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Keywords

Experiential, on-campus clinic, fieldwork, clinic supervision, professionalism

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On-Campus Occupational Therapy Clinic: Exploring a Supervision Model for Level I Fieldwork Within Curriculum

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ABSTRACT

This study explored how a revised on-campus occupational therapy clinic model impacted occupational therapy graduate student professional development and clinical practice educator confidence in areas related to the on-campus clinic environment, professionalism, student learning, and collaboration. Specifically, clinical practice educator and student confidence were compared through quantitative survey data across multiple cohorts and clinical educators. This data was used to triangulate qualitative findings from focus groups and open-ended survey questions. Analysis across five years of qualitative data revealed themes related to professionalism including time management, planning, feedback, observation, collaboration, and communication. Quantitative data analysis found significant differences between clinical practice educator and student confidence in clinic environment, professionalism, and learning in an on-campus clinic. No significance was found in collaboration. Students were more confident in their familiarity with the on-campus clinic routine than clinical practice educators. Familiarity with the clinic routine was also related to clinical practice educators' confidence in supporting student learning for growth and change and resolving challenges that impede student learning. Feedback and communication were important in the students' experiences with benefits and suggestions to improve feedback provided by students. Educators and practitioners interested in alternative Level I fieldwork opportunities can consider the implications for a collaborative supervision model in an on-campus clinic environment.

Introduction

Occupational therapy has been developing methods to better prepare graduate students for success. Experiential learning has a positive beneficial impact on student success (Benson et al., 2013; Coker, 2010; Falk-Kessler et al., 2007; Goldbach & Stella, 2015; Knecht-Sabres, 2013; Phillips, 2017). Traditionally, fieldwork allows students the most direct experiential learning opportunity. Recent accreditation standard changes allow programs to have more oversight of the Level I fieldwork experiences rather than relying on external community sites (Accreditation Council for Occupational Therapy Education [ACOTE], 2018). Several graduate programs have designed an on-campus clinic for their students to practice their didactic coursework in an experiential setting (Erickson, 2018; Goldbach & Stella, 2017; Henderson, 2016; Seif et al. 2014). The benefits of on-campus clinics have been explored in many medical and health science programs and most recently in occupational therapy graduate student learning (Erickson, 2018; Goldbach & Stella, 2017). On-campus clinic settings “eliminate the challenge of finding clinical sites willing to provide part-time clinical education experiences” (Wilson, 2014, p. 8) and provide an opportunity to meet the Level I fieldwork accreditation standards (ACOTE, 2018). An on-campus clinic helps students and faculty communicate and collaborate more frequently on the learning experiences and allows a direct connection between the didactic courses in a program and the Level I fieldwork experience. An on-campus clinic may also provide an opportunity for local clinicians to provide supervision to the students, freeing up faculty time. Although using clinicians as clinical practice educators (CPEs) has benefits, little research has been done about this supervisory model and the CPEs’ confidence in fulfilling their role of supervising and encouraging the professional growth of students in an on-campus clinic setting. Likewise, little is known about the students’ confidence in their professional growth from working in an on-campus clinic. The purpose of this study was to understand how using CPEs for supervision in an on-campus clinic impacted students’ professional growth, and to better understand the confidence of the CPEs and students in their ability to address the core areas of the clinic.

Literature Review

Researchers have identified the importance of experiential learning in clinical settings as part of didactic courses with embedded clinical activities, often supervised by faculty (Benson et al., 2013; Coker, 2010; Falk-Kessler et al., 2007; Knecht-Sabres, 2013; Phillips, 2017). Several occupational therapy programs have operated on-campus clinics or experiences in community clinics as volunteer opportunities (Rogers et al., 2017) or as a component of a didactic course, but not specifically as a Level I fieldwork experience (Benson et al., 2002; Goldbach & Stella, 2017; Henderson, 2016; Seif et al., 2013). An on-campus clinic that is used in a required course has not been a typical Level I fieldwork experience for many occupational therapy programs.

Clinic Supervision

Clinic supervision in an on-campus clinic is an important factor in student success. One study found students appreciated a supervisor who was committed, made the fieldwork experience more enjoyable; and encouraged students to keep learning more (Grenier, 2015). Fieldwork educators also had to be comfortable with providing feedback and

having knowledge of the material for success in the fieldwork (Grenier, 2015). Feedback that follows a hands-on experience supports a student's achievement of self-efficacy (Leung et al., 2009), which results in successful fieldwork experiences. Feedback, when delivered and received appropriately, can bolster a student's confidence (Eva et al., 2012) and lead to performance change in a student (Snyder, 2018) and ultimately, mastery of their experiences (Leung et al., 2009). Establishing an effective fieldwork supervision model is essential to addressing student self-efficacy and their expectations of mastery during Level I fieldwork in an on-campus clinic.

Research is limited that identifies an appropriate supervision model for an on-campus clinic used as Level I fieldwork. The role of faculty as fieldwork educators has recently been identified through a group supervision model though only in gray literature (Clark et al., 2019). Administrative time and balanced workload are main challenges of faculty providing supervision for fieldwork experiences (Knecht-Sabres, 2013), making the use of local clinicians a viable alternative. Hanson and Deluliis (2015) provided a blueprint for Level II fieldwork group supervision from a collaborative model with a clinical coordinator of fieldwork who coordinated multiple students attending different placements. The collaborative model consisted of the academic fieldwork coordinator (AFWC), a clinical coordinator of fieldwork, fieldwork educators, and students from multiple programs. The clinical coordinator of fieldwork communicated with AFWCs within academic programs to organize student experiences. The clinical coordinator of fieldwork was also responsible for training and managing fieldwork educators, who provided the direct clinical supervision for students. Students also learned collaboratively from peers when working with a shared fieldwork educator as they shared experiences, ideas, and problem solve. The collaborative model supported that students "learn skills in areas such as conflict management, communication, decision-making, leadership, and trust building to work more effectively with the team" (Hanson & Deluliis, 2015, p. 225). The collaborative model explained here could also be appropriate for a Level I fieldwork experience in an on-campus clinic, with CPEs as the student supervisors.

