Supporting Those who Support us: An Exploration of Strategies to Address Occupational Therapy Fieldwork Educators' Concerns and Needs

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Abstract

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Keywords

Clinical competence, fieldwork, internship and residency, students, universities

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ABSTRACT

Fieldwork (FW) education is integral to occupational therapy (OT) education and enables the transition of a student to an entry-level practitioner. Clinicians who serve as FW educators play a significant role in this process. To deliver OT education, universities must support FW educators and address their needs and concerns. This study surveyed OT FW educators who supervised entry-level OT doctoral students from a public university for Level I and/or Level II FW regarding strategies to address their concerns and needs. An anonymous survey was distributed to the FW educators (n=349) who supervised the students for FW between Spring 2021-2023. By the response deadline, the survey yielded a 32.09% (n=112) response rate. Fieldwork educators perceived themselves to be competent clinical educators, and their perception was not associated with the completion of FW educator training courses, years of experience as a practitioner, or number of students supervised in the past. However, FW educators reported difficulty in teaching soft skills (e.g., communicating with patients/caregivers, participating in Admission, Review, and Dismissal meetings, etc.) and supervising challenging students. They considered providing FW supervision as beneficial to them. Their concerns related to FW supervision centered around student readiness, student behavior, and time management. They expected universities to assess student readiness before sending them on FW. Also, they expected more clarity and guidance from universities on expectations related to FW supervision. Further, they indicated a need for FW educator training programs and access to library/scholarly resources. The implications of the findings for different stakeholders were discussed.

Introduction

Clinical learning environments are invaluable for health science students as they provide hands-on training and help students translate theory into practice. All health science educational programs incorporate clinical education to supplement didactic education (Romig et al., 2017; Patterson & D'Amico, 2020). Within the profession of occupational therapy (OT), clinical education, or fieldwork (FW) education, is completed during and after the didactic coursework, depending on the type (Level I or II) and curricular structure of a given program. The Accreditation Council of Occupational Therapy Education (ACOTE) requires that OT Doctorate (OTD) students complete a minimum of 24 weeks of Level II fieldwork as part of their entry-level education (ACOTE, 2018). In addition, OTD students are expected to complete several Level I fieldwork rotations. Often, the clinical education is completed under the direct supervision of the clinical instructors, or FW educators. Per ACOTE requirements, FW educators must have at least one year of clinical experience and must be adequately prepared to provide FW supervision (ACOTE, 2018). Further, ACOTE expects the collaborating academic program to document outcomes of effective supervision and provide resources for enhancing supervision.

Fieldwork educators are critical stakeholders in health science education as they supervise students during FW rotations. They were identified as the "principal influence on the student learning process" (Grenier, 2015, p.3). They play a crucial role in the success of OT students as they help students navigate the "bridge between academic education and authentic occupational therapy practice," (American Occupational Therapy Association [AOTA], 2009, p. 394). They are expected to guide students by providing challenging opportunities and positive, prompt, and constructive feedback. To be successful in their role, FW educators must be competent and confident in their clinical knowledge and skills (Hunt & Kennedy-Jones, 2010). Further, they should possess attributes like friendliness, patience, kindness, respect, and student-centeredness (Mackenzie, 2002; Mulholland et al., 2006). In addition, they should be comfortable and confident about providing supervision to the students. According to Gibson et al. (2019), FW educators will be seen as mentors if they demonstrate positive leadership qualities, job ability, and clinical knowledge. A positive relationship between FW educators and students may contribute to better learning outcomes for students.

Stakeholders such as academic programs, accreditation agencies, students, and the public expect FW educators to demonstrate knowledge, competency, professionalism, and support to the students under their supervision. They are also expected to possess the competency to adapt their teaching styles and strategies based on individual students' knowledge and skill level; and have the competency to evaluate student outcomes. Though clinicians who take students for FW supervision may perceive themselves as competent in doing all that is required to provide supervision, literature reports variability in FW educators rating of students' performance on the Fieldwork Performance Evaluation (Wallingford et al., 2016).

