JOTE Journal of Occupational Therapy Education

Volume 6 | Issue 4 Article 9

2022

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Abstract

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Keywords

Occupational therapy, students, feedback, level II fieldwork

JOTE
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ABSTRACT

Feedback is used in experiential learning to help occupational therapy (OT) and occupational therapy assistant (OTA) students develop the specific knowledge and skills needed to become entry-level practitioners. However, many students do not use the feedback given by fieldwork (FW) educators or perceive it as helpful in improving performance. Therefore, this study aimed to identify factors impacting the integration of feedback for OT/OTA students during Level II FW experiences. An invitation email was sent to 102 students from two OT and two OTA education programs in Ohio to participate in a survey regarding their Level II FW experiences. The survey consisted of three parts comprised of multiple-choice and 5-point Likert-scale questions. There was a 52.9% response rate. Results indicated that several factors were moderately or strongly associated with students' application of feedback. Factors specific to the student included their overall perspective of their FW placement and educator, previous experiences, learning styles, and emotional responses to feedback. Additionally, it was found that the FW educators' training experience and nonverbal communication, along with the type, quality, and quantity of feedback either moderately or strongly associated with feedback use. Results suggested that improvement in FW educator training opportunities and OT curriculum preparation are warranted to enhance student use of feedback. Implications for the study will better prepare students, FW educators, and academic programs to give and receive feedback so that current OT/OTA students can assimilate into competent and well-rounded entry-level practitioners more easily.

Introduction

Today, higher education involves more than just attending lectures in a classroom. The use of an experiential learning component to promote the transference of learning from the classroom to real-world scenarios has become increasingly emphasized (Association for Experiential Education, n.d.). Within the occupational therapy (OT) profession, fieldwork (FW) experiences have long since been utilized as a required experiential learning component to supplement each program's curriculum sequence. The purpose of these FW experiences is twofold: to help transition students from their role as a student to the role of a practitioner and to allow students to apply theoretical concepts learned in the classroom to actual patients in real practice settings (Brzykcy et al., 2016). The value of FW exceeds that of just student benefit, however. FW educators can stay current with the latest evidence-based practice, and participating FW sites have the advantage of hiring successful FW students upon graduation (Brzykcy et al., 2016).

Literature Review

An additional benefit of these experiences for the student and the FW educator is the chance to exchange feedback as part of the evaluation process. Van de Ridder and collegues (2008) defined feedback as, "specific information about the comparison between the trainee's observed performance and a standard, with the intent to improve the trainee's performance." Research has shown that feedback is one of many important factors influencing student perception of FW quality (Rodger et al., 2011). Within an OT program, students utilize FW educator feedback to develop specific skills and knowledge needed to become entry-level practitioners (Bernard & Goodyear, 2018). Thus, much research has been completed to determine how feedback is provided, received, and used (de Beer & Mårtensson, 2015; Rathgeber, 2014; Schuwirth & Van der Vleuten, 2011; Snyder, 2018). However, despite the obvious benefit of feedback during FW and the extensive amount of research in this area, many students admit to not using feedback to improve their performance (Weaver, 2006). Thus, a variety of feedback challenges have also been studied.

Feedback Challenges

One of the significant challenges feedback providers face is the fear of providing feedback (Burgess et al., 2020). Supervisors may lack confidence in providing feedback and fear the student will not listen to the feedback or label it as invalid (Costa, 2015). Studies have validated that feedback providers desire to avoid upsetting students with critical constructive feedback with the thought that providing honest feedback may damage their relationship with the student (Burgess et al., 2020; Costa, 2015).

It has been found that students do not always utilize feedback to impact subsequent performance (Crisp, 2007; Sadler, 2010). To effectively use feedback, students must be engaged, recognize it as useful, and understand the meaning behind the feedback provided (Winstone et al., 2017). Studies have revealed that misunderstandings of feedback may be common in FW, and students do not use the feedback if they do not understand it (Snyder, 2018). According to Sadler (2010), students must understand the concepts of feedback used by the supervisor and connect it to the actual performance for feedback to be useful.

