A Descriptive Study on Level II Fieldwork Supervision in Hospital Settings

Lou R Jensen, OTD, OT/L
Cristy Daniel, MS, OTR/L

ABSTRACT. The objective of this study was to examine the factors influencing fieldwork educators' ability and willingness to supervise Level II occupational therapy students in hospital-based settings. Qualitative focus groups were used to explore the perceptions of occupational therapists in four urban hospitals in Nebraska. The study presents the issues facing fieldwork supervisors and their suggestions on how to improve the fieldwork process. Both personal and professional factors influenced occupational therapists' willingness to accept students, while facility constraints were the primary reason occupational therapists would not accept Level II students. Fieldwork educators believe that their facilities need structured fieldwork programs and that students need more formalized fieldwork preparation at their academic institutions. Themes highlight the need for continued collaborative endeavors between academic fieldwork coordinators and fieldwork educators.

KEYWORDS. Education, fieldwork, supervision

Literature exists in several professions describing the factors influencing health care professionals' willingness to serve as student supervisors. In medicine, intrinsic rewards, such as enjoyment and professional growth, are the most cited benefits of accepting students (Scott & Sazegar, 2006; Shannon et al., 2006). A study conducted in physical therapy suggests a positive effect of supervising students on productivity (Dillon, Tomaka, Chriss, Gutierrez, & Hairston, 2003). Unfortunately, documented barriers to accept students in the clinical setting also exist. These include increased stress, extra workload and time requirements, ethical issues, and changes in health care reimbursement

Lou R Jensen is Assistant Professor and Academic Fieldwork Coordinator, Occupational Therapy Department, School of Pharmacy and Health Professions, Creighton University, Omaha, Nebraska.

Cristy Daniel is Assistant Professor and Academic Fieldwork Coordinator, Occupational Therapy Department, College of Saint Mary, Omaha, Nebraska.

Address correspondence to: Lou R Jensen, OTD, OT/L, Occupational Therapy Department, School of Pharmacy and Health Professions, Creighton University, 2500 California Plaza, Omaha, NE 68178, USA (E-mail: loujensen@creighton.edu).

(Amella, Brown, Resnick, & McArthur, 2001; Scott & Sazegar, 2006; Shannon et al., 2006; Yonge, Krahn, Trojan, Reid, & Haase, 2002). In the profession of occupational therapy, a limited number of contemporary research studies have been conducted to specifically explore occupational therapists' perceptions of benefits, barriers, and facilities for supervising students (Brayford et al., 2002; Casares, Bradley, Jaffe, & Lee, 2003; Derdall & Urbanowski, 1995; Sloggett, Kim, & Cameron, 2003; Thomas et al., 2007; Vogel, Grice, Hill, & Moody, 2004).

LITERATURE REVIEW

Several research studies have focused on how the changes in health care reimbursement in the United States have influenced occupational therapists' decisions to accept fieldwork students (Brayford et al., 2002; Casares et al., 2003; Vogel et al., 2004). Brayford et al. (2002) examined the perceptions of occupational therapists working in skilled nursing facilities since the Medicare Prospective Payment System (PPS) was introduced. Therapists reported less time for documentation, increased productivity and caseload expectations, decreased treatment duration, and decreased time for ancillary services and adaptive equipment issuance since the implementation of PPS. These factors contributed to the response from 54.8% of 115 therapists that their facilities would decrease the number of fieldwork placements for Level II occupational therapy students.

A survey study by Casares et al. (2003) explored the influence of the changing health care environment on the attitudes of occupational therapists in the southeastern region of the United States toward accepting fieldwork students. Of relevance to the current study were several significant differences in perceptions between fieldwork educators and academic coordinators regarding fieldwork education. Most academic fieldwork coordinators believed that both reimbursement issues and reimbursement for student-provided services were barriers for fieldwork provision at a site. Fieldwork educators, however, were less certain about these factors being barriers to accepting Level II fieldwork students. Furthermore, most academic fieldwork coordinators agreed that the number of patient visits per day negatively affected fieldwork sites' willingness to take on students, but most fieldwork educators disagreed on this.

