The Occupation-Centered Intervention Assessment: Bridging Theory and Practice in Fieldwork Education

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Abstract

Occupational therapy's identity is grounded in occupation-centered care. However, evidence suggests external factors in the healthcare system burden practitioners' time and resources, reducing attention directed toward occupation-centered practice and student learning and transfer of theoretically grounded knowledge. The departure from theory-based practice can threaten the identity and viability of the profession. The Occupation-Centered Intervention Assessment (OCIA) was designed for practitioners or students to self-rate the degree to which interventions are occupation-based or occupation-focused, creating an occupation-centered framework. In this pilot explanatory sequential mixed methods study, Level II fieldwork educators and fieldwork students in Alaska completed OCIA training and utilized the tool. A pre- and post-survey identified attitudes toward theory application, feedback, confidence, developing and understanding occupation-centered perspectives, and the OCIA. Additionally, focus group participants discussed using the OCIA during Level II fieldwork and the impact on development, understanding, and communicating using an occupation-centered perspective. Results of the survey revealed preliminary receptivity to the tool as a communication aid and as a theoretical framework for an occupation-centered perspective. The focus group highlighted the "common language" provided by the tool and drew attention to contextual factors influencing the transfer of knowledge and use of the OCIA in practice. Further research is needed to understand the potential of the OCIA as a resource for facilitating student learning with a grounded, occupation-centered perspective.

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The Occupation-Centered Intervention Assessment:
Bridging Theory and Practice in Fieldwork Settings

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ABSTRACT

Occupational therapy's identity is grounded in occupation-centered care. However, evidence suggests external factors in the healthcare system burden practitioners' time and resources, reducing attention directed toward occupation-centered practice and student learning and transfer of theoretically grounded knowledge. The departure from theory-based practice can threaten the identity and viability of the profession. The Occupation-Centered Intervention Assessment (OCIA) was designed for practitioners or students to self-rate the degree to which interventions are occupation-based or occupation-focused, creating an occupation-centered framework. In this pilot explanatory sequential mixed methods study, Level II fieldwork educators and fieldwork students in Alaska completed OCIA training and utilized the tool. A pre- and post-survey identified attitudes toward theory application, feedback, confidence, developing and understanding occupation-centered perspectives, and the OCIA. Additionally, focus group participants discussed using the OCIA during Level II fieldwork and the impact on development, understanding, and communicating using an occupation-centered perspective. Results of the survey revealed preliminary receptivity to the tool as a communication aid and as a theoretical framework for an occupation-centered perspective. The focus group highlighted the "common language" provided by the tool and drew attention to contextual factors influencing the transfer of knowledge and use of the OCIA in practice. Further research is needed to understand the potential of the OCIA as a resource for facilitating student learning with a grounded, occupation-centered perspective.

Introduction

Occupational therapy practitioners have witnessed a philosophical departure from occupation-centered practice (O'Brian & Hussey, 2012) as the profession took a turn from client-driven and occupationally anchored practice to a medical model in the 1960's. Occupational therapy practice shifted to focus on what the practitioner can do for the patient, often through rote intervention (Gillen, 2013). Without clearly defining occupational therapy's basic foundations, the profession is exposed to identity confusion, professional encroachment, and decreased market share relative to reimbursable services (Gillen, 2013; Wood, 1998). This paradigm shift creates an especially challenging professional landscape for fieldwork students and fieldwork educators (FWEs).

The terms "occupation-centered," "occupation-based," and "occupation-focused" tend to be used synonymously and are often misunderstood (Fisher, 2013; Jewell & Pickens, 2017). Notably, the term "occupation-centered" denotes occupation as the central and foundational core of the practice and is a perspective which holds occupation as central and integral to the core tenets of the profession (American Occupational Therapy Association [AOTA], 2017, 2020). This term can be thought of as lens to frame both "occupation-based" and "occupation-focused." "Occupation-based" describes intervention and evaluation and emphasizes the client's engagement in occupation as a necessary part of the process (Fisher, 2013). In contrast, "occupation-focused" describes a state when practitioners direct attention toward occupation (Fisher, 2013). When nuanced terminology within the context of theory is clearly defined, practitioners and students support occupation-centered practice in academic and clinical settings (Fisher, 2013) and effectively communicate distinct occupational differences (Hanson, 2011).

