario possibilities, embedded encounter activities, and guided clinical reasoning questions. Specific expectations regarding the environment, the SPs, the evaluators, and notification of the use of life savers within the scenario were provided in both a face-to-face and written manner. While participants had two months to prepare for three possible scenarios, the targeted chosen scenario was revealed one week prior to the course.

SPE Procedures

To ensure consistency between aspects of the scenario and the targeted ACOTE standards, expert feedback was elicited after the development of scenarios and encounter preparation activities. Two university curriculum experts were surveyed using a 4-point Likert scale (4=corresponds very well with standard, 3=corresponds well with standard, 2=does not correspond well with standard, 1=poor correspondence with standard) and ensured consistency between aspects of the scenario and the targeted ACOTE standards. The use of standardized documents (such as the ACOTE standards) as well as topic experts (OT educators with curriculum design experience) were used to strengthen content validity (Lindeman & Lipsett, 2016). The expert survey was conducted eight weeks prior to the 2-day SPE in order to allow time for changes based upon feedback and recommendations. Five targeted standards were deemed to correspond very well and one targeted standard corresponded well. A recommendation was implemented to ultimately achieve a 4 in all six areas.

Following student participant preparation, the SPE occurred over two consecutive days one week after completion of all didactic coursework and one month prior to Level II fieldwork placements. The SPE experience was divided into five sections: preparation, evaluation, intervention, documentation, and debriefing.

Preparation

Student participant preparation was completed as a self-study module as previously described over the two month period of time prior to the two-day course.

Evaluation

The evaluation portion of the SPE occurred on day one of the two day course. Each participant was allotted 30 minutes to evaluate the SP with an evaluator present. The evaluator completed the Evaluation section of the adapted CPAT during the session. Student participants completed necessary evaluation documentation prior to day two.

Intervention

On day two, each participant conducted a 30-minute intervention session with their assigned SP, immediately followed by documentation of the session. The same evaluator observed the session and completed the Intervention section of the adapted CPAT.

Documentation

Following the session, evaluators utilized the Documentation domain of the adapted CPAT to assess the student's documentation performance.

Debriefing

The evaluator provided CPAT domain scores and feedback to the participants during both an individual and small group debriefing session. Follow-up intervention and discharge planning homework was assigned and submitted through the university's online learning management system.

Data Collection

To determine the impact of the SPE experience on student performance skills and perceptions of fieldwork readiness, the researchers examined two outcome measures. The adapted CPAT, a single group, posttest-only measure, determined student performance skills with respect to evaluation, intervention, and documentation skills. Through direct observation, the evaluators rated student participant's performance using the adapted CPAT and provided domain scores for evaluation, intervention, and documentation. The scores and evaluator feedback were used as a formative evaluation to guide students in identifying areas of strengths and challenges in each domain prior to embarking on Level II fieldwork.

Goldbach and Stella's (2017) questionnaire, a single group pre- post-test for perceptions of student readiness for fieldwork, determined the impact of exposure to the SPE experience. Student participants completed the pre-test immediately after consent and prior to presentation of the SPE preparatory materials. The post-test was completed immediately following the debriefing session on day two of the SPE. The post-test further included open-ended reflection questions related to perceived areas of strength and challenges based upon the student's adapted CPAT score in each of the three domains. Qualitative data was collected from the answers to the open-ended reflection questions on the post-test questionnaire for formative individual and program evaluations.

Data Analysis

Total and domain CPAT scores were noted, providing anecdotal information regarding specific individual performance as well as descriptive data regarding overall participant performance. The results of the pre- post-SPE questionnaire were analyzed through descriptive statistics to determine whether the average level of perceived student readiness changed following the SPE. The numerical equivalent of the categories on the 6-point Likert scale were used so that the responses could be summarized by means. The open-ended reflection questions served as a formative evaluation for individual student participants. Predominant themes were identified through a content analysis process described by Erlingsson and Brysiewicz (2017) involving identification of meaning units, condensation of meaning units, followed by coding of the condensed meaning units to form categories and themes.