Feedback utilization may also be impacted if students do not understand feedback the way in which the supervisor intended it to be understood. Urquhart et al. (2014) referred to this as 'the feedback gap', where student and supervisor perceptions of feedback differ. This misalignment could ultimately influence the success of feedback. In a study by Wiltbank and colleagues (2019), student participants reported not receiving feedback despite the observation of a class video showing feedback provided. If students do not realize feedback was provided, they cannot apply the feedback during FW. Additionally, students often struggle to make connections between feedback and future performance and discrepancies can occur between supervisor and student perceptions of feedback (Heeplestone & Chikwa, 2014; Sostok et al., 2002).

Occupational therapy education emphasizes the use of FW as a way for students to transition into the role of entry-level practitioners. One of the ways this is accomplished is through the exchange of accurate and useful feedback. Previous research has rigorously studied the various factors influencing how individuals provide, receive, and use feedback to improve performance. However, even with this extensive knowledge on feedback exchange and the multiple challenges, students still openly admit to not using feedback. Few research studies have explored the association between feedback factors and feedback utilization to improve OT/OTA student performance and clinical reasoning skills. This should be a focus of feedback improvement efforts. Furthermore, limited research identifies specific factors impacting feedback for OT/OTA students during Level II FW. Therefore, this study aimed to determine the factors impacting feedback for OT/OTA students during Level II FW.

Methodology

Study Design

A survey research design was used for this study. The institutional review board of the participating institution approved this study.

Participants

Inclusion criteria consisted of participants within their final year of an OTA, master's, or entry-level doctorate program and completing between 75% - 100% of their first Level II FW experience. Students were solicited with an email invitation to participate in this study sent by their program's Academic Fieldwork Coordinator (AFWC). Data collection took place from fall 2017 to spring 2018.

Instrument

A survey was developed by an OT student and two OTD faculty members following a detailed literature review which identified 14 common factors impacting feedback. The survey consisted of three parts with 60 items. The first part entailed questions to elicit demographic information. The second part consisted of questions regarding the students' Level II FW placement and FW educator, including the setting, experience in practice, and supervisory experience. The third part of the survey included questions

regarding Level II FW experiences. Each question was categorized into one of 14 groups for analysis based on the common factors impacting feedback identified in the literature. Six occupational therapists with experience in FW reviewed the survey questions to increase the content validity.

The survey consisted of multiple-choice questions and questions framed as complete statements using a 5-point Likert scale, with 1 meaning “strongly disagree” and 5 “strongly agree.” Students compared their Level II FW experience to each statement and either selected one of the choices provided or responded with a score of agreement or disagreement. This survey contained two “key questions” that assessed overall feedback use. Questions 9, 15, 20, 22, 24, 25, 45, and 51 were “reverse score” questions, where selecting “strongly agree” would highlight a negative feedback response according to the literature instead of a positive response.

Data Collection

An invitation email with a website link was created to participate in the study through Qualtrics©, an online survey platform. This email was sent to the AFWCs of four participating schools who were responsible for forwarding it to students in the final year of their OT/OTA program. Participation in the online survey questionnaire was voluntary; therefore, the completion of the survey indicated informed consent.

Data Analysis

Data were analyzed using IBM SPSS Statistics for Mac Statistical Software (Version 24.0). Frequency and percentage of participant responses were utilized for Likert-scale and multiple-choice questions within the third part of the survey to determine the factors impacting feedback for OT/OTA students during Level II FW. To determine the strength of association between the various feedback factors and feedback use to improve performance and clinical reasoning skills, a post-hoc analysis using Spearman’s rank-order correlation was conducted for Likert-scale questions to measure the strength and direction of the association between the “key questions” indicating feedback use and the remainder of the survey questions (Stein et al., 2013).

Questions were examined within each of these feedback factor groups with moderate or high associations in both directions of association and frequency. This examination was to determine which factors FW educators were successfully executing within the realm of FW education and which could be improved upon to enhance student use of feedback and, thus performance and clinical reasoning skills. Questions with a moderate or high association to feedback use and a high frequency of positive responses were interpreted as positive attributes of current FW education. Alternatively, questions that had a moderate or high association to feedback use and a low frequency of positive responses were interpreted as feedback factors that were hindering current feedback use and thus would highlight opportunities for improvement in FW education.