A breakdown of skill and knowledge transfer tends to exist as conceptual information is practiced at an experiential level during occupational therapy fieldwork; students must simultaneously learn to manage typical practice issues such as behavior, timing, and rapport building (Copley et al., 2010). Researchers suggest a fieldwork student's ability to practice, understand, and apply academic theory directly correlates with the FWE's preference for using theory in practice and willingness to provide meaningful feedback (Hodgetts et al., 2007; Rathgeber, 2014). Additionally, changing healthcare standards force service delivery to be highly adaptable, increasingly productive, and meticulously documented (Bennett et al., 2019; Kirke et al., 2007). The combined pressures of time constraints and fluctuating healthcare standards leave limited room for knowledge transfer in fieldwork settings as practitioners tend to fall back on rote intervention due to ease of execution, as opposed to using an occupation-centered approach to treatment (Belarmino et al., 2020; Estes, 2014; Jewell et al., 2019; Jewell et al., 2016).

Occupation-Centered Intervention Assessment

Despite the literature describing a lack of emphasis on occupation in recent years, little research has examined the restoration of an occupation-centered approach in practice or fieldwork (Copley et al., 2010). The Occupation-Centered Intervention Assessment (OCIA; Jewell & Pickens, 2017; Jewell, Wienkes, & Pickens, in press) is a tool designed

to help students and practitioners implement occupation-centered reasoning through reflection on the ability to design and deliver interventions that are client-centered, ecologically valid, and utilize occupation as a therapeutic modality. The OCIA is theoretically grounded in the Occupational Therapy Intervention Process Model (OTIPM) and aligned to the Occupational Therapy Practice Framework- 3rd edition (Framework; AOTA, 2014; Jewell et al., 2016).

The three OCIA continua include personal, contextual, and occupational relevance to the client. Each is scored on a scale of one through five, with a total score of 15 as the most occupation-centered intervention. Psychometric testing provided general support from practitioners, confirmed content validity and utility, and Krippendorff's alpha indicated substantial inter-rater reliability of 0.856 (Jewell, Burkley, et al., 2020; Jewell & Pickens, 2017). The initial internal validity of the OCIA was determined to be good as demonstrated by Rasch analysis of goodness-of-fit, monotonicity of rating scale movement, and reliability of rating scale levels (Jewell, Grajo, et al., 2020). To fit the broad scope of occupational therapy, the OCIA has been analyzed within various practice settings. The OCIA demonstrated fair clinical utility and good content validity for use within mental health settings and general usefulness in clinical pediatric settings (Hinkley et al., 2020; Wienkes et al., in press). Additionally, the OCIA demonstrated preliminary usefulness for Level I fieldwork students as a tool to connect occupation-centered theoretical concepts to intervention implementation and improved professional reasoning skills for Level II students for the transition to clinical practice (Frigo et al., 2019; Jewell, Phillips, et al., 2020).

Aligning with preliminary results from prior studies regarding utility in academic and fieldwork settings (Frigo et al., 2019; Jewell, Phillips, et al., 2020), novice fieldwork students tend to prefer rules and structure to guide decision-making rather than depending on observation-based analysis thus may find the OCIA beneficial during initial experiences within clinical practice (Copley et al., 2010). This study of the OCIA was conducted in Anchorage, Alaska, and was limited to participants within the state. Alaska consistently experiences shortages in healthcare workers, including occupational therapy practitioners (Alaska Health Workforce Coalition [AHWC], 2010; AHWC, 2011). The researchers chose to study the OCIA in fieldwork settings in Alaska to determine if the tool could be effective in facilitating improved fieldwork education outcomes for the limited number of student sites in the state in order to address expanded and alternative approaches to therapists' education and the development of additional clinical rotation sites as listed in the AHWC's medium range goals. The OCIA was examined in Level II fieldwork settings in Alaska as a bridge between student-learned academic theory and the application of occupation-centered intervention in clinical practice.

Research Questions
The research questions investigated were:
1. How does the OCIA tool contribute to the *understanding* of theory driven occupation-centered interventions for occupational therapy students in Alaska fieldwork settings?

2. How does the OCIA tool contribute to the *development* of theory driven occupation-centered interventions for occupational therapy students in Alaska fieldwork settings?
3. How does the OCIA tool contribute to communication and feedback between fieldwork students and FWEs in Alaska Level II fieldwork settings?

Method

Research Design

This pilot study utilized an explanatory sequential mixed method design to describe the utility and process of using the OCIA as a learning tool during Level II fieldwork (Creswell, 2014). The pilot explanatory sequential mixed methods design provided an effective framework for studying the utility and application of the OCIA in Level II fieldwork settings by using one data set to explain the other and created a synergistic effect (see Figure 1; Carpenter & Suto, 2008; Creswell, 2014). A pre-use and post-use (before and after training and use of the OCIA) five-point Likert survey with additional open-ended questions provided a baseline of descriptive data regarding student and educator experiences with the OCIA. This data guided the development of a focus group questionnaire. Only participants who completed the survey and training process attended the focus group to elaborate on topics found in the surveys. Researchers obtained appropriate Institutional Review Board approval and all participants provided consent.