Results

Performance

The CPAT domain scores provided formative evaluation data for both individual participants as well as the OT program. CPAT item scores of 4 (entry-level skill); 3 (fieldwork skills); or 2 (fieldwork readiness more than 50% of the time) indicates competence for a student prior to their first Level II fieldwork placement, while item scores of 1 (fieldwork readiness less than 50% of the time) or 0 (lack of fieldwork readiness) indicates areas of concern. In order to demonstrate item scores of at least 2, students needed to achieve a minimum score of 12 in the documentation domain, 14 in the evaluation domain, 18 in the intervention domain, and 44 in total. Mean domain and total CPAT scores indicated students on average demonstrated evaluation, intervention, and documentation skills above the targeted minimum expected domain score for fieldwork readiness (see Table 2). However, while no participant's scores indicated a lack of fieldwork readiness, not all participants achieved minimum item scores indicating fieldwork readiness more than 50% of the time in each area. Specific areas of concern were addressed for each participant during individual feedback sessions with the evaluator.

Table 2

Domain and Total CPAT Score Means (n=25)

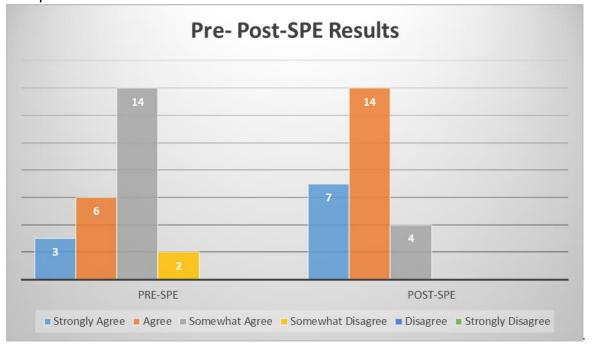
	Documentation	Evaluation	Intervention	Total CPAT
	domain	domain	domain	score
Mean	15.36	14.32	24.20	53.88
Standard deviation	2.6	3.4	4.7	7.6
Minimum expected domain score for fieldwork readiness	12	14	18	44

Perception

Cumulative mean scores on the pre- and post-SPE questionnaire indicated student perceptions of fieldwork readiness improved following the SPE experience. The mean score for the pre- SPE question was 3.4, while the mean score for the post- SPE question was 4.12 (see Table 3). Nine participants agreed or strongly agreed with the question pre- SPE, while 21 agreed or strongly agreed post- SPE.

Table 3

Comparison of Pre- and Post-SPE Results



Curriculum Enhancement

Identification of recurrent themes from the six open-ended post-SPE questions functioned as a formative program evaluation to guide future curricular enhancements specific to this institution's curriculum. Predominant themes for self-reported strengths and areas of challenge in each of the three domains are noted in Table 4. Table 4 also shows the four curricular enhancements that were identified based upon predominant themes in areas of challenge.

Table 4

Predominant Themes and Potential Curriculum Enhancements

Categories	Strengths – Predominant Themes	Areas of Challenge – Predominant Themes	Potential Curricular Enhancement
ASSESSMENT DOMAIN	Client- centered Assessment skills- comfort with assessment form & standardized assessments	Assessment skills – assessment choice & manual muscle test/range of motion	Consider placement of functional movement course within curriculum; consider revisiting of manual muscle test/range of motion competency later in curriculum; practice courses include assessment choice focus; practice courses reiterate functional manual muscle test/range of motion testing within courses
INTERVENTION DOMAIN	Client- centered Flexibility Creative	Client management	Address interaction with clients with behavioral and/or cognitive issues in practice courses; more real-life client experiences
		Time management	Activities/ assignments that require quick problem- solving near the end

Categories	Strengths – Predominant Themes	Areas of Challenge – Predominant Themes	Potential Curricular Enhancement
			of the curriculum; more real-life client experiences throughout curriculum to encourage more mindfulness of time
DOCUMENTATION DOMAIN	Completeness (considering all areas and inputted info into correct section of SOAP note)	Thoroughness – lacking detail or not including relevant info	Activities/assignments throughout curriculum to work on SOAP note writing; examples of notes following observation of assessments for better understanding of relevant/irrelevant info