Nursing has identified various supervision roles to utilize core faculty and clinical practitioners in student education. One example is the preceptor model, where faculty train preceptors at clinical sites (Croxon & Maginnis, 2009; Mills et al., 2005). Similarly, the clinical educator facilitator model uses on-site staff dedicated to the training of students at the site (Lambert & Glacken, 2004). Mentoring is also a specific type of clinical supervision in nursing literature (Mills et al., 2005). In addition, the supervisor of clinical education role was identified as consisting of a faculty member from the university program who assisted with education between the on-site nurses and the students (Henderson & Tyler, 2011). Some occupational therapy programs use core faculty members to administer and supervise the clinic (Goldbach & Stella, 2017; Henderson, 2016; Knecht-Sabres, 2013; Phillips, 2017; Seif et al., 2014). One community clinic utilized licensed healthcare providers as preceptors (Rogers et al., 2017). Faculty members also provide supervision in other healthcare professional programs that utilize an on-campus clinic (Mai et al. 2013; Prezas & Edge, 2016;

Wilson, 2014). These studies primarily looked at student outcomes from a community clinic experience and did not directly explore the supervisor-student experience relating to the development of professional skills.

Occupational therapy literature provides much information exploring the role and perceptions of fieldwork educators (AOTA, 2009; Karp et al., 2022; Mason et al., 2020), with primary focus on Level II fieldwork. The role of the supervisor in any clinic experience is encouraging students to push their critical thinking skills and gain the knowledge necessary to successfully work in a clinic setting. Using clinicians, who may not be familiar with the challenges of student supervision, may have challenges. Nursing has experienced workload challenges with on-site clinical nurses as supervisors, such as the qualifications and available time to teach skills as well as provide a supportive learning environment (Henderson & Tyler, 2011; Lambert & Glacken, 2005). A faculty member employed by the clinical site or funded by the academic institution to assist the on-site clinical supervisor to facilitate student learning is a potential solution to these barriers (Henderson & Tyler, 2011; Lambert & Blacken, 2005; Mills et al., 2005).

The nursing clinical facilitator model (Lambert & Glacken, 2004) may provide guidance to develop the structure for occupational therapy clinical practitioners to supervise students in an on-campus clinic. However in nursing, the clinical facilitator may be familiar with the clinic site as their primary work environment. While the on-campus clinic in the current study was operated by the academic institution for the purposes of graduate student education, the environment was separate from on-campus clinic supervisors' primary areas of practice. Therefore, the on-campus clinic supervisors had to become familiar with the on-campus clinic environment and the curriculum occurring simultaneously with the on-campus clinic. Being familiar with the clinic environment has been identified as a major factor in creating a supportive learning environment and students perceive this as critical to their success in nursing education (Croxon & Maginnis, 2009; Lambert & Glacken, 2004; Mills et al., 2005). The supervisor of clinical education role (Henderson & Tyler, 2011) was integrated with the clinical facilitator model to design the on-campus clinic model for this study to establish a faculty role as a connection between the clinical supervisor and the didactic courses.

Background

On-Campus Clinic Supervisory Structure

The original on-campus clinic model in this occupational therapy program used core faculty members and one additional adjunct faculty member to supervise student pairs during 12, one hour clinic sessions within a semester. However, the paired student sessions did not adequately prepare students for Level II fieldwork and while students gained self-confidence in intervention planning and implementation, opportunity for greater development of professionalism was identified. Therefore, the model was revised to support students working individually with clients for 6 weeks. Clients were seen for 12 weeks in the on-campus clinic with students transferring care to another student after six weeks. With a student cohort size of 24, supervision in the on-campus

clinic required six to eight hours in one clinic day and a minimum of two to three clinic days per week. Additional faculty time was needed for clinic administration such as scheduling, ordering supplies, and managing safety policies. As the on-campus clinic progressed, the supervision model utilizing full-time core faculty was determined to be unsustainable.

The revised on-campus clinic model implemented the use of CPEs from the community as supervisors rather than core program faculty. This built on the preceptor model commonly utilized in nursing education (Henderson & Tyler, 2011; Lambert & Glacken, 2005; Mills et al., 2005); however instead of faculty going to clinical sites to assist with supervision, this on-campus clinic brought clinicians into the didactic program solely to provide clinical education and supervision. One year of experience was required for a practitioner to become a CPE. The use of CPEs provided clearer delineation of clinic supervision, clinic management, and a more manageable student teaching ratio in the on-campus clinic. A core faculty member was responsible for course organization, orientation for CPEs and students, and scheduling clients, which is similar to the role of the clinical coordinator of fieldwork described by Hanson and Deluliis (2015) for Level II fieldwork. In the on-campus clinic, students received feedback from peers and CPEs to recognize their strengths and areas needing improvement. Students were assessed by their CPEs at the end of their clinic rotation using a fieldwork performance evaluation tool designed for the on-campus clinic.

Given the lack of research on Level I fieldwork experiences through an on-campus clinic, this research sought to explore how confident CPEs were in their role providing supervision in a setting that was not their primary work environment. Further, with the significant change in supervision with this model, it was essential to gather CPE experiences and explore the student-CPE relationship to determine the impact on professional development for students. The following research questions were posed:

1. How does the on-campus clinic supervision model using CPEs impact occupational therapy graduate student professional development?
2. How does CPE confidence in addressing core areas of clinic environment, professionalism, learning in an on-campus clinic, and collaboration in the clinic compare to student confidence in these areas?

Methods

A mixed methods study design included student focus groups and an online survey with Likert-scale and open-ended questions for both CPEs and students. The study was designated as exempt by the Institutional Review Board at this Midwestern private institution. Consent was not required from participants as the data was collected as part of required course activities. Data collection occurred twice a year at the end of 16-week fall and spring semesters. The online survey was distributed during the last two weeks of each semester for students and CPEs to complete independently. Focus groups were scheduled during finals week.

Focus Groups

Students participated in focus groups at the end of each on-campus clinic semester, facilitated by a core program faculty and the CPEs. Students were able to provide confidential feedback for program faculty and CPEs in the online surveys and course surveys. Five cohorts participated in two focus groups for a total of 10 focus groups with 157 students in total participating. Focus group discussions included questions designed to encourage student sharing and interaction (Creswell, 2007). Focus group guiding questions included what went well in the course, identification of problems or challenges, what would enhance learning in the course, and what would the students do differently.