Participants

Participants were Level II FWEs and Level II fieldwork students in Alaska, who held an active occupational therapy license and practiced in any setting for at least one year, age 19 years or older, and current or past student supervision. Inclusion criteria for fieldwork students required Level II fieldwork placement in Alaska, 19 years of age or older, and good academic standing with an accredited university. Exclusion criteria for both parties included a failure to complete any phase of the study by the outlined due dates.

The Alaska Department of Commerce, Community, and Economic Development, Office of Corporations, Business, and Professional Licensing provided an exhaustive list of licensed occupational therapy practitioners in the state (State of Alaska, 2016). Researchers contacted 70 practitioners by email to procure interested participants. Clinical education offices at five major northwestern universities provided contacts to locate students placed in Alaska for Level II fieldwork. The Alaska Occupational Therapy Association (AKOTA) sent a recruitment flyer and information letter to all members and posted recruitment materials using social media. Following these population saturation strategies, convenience and snowball sampling through local professional networks yielded practitioners and students from multiple settings. Identified eligible participants received a direct email for recruitment.

Figure 1

Research Design
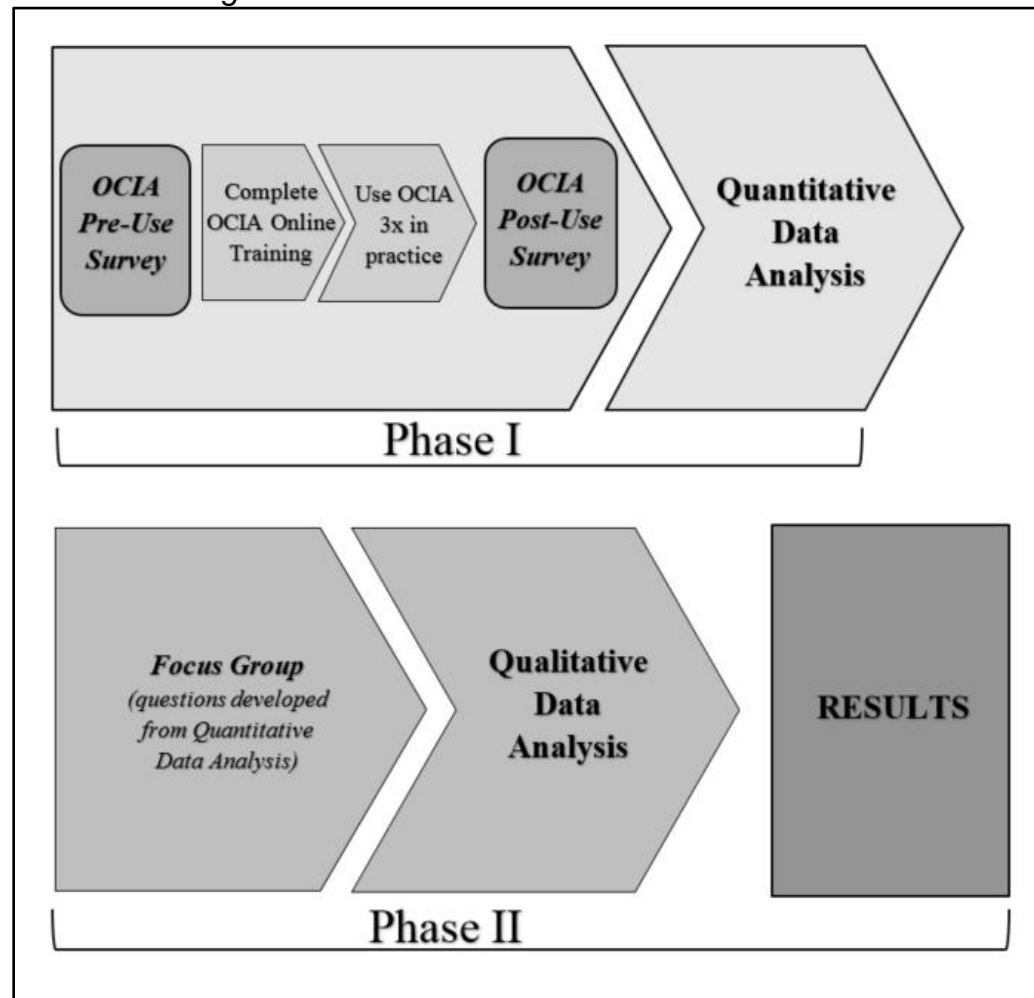
Note. Flow of research design. Pre-use survey, completion of online training, use of OCIA 3x in practice, and post-use survey comprised the quantitative phase. The qualitative phase included a focus group.