Fieldwork educators are uniquely tasked with designing planned learning activities for students while simultaneously providing client care (Bonello, 2001; Stutz-Tanenbaum & Hooper, 2009). To handle this demand, AOTA's Commission on Education (COE, n.d.) recommended that FW educators complete continuing education on adult educational models and theories, instructional design, and teaching styles. While experienced and competent FW educators may handle this task effectively, novice FW educators may need supports and resources from academic programs and other stakeholders. Fortunately, literature identifies several resources and supports that OT practitioners may find beneficial (AOTA, 2024; ClinEdWEb, 2024; Chycinski, 2023; Karp et al., 2022; Provident et al., 2009). However, as Varland et al. (2017) noted, these resources have been underutilized due to limited awareness.

Several factors such as strong clinical orientation, perceived benefits, perceived challenges, and organizational factors may influence FW educators' decisions to take students and provide effective supervision. According to the Social Identity Theory, if a person has intense confidence in their identity as a practitioner and less as an educator, their priority will remain with their identity as a practitioner (Ellemers, 2010). A strong clinical identity may influence their decision to take students for FW supervision. Perceived benefits is another variable that may influence the decision. Some of the perceived benefits include the opportunity to update knowledge on emerging practice approaches and interventions, accrue professional development units (National Board for Certification in Occupational Therapy [NBCOT], 2023a), and identify suitable candidates for future recruitment. Facility and contextual factors such as available learning opportunities, time requirements, staffing patterns, and the relationship with the educational institution may also influence FW educators' decision to take students (Hanson, 2011). Varland et al. (2017) found that factors like continuing education units, access to educational resources, and shared supervision favored occupational therapists to supervise Level II OT FW students while job responsibilities, caseload, productivity standards, and fear of failing a student negatively influenced them.

In the literature, fieldwork educators expressed multiple challenges and concerns related to FW supervision. Some of the reported challenges and concerns included time constraints, resource limitations, cost of staff time/productivity concerns, frustration related to inadequate student preparedness, reimbursement constraints, limited organizational support, lack of knowledge about recent developments in the field, little confidence, potential difficulties with clients, etc. (Evenson et al., 2015; Hanson, 2011; McLaughlin et al., 2019). Some of these concerns could be alleviated by the academic programs, thereby supporting and encouraging FW educators in taking students for FW supervision (Hunt & Kennedy-Jones, 2010; Rogers et al., 2022; Varland et al., 2017). However, the literature is scant in terms of how these challenges could be addressed.

Given the critical role FW educators play in student learning while fielding high-level stakeholder expectations and task demands, informing them on what could be done by external stakeholders in supporting them may provide valuable insights. However, simply informing them on strategies to support them may prove inadequate without the

context of their perceived benefits, competence, concerns, and needs. Hence, this study aimed to inquire of FW educators the strategies to address their concerns and needs in the context of their perceived benefits, competence, concerns, and needs.

Methods

The institutional review board at the University of Texas Medical Branch approved the study (IRB # 23-0059). The research team devised a survey based on the current findings in the literature and their own experiences as FW coordinators and/or FW educators. The survey was created to explore the perceived competence, concerns, and needs of OT FW educators who supervised students for Level I and/or Level II FW. In addition, the survey explored their views on how universities and professional organizations could best support them.

Survey Creation

The survey was created by the authors based on the research questions under consideration and an in-depth literature review. QuestionPro, an online software program, was used to develop the survey with 33 items (dichotomous, multiple choice, multiselect, rating, and open-ended items), including the first item of the survey that requested participants' consent to participate in the study. Eight items were related to demographics; 11 items explored the respondents' perceived competence related to FW supervision. The next seven items inquired about perceived benefits, challenges, and concerns associated with FW supervision. One item asked respondents to rate their FW supervision experience on a scale of 1-10 with 1 being the least rewarding and 10 being the most rewarding. Four items explored the perceived needs and views on how universities and organizations could support them in their role as a FW educator. The last item was an open-ended item for participants to present anything they wanted to share about their experience as FW educators. The survey did not collect any personal identifying information. The survey was reviewed by all authors for readability and comprehension. The first section of the survey requested participants to review the 'information sheet' pertaining to the study and click 'I agree' to proceed with responding to the survey. Participants were prompted to click on "End the Survey" when they selected "I disagree." The average response time to complete the survey was 12 minutes. Data collection occurred across four weeks.