The effect of managed care on student supervisors was discussed by Vogel et al. (2004) in their qualitative study on supervisor and student expectations of Level II fieldwork. Supervisors reported that they had larger caseloads, increased documentation requirements, and additional administrative duties under managed care. Although supervisors reported an increase in their job demands, they perceived that they still spent the same amount of time or more in teaching fieldwork students. Moreover, supervisors felt the added job duties resulted in offering more opportunities to students.

The topic of factors influencing fieldwork placements has been explored internationally, as well. A qualitative approach was used by Sloggett et al. (2003) to discover benefits and barriers of providing fieldwork placements in the specific venue of private practice in Canada. Results revealed that the benefits of providing fieldwork in private practice affect the profession, individual practitioners, and the clients served. Barriers to supervising students included legal and ethical issues, lost reimbursement because of time spent with students, the fluctuating nature of the temporal aspects of private practice, travel implications, and student traits that may be perceived as negative.

One recent study conducted by Thomas et al. (2007) in Australia explored occupational therapist supervisors' perceived benefits and challenges of fieldwork. The leading

benefit of accepting fieldwork students was found to be the potential for future recruitment of the students, followed closely by staff development. These factors highlighted the advantages of students to fieldwork sites that could be emphasized to administrators. Barriers to supervising students were related to staffing, lack of resources, and workload demands.

In the United States, Derdall and Urbanowski (1995) explored the needs of fieldwork supervisors. In their qualitative study, a primary need identified was for more support from the academic institution. More specifically, supervisors discussed the need for additional information on the curriculum, the student's learning style, and expectations on fieldwork. Supervisors recommended that students be assigned to clinical sites that are congruent with the student's personality, interests, and levels of competency.

The literature reviewed reveals gaps in the current and comprehensive understanding of the factors influencing the attitudes of occupational therapists toward serving as fieldwork educators in the United States. Despite evidence-based research becoming paramount to the profession, there is very little research in the area of fieldwork supervision (Costa, 2009). The purpose of this study was to address the need for research in the area of fieldwork education by examining occupational therapists' perceptions of supervising Level II students in hospital settings. Specifically, the following two questions were sought to be answered:

1. What are the reasons occupational therapists who work in hospitals accept or do not accept Level II fieldwork students?
2. What supports can employers and academic institutions provide to aid the ability of occupational therapists to serve as fieldwork educators?

METHOD

A qualitative research design method (Creswell, 2007) was implemented to explore factors that enhance or impede occupational therapists' supervision of occupational therapy students. Focus group discussions were utilized (Creswell, 2007; Morse & Field, 1995), as participants were similar in their experiences as fieldwork educators and the format allowed them to share their ideas in a nonthreatening environment.

Participants

A purposive sampling method was utilized for this study. Four large hospital systems within two urban cities in Nebraska were identified by the investigators as sites that consistently accept Level II fieldwork students from academic occupational therapy programs in the state. A focus group was held at each of the four hospitals.

The inclusion criteria for focus group participants were occupational therapists who were employed by the hospital to work at least 20 hours per week and had supervised at least one Level II fieldwork student in the acute, subacute, inpatient rehabilitation, or outpatient setting in that hospital. A site coordinator was responsible for assisting the investigators with identifying possible participants and asking for their participation within the study.

A total of 22 occupational therapists participated in the four focus groups. Thirteen of the participants had a baccalaureate degree, six held a master's degree, and three held

TABLE 1. Participants' Demographic Data

Years practicing as an occupational therapist	
1–2	0(0%)
3–5	7(32%)
6–10	4(18%)
>10	11(50%)
Number of Level II fieldwork students supervised	
2 or fewer	7(32%)
3–5	3(14%)
More than 5	12(54%)
Number of years since supervising first student	
1–2	10(46%)
3–5	1(4%)
6–10	3(14%)
>10	8(36%)
Current practice area	
Acute care	9(41%)
Subacute/transitional care unit	0(0%)
Inpatient rehabilitation	10(46%)
Outpatient	3(13%)

a doctoral degree. All participants were female. Further participant information related to student supervision and current practice area is given in Table 1.