Instruments

Survey and Questionnaire
Researchers recorded attitudinal data regarding the OCIA before and after use in practice using five-point Likert rating scales pre- and post-surveys. Researchers developed two separate (similar but tailored) surveys from an extensive literature review, one survey for fieldwork students and another for FWEs. Two research faculty, two expert practitioners, and a second-year doctoral occupational therapy student reviewed the self-developed surveys. Student survey questions included student demographics, practice setting of fieldwork, attestation of academic standing, and questions pertaining to perception and understanding of theory and how the OCIA could facilitate development of occupation-centered interventions. The FWE survey questions

included extent of communication within their practice setting, extent of communication with Level II fieldwork students, and participant perception of utility of the OCIA as a tool to guide intervention design and communication. A score of one represented strong agreement with the statement/question, while a score of 5 indicated strong disagreement. Additionally, FWEs completed two open-ended questions to explain the rationale underpinning some Likert responses.

Trends in the quantitative data from Phase I prompted the development of focus group questions which were reviewed by researchers and an experienced group facilitator for content validity (see Table 1.)

Table 1

Focus Group Questionnaire

Number		Question
1.		Please share some examples of an occupational therapy intervention you might do in a typical day/week.
2.		Tell me about your experience using the Occupation-Centered Intervention Assessment tool.
	a.	What did you find helpful about the tool?
	b.	In what way if any did it inform your development of occupational therapy interventions?
3.		What does occupation-centered intervention mean to you?
4.		The survey responses suggest students experience varying degrees of confidence in implementing occupation-centered interventions. Tell me more about that. What hinders or supports your confidence in implementing occupation centered interventions?
	a.	The survey responses suggest most of you believe occupation-centered practice to be essential for positive client outcomes and as important to our identity as a profession. However, most of you reported using rote practice in your interventions. Tell me more about how you reconcile these two concepts?
5.		Evidence suggests a gap between theory-based education about occupation-centered practice and what actually happens in practice. Have you experienced a gap between theory you learned in school (or other source) and actual implementation of occupation-centered practice?
	a.	Why do you think this occurs?
	b.	In what way did/could the OCIA foster communication about this?

6.		Now let's use that segue and talk about communication during fieldwork experiences. Tell me about how you communicate with each other during a typical fieldwork experience?
	a.	Describe a time you used the OCIA to communicate about a patient or an intervention.
	b.	To what extent did the OCIA impact communication? In what way?
7.		What is your opinion of the OCIA?
8.		Survey data showed the educators were more favorable of the tool than students. What do you think of this assessment as a student learning tool?

Procedures

For Phase I, the researchers emailed links to the pre-survey to fieldwork students and FWEs. All participants received an information letter and voluntarily consented through a third-party online survey question in the instrument. Six participants anonymously completed respective pre-surveys, then observed a 30-minute online PowerPoint training developed by the creator of the OCIA. Upon completion of the training, participants received instructions to use the tool three times in practice within one month. Survey completion and use of the OCIA was completed on a rolling basis; participants utilized the tool starting at weeks three to five (completing the use by weeks seven to nine) of their Level II fieldwork. Participants completed respective post-use surveys after using the OCIA three times.

For Phase II, the focus group (n=4) followed a semi-structured interview process facilitated by an expert third party, lasting approximately one-hour. Open-ended questions and probing questions allowed for further exploration of the topic and allowed for increased clarification and explanation of content (see Table 1). The focus group was digitally recorded and transcribed verbatim.

Data Analysis

The researchers completed a descriptive analysis of the pre- and post- surveys utilizing the IBM Statistical Package for the Social Sciences version 24.0 (SPSS; IBM Corp., Armonk, NY). Then, the researchers utilized a broad, inductive qualitative approach to create a deeper understanding of the results of the focus group (O'Connor & Gibson, 2003; Thomas, 2006). Four researchers individually listened to the audio recording, used the transcription to code themes from general to specific, then came to a consensus of three final themes after debriefing with an experienced qualitative researcher.

A variety of methods reduced bias and improved trustworthiness to ensure accurate reflection of the participants' perceptions of the tool (Curtin & Fossey, 2007). The researchers kept a detailed audit trail of the process including the literature review, revisions of survey questions, SPSS files, revisions of focus group questions,

transcription of focus group data, and process notes for meetings (Portney & Watkins, 2015). Methodological triangulation occurred as the study included both a quantitative survey and was followed by a qualitative focus group (Curtin & Fossey, 2007). Researcher triangulation took place when interpreting focus group data, as two groups of two researchers worked together to interpret and analyze qualitative results and then came together with the fifth author, an experienced qualitative researcher, to finalize themes (Curtain & Fossey, 2007). Finally, the researchers employed reflexivity throughout the research process by writing out and discussing potential biases (Curtin & Fossey, 2007).