Survey Sample

A convenience sampling approach was used to identify participants for this study. An email invitation was sent to a list of 349 FW educators who supervised students from a public university for Level I and/or Level II FW between Spring 2021 to Spring 2023, with the link to the survey. The email described the purpose of the study and requested interested participants to complete the survey. Three reminder emails were sent during the survey response period to augment the response rate. Participants were invited to contact researchers should they have any questions prior to starting the survey. The inclusion criteria for participating in the survey were being a licensed healthcare provider (OT, OT Assistant, or other professional) and supervised OT students for Level

I and/or Level II FW. The exclusion criteria include licensed healthcare professionals who have never supervised OT students for fieldwork and who supervised non-OT students for fieldwork.

Data Analysis

All data were exported from QuestionPro to a Microsoft Excel spreadsheet. Microsoft Excel Toolpak (Microsoft, 2018) was used to perform quantitative data analyses. Descriptive statistics were used to describe sample characteristics. Non-parametric tests were used to determine the association between skewed or categorical variables. The tests of association between categorical variables were conducted using Chi-Square tests. When the frequency values were too low to use Chi-Square tests, Fisher's exact tests were performed. Qualitative data (responses to open-ended items) were analyzed for themes. For qualitative analyses, the first author completed the coding of the data using the phases proposed by Nowell et al., (2017). Then, all authors met virtually to deliberate on the codes and reach consensus.

Results

By the response deadline, 115 responses were received, of which two were incomplete and excluded from the analysis. One other response was excluded from the analyses as the respondent stated "None" for the number of students supervised. Table 1 presents the demographics of the remaining 112 respondents. The response rate was 32.09%.

Table 1

Participant Demographics (n=112)

Baseline characteristics	N	(%)
Gender		
Female	99	88.4
Male	13	11.6
Age range		
<30 years	23	20.5
30 years 1 day - 40 years	40	35.7
40 years 1 day – 50 years	23	20.5
50 years 1 day – 60 years	19	17.0
60 years 1 day – 70 years	7	6.2
Setting in which the educator worked:		
Hospital setting	46	41.0
Outpatient setting	35	31.2
School setting	17	15.1
Home Health setting	5	4.5
Early Intervention setting	2	1.7
Long-term care facility	1	0.9

Mental Health facility	1	0.9
Other:	5	4.5
Type of Supervision		
Level I	18	16.1
Level II	59	52.7
Both	35	31.2
Years of experience		
0-3 years	13	11.6
3 years 1 day -10 years	41	36.6
10 years 1 day - 20 years	24	21.4
20 years 1 day – 30 years	23	20.5
30 years 1 day and above	11	9.8
Number of students supervised for FW		
1-2 students	28	25.0
3-5 students	32	28.6
6-10 students	23	20.5
11 and above	29	25.9

Only 18 respondents identified their professional titles. Of the 18 respondents, 17 (94.4%) were occupational therapists and one (5.5%) was an occupational therapy assistant. Eighty-three (74.1%) respondents reported not attending any FW course within the last five years. Of the remaining 29 respondents (25.9%), some of them reported attending courses that were not related to FW supervision. The courses identified by the respondents who reported completing a FW educator course included online courses, employer-offered courses, AOTA FW educator training, courses offered in national/state conferences, and mentorship workshops.

All FW educators who responded to the survey, except for one respondent, perceived themselves to be competent. One hundred (89.2%) respondents reported they were able to identify the student learning needs 'most of the time' and 11 (9.8%) respondents were able to identify these needs 'sometimes.' Similarly, 96 (85.7%) respondents reported they were able to develop student learning objectives 'most of the time' and the remaining 16 (14.3%) reported they were able to do it 'sometimes.'

For the item that inquired about respondents' familiarity with teaching styles and strategies, 16 (14.2%) respondents reported being 'extremely familiar,' 52 (46.4%) reported being 'very familiar,' 42 (37.5%) reported being 'moderately familiar,' one (0.89%) reported being 'slightly familiar,' and one (0.89%) reported being 'not at all familiar.' Except for one respondent, all respondents stated they were able to adapt their teaching styles and strategies to meet students' learning needs. Almost all respondents reported using multiple teaching styles in their FW supervision including (i) an organized approach, (ii) in-the-moment teaching, (iii) reflection approach, (iv) waning supervision

approach, and (v) independent learning approach. The data revealed that those with 30+ years of experience were more inclined towards an organized approach compared to other styles of teaching.