Data Collection

Each focus group was conducted at a time that was convenient for the majority of the participants as determined by the site coordinator. Both investigators attended all four focus groups. One investigator served as the discussion facilitator and the other tape-recorded the focus groups. Both investigators took notes during the focus group discussions. A list of semi-structured questions was utilized to direct the focus groups. The list of questions arose from the literature review and the clinical and educational experiences of the investigators. The list of questions was pilot tested with three academic fieldwork coordinators from two institutions before it was utilized with the focus groups. The list of guiding questions is as follows:

1. What are the reasons you accept Level II fieldwork students?
2. What are the reasons you do not accept Level II fieldwork students?
3. What factors enhance your ability to manage Level II fieldwork students?
4. What could your facility do to make accepting Level II fieldwork students easier?
5. What could academic institutions do to make accepting Level II fieldwork students easier?

Prior to the beginning of each focus group, the facilitator informed participants of the purpose of the focus group, emphasized that participation was voluntary, and that the research had been approved by the Institutional Review Board of each academic institution involved in the study. Participants reviewed and signed consent forms and were informed of the methods the investigators would use to protect their confidentiality. Each participant completed an anonymous demographic questionnaire and, on a separate

document, provided their first name, or pseudonym, and e-mail address so that member checking could be completed. With participants' permission, focus group discussions were then audiotaped as participants discussed the questions posed by the facilitator. At the end of each focus group, participants were able to ask questions and to expand upon previous comments. Each focus group lasted for approximately 45 minutes.

Data Analysis

After each focus group, the recorded discussions were transcribed by a transcriptionist. Field notes taken by the investigators were shared and discussed with each other. Two of the questions were modified after the first focus group's discussion to minimize possible participant confusion.

Data analysis was achieved through multiple strategies (Miles & Huberman, 1984). The two investigators independently coded the transcribed text and generated initial coding categories. Investigators then jointly compared coded categories and re-examined the data when discrepancies were found in order to reach a consensus. These initial categories were condensed and entered into a code book (Crabtree & Miller, 1999). This code book was then used by both investigators to code the data independently again and to formulate themes. The themes formulated by each investigator were very similar upon comparison and were finalized through discussions. Qualitative data analysis software, NVivo 8 (2008), was utilized to create horizontalization and categorical aggregation of the data.

Trustworthiness of the Study

Various strategies were implemented to increase the trustworthiness of the study (Krefting, 1991). Member checking was a strategy used to enhance the credibility of the study (Creswell, 2007; Krefting, 1991; Lincoln & Guba, 1985). A terminal member-check approach was implemented (Lincoln & Guba, 1985), whereby participants were sent the initial categories along with the overall themes of the research and were invited to submit their comments. All participants that responded to the member check agreed with the initial categories and resultant themes. A second approach employed was peer examination. Researchers with extensive qualitative research experience within each of the investigators' academic institutions were consulted to provide feedback on the research process and its outcomes. Lastly, triangulation of the data among the investigators was accomplished through the independent formulation of themes (Krefting, 1991).

RESULTS

Professional and Personal Factors Influence Accepting Fieldwork Students

The following five themes emerged from the data analysis: professional and personal factors influence accepting fieldwork students; facility constraints impact fieldwork placements; facilities need formalized fieldwork programs; students need formal fieldwork preparation at academic institutions; and institutional relationships are critical.

The main reasons why participants accepted fieldwork students were the potential for personal growth and their sense of obligation to the profession. During the focus group

discussions, many participants voiced that they were once fieldwork students and now it was their duty to support current students. One participant specifically stated: "I feel like it is part of the circle of [occupational therapy]. I want to be able to help [students]." Another reported, "I feel like it is an expectation and it is part of our profession to take on that role." Still another commented, "I want to [help] make that transition from being a student to a clinician and pass out tidbits of information." This sentiment of "wanting to give back" to the profession was heard over and over again from participants.