Results

Participants
Out of 70 practitioners contacted, 11 practitioners self-identified as past or present FWEs and expressed interest in the study. During phase one, six FWEs from three settings and five fieldwork students from three accredited universities completed the pre-survey. Only three FWEs and three fieldwork students met inclusion criteria by completing both surveys (see Table 2), for a total of six participants in the quantitative/survey phase. Four participants volunteered to participate in the optional focus group (bolded in Table 2).

Table 2

Participant Demographics

Participant #	Credentials	Age	Setting	FWS/FWE Pairing
Participant 1	**MOT/L**	**35-44**	**Acute**	**Yes**
Participant 2	**OTD,OTR/L**	**45-44**	**Early Intervention**	**No**
Participant 3	**OTR/L**	**35-44**	**Outpatient Pediatric**	**No**
Participant 4	**OTS**	**25-34**	**Student in Acute**	**Yes**
Participant 5	OTS	19-24	Student in Outpatient Neuro	No
Participant 6	OTS	25-34	Student in Inpatient Acute Mental Health	No

Note. Participants in bold participated in both quantitative surveys and qualitative focus group. MOT: Master of Occupational Therapy, OTD: Doctor of Occupational Therapy, OTS: occupational therapy student. The addition of "R/L" notes the registration and licensure of the practicing occupational therapist. Fieldwork student (FWS)/FWE Pairing: FWE current student supervision.

Phase I: Quantitative
Data from the surveys (see Tables 3 and 4) suggested the OCIA contributed to communication and feedback in fieldwork. Data revealed preliminary attitudinal changes of FWEs and fieldwork students, most notably a receptivity to the tool as a fieldwork communication aid and as a theoretical framework for understanding and developing occupation-based and occupation-focused interventions. Practitioners rated increased likelihood of using the tool with future fieldwork students. Furthermore, student data for developing occupation-based and occupation-focused interventions moved from a negative to neutral perspective.

Table 3

Fieldwork Student Survey Results

Fieldwork Student Survey Results											
	Pre-Use Likert Survey (n)					Post-Use Likert Survey (n)					*Change Score*
Concept	5	4	3	2	1	5	4	3	2	1	
1.) I think theoretical models and frames of reference are important for clinical practice.					3				2	1	-2
2.) It is unrealistic to create/conduct occupation-based interventions in my practice setting.		2	1				2	1			0
3.) I feel that I have a solid understanding of developing occupation-centered interventions.			1	2					1	2	+3
4.) I feel confident in my ability to implement occupation-based interventions.		1		1	1		1		1	1	0
5.) I use rote practice (mechanical or habitual repetition) in my interventions with patients.	1			1	1				2	1	+3
6.) I understand the difference between occupation-based, occupation-focused, and occupation-centered practice.		1	1	1				1	1	1	+3
7.) I apply theoretical models and frames of reference in everyday practice.				2	1				1	2	+1
8.) I observe my fieldwork educator apply theoretical models and frames of reference in everyday practice.	1		1		1	1				2	+2
9.) At least half of my interventions are occupation-based and occupation-focused.	1		1	1		1			1	1	+2
10.) Feedback is an important part of my learning process.			1		2			1		2	0
11.) The OCIA contributes to the development of occupation-based intervention.			2	1				3			+1
12.) Occupation centered interventions are important to our identity as occupational therapists.			1		2			1		2	0
13.) Occupation centered interventions are important for client outcomes.				1	2				2	1	-1
14.) From my current knowledge, I think the OCIA contributes to the development of occupation-based intervention.			1	2				1	2		0
15.) I feel equipped to describe what constitutes an occupation-based intervention.		1		1	1				2	1	+2
16.) Based on what I know; this tool would be useful in constructing occupation-based intervention.				2	1			1	1	1	+1
17.) Based on what I know, I will use the tool in practice.	1		2			1	1	1			+1

Note: Table data reported in modes. Likert scale – 1: Strongly agree, 2: Somewhat Agree, 3: Neutral, 4: Somewhat disagree, 5: Strongly Disagree