Seventy-eight (69.6%) respondents reported that they were able to identify strategies and resources to support student learning 'most of the time,' while others reported that they were able to do it 'sometimes.' Fifty respondents (44.6%) reported that they felt like they did not have an answer to a student question 'sometimes.' Eight respondents (7.1%) chose 'other' as their response and their comments indicated that they did not know the answer to a student's question 'sometimes,' but they either attempted to find the answer or directed the student to appropriate resources. Also, some reported that they did not have answers to questions that were related to recent evidence and emerging areas of practice.

The next item on the survey explored respondents feeling of 'not knowing how to teach what they wanted to teach.' Only one respondent (0.89%) felt they did not know how to teach what they wanted to teach. Thirty-four (30.3%) respondents felt that way 'sometimes.' The responses of those who chose 'other' (n=5; 4.5%) indicated they experienced difficulties (i) when students did not communicate their questions/needs, (ii) in retrieving theoretical information about models, and (iii) in teaching professionalism and work ethics.

Respondents used a variety of ways to evaluate the effectiveness of student learning in FW at the end of the rotation. The most used approaches, as reported by respondents, were students' performances on clinical tasks (n=93; 83%), students' performances on assignments (n=93; 83%), final FW performance evaluations (n=71; 63.4%), and site-developed objectives (n=61; 54.5%). Thirty-one respondents reported that they also used a custom-designed approach to evaluate students. Nineteen (17%) respondents found it difficult to provide student feedback 'sometimes,' while the remaining 93 (83%) respondents reported 'no difficulty'.

The synthesis of the text responses to the open-ended item on 'areas most difficult to teach' highlighted the following nine areas: (i) therapeutic use of self, (ii) professionalism and professional behavior, (iii) clinical reasoning, (iv) patient rapport, (v) initiation, (vi) confidence in communicating with patients/team members, (vii) documentation, (viii) creativity, and (ix) foundational knowledge (anatomy, child development, neuroscience, etc.). As expected, the areas identified as difficult to teach varied by practice settings. Fieldwork educators in early intervention settings reported difficulty in teaching child development and equipment needs. In home health settings, FW educators found it difficult to teach creativity, confidence in making recommendations, interprofessional collaboration, and professionalism. In hospital settings, the reported areas that were difficult to teach include therapeutic use of self, clinical reasoning/judgment, self-awareness, documentation, intensive care unit (ICU) line management, soft skills, translating theory to practice, confidence, and time management. In pediatric outpatient settings, FW educators reported difficulties in teaching handwriting, communicating with families, and adapting treatment plans based on children's response. In adult outpatient

settings, the areas that were reported as difficult to teach include foundational knowledge of conditions, clinical reasoning, therapeutic use of self, how to address clients' psychosocial needs, professionalism, and documentation/billing. Fieldwork educators in school settings found it difficult to teach how to communicate with families and team members during the Admission, Review, and Dismissal and Individualized Education Plan meetings, how to handle different personalities and social situations in practice, flexibility with changing schedules, creativity, and professionalism.

Benefits of Providing FW Education
All respondents perceived supervising students for FW as beneficial. Table 2 presents the respondents' perceived benefits of supervising students for FW.

Table 2

Perceived Benefits of Supervising Students for FW as Reported by Respondents

Perceived Benefits	Number of Respondents (%)
Opportunity to give back to the profession	109 (97.3%)
Staying abreast of recent developments	73 (65.2%)
Personal satisfaction	68 (60.7%)
Professional developmental units	60 (53.6%)
Finding potential recruits	56 (50.0%)

Overall Experience of Supervising Fieldwork Students
Respondents, in general, rated their experience of supervising FW students as rewarding. On a scale of 1-10, with 1 being least rewarding and 10 being most rewarding, 34 respondents (30.3%) rated their experience as 10. Twenty-nine (25.9%) respondents rated 9, 36 respondents (32.1%) rated 8, and nine (8%) respondents rated 7. Only four respondents rated their experience as 6 or below.

Qualitative Themes from Open-Ended Questions

Challenges Related to Fieldwork Supervision
Respondents were asked to report perceived challenges related to providing Level I and Level II FW supervision through open-ended items. The challenges reported by respondents when supervising students for Level I FW included (i) short amount of time (1 week) with the student; (ii) students' lack of experience, interest, and knowledge; (iii) balancing productivity expectations while supervising students; (iv) time and effort spent on the onboarding process for a week-long rotation; (v) teaching too much information

in a short amount of time; (vi) determining the level of scaffolding; (vii) keeping students engaged throughout the day with observation; and (viii) logistics such as having laptops with authorized software, granting access to the system, etc.