Another significant finding that emerged related to accepting fieldwork students was that the supervision of students resulted in the honing of fieldwork educators' clinical skills. Many of the participants reported that they "enjoyed teaching" and through the fieldwork educator role, they learned from the student. One participant voiced: "It makes you verify things clinically a little better and the student brings that other perspective to help you gain skills you did not have exposure to before. It is a new set of eyes." This development of clinical skills was also evident in the following quote: "Sometimes you get stuck in a rut with a patient, you do the same things . . . you have your repertoire . . . having a new twist and a new perspective . . . can improve your skills."

Facility Constraints Impact Fieldwork Placements

The most salient point preventing fieldwork sites from taking fieldwork students was the facility constraint of limited resources. Specifically, staffing was consistently reported as one of the biggest obstacles to student supervision. One participant voiced: "One of the things that limits us right now is part time [staff]." Another stated, "We have a lot of new grads [who are not eligible to supervise students]." Staffing issues preventing student placements were also confirmed with the following quote: "We have a lot of people on maternity leave and have multiple contracts covering for us. We don't have the resources." These statements exemplify how staffing issues can negatively impact student fieldwork placements.

The lack of management support for additional time to teach students was another constraint to student supervision shared by participants. The extra time needed to educate students, in addition to managing full caseloads, creates a burden for the supervising therapists. One participant illustrated this by simply stating, "It slows your productivity . . . it creates more work for everyone." The concept of extra workload demands was also confirmed with the following statement: "I am terrified that my entire summer is going to be stuck late after work every day." Although participants generally believed their administrators supported them in accepting fieldwork students, they reported that they did not have enough resources and support to sufficiently carry out their job responsibilities and supervise students. "I think our administration expects us to take students and if they want us to [then] they need to be able to make some changes to make it easier."

Facilities Need Formalized Fieldwork Programs

Many participants voiced a desire for their facility to have a more organized and explicit schedule for the 12-week Level II fieldwork experience. Perhaps the most resonant message in this theme was the belief that providing students with clear expectations and structure were of paramount importance. One participant stated that clear expectations help students see "a beginning and an end which is concrete for them." Another voiced

that specific objectives should be provided not only "from a clinical aspect, but also with work ethics." Most participants acknowledged having access to a facility fieldwork manual, or "big binder," to guide the 12-week experience and to provide general weekly objectives so that "there was a format every therapist had [so] that everyone had the same expectations for their students." However, participants verbalized a need for even more information in the fieldwork manuals, including articles related to supervising fieldwork students and site-specific samples of behavioral objectives in the event a student was struggling. One participant recalled a student who was not passing at midterm:

> And then I sat down ... struggling to come up with specific goals. If we had examples of those ... I forget how we set it up ..."within so many days you will do this, week one you will do this," for each week. Having something similar to copy from and make it student-specific would have been helpful. I did it without a whole lot of experience and out of the blue. Something very concrete for us to follow would be helpful.

In addition to providing students more structure, participants stated the need to allow adequate time in the weekly schedule for student-fieldwork educator discussions, especially early in the fieldwork experience. One participant stated, "Having enough time to orient them—I can't say enough how important that is the first week." Another participant concurred and stated, "You get behind and you never get caught up."

Other ideas to proactively assist the student-fieldwork educator team were voiced and deemed important to formalizing the facility fieldwork program. Participants' thoughts on this topic included sending students welcome letters and information packets or recommended reading lists pertinent to their assigned setting and population. Entrance interviews not only to prepare the student for the reality of the experience but also match the student with the most appropriate supervisor were also suggested. One participant stated: "Having a mentor that would fit well would maximize [the student's] learning experience." Another idea generated by a participant was to provide the student with a fieldwork educator profile. "It is like having a heads up on me ... It might help the student getting to know their supervisor a little before they get to meet them."

An understanding of students' learning styles and preferred styles of communication was viewed as an important piece of the fieldwork program. One participant stated the following:

> I think that probably knowing these students' learning style, for me, is the single most important factor because we have had students that we have gotten six weeks into the rotation and we know they are not doing well, they are not going to pass, and have had problems with keeping up and learning processes, and it ended up that maybe they were more visual or hands on or had we known that they had challenges with or had a better type of learning, had we have known better . . . what style they learned best with it could have changed that first six weeks for them.

In addition to learning styles, another participant stated, "It is important to know their communication styles, how they react to feedback and how they prefer to get feedback."