Table 4

Fieldwork Educator Survey Results

Fieldwork Educator Survey Results											
	Pre-Use Likert Survey*					Post-Use Likert Survey*					*Change Score*
Concept	5	4	3	2	1	5	4	3	2	1	
1.) I think theoretical models and frames of reference are important for practice.					3					3	0
2.) I understand occupation-based interventions.					3					3	0
3.) I feel confident in my ability to implement occupation-based interventions. **				2					3		NA
4.) I understand occupation-based, occupation-focused, and occupation-centered practice. **				2					3		+2
5.) I can provide student feedback specific to occupation-based, occupation-focused, and occupation-centered practice.		1			2				3		+3
6.) I apply theoretical models and frames of reference in practice.					3				1	2	-1
7.) At least half of my interventions are occupation-based and occupation-focused.				1	2				3		+1
8.) I feel a disconnect between student's knowledge and their clinical skills. **		1				1			1	1	NA
9.) Based on what I know, I think this tool would be useful in helping students construct occupation-based intervention.				1	2				3		+1
10.) I would use the OCIA with another FW student as an educational tool. **			1						2	1	+1
11.) I apply occupation-based interventions in practice.				2	1				3		-1
12.) Occupation-based interventions improve client outcomes.				3					3		0
13.) The OCIA contributes to the development of occupation–based intervention.			3					1	2		+2
14.) I am limited in my practice setting in my ability to implement occupation-based interventions.	1			2					3		+3
15.) I feel comfortable providing student feedback.					3				3		0
16.) The OCIA could contribute to improved feedback.				2	1				3		+2
17.) I often discuss theory implementation in student feedback.				2	1				2	1	0

Note: Table data reported in modes. Likert scale – 1: Strongly agree, 2: Somewhat Agree, 3: Neutral, 4: Somewhat disagree, 5: Strongly Disagree. Asterisks (**): Missing data or unanswered questions.

Fieldwork educators and fieldwork students indicated both parties increased understanding of occupational therapy theory and an occupation-centered perspective after implementing the OCIA in practice.

Scores for understanding theoretical terms increased consistently by one point for each respondent (one did not respond) within both surveys. This variation indicated an increased understanding of the terms, "occupation-based, occupation-centered, and occupation-focused," for both FWEs and fieldwork students. Several questions from each survey collectively suggested preliminary value of the OCIA as a helpful tool for

students. Additionally, results demonstrated a smaller disconnect between a fieldwork students' knowledge and clinical skills after using the OCIA in practice and participating in level II fieldwork for one month. After OCIA implementation in fieldwork, fieldwork students and FWEs rated improvement in implementing occupation-centered interventions. Surveys also revealed use of rote activities rather than occupation centered interventions both prior to and following use of the OCIA.

One open-ended question allowed FWE participants to elaborate on the limitations of some practice settings regarding consistent use of an occupation-centered perspective. The open-ended question was: What limits you in creating occupation-centered interventions (ie: time, resources, ideas)? Fieldwork educators listed pragmatic issues such as time constraints, insurance, and equipment availability; and contextual barriers, such as the ability to create a naturalistic environment (see Table 5).

Table 5

Fieldwork Educator Pre/post Survey Open-Ended Question Responses

Pre-Use Survey Results	Post-Use Survey Results
Non-OT related work duties	Patient motivation, having necessary equipment, infection control issues
Time interruptions from other medical professionals, medically unstable patients, infectious control for patients with certain infections	Sometimes my time is spent doing family service coordination instead of delivering or coaching an intervention
Time, insurance, resources, client participation, accessibility, environment set up, money, prep time, and family support	The environment – sometimes difficult to adapt clinical environment for optimal occupation-centered approach.

Questions pertaining to the OCIA's contribution to communication in fieldwork yielded the greatest increase in agreement for both groups of participants. Fieldwork educators perceived an increased ability to coach students applying an occupation centered perspective.

Phase II: Qualitative
The following themes were identified from analysis of the focus group data.

Contextual Factors Influence Use of Tool
Context is defined as the "variety of interrelated conditions within and surrounding the client that influence performance, including cultural, personal, temporal, and virtual contexts" (AOTA, 2014, p. S42). Participants used the OCIA in fieldwork settings and described several contextual factors that limited implementation of an occupation-centered approach in clinical practice, limiting their desire to use the tool for self-reflection. The first contextual limitation noted was the clinical practice setting. All

participants discussed how different settings were more challenging than others to use the tool. For example, one participant stated,

> I felt like acute care it's just like we just got to get them to the next step, so a lot of it is just really ADL [activities of daily living] focused… I think when we were looking at this tool I didn't really have any patients that were higher level functioning where it could kind of focus more on the kind of IADL [instrumental activities of daily living] things or things that would like would really, really motivate them.

Following medical precautions was another limiting contextual factor discussed by participants and one participant reported that "another drawback too, is in the hospital setting, just like infection control so...you can't use a lot of things in treatment because it's not cleanable for the next patient." Participants reported additional client factors as barriers to occupation-centered practice such as a client's motivation or cognitive abilities. Related to motivation, one participant stated, "…[if] the child isn't at all interested in it, it's still going to be kind of a rough session."

Finally, insurance requirements and regulations appeared to limit the use of an occupation-centered approach in clinical practice. Participants reported challenges with needing to follow insurance guidelines to ensure reimbursement of services, which frequently limited intervention choices that may have been more aligned with a client's preferences and goals.