Results

Participant Demographics

Of 102 participants, 54 (52.9%) completed the survey questionnaire. Ages ranged from 20 to 53 years (M = 26.67; SD = 7.09). Table 1 displays percentage of participant responses for additional demographic questions.

Table 1

Percentages of Participant Responses to Demographic Questions

Question	*n* (%)
Gender:	
Male	2 (3.7)
Female	51 (94.4)
Prefer not to answer	1 (1.9)
Marital Status:	
Single	45 (83.0)
Married	7 (13.2)
Divorced	2 (3.8)
What occupational degree-level are you are currently pursuing?:	
Associate	21 (38.9)
Master's	19 (35.2)
Entry-level Doctorate	14 (25.9)
Will occupational therapy be your first or second career?	
First	42 (77.8)
Second	10 (18.5)
Other – Third	2 (3.7)

Level II Fieldwork Placement and Fieldwork Educator/Supervisor

Out of the 54 participants, 29.6% (*n* = 16) were completing their Level II FW placement within a hospital setting, 9.3% (*n* = 5) in a school setting, 38.9% (n = 21) in a nursing facility, 14.8% (*n* = 8) in an outpatient clinic, 14.8% (*n* = 8) in a community setting, 11.1% (*n* = 6) in mental health, and 9.3% (*n* = 5) in home health. These percentages add up to greater than 100% because multiple students reported being in more than one setting for their FW placement. Although 98.1% (*n* = 53) of participants reported knowing the approximate number of years of experience held by their FW educator(s), only 94.4% (*n* = 51) provided clear numerical values. Out of these responses, the number of years of experience across educators ranged from one to 30 (M = 11.91; SD = 9.18). Only 14.8% (*n* = 8) of participants reported knowledge of training completed by their FW educator(s) before becoming supervisors. Of these, 50% (*n* = 4) did not explain training, 12.5% *(n* = 1) reported training from continuing education courses or events, 12.5% (*n* = 1) reported training from the educator's employer, 12.5% (*n* = 1) reported training through a FW educator course provided by AOTA, and 12.5% (*n* = 1) reported training unrelated to FW education.

Level II Fieldwork Experience

An alpha level of .01 for Spearman's rank-order correlation was used (Stein et al., 2013). Refer to Table 2 for correlation coefficient and P-values for Likert-scale questions indicating significant associations with one or both of the "key questions." For this analysis, the correlation coefficient (*r*) can range from zero, which indicates no relationship between the two variables, to +1.00 or –1.00, which indicates a perfect positive or negative relationship (Stein et al., 2013). The strength of the association is indicated by the correlation coefficient's distance from zero, where $0 \leq r \leq .3$ is a very low to no correlation, $.3 \leq r \leq .5$ is a low correlation, $.5 \leq r \leq .7$ is a moderate correlation, $.7 \leq r \leq .9$ is a high correlation, and $.9 \leq r$ is a very high correlation (Hinkle et al., 2003). Correlation strengths for significant variables ranged from .350 to .894. Table 3 displays the frequency and percentage of participant responses for all Likert-scale questions that were found to be significantly associated with one or both of the "key questions".

Table 2

Spearman's Rho Correlation Coefficient and P-Values for Likert-Scale Questions Associated with Key Questions

Question	***"So far, my performance has been improving in response to my FW educator's feedback."***		***"So far, my FW educator's feedback has enhanced my clinical reasoning skills."***	
	Spearman's Rho (*r*)	***p*-value**	**Spearman's Rho (*r*)**	***p*-value**
I view my Level II FW experience as a beneficial learning opportunity.	.554*	.000	.557*	.000
I believe my Level II FW placement is of excellent quality.	.644*	.000	.704*	.000
My FW educator is approachable.	.681*	.000	.600*	.000
I believe my FW educator has adequate teaching knowledge.	.585*	.000	.607*	.000
I believe my FW educator is skilled in providing feedback to students.	.632*	.000	.631*	.000
My FW educator encourages our feedback sessions to be interactional, where I am welcome to offer comments or ask questions regarding his/her feedback to me.	.592*	.000	.590*	.000
I am satisfied with the amount of feedback given by my FW educator.	.719*	.000	.646*	.000
My FW educator's nonverbal cues match well with what he/she is saying when providing feedback to me.	.734*	.000	.612*	.000
My FW educator often provides quality feedback to me.	.765*	.000	.772*	.000