A desire to set aside time for sharing ideas on student supervision and updating fieldwork manuals was voiced: "We can [sit down] together at lunch . . . [and] talk about what [fieldwork educators] usually do, what is expected and quickly summarize the [fieldwork] binder and how things usually work when you have a Level II student." One

participant added that student exit interviews provided formative feedback that could be shared with all staff for quality improvement of the fieldwork program.

Students Need Formal Fieldwork Preparation at Academic Institutions

Several participants expressed being unaware of how academic institutions prepared students specifically for their Level II fieldwork experiences, and recommended that this preparation be similar to preparing students for their first job as an occupational therapist. Some perspectives of this view were directed at competency in basic occupational therapy skills and included suggestions for improvement in the didactic curricula of academic programs. Some participants recommended an increased emphasis on basic occupational therapy skills, including assessments (manual muscle testing, goniometry, vital signs assessment, etc.), foundational sciences (anatomy, kinesiology, and neuroanatomy), activity analysis, and documentation. One participant voiced a concern that students academic preparation was focused more on client-centered and occupation-based theory at the expense of basic clinical skills needed in hospitals that are structured within the medical model:

> I am concerned about their resources . . . [and what they know about] MRSA, Universal Precautions, and basic blood pressure readings . . . With occupational [profiles], the students really struggle, especially with manual muscle testing and so on. The problem is now it is too abstract.

The majority of discussion surrounding the theme of an academic institution's role in preparing students for Level II fieldwork was related to the area of explicitly teaching and fostering professionalism. One message that participants asked academic institutions to share with students was that fieldwork was their first and primary job; other paid jobs or extracurricular activities needed to be secondary to their Level II experience. As one participant stated:

> You know, this is a job. You are expected to be here the times that are established, not calling to say you'll be late . . . If [students] have to make doctor appointments you have to work around that. The student should not have the expectation that they can come and go as they want to.

In addition to basic work behaviors, many participants believed that another area of professionalism that needed improvement was interpersonal relationships and communication with patients, families, and other staff. As one participant stated the following:

> Sometimes I feel I have to teach them professional skills. "This is how you talk to families . . . Don't go into the room lacking confidence. Don't ask questions that make the family question your validity." . . . The hardest thing is when a Level II student walks in and does not introduce themselves or say, "this is what I am going to do and these are your goals," I rehearse that with them, but I feel like with a Level II [student] I shouldn't have to do this.

Another participant asserted that she could "deal with it if they don't know something like a treatment idea or . . . diagnosis. [If] (t)hey are not where they should be with

RIGHTSLINK()

professional behavior, that takes time for you to deal with." Participants generated ideas to assist in teaching professional behaviors in the academic setting, including mock job interviews, resume preparation geared toward fieldwork, interactive panel discussions with fieldwork educators, and more patient interaction opportunities in class.

As has been mentioned previously, several participants voiced a desire for academic fieldwork coordinators (AFWCs) to better prepare students for their particular Level II experience by asking them to self-assess and reflect on their learning and communication styles and to share these with fieldwork educators. Sharing with students their fieldwork sites' specific characteristics and expectations was another suggestion for AFWCs. Participants believed that the demands of specific fieldwork sites should be carefully examined by both AFWCs and students during the fieldwork placement process. Students need thoughtful mentoring to aid in the fieldwork selection process. In addition, one participant urged AFWCs to encourage students to seriously consider disclosing any disabilities and establishing accommodations well in advance of Level II fieldwork.

Finally, some participants revealed that students needed to learn how to accept feedback, reflect on it, and then make a behavioral change: "The reason we are giving them constructive feedback is that something is not happening the way it should." Another participant summarized the importance of students learning to function within a supervisory process:

> Students need to understand, too, that we are really on their side. We want to see all students come through here and succeed. We are doing them a favor [by offering feedback]. If we have concerns we need to let them know. If we don't, we are doing them and the patient a disservice.

Institutional Relationships Are Critical

Many participants agreed that collaborative and open relationships between their facilities and academic programs were essential for the most successful Level II fieldwork experiences. Various proactive and thoughtful strategies to collaborate, prior to a Level II student's arrival at the fieldwork site, were suggested by the participants.