OCIA Creates a "Common Language"
Participants reflected on the OCIA's ability to strengthen the common language surrounding an occupation-centered approach by serving as a communication facilitator and medium for self-reflection. One participant stated,

> I really appreciate the language [the OCIA] provides. I currently don't have a fieldwork student but I was able to kind of consider how would I have used it would I have one and it seems like it would be really informative like maybe in the second six weeks of a level II field work, but I, again, I think to have a common language. I mean we talk about occupation-focused or occupation- based like we know what we're saying, each individual does. I think that's really, really valuable.

Another participant reflected on how the OCIA could be useful to increase communication across cultural boundaries and stated,

> I think it would be useful to use with students actually at the beginning of their fieldwork… I agree that the common language is helpful. In fact, my fieldwork student was from another country. So, she spoke a different language ...although her English was excellent… I felt like it [OCIA] crossed those cultural boundaries that can exist.

Finally, one participant shared how she (a fieldwork educator) used the OCIA for reflection after an intervention session with the occupational therapy student and stated,

> My student and I we agreed let's go ahead and use the tool …And then we would both do it separately, and then it was interesting to, compare the scores that we, we thought and, talk about maybe, how we could have improved or what were the barriers to achieving a higher score in one area.

Bridging the Theory-Practice Gap

Students' and practitioners' understanding of theory-based, occupation-centered practice appeared distinctly different and created an introductory gap for transferring learned concepts into practice. Practitioners found a need for flexibility and adaptability for intervention planning, which the OCIA allowed. Overall, participants felt the OCIA could provide a framework for implementing theory into practice, especially for fieldwork students. For example, one participant stated,

> I think it'd be really valuable in level one [fieldwork] and… Early on… Because you're transitioning from textbook book knowledge and this is actually what occupational therapy looks like in practice and I think it would help apply that knowledge together, kind of smooth that transition.

Additionally, the OCIA appears to assist with providing concrete methods to improve the ecological validity of interventions, bridging this core theoretical construct to practice. For example, one participant stated that,

> the contrived environment, that section ... ...really resonated with me in the acute care setting because I'm like oh yeah, I'm in a hospital. This person probably doesn't have a bathroom five feet from their bed [in their natural environment] . . .. They're probably not wearing hospital clothes, so it definitely did help with that.

Discussion

Previous research suggested that many practitioners drift from using an occupation-centered perspective and appear to favor a more medically driven approach, contributing to a discrepancy between education and practice (Gillen, 2013). Focus group results suggested additional factors play a role such as lack of definitive knowledge of profession specific lexicon (such as occupation-centered, occupation-based, and occupation-focused practice). This was an expected finding as the inability to articulate core concepts suggest FWEs may not fully understand the theory behind interventions and a tendency to rely on experience or intuition, contributing to a limited transfer of occupation-centered perspective with students (Hodgetts et al., 2007). After using the OCIA in practice, all participants reported an increase in understanding of the terms describing core constructs of occupational therapy practice. Focus group participants reported the OCIA created an opportunity for increased communication between FWEs and fieldwork students.

As demonstrated by the results of the open-ended survey questions, participants reported limitations in developing and applying occupation-based interventions. Similar to recent research, some practitioners reported not implementing occupation-centered

interventions in practice due to institutional financial restrictions, physical and environmental limitations, or time constraints (Aiken et al., 2011; Bennett et al., 2019; Jewell & Pickens, 2017). Focus group data elaborated on contextual factors complicating a practitioner's ability to operate from an occupation-centered lens or to use the OCIA in practice. Setting and environment had a profound influence on practitioner's ability to create interventions from an occupation-centered perspective. For example, practitioners and the student in acute care disclosed a resistance to the OCIA tool specific to their setting due to an inability to provide higher level instrumental activities of daily living interventions due to lack of time, infection control protocols, and contextual factors. The resistance to the OCIA likely stemmed from a structural inability to achieve higher rated interventions due to setting-based restrictions.

The Level II fieldwork students indicated the OCIA would be useful earlier in the fieldwork experience (such as on a Level I) instead of toward the end of the Level II fieldwork timeline. Additionally, novelty of the OCIA may have contributed to resistance from experienced practitioners agreeing to learn and use the tool to promote student feedback during fieldwork. Seasoned FWEs may have found it uncomfortable to use the tool to evaluate their own performance in creating occupation-centered sessions. Discussing theory itself may have also caused discomfort and limited responses within the focus group.

Focus group results suggested the OCIA provided a common language and increased communication between fieldwork students and FWEs. Quantitative results supported this perspective with a positive view of the OCIA as a communication tool within all fieldwork settings. Students', practitioners', and educators' ability to advocate for occupational therapy depends on verbalizing and explaining occupational therapy's focus and foundation (Gillen, 2013) which suggests the OCIA can effectively anchor users to occupational therapy's foundational tenets.