I often feel happy or accomplished after I receive feedback from my FW educator.	.649*	.000	.697*	.000
I feel comfortable providing my FW educator with feedback regarding his/her performance as a supervisor.	.531*	.000	.425*	.001
My FW educator tries to cater my learning experiences to my preferred learning style.	.421*	.002	.518*	.000
My FW educator explains his/her feedback to me.	.539*	.000	.526*	.000
I often understand what my FW educator's feedback means.	.664*	.000	.633*	.000
My FW educator asks if I have any questions regarding his/her feedback.	.686*	.000	.661*	.000
So far, my performance has been improving in response to my FW educator's feedback.	-	-	.894*	.000
So far, my FW educator's feedback has enhanced my clinical reasoning skills.	.894*	.000	-	-

* Correlation is significant at the 0.01 level

Table 3

Frequency and Percentages of Likert-Scale Questions Associated with Key Questions

Question	Strongly Disagree *n* (%)	Disagree *n* (%)	Neutral *n* (%)	Agree *n* (%)	Strongly Agree *n* (%)
I view my Level II FW experience as a beneficial learning opportunity.	0 (0)	0 (0)	3 (5.6)	6 (11.1)	45 (83.3)
I believe my Level II FW placement is of excellent quality.	0 (0)	4 (7.4)	10 (18.5)	14 (25.9)	26 (48.1)
My FW educator is approachable.	0 (0)	1 (1.9)	4 (7.4)	13 (24.1)	36 (66.7)
I believe my FW educator has adequate teaching knowledge.	0 (0)	1 (1.9)	5 (9.3)	19 (35.2)	29 (53.7)
I believe my FW educator is skilled in providing feedback to students.	0 (0)	2 (3.7)	10(18.5)	13 (24.1)	29 (53.7)
My FW educator encourages our feedback sessions to be interactional, where I am welcome to offer comments or ask questions regarding his/her feedback to me.	0 (0)	0 (0)	4 (7.4)	15 (27.8)	35 (64.8)
I am satisfied with the amount of feedback given by my FW educator.	1 (1.9)	7 (13.0)	11 (20.4)	10 (18.5)	25 (46.3)
My FW educator's nonverbal cues match well with what he/she is saying when providing feedback to me.	1 (1.9)	1 (1.9)	6 (11.1)	17 (31.5)	29 (53.7)

My FW educator often provides quality feedback to me.	1 (1.9)	2 (3.7)	12 (22.2)	15 (27.8)	24 (44.4)
I often feel happy or accomplished after I receive feedback from my FW educator.	3 (5.6)	4 (7.4)	11 (20.4)	19 (35.2)	17 (31.5)
I feel comfortable providing my FW educator with feedback regarding his/her performance as a supervisor.	4 (7.4)	8 (14.8)	10 (18.5)	19 (35.2)	13 (24.1)
My FW educator tries to cater my learning experiences to my preferred learning style.	5 (9.3)	7 (13.0)	21 (38.9)	13 (24.1)	8 (14.8)
My FW educator explains his/her feedback to me.	1 (1.9)	1 (1.9)	10 (18.5)	18 (33.3)	24 (44.4)
I often understand what my FW educator's feedback means.	1 (1.9)	2 (3.7)	5 (9.3)	16 (29.6)	30 (55.6)
My FW educator asks if I have any questions regarding his/her feedback.	0 (0)	4 (7.4)	7 (13.0)	14 (25.9)	29 (53.7)
So far, my performance has been improving in response to my FW educator's feedback.	0 (0)	1 (1.9)	8 (14.8)	16 (29.6)	29 (53.7)
So far, my FW educator's feedback has enhanced my clinical reasoning skills.	0 (0)	2 (3.7)	6 (11.1)	18 (33.3)	28 (51.9)

Discussion

The findings from this study indicate that out of the 14 feedback factors gathered from the literature, ten factors had Likert-scale questions that associated moderately or highly with the use of feedback to improve performance and clinical reasoning skills. These factors can be divided into those of the student and those of the FW educator or experience. Factors specific to the student included their overall perspective of their FW placement and educator, previous experiences, learning styles, and their emotional responses to feedback. Factors related to the FW educator and experience included the FW educators' training specific to FW, nonverbal communication, and the type, quality, and quantity of feedback. While some factors highlight positive attributes of current FW education, others suggest areas that need improvement to enhance overall feedback use.