When supervising students for Level II FW, respondents found the following as the challenges: (i) lack of student readiness; (ii) site-student mismatch; (iii) lack of student interest/motivation/flexibility; (iv) time management; (v) balancing productivity expectations while supervising students; (vi) logistics such as limited space, lack of designated space, limited equipment with loaded software, etc.; (vii) students' lack of foundational knowledge; (viii) students' attitudes toward supervisor/site; (ix) determining just right challenges for student scaffolding; (x) grading student autonomy in patient care; (xi) navigating different learning styles; (xii) teaching documentation skills; (xiii) providing feedback without discouragement; (xiv) educating patients/stakeholders about student involvement; (xv) teaching social and patient interaction skills; and (xvi) providing challenging opportunities to students while adhering to the supervision requirements of insurance plans. Tables 3 and 4 present the overarching themes that emerged from the synthesis of the responses to the items on what FW educators like and dislike about supervising students for FW with supporting quotes from their responses.

Table 3

What do FW Educators Like About Supervising Students for FW?

Themes	Supporting Quotes from Responses
Knowledge gain	"The education that they bring to me as they help keep my skills up and coming as well."
	"Helps me stay on top of current ideas."
	"Students still challenge me with new questions and ideas and I think that is important to growth."
	"Promoting and gaining EBP."
Opportunity to give back to the profession	"Giving back to the OT profession."
	"Teaching, motivating, inspiring future colleagues"
	"I had several good (clinical instructors) CIs, and I want to be that for someone else."
	"I was given opportunities, so I need to give opportunities"

Rewarding	"Watching that carryover in treatment sessions and seeing that confidence blossom."
	"Seeing a student learn and achieve success at the end of the FW experience."
	"Opportunities to make a difference in the student and future families they will serve."
	"Seeing the moment when book knowledge and hand on work merge"
Enjoy teaching	"I have the opportunity to impart 25 yrs of knowledge and skill."
	"I enjoy learning from my students, teaching them about the day-to-day life of a therapist."
	"I enjoy helping students connect the dots."
	"Educating is something that I am extremely passionate about."

Table 4

What do FW Educators Dislike About Supervising Students for FW?

Themes	Supporting Quotes from Responses
Challenging students	"Encountering students not passionate about our profession."
	"Students that require a lot of mental energy either due to personality or a different learning style."
	"Difficult when student is not open to feedback."
	"Do not like when they are trying to 'pass' instead of learn to become a good clinician."
	"Lack of respect for supervisors and families they are interacting with."
	"Students who were very arrogant and did not have good interpersonal skills."
	"Supervising students who are not interested in the area of practice."

Limited benefits or incentives	"Besides getting CEUs [continuing education units], there is no other benefits given. In the past, we would get 1\$ extra an hour when we had a student." "There is little to no compensation in my specific facility for taking on the additional tasks and responsibilities."
Time consumption	"It is a time commitment and it's also mentally taxing." "How time consuming it can be at the forefront, but it's a necessary evil." "Scheduling time to spend with students besides direct patient care." "The amount of time it takes to ensure that all of their questions are answered." "It's a lot of work at the beginning-- teaching processes, treatment interventions, patient populations. Basically, double your original workload." "Not having enough time to teach what I want."
Paperwork requirements	"Filling out paperwork." "The additional paperwork such as completing the FWPE (FW Performance Evaluation)" "The time it takes to onboard and get them onto their own caseload."
Providing constructive feedback	"I don't always like to be the one to provide the constructive criticism." "I don't always know how to convey information in a helpful way, difficult to explain clinical judgment at times." "It is also hard to have to deliver negative feedback, even though it's necessary and important for the student's growth." "It's frustrating when students are not willing to accept criticism."

Concerns Related to Fieldwork Supervision
Table 5 presents the respondents' concerns related to FW supervision. Twenty-four (21.4%) respondents reported that they do not have any concerns related to FW supervision.