Survey

A 22 question Likert-scale survey designed by Heale et al. (2009) was delivered to CPEs and students. The original survey was designed to measure health science and medical faculty perceptions of tasks related to clinical mentor experiences in a clinic setting. Since the original survey was designed for clinic mentors, the survey was adapted slightly for this study to apply to both CPEs and students. Participants self-identified as CPE or student, which linked them to survey questions aimed at their role in the on-campus clinic. The questions for CPEs remained consistent to the original survey with slight revision to fit the on-campus clinic setting. An example of question modification for CPE confidence is: “how confident are you that you communicate your expectations clearly to the student and for students”. This same question was modified in the student portion of the survey to assess students’ confidence: “how confident are you that you communicate your expectations clearly to the clinic educators/supervisors”. This adaptation of the survey allowed for comparison of confidence between faculty and students as well as for validation of qualitative findings from students.

The survey measured confidence in four content areas: 1) clinic environment and context; 2) professionalism; 3) learning in an on-campus clinic; and 4) collaboration. This survey was selected for this research based on its grounding in Bandura’s self-efficacy theory, which suggests that an individuals’ expectations of mastery impact behavioral change and persistence in achieving mastery (Heale et al., 2009). Open-ended questions self-designed by the primary researcher were included in the online survey to gather student perceptions of professional development through participation in the on-campus clinic and the relationship of the on-campus clinic experience in enhancing learning and application of material from the didactic courses.

The anonymous survey was delivered to CPEs and students electronically via Qualtrics with a link in the learning management system of the course at the end of each Level I fieldwork on-campus clinic experience across five academic years. Data included five cohorts of students that each completed two semesters in the on-campus clinic (N = 94). One student cohort had only one semester of data. Clinical practice educators also completed the survey in each semester though different educators may have been present in the Level I fieldwork courses between fall and spring semesters (N = 19).

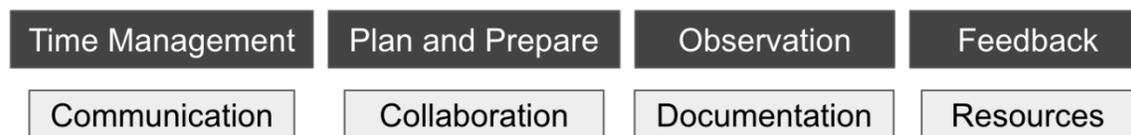
Data Analysis

Responses from student focus groups and open-ended survey question responses from students were coded by hand for an analysis of themes. Distinct words and phrases were color-coded and further divided into major themes. Coding of the data was completed by the primary researcher and a student research assistant, each of whom coded independently and then discussed their codes until agreement was reached. All focus group discussions were coded, and themes were categorized across all responses and for all cohorts simultaneously. This process was then used to analyze the open-ended survey questions. Themes between the focus group codes and the open-ended survey questions were then identified. The quantitative analysis was not completed until all descriptive themes were identified.

Descriptive and inferential statistical analyses were completed for survey responses of the student group and the clinical practice educator group using SPSS software. Analyses were completed to report the range of responses across all five cohorts collectively for comparison of faculty confidence and student confidence in the four content areas: 1) clinic environment and context; 2) professionalism; 3) learning in an on-campus clinic; and 4) collaboration. Medians and interquartile ranges, to adjust for outliers in the data, were calculated. A Mann-Whitney U test was conducted to compare the distribution of on-campus clinic educator confidence to the distribution of student confidence across the survey subscales. The Mann-Whitney U test was utilized as a nonparametric test for the ordinal data due to the inequality in group size between faculty and students; z scores are reported due to the larger sample size of students. Pearson correlation explored relationships in the four survey areas within the faculty group and the student groups. Correlation was evaluated using the guidelines of Portney and Watkins (2009) for relationship strength: 0.00 to .25 = little or no; .25 to .50 = fair; .50 to .75 moderate to good; and $\geq .75$ = good to excellent. Significance was considered at $p < .001$, 2-tailed. Quantitative data, focus group discussions, and open-ended survey questions were analyzed for concurrent triangulation to validate qualitative findings (Creswell, 2007).

Results

Four main themes emerged from the qualitative analysis of the data: time management, plan and prepare, observation, and feedback. Four subthemes emerged including communication, collaboration, documentation, and resources, each of which occurred throughout each of the four themes. Figure 1 shows the themes and subthemes, aligned in order of frequency of occurrence, that emerged from the student focus groups and open-ended anonymous survey questions.

Figure 1*Student Perceptions Regarding the On-Campus Clinic Model***Time Management**

Overall, 42 comments from student participants directly mentioned time management. Several comments also related to managing schedules and having time to complete the requirements of the on-campus clinic experience each week. Students wanted “earlier notice” of scheduling such as orientation and “structured time to meet” to support their time management. In addition, time management was related to scheduling, such as time between sessions, between rotations, and time to complete documentation. Comments indicated that some students felt they had “little time” to document between the end of their clinic day and the documentation deadline.

The subthemes of communication and collaboration supported the main theme of time management. Much of the time needs stated by students reflected the desire to have time to talk and meet with other students in the clinic as well as CPEs, which allowed opportunity to “compare ideas” and “exchange ideas.”

Plan and Prepare

The importance of planning and preparing was linked most often to intervention planning. Thirty-four comments related to this main theme. Comments related to the importance of having “back-up plans” and “a detailed plan” occurred frequently within the main theme of plan and prepare. Having back-up plans was identified as important for “client changes day-to-day”, to “be prepared for things to switch at any moment,” and to “change interventions on the fly.” The on-campus clinic was valuable in providing hands-on clinic experiences for students: “Having the opportunity to plan an hour long session made the clinic experience real”. One student also identified the benefits of the on-campus clinic in preparing them for moving forward in the program: “feel better prepared and confident to enter fieldwork”. Didactic courses were also linked with on-campus clinic experiences: “Correlation between the peds course content (i.e., assessments) helped to prepare OTS for the peds clinic.”