Discussion

Participation in the entire SPE experience positively impacted OT students' performance skills and perceptions related to fieldwork preparedness. Participants reported higher levels of perceived readiness and demonstrated skills that were on average higher than targeted minimal expectations for fieldwork readiness. These findings add to the growing body of evidence related to simulation and the use of SPs in healthcare and OT education. Generally, evidence from a recent systematic review (Alanazi et al., 2017) and scoping review (Williams & Song, 2016) demonstrate the effectiveness of SPs as an educational tool for healthcare students. More specifically, this SPE experience supports the benefits of inclusion of SPs within simulation experiences. Several studies note improved student knowledge, skills, and confidence following simulation experiences that incorporate preparatory materials, SPs, and debriefings. Nursing students demonstrated improved knowledge, skills, and confidence following two-day simulation workshops with preparatory materials and SPs (Catling et al., 2016; Dearmon et al., 2013) and a positive short term carryover effect on teaching live patients (Basak et al., 2019). Simulated patients included within a workshop format has been proven beneficial for medical students' knowledge and skills (Hoellein et al., 2009). Interprofessional educational experiences incorporating prebriefing preparation, SPs, and debriefing have positively impacted nursing and pharmacy student skills (Koo et al., 2014). These findings add to the body of evidence within the OT literature regarding practical application of SPs in improving confidence

(Herge et al., 2013), improving perceived knowledge and decreased anxiety (Springfield et al., 2018), and preparing students for fieldwork (Giles et al., 2014). This article highlights the components of design, implementation, and evaluation of an overall SPE experience that may serve as a model for this type of innovative curriculum module in other small universities.

In addition to the pre- post questionnaire, participants provided informal feedback. Following completion of courses, students were asked to complete a course climate survey. Results of this survey indicated a strong appreciation for this learning opportunity. Seventeen participants completed the survey, with fourteen participants leaving positive comments about their learning experience with the SPE. One participant stated "Great course! The SPEs, 1 on 1 feedback, and group feedback was very beneficial and helpful. It was a wonderful way to tie all the material together and wrap up coursework. Completing this activity shortly before fieldwork is a nice way to have the information fresh in our minds. I really enjoyed the SPEs, panel of OT practitioners, and the webinars. Thank you for a great final course!" Another participant stated "The SPE was unique and challenging. It helped me to learn more about my strengths and weaknesses." Fieldwork preparedness was mentioned by another participant: "This course gave a great opportunity to apply what we have been learning over the last two years into entry level practice. Our time with standardized patients helped us to get great one-on-one feedback from evaluation and intervention. This truly helped to make me field work ready." Three suggestions for changes were made, each relating to reducing stress and anxiety with the experience: "More private spaces," "Keep groups separated to reduce anxiety and stress," and "Spread it out over three days instead of two so it's not so overwhelming." In totality, participant feedback and perceptions of strengths and areas of challenge provided formative feedback that will allow for curricular enhancements.

Implications for Occupational Therapy Education

This paper aims to highlight a model for an SPE experience for OT educators to use in preparing students for fieldwork. While the outcomes of the SPE experience demonstrated a positive impact on student readiness for fieldwork, the design, preparation, and implementation was resource intensive. While benefits of implementing simulation may include improved critical reasoning skills necessary for fieldwork, challenges include time, cost, and scheduling (Bethea et al., 2014). More than 90 hours were spent in designing scenarios and participant materials; designing, conducting, and implementing recommendations from the expert survey; creating educational modules and training SPs and evaluators; scheduling resources and logistics; implementing the encounters; debriefing participants, SPs, and evaluators; while continually monitoring adherence to best practice guidelines. The SPE was implemented within a one-credit course with sixteen hours of face-to-face time. Typically, a one-credit course would require preparation time approximately equivalent to two to four times the face-to face time, equaling 32-64 hours. Furthermore, faculty participated as evaluators and were

involved in up to four hours of training as well as nine hours completing the observations, scoring the CPAT, preparing and providing feedback, and debriefing. While the faculty evaluators found the experience to be a beneficial high-level learning opportunity for students, they noted the negative aspects of the time commitment and the lengthiness of the adapted CPAT tool. Likewise, Henderson et al. (2017) found OT educators perceived experiential learning as highly valued, however, simulation was not frequently valued or utilized compared to other instructional methods. Perhaps the time and resources required for smaller programs is the reason why, as evaluator and course instructor time is a significant concern for administration.

While the learning curve is steep for the initial preparation and implementation of an SPE experience, establishing a committed and recurrent group of evaluators and SPs will allow for a reduction in training time. A bank of possible scenarios along with minor updates to embedded activities stored within the university's learning management system will also reduce planning time on the part of the course instructor. Finally, efficient use of evaluator time can be further enhanced with selection of an outcome tool that provides a more focused measure of fieldwork readiness for a single encounter. A more targeted version of the CPAT, scoring on a 3 point range as opposed to 5 would allow for more straightforward grading and feedback that focuses on fieldwork readiness with ratings of fieldwork readiness, emerging fieldwork readiness, and lack of readiness.