First, participants requested more information about students, exceeding what American Occupational Therapy Association's (AOTA) Personal Data Sheet for Student Fieldwork Experience (1999) provides. Examples of such information included students' learning styles, samples of previous coursework in their academic curricula, comfort and competence level with various diagnoses or techniques, and specific interests for the Level II fieldwork experience so that academic institutions could "help guide us on placing them on a certain team or where they fit best in our program."

Second, participants urged AFWCs to maintain current databases on what their facilities could offer students and what type of student would best succeed in their settings. "Maybe if we could put out there and really stress that this is a high paced facility . . . If you are feeling that a student is not going to fit that match, to deter them."

Participants verbalized the understanding that even with best efforts aimed at providing the fieldwork site with information on the student and striving for the best student–fieldwork site match, some students may struggle with meeting their learning objectives. "Having good communication with the university" then becomes critical. As one participant stated:

Once in a while you get [a student] that is slower or struggling. I haven't known the best way to facilitate that. What has been helpful is having a good contact person at the [school] that I can say, "This is what I am seeing at midterm." I have asked for feedback about what is a good approach . . . Things go better when there is a good relationship with the facility that is sending the student and you feel comfortable communicating with them.

Problem-solving specific student issues with an AFWC was viewed as valuable by several participants. One participant also appreciated the validation by the AFWC for her concerns with a Level II fieldwork student who was struggling: "I think a lot of times we are in trouble with students and we don't listen to our voice that says that."

In addition to student-specific contact with academic institutions, participants overwhelmingly agreed that the school-sponsored educational events related to the supervision and teaching of fieldwork students would be valued by fieldwork educators. The scope of these suggested offerings ranged from "lunch and learn" sessions on how to complete student evaluation forms, new accreditation standards affecting fieldwork, and how to address difficult situations, to AOTA's new Certification Program for Fieldwork Educators (AOTA, 2010).

DISCUSSION

In this study, the perceptions of occupational therapists who supervised Level II fieldwork students regarding the benefits, barriers, and facilitators of supervision were examined. Five themes were generated that have important implications for the future direction of fieldwork education.

The finding that fieldwork educators accept fieldwork students out of a sense of professional obligation and to enhance their clinical skills is consistent with that of Richard (2008), Sloggett et al. (2003), and Thomas et al. (2007). The primary barriers to student supervision, however, were related to staffing issues and the amount of time necessary for student supervision. Such findings are similar to those found in previous studies on fieldwork (Fisher & Savin-Baden, 2002; Sloggett et al., 2003; Thomas et al., 2007; Vogel et al., 2004; Yonge et al., 2002). It is clear from the findings that academic fieldwork coordinators need to recognize the personal and professional reasons why occupational therapy practitioners accept students, and also communicate to fieldwork educators and their employers other possible benefits of student supervision. These benefits may include recruitment of students for future employment and improved productivity (Dillon et al., 2003; Sloggett et al., 2003), which are the factors that may be enticing to administrators. If such benefits are appreciated and valued by administrators, then they may be more willing to allocate the time and staffing resources that participants in this study reported were lacking.

Formal preparation for fieldwork is critical for students success as found in this study. Preparation is needed by both fieldwork sites and fieldwork students. Many fieldwork educators reported that they had a fieldwork manual with a weekly schedule and basic objectives, but desired clear and specific fieldwork objectives that are relevant to their setting. As suggested by others (Kirke, Layton, & Sim, 2007; Mackenzie, Zakrzewski, Walker, & McCluskey, 2001; Sloggett et al., 2003) and stated in this study, fieldwork sites would benefit from additional and ongoing education and collaboration with the academic fieldwork coordinator in order to develop these objectives. These

collaborative efforts may include the development of site-specific objectives, communication of site expectations of the student, and education on issues related to fieldwork supervision.