Communication was also essential for students to feel prepared and to plan their time in the on-campus clinic. Time with the CPEs “before and after clinic to talk about what we did, how it went, and plan for the next session” was identified by one student. Another student reported that small groups of students in the clinic each day “made communication and planning easier and smoother” and provided “more one-on-one time with CPEs.”

Observation

Over 30 comments related to observations that occurred within the clinic both as opportunities and challenges. Several students felt the opportunity to observe another student with a client was beneficial: “allowed the chance to see other diagnoses and therapist styles” and “the observation of other students’ sessions enriched our learning.” Other comments reflected the challenges of observation: “the observing therapists [need] opportunity to practice using an electronic [health] system during their observing [time] in the clinic” and “multiple observers were distracting for clients”. Knowing the observation expectations for first year students also needed greater clarification: “not overstepping their observations” and “benefit from additional information... about their roles as student observers.” Observations with physical therapy sessions was also beneficial to “observe the client in PT” and to “work with PT” as well as observations with PT should be “required.” One student identified PT observations “need more structure.”

Observation was also connected to learning opportunities, specifically collaborating with other classmates as well as observation enhanced the on-campus clinic experience. Students identified how the on-campus clinic connected to the course work material in lecture. One individual expressed, “Clinic is a very valuable learning experience for students and getting hands-on opportunities to practice what we are learning in our courses.” Specifically, having smaller groups of students in the on-campus clinic each day “fostered a good learning environment.” The CPE supervision model was also identified as a contribution to their learning: “having an OT active in the community created a great learning environment” and “[strength of the] interactions with the CPE - [getting] suggestions, independent learning, understanding how life as a clinician works.” Extra client opportunities also enhanced learning: “having an additional client on a ‘consultation’ basis provided a very beneficial learning experience” and two clients was a “great challenge and you are constantly learning.”

Feedback

Students appreciated feedback received on performance in clinic sessions and ways to improve documentation. The term feedback was directly used in 23 statements from participants in the focus group sessions. Statements from participants indicated both the benefits of feedback and areas for improvement when faculty give feedback. One participant stated, “Feedback and insight [was] helpful, especially sharing real life experiences.” Further comments indicated ways to ensure feedback is beneficial. Another participant mentioned, “Feedback from various people would be helpful since each person has different views,” and another student specifically reported that feedback from others was essential to “problem-solve difficult clients and situations”. The term communication specifically was included within comments related to feedback; several comments indicated that time with the clinical practice educator was important as an opportunity for communication and collaboration.

Communication and Collaboration

The identification of communication and collaboration as subthemes supporting the importance of having experiences in fieldwork where they have been able to observe these skills with others and apply these skills in real-life situations. Communication and collaboration were specifically stated in 31 statements describing ways in which students enjoyed the opportunity to share ideas with one another. Interactions both with the clinical practice educator and physical therapy students were identified in several comments within communication or collaboration as well. Student comments reported this theme being one of the most important in how problems were solved. One student mentioned, “Small-groups - made communication and planning easier and smoother” while another student reported the wonderful benefit of “Interacting with classmates and bouncing ideas off of [one another]”. One student also identified the on-campus clinic as an opportunity for “solidifying learning of the assessments - each [student] had to know the assessment very well.” Students also reflected a need for more opportunities for learning to occur: “would have been beneficial to learn what approach the [clinic educator] would have taken with each client” and “more information and learning experiences on actual interventions.”

Documentation and Resources

Documentation and resources contained comments referencing the main themes of time management and feedback as well as communication and collaboration. Processes such as peer evaluation and collaboration and comparison of documentation with clinic partners was evident in the data. Documentation was identified both as an important area needing feedback from the CPEs and as a communication and collaboration tool. “Feedback on documentation was helpful” while others commented “more direct feedback about how you are progressing” would be important with improving documentation skills and “more discussion about goals for different diagnoses.” The use of the electronic health record was a valuable resource for sharing feedback: “platforms to exchange information with [faculty]” was supported with the use of electronic health record software, “electronic documents were awesome,” and “our documentation system is a strength because it requires therapists to write out the entire note and think about what is included more than an electronic system.” Students also clearly recognized the importance of documentation as a means of communication and collaboration intraprofessionally. Since students shared clients between rotation one and rotation two within the on-campus clinic, they saw that access to documentation was essential for continuous service delivery. Students also provided several insights on how to improve documentation experiences: “requirement to have more than one client for more exposure and documentation practice” and “decrease the time you have to submit documentation as the semester goes on to practice for real life application.”

Resources

Communication and collaboration were required to address resource needs in the on-campus clinic: protocol “wasn’t clearly communicated” and sign postings in the hallway “helped to communicate what was going on in the OT clinic” for community members that were not involved in the on-campus clinic. Specific resources were also identified to facilitate communication and collaboration such as “one way mirrors for parents to watch session” and space to incorporate interaction of multiple healthcare disciplines. Organization was clearly identified as a need within resources for both physical resources and scheduling resources. Organizing storage spaces and electronic files were identified in several comments. Participants wanted organization related to scheduling for clients and students in the clinic: “ensure scheduling of first year [students] is consistent and well-organized. At times, when two or three first year students were in session, it created confusion and inconsistency for the client” and “more organized system for picking up extra clients.” Equipment related comments were contained in 46 responses within the subtheme of resources. These ranged from updating current equipment, adding more equipment for specific client groups, and orientation to the equipment prior to clinic start. Supplies, cleaning, and space were also prevalent in the subtheme of resources.

Quantitative Data Analysis

Mann-Whitney U results indicated five significant differences between faculty and students within the areas of clinic environment and context, professionalism, and learning in an on-campus clinic. No differences occurred within collaboration.

On-Campus Clinic Environment and Context

The area of familiarizing with the on-campus clinic routine was the only area of significant difference between faculty and students for clinic environment and context. Faculty had an average rank of 44.53, while students had an average rank of 59.52 ($z = -1.96$, $p = .05$). Students had greater confidence in being familiar with the clinic routine and faculty were not as confident in familiarizing students with the clinic routine. Table 1 shows the mean ranks, medians and interquartile ranges (IQR), and Mann Whitney U results for the five questions relating to clinic environment and context.