Limitations

Several limitations of this educational innovation must be noted. The sample size was small and fairly homogenous, as all participants were students from a small private Midwestern university, limiting the generalizability of the results. Future studies including a larger pool of students from multiple universities, comparing competence following SPE experience to case-based experience, and using an assessment tool with proven psychometric properties would be of interest.

Caution is advised when utilizing students as SPs. Junior OT students were used as the SPs in this project. Extensive training was conducted to ensure accurate portrayal of the patient, including social-emotional exploration. While some studies have noted benefits to students who portray SPs (Lee, 2018; Mackey et al., 2014; Mandrusiak et al., 2014), there is also evidence that SPs fail to incorporate the lived experience of an individual with a disability, leading to the potential of a negative stereotypical presentation (Pebdani & Bourgeois, 2019; Silverman et al., 2014). It is recommended that training to avoid stereotypical portrayals of persons with disabilities be incorporated in SP training and practice sessions.

Conclusion

Occupational therapy educators are tasked with preparing OT students for Level II fieldwork and future clinical practice. The challenge is to identify educational strategies that enhance student perceptions of readiness as well as student performance in

evaluation, intervention, and documentation skills for successful fieldwork experiences. The SPE appears to be a useful experience in determining student performance skills as well as perceptions about fieldwork readiness. To ensure the effectiveness of an SPE experience, adequate resources will be vital. Adequate time will be required for the development of objectives, case scenarios, and grading of outcome criteria or tools, as well as ongoing training of SPs and evaluators. Facilities, assessment tools, and intervention items must be scheduled and obtained. Careful scheduling of the event itself must allow for preparation for and debriefing with participants, SPs, and evaluators. Each OT educational program must weigh these resource requirements with the increasing body of evidence indicating the benefit to OT student learning. The purpose of this paper is to describe the design and implementation process in such a way as to serve as a model for educators as they strive to implement effective instructional strategies for fieldwork readiness in a cost and resource efficient manner. As the outcomes of this curriculum module indicate, it appears the SPE experience is an effective teaching strategy in preparing OT students for Level II fieldwork experiences.

References

- Accreditation Council for Occupational Therapy Education. (2012). 2011 Accreditation Council for Occupational Therapy Education (ACOTE) Standards and interpretive guide. http://www.aota.org/Educate/Accredit/Draft-Standards/50146.aspx?FT=.pdf
- Alanazi, A.A., Nicholson, N., & Thomas, S. (2017). The use of simulation training to improve knowledge, skills, and confidence among healthcare students: A systematic review. *Internet Journal of Allied Health Sciences and Practice, 15*(3).
- American Occupational Therapy Association. (2015). Philosophy of occupational therapy education. *American Journal of Occupational Therapy, 69*(Suppl. 3), 6913410052. https://doi.org/10.5014/ajot.2015.696S17
- Amini, D. & Gupta, J. (2012). Fieldwork level II and occupational therapy students: A position paper. *American Journal of Occupational Therapy, 66*(6), S75-S77. https://doi.org/10.5014/ajot.2012.66S75
- Barrows, H.S. (1993). An overview of the uses of standardized patients for teaching and evaluating clinical skills. *Academic Medicine*, *68*(6), 443-451. https://doi.org/10.1097/00001888-199306000-00002
- Basak, T., Demirtas, A., & Iyigun, E. (2019). The effect of simulation based education on patient teaching skills of nursing students: A randomized controlled study. *Journal of Professional Nursing, 35*(5), 417-424.

 https://doi.org/10.1016/J.PROFNURS.2019.02.004
- Bennett, S., Rodger, S., Fitzgerald, C., & Gibson, L. (2017). Simulation in occupational therapy curricula: A literature review. *Australian Occupational Therapy Journal*, 64, 314–327. https://doi.org/10.1111/1440-1630.12372
- Bethea, D., Castillo, D, & Harvison, N. (2014). Use of simulation in occupational therapy education: Way of the future? *American Journal of Occupational Therapy,* 68(Suppl. 2). https://doi.org/10.5014/ajot.2014.012716