The results from questions regarding the students' overall perspectives of their FW educator and placement, type and quality of feedback, nonverbal communication, students' emotional responses to feedback, and student understanding of feedback reinforce findings of similar studies (Bing-You & Trowbridge, 2009; Grenier, 2015; Mulholland et al., 2006; Rathgeber, 2014; Rodger et al., 2011; Schuwirth & Van der Vleuten, 2011; Snyder, 2018). These findings demonstrate best practices suggested within the literature and highlight positive attributes of current FW education.

Contrarily, results from questions regarding feedback quantity, FW educator training, students' previous experiences, and student learning preferences misalign with best practices stated in previous studies and highlight potential areas of improvement in current FW education. Although most participants felt they were receiving a sufficient quantity of feedback, over one-third of the participants felt that the quantity of feedback was lacking. This is consistent with previous literature in which students desired more feedback from clinical supervisors (Sweet & Broadbent, 2017). Previous literature has found that the quantity of feedback is a major factor in feedback provision. The quantity of feedback should include enough feedback for the student to understand specific areas of improvement and suggestions on how to improve (de Beer & Mårtensson, 2015). Feedback based on direct observations has the most significant impact on students' behavior, although there may be a lack of opportunity for this type of feedback in busy clinical settings (Burgess et al., 2020). Additionally, the nature of the OT FW experiences encourages a direct to less direct supervision model as the student progresses. This could pose challenges in the quantity of feedback towards the end of the experience. These results support the need for additional training for FW educators on how much feedback to give, including feedback provision based on the time constraints of the setting. Students can also be prepared during the didactic portion of their program to solicit feedback effectively and efficiently.

Questions regarding FW educator training, another significant feedback variable, also highlighted areas of potential improvement. The majority of participants felt that their FW educators had adequate teaching knowledge and were skilled in providing feedback. Although, these percentages were lower than the frequency of "agree" and "strongly agree" responses regarding student perception of FW educator clinical

knowledge adequacy. Interestingly, only the Likert-scale questions regarding teaching knowledge and skill in providing feedback were significantly associated with feedback use with a moderate coefficient strength. In contrast, the question regarding clinical knowledge had a low coefficient strength. While it is understandable that many practitioners have more clinical knowledge than teaching knowledge or skills in providing feedback to students, findings from the present study indicate that higher student perception of these two skillsets within FW educators associates with higher feedback use than clinical knowledge in isolation.

Furthermore, the frequency of responses from a multiple-choice question to assess student perceptions of FW educator preparedness indicated that 31.5% of respondents suggested their FW educator would benefit from additional training. This is consistent with previous studies. Both students and educators believe more training is necessary for FW educators, specifically regarding student learning preferences and giving useful, high-quality feedback (Rogers et al., 2010). This is an important consideration since feedback effectiveness, and acceptance may be subject to the perceived credibility of the feedback provider (Bakke et al., 2020; Burgess et al., 2020). Thus, there is room for improvement regarding training opportunities for current and future FW educators about specific teaching knowledge and skills, such as catering to different student learning preferences and giving feedback.

Previous experiences of participating students presented as another significant variable of feedback within this study and suggest further improvement needed in current FW education. Just over half (59.3%) of the participants in this study indicated they either “agreed” or “strongly agreed” that they were comfortable providing feedback to their FW educators on their performance as supervisors. These results are concerning, considering the literature that identifies open communication between students and supervisors as a vital aspect of quality feedback and student confidence (Andonian, 2017; Mulholland et al., 2006). OT/OTA programs can provide students with more opportunities during the didactic portion of their education to practice giving feedback to classmates, professors, and other individuals to increase comfort levels in this area, to diminish this discrepancy. Research also emphasizes that previous experience with providing feedback to others helps students feel more comfortable, and the tendency to solicit and provide feedback takes time to develop (Bakke et al., 2020; Urquhart et al., 2014). Occupational therapy education curriculums should include the provision of effective positive and negative feedback to others, especially in situations where the recipient of feedback is in a position of authority, such as a FW educator.