Table 5

Respondents' Concerns Related to FW Supervision

Concerns	No. of Respondents (%)
Student readiness	56 (50.0%)
Student attitude/behavior	48 (42.9%)
Time limitations	39 (34.8%)
Lack of confidence	33 (29.4%)
Productivity concerns	32 (28.6%)
Limited knowledge	24 (21.4%)
Resource limitations	9 (8.0%)
Lack of or limited organizational support	7 (6.3%)

The responses to the item exploring FW educators' needs when supervising FW students were coded for themes. Thirty respondents (26.7%) reported they do not have any needs or their needs were met. The following five key themes emerged from the analysis of the remaining responses: (i) well-prepared students inclined toward self-directed learning, (ii) clarity in expectations, (iii) FW educator training, (iv) resources and access to current literature, and (v) more time and support from the employer. Aside from these themes, three respondents stated that they needed more support from academic FW coordinators and two respondents solicited feedback from students post FW.

In alignment with their needs, respondents' answers to the item on what universities/schools could do to support them centered around providing more hands-on/practical training to students in preparation for FW, offering FW educator courses, clarifying expectations, being available for support, and providing resources. Interestingly one respondent suggested that universities must go back to human cadavers for anatomy. Some respondents suggested schools should focus more on professionalism, professional behavior, student attitudes toward learning, and work ethics. A few respondents requested the school to share more information on students such as their learning styles, personality, strengths and weaknesses, and coursework they have completed.

For the item on what professional organizations like national and state professional associations could do to support FW educators, the respondents stated that they could offer more cost-effective or free continuing education (online, on-site, and on-demand) for FW educators, develop more setting-specific resources for students and FW educators, provide access to evidence-based resources, and simplify the fieldwork performance evaluation tool. One respondent suggested these organizations could publish entry level expectations in practice areas like hand therapy, burn care, etc. Another respondent added that these organizations should offer seminars to students on how to be better fieldwork students and when to seek support.

The responses to the final two items (what else would have made their job of providing FW supervision easier and anything else they would like to share) did not yield any new information.

The analyses examining the association between attending FW educator training and (i) perceived difficulty in providing student feedback (Fisher's Exact, $p = 0.57$), (ii) perceived difficulty in answering student questions (X_2, $p = 0.20$), (iii) familiarity with teaching styles (X_2, $p = 0.13$), and (iv) perceived difficulty in determining how to teach what the FWE want to teach (X_2, $p = 0.37$) yielded nonsignificant p-values suggesting a lack of association. Though the analysis of association between FW educators' years of experience and perceived difficulty in providing student feedback yielded a non-significant p-value (X_2, $p = 0.053$), it was approaching significance suggesting that more experienced FW educators found it less difficult to provide student feedback. The years of experience were not associated with the perceived difficulty in determining 'how to teach what the FWE want to teach' (X_2, $p = 0.09$). Similarly, the number of students supervised was not associated with the perceived difficulty in providing student feedback (X_2, $p = 0.71$) or perceived difficulty in determining how to teach what the FWE want to teach (X_2, $p = 0.18$).

Discussion

The purpose of this study was to explore the perceived benefits, competence, concerns and needs of FW educators to identify future strategies to address their concerns and needs. Hence, in this section, we examined the findings under each category from the perspective of actionable strategies that universities and other stakeholders may engage in to support FW educators. Overall, the results indicated that FW educators, in general, perceive FW supervision as beneficial and themselves as competent to provide the same. Their concerns and needs primarily centered around student readiness for FW, students' professional behavior/attitude, and time management.

Perceived Benefits and Challenges

The benefits identified by many respondents in this study were intrinsic in nature such as a sense of giving back and personal satisfaction, contrary to the more concrete benefits reported in the literature such as an opportunity to update practice (Evenson et al., 2015), an opportunity to develop skills (Thomas et al., 2007), continuous professional development units, and recruitment of future employees (Hanson, 2011). Universities and stakeholders may use strategies to help FW educators feel valued for

their contribution to the profession such as recognizing them in professional events, sending thank you notes, and inviting them as mentors for white coat ceremonies or guest speakers for department events to continue to motivate and support them.

Interestingly, the respondents perceived the duration of Level I FW and students' lack of experience, interest, and knowledge during Level I rotations as challenges. This could be due to FW educators' lack of clarity in Level I FW objectives and expectations. Level I rotations are formative rotations that students undergo while they are still in the didactic phase of the curriculum. More clarity on objectives and expectations may alleviate some of these perceived challenges for FW educators and facilitate better learning experience for the students.