- Catling, C., Hogan, R., Fox, D., Cummins, A., Kelly, M., & Sheehan, A. (2016). Simulation workshops with first year midwifery students. *Nurse Education in Practice*, *17*, 109–115. https://doi.org/ezproxy.findlay.edu/10.1016/j.nepr.2015.12.003
- Coker, P. (2010). Effects of an experiential learning program on the clinical reasoning and critical thinking skills of occupational therapy students. *Journal of Allied Health*, 39 (4), 280-286.
- Dearmon, V., Graves, R. J., Hayden, S., Mulekar, M. S., Lawrence, S. M., Jones, L., Smith, K. K., & Farmer, J. E. (2013). Effectiveness of simulation-based orientation of baccalaureate nursing students preparing for their first clinical experience. *Journal of Nursing Education*, *52*(1), 29–38. https://doi.org.ezproxy.findlay.edu/10.3928/01484834-20121212-02
- Dieckmann, P., Lippert, A., Glavin, R., & Rall, M. (2010). When things do not go as expected: Scenario life savers. *Society for Simulation in Healthcare*, *5*(4), 219-225. https://doi.org/10.1097/SIH.0b013e3181e77f74
- Erlingsson, C., & Brysiewicz, P. (2017). A hands-on guide to doing content analysis. *African Journal of Emergency Medicine*, *7*, 93-99. https://doi.org/10.1016/j.afjem.2017.08.001
- Evenson, M. E., Roberts, M., Kaldenberg, J., Barnes, M. A., & Ozelie, R. (2015). Brief Report—National survey of fieldwork educators: Implications for occupational therapy education. *American Journal of Occupational Therapy, 69* (Suppl. 2), 6912350020. https://doi.org/10.5014/ajot.2015.019265
- Giles, A. K., Carson, N. E., Breland, H. L., Coker-Bolt, P., & Bowman, P. J. (2014). Conference Proceedings—Use of simulated patients and reflective video analysis to assess occupational therapy students' preparedness for fieldwork. *American Journal of Occupational Therapy, 68,* S57–S66. https://doi.org/10.5014/ajot.2014.685S03
- Goldbach, W. P., & Stella, T. C. (2017). Experiential learning to advance student readiness for level II fieldwork. *Journal of Occupational Therapy Education, 1* (1). https://doi.org/10.26681/jote.2017.010103
- Hanson, D.J. (2011). The perspectives of fieldwork educators regarding level II fieldwork students. *Occupational Therapy in Health Care*, 25 (2-3). https://doi.org/10.3109/07380577.2011.561420
- Henderson, W. (2016). Development of a clinical performance assessment tool for an occupational therapy teaching clinic. *Open Journal of Occupational Therapy, 4* (3). https://doi.org/10.15453/2168-6408.1217
- Henderson, W., Coppard, B., & Qi, Y. (2017). Identifying instructional methods for development of clinical reasoning in entry-level occupational therapy education: A mixed methods design. *Journal of Occupational Therapy Education*, 1 (2). https://doi.org/10.26681/jote.2017.010201
- Herge, E.A., Lorch, A., DeAngelis, T., Vause-Earland, T., Mollo, K., & Zapletal, A. (2013). The standardized patient encounter: A dynamic educational approach to enhance students' clinical healthcare skills. *Journal of Allied Health, 42*(4), 229-235.