Finally, this study’s student learning preferences, another significant feedback variable, show discrepancies between current and ideal FW education. Interestingly, only 38.9% of participants either “agreed” or “strongly agreed” that their FW educator tried to cater learning experiences to the student’s preferred learning style. These results misalign with the recommendations from the literature, which suggests that students utilize feedback best when providers give it in a way that is congruent with their preferred learning styles (Rucker & Thomson, 2003). A qualitative study by Bakke et al. (2020) found that when students felt their supervisors were invested in them, students were

more open to feedback. FW educators who understand and adjust to student learning preferences can show this investment and potentially improve feedback utilization. Additionally, it was found that individually tailored feedback facilitated students' ability to act upon the feedback (Bakke et al., 2020). Awareness of the FW student's learning preferences can allow FW educators to tailor their feedback. Thus, training opportunities for current and future FW educators should emphasize student learning preferences, including how to initiate conversations with students about their learning preferences and create learning experiences congruent with student learning preferences in different practice settings. FW educators will also benefit from exploring their learning preferences to be aware of the similarities and differences between their own and their students'.

Limitations

Several study limitations are noteworthy. The multiple-choice survey questions were designed rather than Likert-scale questions to avoid question repetition and promote overall conciseness. However, the difference in question formats and the small sample size of participants limited analyzing multiple-choice questions associated with the "key questions," which would have provided additional information on the factors related to feedback use.

The OTs reviewed the survey for content validity, although it was not pilot-tested with OT/OTA students. Participants of the current study were narrow in scope, which may impact the generalizability of the results. Participants came from only four OT/OTA schools in Ohio, and most respondents were female. Furthermore, this study only sought student perspectives regarding feedback during FW and could have thus included student bias. The perspectives of FW educators and academic faculty from data collection was excluded, which could have provided additional viewpoints of feedback use in current FW education.

Future Research

Increasing the sample size of participants by including additional OT/OTA schools in the United States would enhance the generalizability of this study. Furthermore, future research should seek the perspectives of other stakeholders involved in FW education, such as FW educators or academic faculty, to gather a well-rounded picture of how all of those involved in FW education utilize feedback. These perspectives may elicit further information as to why certain feedback factors found in the present study to be important, are not being used to their fullest potential in practice. This may highlight specific barriers that could then be addressed. Additionally, future research could explore similarities and differences between OT and OTA student feedback use while on FW.

Implications for Occupational Therapy Education

This study highlighted factors associated with feedback use by students on FW. These findings can be used to enhance the education and training of both students and FW educators. Increasing the accessibility and affordability of current FW educator training may promote increased knowledge and skills regarding feedback provision amongst FW

educators. Training should include efficient feedback provision, managing feedback provision based on time constraints of the setting, and providing feedback based on the student's learning preferences. OT/OTA curriculums should incorporate the topic of feedback into FW-related courses, provide opportunities for students to practice giving and receiving feedback, and opportunities for soliciting and clarifying feedback. Addressing feedback utilization on Level II FW will assist in successful student completion of FW and transition into entry-level practitioners.

Conclusion

Previous research has studied feedback in various ways; however, limited research identifies which factors are strongly associated with feedback use for OT/OTA students. This study suggests that a variety of different feedback factors relate to its use by students. These factors include the students' perspectives of their FW placement and educator, emotional responses to feedback, learning preferences, previous experiences, and their understanding of the feedback provided. Additional factors include the type, quantity, and quality of feedback, as well as nonverbal communication and FW educator training experience. Furthermore, results showed that some factors could be better utilized within current FW education to enhance students' overall feedback use, specifically highlighting areas for improvement within FW educator training opportunities and OT/OTA curriculum preparation. Although the participant pool of this study was narrow in scope, the implications serve to better prepare both students and FW educators to give and receive feedback that is most effective so that current OT/OTA students can more easily assimilate into competent and well-rounded entry-level practitioners.

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