Consistent with the study by Derdall and Urbanowski (1995), there is a need for more detailed information about the student, prior to the onset of the fieldwork experience. Participants verbalized the need to know the student's preferred learning and communication style, as well as his or her comfort level when working with certain diagnoses. Several participants voiced that information gathered through fieldwork tools, such as the Personal Data Sheet for Student Fieldwork Experience (AOTA, 1999) and the Fieldwork Experience Assessment Tool (AOTA, 2001), is superficial and is limited in its application. Detailed information on the student is essential because it will allow the fieldwork site to match the fieldwork educator to the student according to his or her learning style and personality (Derdall & Urbanowski, 1995). A tool that identified students' learning styles and their exposure to and competency with specific skill sets would be useful when matching students to and within clinical sites.

In addition to more formal preparation by the fieldwork sites, the results of this study and the findings of James and Musselman (2005) indicate that students need additional preparation related to the demands of fieldwork. In order to meet with the complex and challenging demands of the clinical setting, students must possess both clinical and professional skills (Derdall & Urbanowski, 1995). The findings of this study suggest that students are not always adequately prepared for fieldwork; they need additional academic preparation in basic clinical skills, critical thinking, and professionalism. Integrating additional rigor into the academic curriculum can ensure that students are prepared for the dynamic, complex, and ever-changing health care environment. Matching students' learning needs to fieldwork sites was another suggestion offered by participants in this study and is similar to the findings of Derdall and Urbanowski (1995). Participants advised academic fieldwork coordinators to match the demands of the fieldwork site to the learning style and interests of the student. A lottery system of placing students in fieldwork sites, as is often used by various educational programs, without addressing students' learning needs, may not be the optimal placement method. It is recommended that the academic fieldwork coordinator meet students individually to determine their areas of interest and to match the learning needs of the students with fieldwork sites' demands of the students. Careful matching of sites to students should result in a successful fieldwork experience.

Limitations and Future Directions

The intent of this study was not to generate findings that could be generalized to all populations, but rather to explore the lived experiences of a particular group of fieldwork educators. Findings may not be transferable to other populations and practice settings (Krefting, 1991). Further research could explore themes that emerge from fieldwork educators in non-hospital-based settings or in other geographical regions of the country.

CONCLUSION

Five overarching themes emerged in this study. Occupational therapy fieldwork educators supervise students for personal growth and from a sense of professional

obligation. Although the potential for student recruitment did not appear to be an important influence in the decision to supervise students, it could be used to bolster support for fieldwork educators from hospital administrators. Constraints to student supervision included lack of staffing resources and time to adequately educate students with current work demands. Participants recommended adding more structure to their facility fieldwork programs to facilitate successful fieldwork experiences and urged academic institutions to provide more fieldwork-specific student preparation prior to Level II fieldwork experiences. Participants also agreed that collaborative relationships between fieldwork sites and academic institutions were important for fieldwork's success.

Overall, this study supports several of the themes found in the literature. Although the findings are specific to hospital-based settings in Nebraska, the information offers the perspectives of active fieldwork supervisors. Academicians and academic fieldwork coordinators can capitalize on the reasons fieldwork educators accept students and address the challenges of student supervision while simultaneously assisting facilities in development of their fieldwork programs and enhancing students' Level II fieldwork preparation. Current and future fieldwork educators and students need to strive toward a better understanding of the benefits and challenges of Level II fieldwork.

ACKNOWLEDGMENTS

REFERENCES

Amella, E. J., Brown, L., Resnick, B., & McArthur, D. B. (2001). Partners for NP education: The 1999 AANP preceptor and faculty survey. *Journal of the American Academy of Nurse Practitioners*, *13*, 517–523.

American Occupational Therapy Association (AOTA). (1999). Personal data sheet for student fieldwork experience. Retrieved from http://www.aota.org/Educate/EdRes/Fieldwork/Supervisor/Forms/38290.aspx

American Occupational Therapy Association (AOTA). (2001). Fieldwork experience assessment tool. Retrieved from http://www.aota.org/Educate/EdRes/Fieldwork/StuSuprvsn/38220.aspx

American Occupational Therapy Association (AOTA). (2010). Fieldwork educators certificate workshop. Retrieved from http://www.aota.org/Educate/EdRes/Fieldwork/Workshop.aspx

Brayford, S., Buscarini, J., Dunbar, C., Frank, A., Nguyen, P., & Fisher, G. S. (2002). A pilot study of the delivery of occupational therapy in long term care settings under the Medicare Prospective Payment System. *Occupational Therapy in Health Care*, *16*, 67–76.