Pertaining to Level II FW supervision, the perceived challenges centered around students' learning including lack of student readiness, interest, foundational knowledge, and professional behavior. This validates what has been reported in the literature (Hanson, 2011; James & Musselman, 2006; Mason et al., 2020; Valdes & Castelli, 2022). The strategies to address the challenges are discussed in subsequent sections. Another notable challenge reported was related to teaching soft skills such as social/patient interaction skills, adaptability, collaboration, and empathy. These skills are hard to teach, especially when the students are less inclined to learn and change. Empowering FW educators with more knowledge and resources on how to teach these skills may be beneficial.

Perceived Competence
FW educators in this study reported feeling competent, though most of them did not attend a FW educator training course. Despite the self-perceived competence, FW educators identified several areas that were difficult to teach across practice settings. Challenges identified by FW educators were determining the level of scaffolding, grading students' autonomy in patient care, teaching documentation skills, providing feedback, and navigating different learning styles. Also, a notable number of respondents reported that sometimes they had difficulty in responding to student questions. Further, they indicated a need for FW educator training and courses. These findings suggest that discord may exist between the perceived and actual competence reported by FW educators. A similar conflict was reported in the literature (Graves et al., 2017). Universities may conduct research examining the perceived versus actual competence of FW educators to further explore this issue.

This study revealed no association between attending FW educator training courses and perceived competence. This perception may be a reason for FW educators to not seek FW educator training or programs. Almost a decade ago, AOTA (2014) reported that nearly 55% of FW educators did not utilize any training and around 61% were not aware of the available resources. Examining the reasons behind the lack of inclination towards completing training programs (cost, availability, lack of time, perceived usefulness, etc.) may help stakeholders gain additional insights related to FW educator training courses.

Perceived Concerns

The top three concerns reported in the study were student readiness, student attitude/behavior, and time constraints. It appears that the concern related to student preparedness is an ongoing issue. Hanson (2011) reported the frustration expressed by Level II FW educators related to inadequately prepared FW students. Short et al. (2018) found that inadequate student preparation was a significant barrier related to FW education in hand therapy. Karp (2020) explored the attributes of OT students that signify student readiness from the academic and clinical educators' perspective and identified communication, feedback, professionalism, and clinical reasoning characterize student readiness. The educational programs should focus on developing these attributes in the students to address this concern.

Another concern expressed by the FW educators in this study was student attitude/behavior. This could be due to the generational values as the FW educators who participated in this study would have most likely supervised students who belonged to Generation Y. Eckleberry-Hunt and Tucciarone (2011) identified the characteristics and learning expectations of Generation Y and suggested that medical educators make learning "creative, interactive, and fun," (p. 458) as students in Generation Y prefer to think outside of the box and do not value reading and listening. Providing resources on teaching strategies and approaches based on generational values and attributes may address this concern and help FW educators.

Time constraints as a concern were often reported in the literature (Grenier, 2015; Hanson, 2011; Maloney et al., 2013; Thomas et al., 2007). Some of the reasons identified by FW educators in this study were time-consuming onboarding processes, and the demand for an extensive amount of time during the beginning weeks of the rotation (to orient students and teach basic skills). The FW sites may work with the universities to identify ways to make the onboarding process less cumbersome. The FW sites may also have prerecorded modules covering the basics and orientation, and mandate that the students watch them prior to the start date. Further, universities' efforts to adequately prepare students for FW may also alleviate this concern.

Perceived Needs

Respondents indicated a need for access to evidence-based resources and research. They also reported difficulty in answering questions related to recent evidence, which could be due to the limited access, time, and lack of skill FW educators may have related to evidence-based practice. Though one could argue that educators and students have more access to evidence-based resources and research than clinical practitioners, free and readily available resources are available on the internet and through practitioners' certification/membership. For instance, the NBCOT offers free access to ProQuest to all current certificants (NBCOT, 2023b). Similarly, the members of AOTA have access to the *American Journal of Occupational Therapy* (AOTA, 2023). Online platforms like Google Scholar, PubMed, and ResearchGate also provide access to a wide range of full-text research related to healthcare. Promoting awareness of these resources among the FW education community may address this need. Further, it

is important to encourage the FW education community to use the available resources as Karp et al. (2022) found that FW educators underutilize the readily available resources.

Fieldwork educators expressed the need for universities to provide more hands-on education focusing on patient interaction skills. Further, they ask universities to review the foundational courses such as anatomy, neuroscience, child development, etc., and complete a skills checklist before sending students on FW. As universities typically teach foundational subjects soon after students enter the program, the possibility of students forgetting the skills and knowledge cannot be ruled out. Hence, universities may consider doing a boot camp reviewing the skills and knowledge prior to sending students on Level II FW. In addition, incorporating more case-based learning in the curriculum may help students apply the theoretical knowledge in clinical scenarios thereby better preparing them for FW. Exposing students to clinical practice through student-run clinics is another way to better prepare them for FW.