Table 1*Faculty and Student Confidence in Clinic Environment and Context*

	Faculty n = 19	Students n = 94	z	p
	Mean rank Mdn (IQR)	Mean rank Mdn (IQR)		
Familiarized with the physical environment	55.26 4.0 (2.0)	57.35 4.0 (1.0)	-0.28	.78
Familiarized with the clinic routine	44.53 4.0 (2.0)	59.52 4.0 (1.0)	-1.96	.05*
Introduced and interpreted current protocols, policies, and procedures	55.65 4.0 (1.5)	56.06 4.0 (1.0)	-.053	.96
Provided accurate perspective of the “way things are done”	58.13 4.0 (2.0)	56.77 4.0 (2.0)	-0.18	.86
Provided accurate perspective of the philosophy of the clinic environment	55.00 4.0 (2.0)	57.40 4.0 (1.0)	-0.31	.76

*indicates statistical significance at $p \leq .05$

Professionalism

A significant difference was identified in demonstrating current knowledge of clinical practice in occupational therapy for the subscale of professionalism. Faculty had greater confidence in their ability to demonstrate current knowledge of clinical practice in occupational therapy than students. Faculty average rank was 71.97 and students' average rank was 53.34, with a statistically significant difference, $z = -2.52$, $p = .01$. No other areas of difference were identified in education and professionalism. Table 2 shows the mean ranks, medians and interquartile ranges (IQR), and Mann Whitney U results for the five questions relating to professionalism.

Table 2*Faculty and Student Confidence in Professionalism*

	Faculty n = 19	Students n = 94	z	p
	Mean rank Mdn (IQR)	Mean rank Mdn (IQR)		
Demonstrated current knowledge of clinical practice in occupational therapy	71.97 4.0 (2.0)	53.34 4.0 (1.0)	-2.52	.01*
Demonstrated ability to organize and prioritize clinical responsibilities	67.63 4.0 (1.0)	54.23 4.0 (1.0)	-1.75	.08
Promoted a positive professional one-to-one relationship with student/supervisors	61.84 5.0 (1.0)	55.41 4.0 (1.0)	-0.85	.40
Understood the expectations of the education program and the practice environment	54.68 4.0 (2.0)	56.87 4.0 (1.0)	-0.29	.77
Communicated your expectations clearly to student/supervisors	60.00 4.0 (0.5)	55.78 4.0 (0.75)	-0.57	.57

*indicates statistical significance at $p \leq .05$

Learning in an On-Campus Clinic

Three areas of significance were found for learning: providing constructive feedback regarding progress, adapting teaching or learning to a level of readiness based on the clinical situation, and discussing clinical situations and experiences. Faculty had more confidence in providing ongoing feedback to students regarding students' progress (mean rank = 72.17) than students had confidence in providing ongoing feedback on their own progress to their clinic supervisors (mean rank = 51.60), $z = -2.72$ and $p = .01$. Faculty had greater confidence in adapting their teaching to student's level of readiness based on the clinical situation (mean rank = 68.08) than students had confidence in adapting their level of readiness for the clinical situation (mean rank = 53.04), $z = -1.10$ and $p = .05$. Lastly, faculty had greater confidence providing opportunities for the students to discuss clinical situations (mean rank = 72.25) than students had confidence in discussing clinical situations and experiences (mean rank = 52.22), $z = -2.64$ and $p = .01$. Table 3 shows the mean ranks, medians and interquartile ranges (IQR), and Mann Whitney U results for the five questions relating to learning in the on-campus clinic.

Table 3*Faculty and Student Confidence for Learning in the On-Campus Clinic*

	Faculty n = 19	Students n = 94	z	p
	Mean rank Mdn (IQR)	Mean rank Mdn (IQR)		
Identified learning needs	60.39 4.0 (2.0)	54.54 4.0 (1.0)	-0.77	.44
Provided ongoing constructive feedback regarding progress	72.17 5.0 (1.0)	51.60 4.0 (1.0)	-2.72	.01*
Applied research to clinical learning situations	62.78 4.0 (1.0)	54.08 4.0 (1.0)	-1.15	.25
Adapted teaching/learning to level of readiness based on clinical situation	68.08 4.0 (1.0)	53.04 4.0 (1.0)	-1.10	.05*
Identified strategies for growth and change	64.83 4.0 (1.5)	53.67 4.0 (3.0)	-1.48	.14
Discussed clinical situations and experiences	72.25 5.0 (.05)	52.22 4.0 (1.0)	-2.64	.01*
Assessed performance based on objective fieldwork standards	63.47 4.0 (1.0)	53.94 4.0 (.075)	-1.33	.18

*indicates statistical significance at $p \leq .05$

Collaboration

No areas of significance were identified between faculty and student confidence in the subscale for collaboration. The medians and interquartile values indicate that both students and clinical practice educators were quite confident in collaboration with one another, which is also validated by the confidence in the subscale learning in an on-campus clinic. Collaboration and communication, as found in the qualitative themes, appears to be a strength of the relationship between students and the clinical practice educators. A possible reason for no significance that was identified in collaboration may be that while physical therapy students were present in the on-campus clinic interprofessional education was not a distinct component of the occupational therapy course. Table 4 shows the mean ranks, medians, and interquartile ranges (IQR), and Mann Whitney U results for the five questions relating to collaboration.

Table 4*Faculty and Student Confidence in Collaboration*

	Faculty n = 19	Students n = 94	z	p
	Mean rank Mdn (IQR)	Mean rank Mdn (IQR)		
Collaborated with other programs in the school of health science (e.g. physical therapy, health informatics)	61.69 3.0 (1.5)	53.06 3.0 (2.0)	-1.11	.27
Responded/explained concerns constructively to students/supervisors	66.11 4.0 (1.5)	52.18 4.0 (1.0)	-1.86	.06
Identified challenges that impeded learning in clinical environment	62.33 4.0 (1.0)	52.93 4.0 (1.0)	-1.29	.20
Resolved challenges that impeded learning in clinic environment	65.64 4.0 (0.5)	52.27 4.0 (1.0)	-1.85	.06
Consulted appropriate resource person for assistance when challenges presented	66.22 5.0 (1.5)	52.16 4.0 (1.75)	-1.84	.07

Relationships Between Variables

Of the significant positive associations identified in the clinical practice educator group, most associations were moderate in strength ($r = .5$ to $.75$) with two notable correlations: learning and feedback correlated with education and professionalism and consultation and collaboration correlated with both education and professionalism and learning and feedback. A few significant strong ($\geq .75$) positive associations were found for clinic educators in all four subscales of environment and context, professionalism, learning in an on-campus clinic, and collaboration.