- 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*, 74 (3), 148-160. https://doi.org/10.1177/000841740707400303
- Hoellein, A.R., Griffith, C.H., Lineberry, M.J., Wilson, J.F., & Haist, S.A. (2009). A complementary and alternative medicine workshop using standardized patients improves knowledge and clinical skills of medical students. *Alternative Therapies*, 15(6), 30-34.
- Hoppe, M., Prast, J., Van Oss, T., Baird, J., Herge, E.A., & Zapletal, A. (2018, April). Best practices for designing a customized clinical simulation experience in occupational therapy. Presented at AOTA 2018 Pre-Conference Institute, Salt Lake City, UT.
- Knecht-Sabres, L.J., Egan, B.E., Wallingford, M.S., & Kovic, M. (2015). Instructional strategies used to improve students' comfort and skill in addressing the occupational therapy process. *Journal of Education and Training Studies, 3*(5). https://doi.org/10.11114/jets.v3i5.858
- Knecht-Sabres, L. J., Kovic, M., Wallingford, M., & St.Amand, L.E. (2013). Preparing occupational therapy students for the complexities of clinical practice. *Open Journal of Occupational Therapy*, 1(3). https://doi.org/10.15453/2168-6408.1047
- Koo, L., Layson-Wolf, C., Brandt, N., Hammersla, M., Idzik, S., Rocafort, P.T., Tran, D., Wilkerson, R. G., & Windemuth, B. (2014). Qualitative evaluation of a standardized patient clinical simulation for a nurse practitioner and pharmacy students. *Nurse Education in Practice*, 14(6), 740-746. https://doi.org/ezproxy.findlay.edu/10.1016/j.nepr.2014.10.005
- Lateef, F. (2010). Simulation-based learning: Just like the real thing. *Journal of Emergencies, Trauma, and Shock, 3*(4), 348-352. https://doi.org.10.4103/0974-2700.70743
- Lee, C.B., Madrazo, L., Khan, U., Thangarasa, T., McConnell, M., & Khamisa, K. (2018) A student-initiated objective structured clinical examination as a sustainable cost-effective learning experience. *Medical Education Online*, 23, 1. https://doi.org.10.1080/10872981.2018.1440111
- Lindeman, B.M., & Lipsett, P.A. (2016). Step 6: Evaluation and feedback. In P.A. Thomas, D.E. Kern, M.T. Hughes, & B.Y. Chen (Eds.). *Curriculum development for medical education: A six-step approach (3rd ed.)*. Johns Hopkins University Press.
- Mackey, S., Khoon Kiat, T., Ignacio, J., Palham, S., Mohamed Dawood, R.B., & Sok Ying, L. (2014). The learning experiences of senior student nurses who take on the role of standardised patient: A focus group study. *Nurse Education in Practice*, 14(6), 692-697. https://doi.org/ezproxy.findlay.edu/10.1016/j.nepr.2014.10.003
- Mandrusiak, A.M., Isles, R., Chang, A.T., Low Choy, N.L..Toppenberg, R., McCook, D., Smith, M.D., O'Leary, K., & Brauer, S.G. (2014). Senior physiotherapy students as standardised patients for junior students enhances self-efficacy and satisfaction in both junior and senior students. *BMC Medical Education, 14,*105. https://doi.org/10.1186/1472-6920-14-105

- Pebdani, R. N., & Bourgeois, P. J. (2019). Alternative educational approach to wheelchair accessibility awareness. *American Journal of Occupational Therapy*, 73, 7306205080. https://doi.org/10.5014/ajot.2019.036111
- 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
- Seah, C.H., Mackenzie, L., & Gamble, J. (2011). Transition of graduates of the Master of Occupational Therapy to practice. *Australian Occupational Therapy Journal*, 58, 103–110. https://doi.org/10.1111/j.1440-1630.2010.00899.x
- Shea, C.K. (2015). High-fidelity simulation: A tool for occupational therapy education. *Open Journal of Occupational Therapy, 3*(4). https://doi.org/10.15453/2168-6408.1155
- Silverman, A.M., Gwinn, J.D., & Van Boven, L. (2014). Stumbling in their shoes: Disability simulations reduce judged capabilities of disabled people. *Social Psychological and Personality Science*, *6*(4), 464-471. https://doi.org/10.1177%2F1948550614559650
- Springfield, E., Honnery, M., & Bennett, S. (2018). Evaluation of a simulation clinic for improving occupational therapy students' perceptions of interaction with parents and infants. *British Journal of Occupational Therapy, 81*(1), 51-58. https://doi.org/10.1177/0308022617736504
- Thomas, P.A., & Abras, C.N. (2016). Step 4: Educational strategies. In P.A. Thomas, D.E. Kern, M.T. Hughes, & B.Y. Chen (Eds.). *Curriculum development for medical education: A six-step approach* (3rd ed.). Johns Hopkins University Press.
- Thomas, P.A., Kern, D.E., Hughes, M.T., & Chen, B.Y. (2016). *Curriculum development for medical education: A six-step approach* (3rd ed.). Johns Hopkins University Press.
- Velde, B.P., Lane, H., & Clay, M. (2009). Hands on learning: The use of simulated clients in intervention cases. *Journal of Allied Health*, 38, e17–e21.
- Walls, D.J., Fletcher, T. S., & Brown, D.P. (2019). Occupational therapy students' perceived value of simulated learning experiences. *Journal of Allied Health,* 48(1), e21-e25.
- Williams, B. & Song, J.J.Y. (2016). Are simulated patients effective in facilitating development of clinical competence for healthcare students? A scoping review. *Advances in Simulation*, 1(1), 6. https://doi.org/10.1186/s41077-016-0006-1