Interestingly, some FW educators indicated a need for more student information such as their personality, learning style, strengths, and weaknesses, which they believe would help them in providing effective supervision. The students may be encouraged to complete personality tests and learning style inventories and share the results with their FW educators. Universities have limitations on the types of information they can share with FW educators due to Family Educational Rights and Privacy Act (FERPA) requirements.

Fieldwork educators in this study sought more clarity on FW expectations. Some FW educators demonstrate confusion regarding expectations for Level I and II FW, thereby teaching students the knowledge and skills that are well above the intended learning objectives, especially when Level I students do not have enough didactic background. Universities must ensure that they share the necessary information (where the students are in the program, the courses they have completed prior to the given FW rotation, etc.) with the FW educators prior to each rotation. They must also document and update the objectives in their FW educator manual/webpage/resources and always make it available to FW educators.

Strengths and Limitations

Though the study used a convenience sampling approach, the sample represented FW educators who belonged to all age ranges, varied years of practice experience, and varied FW supervision experience. The response rate at 32% exceeds the typical response rate of 20+% for online surveys, suggesting results may be more reliable.

The survey used by the researchers was not piloted before its use in the study, thus the validity and reliability of the survey tool were not known. The data were obtained from FW educators who supervised students from one program during a limited time. These limitations could have also contributed to the narrow representation in terms of practice settings. All these factors limit the generalization of the findings. Next, the respondents were FW educators who supervised students from the university that conducted this

study, with potentially several FW educators being graduates of this university. Further, they may have felt the need to report being competent to continue to get students for FW, thereby causing conformity bias. Furthermore, the FW educators surveyed for this study may have supervised entry-level master's students from other universities as master's students also have similar FW requirements. Hence, their responses may also have reflected their experience of supervising students at master's level. Last, the FW educators who perceive themselves as competent may have been more inclined to respond to the survey causing response bias.

Implications for Occupational Therapy Education
The results of this study may have implications for different stakeholders related to OT fieldwork education. Highlighted are the implications for employers, FW educators, professional organizations, and educational institutions.

- Employers may consider offering protected time for FW educators to supervise students to positively influence OT education.
- FW educators and their sites may coordinate with academic FW coordinators to interview students to determine the site-student fit prior to the rotation.
- Professional organizations may consider developing entry-level standards or expectations for areas of practice like hand therapy, burn care, etc.
- Professional organizations may offer reduced costs or free courses for practitioners who serve as FW educators. This may promote practitioners considering being the FW educators and support OT education.
- Publishers/schools may review the existing FW performance evaluation tools and revise them to make them more succinct, shorter, and less time-consuming for FW educators to complete. It is important to note that efforts were taken on this front as the AOTA's FWPE tool was shortened from 42 to 37 items with revisions to promote clarity in scoring (Preissner et al., 2020).
- Universities may develop and provide resources on the areas FW educators reported difficult to teach.
- Universities may develop or use an existing student readiness assessment before sending them on FW.
- Universities may invite a panel of FW educators to campus for an interaction session with the students prior to FW to facilitate the mutual exchange of expectations and seek clarifications.
- Universities may offer training programs for FW educators.
- Universities may orient students on potential site expectations before sending them on FW.
- Universities must use an experiential learning approach and focus more on soft skills and practice skills in their curriculum and assessment to better prepare students for patient encounters during FW.
- Universities/schools may share information on free evidence-based resources and databases with the FW educators periodically. Further, they may explore the feasibility of offering temporary access to their library resources.

Conclusion

Occupational therapy FW educators perceive themselves to be competent in providing FW supervision. Their concerns and needs include inadequate student readiness for FW, challenging student behaviors/attitudes, and time management difficulties. To alleviate their concerns, universities may concentrate their efforts on strengthening foundational education, imparting more practical education, and determining student readiness before sending students on FW. Further, universities may offer FW educators training programs and instruction on where to locate literature to support evidence-based practice. More research comparing the self-perceived and actual competence of FW educators, exploring student behaviors that concern FW educators, and examining the efficacy of FW education training programs are warranted.

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