Positive associations in the student group were mostly moderate in strength with three strong positive associations. Moderate positive associations occurred extensively with learning and feedback correlated with both professionalism (25 significant) and collaboration (20 significant) with a few items in professionalism correlated with collaboration (13 significant). Several positive associations of moderate strength occurred between questions in the subscale for learning in an on-campus clinic (18 significant). The strong positive associations occurred between two questions in professionalism subscale for the student group. The most relevant associations are explained next and all correlation results are found in Table 5 (Environment/Context and Professionalism) and Table 6 (Learning in On-Campus Clinic and Collaboration).

Table 5*Correlations for Clinic Environment/Context and Professionalism by Clinical Practice Educator and Student Group*

	1A	1B	1C	1D	1E	2A	2B	2C	2D	2E
Familiarize with clinic environment (1A)	-	.524**	.518**	.525**	.506**	.300**	.314**	.259*	.188	.126
Familiarize with clinic routine (1B)	.870**	-	.681**	.687**	.645**	.477**	.532**	.420**	.472**	.402**
Introduce/interpret protocols, policies, and procedures (1C)	.715**	.807**	-	.729**	.678**	.448**	.538**	.348**	.371**	.364**
Provide accurate perspective of the "way things are done" (1D)	.649**	.753**	.575*	-	.776**	.387**	.464**	.424**	.456**	.455**
Provide accurate perspective of philosophy of clinic (1E)	.739**	.895**	.844**	.769**	-	.445**	.470**	.488**	.474**	.488**
Demonstrate current knowledge of clinical practice in OT (2A)	.595**	.545*	.604*	.573*	.654**	-	.782**	.548**	.388**	.407**
Ability to organize and prioritize responsibilities (2B)	.564*	.539*	.331	.616**	.547*	.522*	-	.480**	.520**	.452**
Promote positive professional one-to-one relationships with student or supervisors (2C)	.315	.417	.210	.550*	.488*	.555*	.575*	-	.599**	.613**
Understand expectations of the education program and environment (2D)	.520*	.545*	.378	.736**	.581**	.600**	.522*	.648**	-	.790**
Communicate your expectations clearly to student or supervisors (2E)	.415	.435	.299	.640**	.487*	.335	.467*	.724**	.783**	-

Note. The results for the student group (n = 94) are shown above the diagonal. The results for the on-campus clinic educator group (n = 19) are below the diagonal.

* $p < .05$. ** $p < .01$.

Table 6*Correlations for Clinic Learning and Collaboration by Clinical Practice Educator and Student Group*

	3A	3B	3C	3D	3E	3F	3G	4A	4B	4C	4D	4E
Identify learning needs (3A)	-	.661**	.572**	.430**	.643**	.566**	.535**	.434**	.543**	.685**	.509**	.545**
Provide constructive feedback on progress (3B)	.700**	-	.613**	.598**	.609**	.581**	.600**	.442**	.585**	.674**	.515**	.566**
Stimulate to apply research to clinical situations (3C)	.765**	.510*	-	.527**	.480**	.450**	.520**	.516**	.568**	.461**	.537**	.546**
Adapt teaching or learning to level of readiness based on clinical situation (3D)	.496*	.620**	.613**	-	.576**	.513**	.661**	.290**	.467**	.494**	.511**	.416**
Identify strategies for growth and change (3E)	.488*	.586*	0.389	.666**	-	.584**	.656**	.402**	.461**	.581**	.515**	.367**
Provide opportunities to discuss clinic (3F)	.587*	.848**	.520*	.647**	.700**	-	.598**	.369**	.636**	.609**	.577**	.559**
Assess performance based on objective standards (3G)	0.454	.491*	.554*	.516*	.738**	.542*	-	.361**	.517**	.410**	.410**	.437**
Facilitate collaboration with other programs of Health Science (4A)	0.239	0.265	0.313	0.362	0.129	-0.087	0.251	-	.550**	.482**	.497**	.395**
Explain concerns constructively to students or supervisors (4B)	0.423	.599**	.511*	.634**	.705**	.667**	0.466	0.327	-	.705**	.668**	.695**
Identify challenges that impede learning in clinic (4C)	.559*	.783**	.534*	.693**	.655**	.656**	.634**	0.356	.591**	-	.639**	.573**
Resolve challenges that impede learning in clinic (4D)	.600**	.760**	.567*	.769**	.722**	.652**	.559*	0.393	.768**	.939**	-	.669**
Consult appropriate resource when challenges presented (4E)	.557*	.588*	0.468	.595**	.740**	.656**	0.362	0.181	.856**	.519*	.699**	-

Note. The results for the student group (n = 94) are shown above the diagonal. The results for the on-campus clinic educator group (n = 19) are below the diagonal.

* $p < .05$. ** $p < .01$.

The clinical practice educator group showed strong positive correlations for confidence in promoting a positive professional one-to-one relationship with students and confidence in providing constructive feedback on progress, assisting students in identifying strategies for growth and change, and providing opportunities for students to discuss the clinic experience. Understanding the expectations of the program and the clinic were also strongly correlated with four items in the clinical practice educator group: assisting students in identifying strategies for growth and change; communicating expectations clearly to students; identifying challenges that impede student learning; and resolving challenges that impede student learning. These positive correlations suggest clinical practice educators that were confident in understanding the expectations of the program and the on-campus clinic were also confident in assisting students in identifying strategies for growth and change, communicating expectations clearly to students, identifying challenges that impede student learning, and resolving challenges that impede student learning.