The OCIA provided a framework of self-reflection for students and practitioners. Practitioners benefited from and appreciated opportunities to critique interventions. The OCIA allowed practitioners to quickly rate interventions and provided an occupation-centered grounding to be easily articulated to fieldwork students. Fieldwork is a crucial time to relay information to students, increase their confidence, and promote advancement of clinical skills (Giles et al., 2014). FWEs who continuously self-reflect on use of frames of reference and perform critical analysis of interventions will more likely encourage students due to increased competence and higher-level clinical reasoning (Joosten, 2015). With a limited number of fieldwork sites in Alaska, and increased demands on existing providers, the OCIA is an effective tool for structuring the student learning process pertaining to occupation-centered practice. Prior research supports OCIA effectiveness as students rely on structured opportunities for growth in fieldwork due to a resemblance to classroom dynamics (Vroman et al., 2010). The OCIA aided in transitioning students from a foundational understanding of concepts to an integration of theoretically based clinical skills.

FWEs reported they would likely use the OCIA tool again in practice. Fieldwork students, however, reported they were unlikely or somewhat likely to use the tool again. Students are surprised to experience distinct shifts in knowledge once they see long term outcomes of an intervention while on fieldwork (Copley et al., 2010). Fieldwork students have a limited amount of clinical experience, thus may not always understand how to best direct their learning. FWEs appeared to recognize the value of the tool during the learning process while students were less receptive.

The OCIA enabled practitioners to rate interventions in a timely manner and provide objective, occupation-centered communication. After using the OCIA, FWEs and fieldwork students demonstrated increased understanding of external pressures influencing their ability to implement occupation-centered interventions. The OCIA offered students needed structure to facilitate communication regarding occupation-based interventions; it also provided FWEs an opportunity to reflect on the complexities of balancing clinical practice and providing quality, occupation-centered student education.

Limitations
The study consisted of a small sample size of occupational therapy students and practitioners located in Alaska. Due to the limited sample size, FWEs and fieldwork students participated in the study group together. This created potential sample bias and discomfort for both participant groups to express opinions during the focus group. Results for the quantitative portion of the study are difficult to generalize due to the small sample size; preliminary data were useful to develop focus group questions though lack power to truly capture attitudinal change. Also, the use of a non-standardized tool further complicated the ability to capture attitudinal or skill-based change. Researchers found a lack of initial interest and follow through from occupational therapy practitioners and students, possibly due to time constraints. Recruitment and data gathering for this study was completed by OTD students during a single academic semester corresponding with a 12-week level II fieldwork rotation for participating fieldwork students; increased time to publicize and market the study may have contributed to participation and interest. The results of this study may only provide information for this specific population.

An expanded sample size and change in timeline of the study would benefit future research. Level II fieldwork students initially starting hands-on practice would benefit from utilizing the OCIA in areas of understanding and developing theory driven occupation-centered interventions. Additionally, increasing the geographical scope of participants would provide a larger sample size and increase the scope of education and background of study participants.

Implications for Occupational Therapy Education
Current literature indicates a gap between students' academic knowledge and clinical experience during Level II fieldwork regarding occupation-centered practice (Frigo et al., 2019; Copley et al., 2010). Evidence from this study suggested FWEs may not use an occupation-centered perspective to develop interventions. The OCIA was designed to

aid student learning, to increase understanding, and facilitate the development of occupation-centered interventions. Quantitative results from the first phase of this study suggested FWEs improved understanding of theory underpinning occupation-centered care after using the OCIA in practice. The second phase involved a focus group to gather a deeper understanding of the participants' perspectives regarding communication, theory, and development of occupation-based interventions. The participants reported the OCIA as a platform for common language, communication, and self-reflection. Based on results from this study and current literature, the OCIA may prove useful as a communication instrument between FWEs and fieldwork students to conceptualize theory behind occupation-based and occupation-focused interventions.

Conclusion

The OCIA is a quick, easy-to-use tool for self-reflection that can lead to a number of benefits for students on Level II fieldwork. Positive outcomes from use of the OCIA include an improvement in understanding of terms related to occupation-centered practice, improved communication between FWEs and fieldwork students, increased awareness of contextual and environmental barriers to occupation-centered practice, and increased structured opportunities for growth. The OCIA has the potential to bridge the gap between complex theoretical concepts and clinical practice during professional education and fieldwork experiences, a crucial time in a practitioner's career, to improve the understanding and overall implementation of occupation-centered interventions. Timing and effectiveness of implementation within academic settings are key areas for future research in order to expand and improve use of the OCIA for occupational therapy students.

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