Casares, G. S., Bradley, K. P., Jaffe, L. E., & Lee, G. P. (2003). Impact of the changing health care environment on fieldwork education: Perceptions of occupational therapy educators. *Journal of Allied Health*, *32*, 246–251.

Costa, D. (2009). Call for research on fieldwork education. *OT Practice*, *14*, 21.

Crabtree, B. F., & Miller, W. L. (1999). A template approach to text analysis: Developing and using codebooks. In: B. F. Crabtree & W. L. Miller (Eds.), *Doing qualitative research* (2nd ed.), pp. 163–177). Newbury Park, CA: Sage.

Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Derdall, M., & Urbanowski, R. (1995). Clinical education in Saskatchewan: A need assessment. *Canadian Journal of Occupational Therapy*, *62*, 148–153.

Dillon, L. S., Tomaka, J. W., Chriss, C. E., Gutierrez, C. P., & Hairston, J. M. (2003). The effect of student clinical experiences on clinician productivity. *Journal of Allied Health*, *32*, 261–265.

Fisher, A., & Savin-Baden, M. (2002). Modernising fieldwork, part 1: Realising the potential. *British Journal of Occupational Therapy*, *65*, 229–236.

James, K. L., & Musselman, L. (2005). Commonalities in level II fieldwork failure. *Occupational Therapy in Health Care*, *19*, 67–81.

Kirke, P., Layton, N., & Sim, J. (2007). Informing fieldwork design: Key elements to quality fieldwork education for undergraduate occupational therapy students. *Australian Occupational Therapy Journal*, *54*, S13–S22.

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy*, *45*, 214–222.

Lincoln, Y. S., & Guba, F. A. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Mackenzie, L., Zakrzewski, L., Walker, C., & McCluskey, A. (2001). Meeting the educational needs of fieldwork supervisors: A collaborative workshop developed by New South Wales occupational therapy fieldwork coordinators. *Australian Occupational Therapy Journal*, *48*, 1–10.

Miles, M. B., & Huberman, A. M. (1984). *Qualitative data analysis: A sourcebook of new methods*. Beverly Hills, CA: Sage.

Morse, J. M., & Field, P. A. (1995). *Qualitative research methods for health professionals* (2nd ed.). London: Sage.

NVivo 8. (2008). *Computer software*. Melbourne, Australia: QSR International.

Richard, L. F. (2008). Exploring connections between theory and practice: Stories from fieldwork supervisors. *Occupational Therapy in Mental Health*, *24*, 154–175.

Scott, I., & Sazegar, P. (2006). Why community physicians teach students (or not): Barriers and opportunities for preceptor recruitment. *Medical Teacher*, *28*, 563–565.

Shannon, S. J., Walker-Jeffreys, M., Newbury, J. W., Cayetano, T., Brown, K., & Petkov, J. (2006). Rural clinician opinion on being a preceptor. *Rural and Remote Health*, *6*, 490. Retrieved from http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=490

Sloggett, K., Kim, N., & Cameron, D. (2003). Private practice: Benefits, barriers and strategies of providing fieldwork placements. *Canadian Journal of Occupational Therapy*, *70*, 42–50.

Thomas, Y., Dickson, D., Broadbridge, J., Hopper, L., Hawkins, R., Edwards, A., et al. (2007). Benefits and challenges of supervising occupational therapy fieldwork students: Supervisors' perspectives. *Australian Occupational Therapy Journal*, *54*, S2–S12.

Vogel, K. A., Grice, K. O., Hill, S., & Moody, J. (2004). Supervisor and student expectations of level II fieldwork. *Occupational Therapy in Health Care*, *18*, 5–19.

Yonge, O., Krahn, H., Trojan, L., Reid, D., & Haase, M. (2002). Being a preceptor is stressful. *Journal for Nurses in Staff Development*, *18*, 22–27.