Students with more confidence in their ability to organize and prioritize responsibilities had more confidence in knowledge of clinical practice in occupational therapy based on a strong positive correlation. Two significant associations for the student group were as expected. First, students that were more confident in understanding the expectations of the program and clinic were more confident in communicating their expectations clearly to the on-campus clinic educator, based on a strong positive correlation. Second, students that were more confident in the perspective of the philosophy of the clinic were also more confident with providing an accurate perspective of clinic operations.

Discussion

Familiarity with the on-campus clinic routine differed between CPEs and students. Students demonstrated more confidence with the on-campus clinic routine. This finding connects to a main premise in nursing clinical education from which the on-campus clinic model was derived: the importance of the clinic environment for both supervisors and students. In the nursing clinic model, supervisors familiar with the clinic environment created a supportive learning environment (Croxon & Maginnis, 2009; Lambert & Glacken, 2005; Mills et al., 2005). A relationship was identified between CPEs' familiarity with the on-campus clinic routine and their confidence in supporting student learning by identifying strategies for growth, change, and resolving challenges that impede student learning. Familiarity with the on-campus clinic routine was also important for students, providing confidence in knowing where all clinic supplies were located and knowing who to turn to in an emergency. Students were likely more confident in their familiarity with the on-campus clinic environment because they utilized the clinic space for didactic courses. The qualitative findings from students also suggested the importance of the clinic environment in creating a supportive learning environment as resources emerged as a subtheme. In addition, the occupational therapy practitioners supervising in the on-campus clinic were not in their typical practice setting, and supervised variably within an academic year, whereas students consistently experienced two semesters in the clinic. However, several of the on-campus clinic educators during the five years of data collection provided fieldwork education in this on-campus clinic multiple times, which should enhance their familiarity

with the on-campus clinic routine. Therefore, it is important that CPEs providing fieldwork education in a new or unfamiliar clinic setting have adequate orientation to the on-campus clinic routine as familiarity with the clinic environment supports educator confidence in teaching strategies. More preparation is needed to enhance CPEs' confidence in familiarity with the on-campus clinic routine.

Several findings are relevant to the role of the on-campus clinic in professionalism and learning for occupational therapy students. First, CPEs' greater confidence in their ability to demonstrate current knowledge of clinical practice was an expected finding as it was anticipated that the supervisors would be more confident in their occupational therapy knowledge than students in a Level I fieldwork. The CPEs were required to have a minimum of one year of clinical practice, while students had not yet completed didactic coursework or participated in Level II fieldwork. Clinical practice educators had greater confidence in supporting learning and providing constructive feedback than students had in providing feedback about their own progress to their on-campus educators. Students were also less confident in their ability to adapt their readiness based on the clinical situation and in discussing their clinical experiences. Self-directed learning and ability to adapt emerged as benefits in the qualitative findings from previous research in the on-campus clinic model that was used prior to this study (Erickson, 2018). The current study provides more insight to students' ability to adapt as the findings in this study provide a more quantitative measure of students' confidence in the ability to adapt or direct their own learning. It is possible that the revised on-campus clinic model impacted students' ability to adapt or engage in self-directed learning suggesting additional research is needed to explore this finding.

In interpreting the finding of CPEs supporting learning and students' insight in providing feedback, consideration should be given to research that suggested student self-efficacy may be related to fieldwork performance and that students who have less confidence may be less aware of areas needing improvement (Andonian, 2013). Fieldwork educators can be important in helping students understand the importance of not only seeking feedback during fieldwork, but also how to integrate that feedback to make changes in clinical performance (Andonian, 2013; Eva et al., 2012; Snyder, 2018) and that this may serve as a facilitator for learning in fieldwork (Grenier, 2015). While many factors are involved in students accepting and understanding feedback from a fieldwork educator (Snyder, 2018), the findings in this study suggest this model is supportive of clinical practice educators having confidence in supporting student learning through feedback. Student confidence in identifying feedback needs should be addressed more clearly in the model.

A positive educator-student relationship was important for CPE confidence in supporting learning and providing feedback, suggesting a collaborative education model in fieldwork may be more beneficial than a supervisory model (Grenier, 2015). Lastly, the quantitative findings in this study support the qualitative themes of feedback and communication. Students recognized that feedback was beneficial to their on-campus clinic experience and their learning, which is consistent with other findings that regular and constructive feedback along with collaboration and communication are vital to

fieldwork (Grenier, 2015). Improvements for feedback and communication in the on-campus clinic were also clearly indicated by students, which may further enhance the educator-student professional relationship. Communication is perceived by fieldwork educators as essential for Level II fieldwork readiness, and Level I fieldwork can provide opportunity to develop communication skills prior to Level II fieldwork (Mason et al., 2020). The strength of the educator-student relationship in this study may have been influenced by the group supervision model utilized in the on-campus clinic. Students had the opportunity to collaborate with each other as well as with a shared clinical educator using a group supervision model, which may enhance learning opportunities during fieldwork (Hanson & Deluliis, 2015).

While the quantitative findings did not have significance in organization and prioritizing clinic responsibilities, the themes of time management and plan and prepare suggest these are important factors in the on-campus clinic experience. These findings are consistent with the previous on-campus clinic model (Erickson, 2018) suggesting the revised on-campus clinic model does continue similar gains in professionalism for students. Students are able to practice strategies for time management, planning, and preparation in a real-world clinic setting that promotes development of these areas of professionalism that support Level II fieldwork success (Mason et al., 2020). The students' focus on time management and planning and preparation suggest a need to manage the resources allotted for on-campus clinic management, which has been identified as a barrier to supporting on-campus clinics. Additionally, with no significant findings in collaboration on the quantitative measure, collaboration emerged as a theme from the qualitative data. These findings may not have been significant as the on-campus clinic did not have a strong interprofessional educational component despite physical therapy being present in the on-campus clinic.

Limitations

The data was collected in one Midwestern institution with limited diversity among the students and faculty, which limits the generalizability of the findings. While this study presents longitudinal findings, variations in the course delivery and clinic context varied as the curriculum and resources changed over the years and CPE supervision style varied with changes in faculty. The longevity of the study also resulted in cohort size variability. The focus groups were facilitated by course faculty and CPEs, which may have limited open feedback from student participants.

Future Research

Once additional training for the on-campus clinic routine with clinical practice educators has been implemented, research should explore the impact on student perceptions of the learning environment and student success. Further research is needed on students' ability to adapt or engage in self-directed learning based on the consistent findings between the original on-campus clinic model qualitatively, which were confirmed with quantitative measures of student confidence in this on-campus clinic model. The findings in this study did not specifically measure students' ability to accept and respond

to feedback; however future research with on-campus clinics should include this as it is a factor in Level II fieldwork success (James & Musselman, 2005; Snyder, 2018) and improving this through a Level I fieldwork may enhance success on Level II fieldwork.

Implications for Occupational Therapy Education

On-campus clinic experiences can provide beneficial outcomes for occupational therapy students when utilizing a clinical practice educator model for Level I fieldwork supervision. Grenier (2015) suggested that fieldwork education should explore alternative supervisory models such as multiple students matched with one fieldwork education and the findings of this study demonstrate this is successful in an on-campus clinic Level I fieldwork experience. The findings in this study also suggest that the collaborative fieldwork model utilized in Level II fieldwork may be beneficial for Level I fieldwork in an on-campus clinic (Hanson & Deluliis, 2015). Fieldwork sites should consider the model of AFWC, clinical coordinator of fieldwork, FWE, and multiple students when planning Level I fieldwork experiences. The use of the clinical practice educator model allows for a sustainable on-campus clinic operation without burdening core program faculty or requiring community site contracts.

Providing orientation for CPEs about the on-campus clinic environment, routine, and policies can enhance confidence in providing learning opportunities for students in the on-campus clinic. The orientation should include explicit connections that familiarity with the on-campus clinic environment relates to supervisor confidence in strategies for growth. Further, orientation should include awareness that students perceive faculty confidence in the clinic environment as important in students' success (Croxon & Maginnis, 2009; Mills et al., 2005). Lastly, the on-campus clinic environment provides an opportunity for students to develop professionalism in the areas of time management, communication, and feedback, which may address common professional behavior concerns in occupational therapy (Rodger et al., 2011).

Conclusion

An on-campus clinic as a Level I fieldwork with community practitioners providing supervision provides a sustainable model for occupational therapy programs. The supervising faculty awareness of the context of the on-campus clinic has direct implications for learning opportunities with students. Further, time management, communication, and feedback as professionalism components for students can be positively addressed through an on-campus Level I fieldwork. Educators and practitioners interested in alternative Level I fieldwork opportunities can consider the implications for a collaborative supervision model in an on-campus clinic environment.

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Appendix A

Focus Group Guiding Questions

1. What went well in the on-campus clinic?
2. Identify any problems or challenges in the on-campus clinic.
3. What would have enhanced your learning?
4. If you could change anything about the on-campus clinic experience, what would it be?
5. What would you do differently when participating in the on-campus clinic experience again?

Open-Ended Question in Online Survey

1. Share your thoughts about the orientation process in the on-campus clinic.
2. Share your thoughts about the OT process with clients (evaluation intervention, discharge, documentation) in the on-campus clinic.
3. How did you grow/develop as an OT Professional through the on-campus clinic?
4. Describe how the on-campus clinic experience enhanced the learning application of material from the companion course [course number and name included].
5. List recommendations that would improve the management of the on-campus clinic.
6. Share any comments you have about the adult in fall [OR pediatric in spring] on-campus occupational therapy on-campus clinic model.

Online survey questions adapted from Heale, Mossey, LaFoley, & Gorham (2009)
Clinical Mentor-Student Survey

	Clinical Practice Educator How confident are you that you:	Student How confident are you that you:
Clinic Environment and Context	Familiarize the student with the physical environment?	Familiar with the physical clinic environment?
	Familiarize the student with the clinic routine?	Familiar with the clinic routine?
	Introduce and interpret current protocols, policies, and procedures to the student?	Introduced to and able to interpret current protocols and policies and procedures?
	Provide an accurate perspective of the "way things are done"?	Provided an accurate perspective of the "way things were done"?

	Provide an accurate perspective of the philosophy of the clinic environment?	Provided an accurate perspective of the philosophy of the clinic environment?
Professionalism	Demonstrate current knowledge of clinical practice in occupational therapy?	Demonstrate current knowledge of clinical practice in occupational therapy with adults?
	Demonstrate ability to organize and prioritize clinical responsibilities?	Demonstrate ability to organize and prioritize clinical responsibilities?
	Promote a positive professional one-to-one relationship with the student?	Promote a positive professional one-to-one relationship with clinic educators/supervisors?
	Understand the expectations of the educational program and the practice environment?	Understand the expectations of the educational program and the practice environment?
	Communicate your expectations clearly to the student?	Communicate your expectations clearly to the clinic educators/supervisors?
Learning in an On-Campus Clinic	Identify learning needs with the student?	Identify your learning needs?
	Provide ongoing constructive feedback regarding progress?	Provide ongoing feedback to clinic educators/supervisors regarding your progress?
	Stimulate students to apply research to clinical learning situations?	Apply research to clinical learning situations?
	Adapt your teaching to the student's level of readiness?	Adapt your level of readiness based on clinical situations?
	Assist the student to identify strategies for growth and change?	Identify strategies for growth and change?

	Provide opportunities for the student to discuss clinic?	Discuss clinical situations and experiences?
	Assess the student's performance based on objective standards?	Assess your performance based on objective fieldwork standards?
Collaboration	Facilitate student collaboration with other programs in the School of Health Sciences?	Collaborate with other programs in the School of Health Science (e.g. physical therapy, health informatics)?
	Respond to concerns of the student?	Explain your concerns constructively to clinic educators/supervisors?
	Identify challenges that are in impediment to the student's learning?	Identify challenges that are an impediment to your learning in the clinic environment?
	Resolve challenges that are an impediment to the student's learning?	Resolve challenges that are an impediment to your learning in the clinic environment?
	Consult appropriate resource persons for assistance when challenges arise?	Consult appropriate resource persons for assistance when challenges arise?