Program Evaluation Exploring Effectiveness of Experiential Learning Activities on Transition to Practice in an Occupational Therapy Educational Program

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Doctor of Education in Organizational Leadership

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Program Evaluation Exploring Effectiveness of Experiential Learning Activities on Transition to Practice in an Occupational Therapy Educational Program

A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Education in Organizational Leadership

By

Kari M. Williams

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Abstract

This mixed methods program evaluation sought to determine the current curriculum’s overall effectiveness in relation to student readiness for fieldwork. The use of teaching practices in this occupational therapy curriculum was evaluated to determine if they support a successful transition to professional practice. Qualitative data was collected through semistructured interviews to ascertain student satisfaction with the educational program, student readiness for fieldwork, and the student perception of the educational program’s mission. Semistructured interviews were also used to gain insight from fieldwork educators regarding student readiness for practice and the effect of the program mission on student performance. Quantitative data was collected to determine differences in self-efficacy levels of students at varying levels in the program. An analysis of variance was run on the mean scores of the student confidence questionnaire for each educational cohort. There was not a significant effect between educational levels on self-efficacy. The findings showed that overall, students are satisfied and feel prepared for fieldwork and that the fieldwork educators who supervise the students feel they are prepared. The findings also showed that students and fieldwork educators agree that the program’s mission does positively impact student behavior in practice. The quantitative findings showed the need to examine further the effect of teaching practices on student self-efficacy. This study concluded that there is a need to implement more robust and varied experiential learning practices into the current curriculum in an effort to positively effect student self-efficacy.

Keywords: program evaluation, experiential learning, adult learning theory, occupational therapy, fieldwork, self-efficacy
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Chapter 1: Introduction

The measurement of learning outcomes and curricular effectiveness is necessary in higher education for myriad reasons. One reason this type of measurement is necessary is due to the fact that accreditation and government organizations require higher education programs to show accountability, including the impact the learning process has on student abilities (Burwash et al., 2016; Caspersen et al., 2017; Chapleau & Harrison, 2015; Lovett & Johnson, 2012). Measurement of learning outcomes and curricular effectiveness are commonplace in higher education and date back to the Age of Reform (prior to 1900), and many evaluation models were created for this purpose (Vo, 2018). Regular evaluation of curricular effectiveness is needed to determine if students receive value-added education, ensuring the educational experience serves the purpose of contributing to not only the students learning but also personal development (Caspersen et al., 2017). University program administrators must be able to provide evidence of outcome data and have a systematic method in place to determine if learning outcomes are met not only for accreditation purposes but also to ensure a quality and value-added product is being delivered to students (Caspersen et al., 2017; Lovett & Johnson, 2012).

The United States Department of Education and the Council for Higher Education Accreditation (American Occupational Therapy Association [AOTA], 2019) recognizes the Accreditation Council for Occupational Therapy Education (ACOTE, 2018) as the accrediting agency for occupational therapy education. As the accrediting body, the ACOTE publishes educational standards that must be met by degree programs in order to maintain accreditation. These standards include various levels of program evaluation and outcomes measurement (AOTA, 2018a). The AOTA (2019) provides support and guidance related to practice and education and is a professional organization that serves to protect the interests and concerns of
the profession, therefore influencing the development of new educational standards and the
direction of the profession as a whole. In 2018, the ACOTE published updated standards opening
the door for technology and experiential learning to take a larger role in the educational process
and mandated an expansion of currently used experiential methods into curriculum design. The
accrediting body also included in the 2018 publication standards that require occupational
therapy educational programs to complete and report program evaluation data (AOTA, 2018a).

In allied health education programs, such as physician assistant, nursing, physical,
speech, and occupational therapy, an expected outcome is that students will gain clinical
readiness skills necessary to enter their field of practice. A key component to these educational
programs is that of supervised clinical practice throughout the educational program, which serves
to prepare students for professional practice. In occupational therapy programs, the clinical
component is referred to as “fieldwork,” and it is noted in the profession that fieldwork rotations
are essential to integrating didactic learning and theory into clinical practice (AOTA, 2016;
Chapleau & Harrison, 2015; Knecht-Sabres et al., 2013). The accrediting body ACOTE
mandates that fieldwork occur in two phases in the educational program known as Level 1 and
Level 2 fieldwork and has specific accreditation standards outlining each phase’s requirements
(AOTA, 2018a). In general, Level 1 fieldwork occurs concurrent to traditional coursework,
giving students an opportunity to observe and practice skills related to the content being
delivered in the classroom (AOTA, 2016). Later in a program, at the end of the didactic portion
of education, students complete two 12-week full-time clinical rotations in which the goal is to
develop competent, entry-level, generalist skills (AOTA, 2018a). The fieldwork experience must
be “designed to promote clinical reasoning and reflective practice, transmit the values and beliefs
that enable ethical practice, and develop professionalism and competence in career
responsibilities” (AOTA, 2018a, p. 38). It is the responsibility of the academic fieldwork coordinator (AFWC) at each educational program to ensure compliance with all ACOTE standards related to fieldwork education (Stutz-Tanenbaum et al., 2015). In the field of occupational therapy, the person supervising the student during a fieldwork experience is called a fieldwork educator (AOTA, 2016). It is a requirement for Level 2 fieldwork that an occupational therapy student is supervised by a currently licensed occupational therapist with more than one year of practice experience (AOTA, 2018a).

In 2018, the ACOTE published updated standards allowing for Level 1 experiences to include various forms of experiential learning (AOTA, 2018a). These experiential learning activities can be used to satisfy the Level 1 fieldwork requirements or be utilized along with traditional Level 1 fieldwork, which is considered to be on-site with a supervising clinician (AOTA, 2018a). The accrediting body’s action signaled a new approach regarding fieldwork experience and how it fits into current curricular models. Faculty members and academic fieldwork coordinators now have the ability to incorporate different types of experiential learning into the fieldwork aspect of a program. While allowing for greater flexibility in curricular planning and various forms of technology to be embedded into coursework, it is not understood at which point in a curriculum that experiential learning activities provide the most educational value (Bethea et al., 2014). The use of experiential learning as a means of teaching various practice skills is an ongoing topic of conversation in occupational therapy (OT) education and warrants continued investigation as to its efficacy and place in curricula (Ingwersen et al., 2017; Roberts et al., 2015).

In occupational therapy academic programs, faculty members and the AFWC are expected to prepare students for fieldwork and entry-level practice. For a variety of reasons, this
is a difficult transition for students. In the allied health fields such as OT, the complex nature of health care delivery including patient communication skills, interprofessional communication skills, clinical reasoning, physical handling skills, and ongoing policy changes are areas with which students struggle when entering clinical practice (Coker, 2010; Glance et al., 2018; Hart & Bowen, 2016; Knecht-Sabres, 2013; Knecht-Sabres et al., 2013; McCombie & Antanavage, 2017). In the field of occupational therapy education, an environment where students are able to develop skills in clinical reasoning and analysis paired with an understanding of how to enact these skills in practice is a basic expectation of students and consumers (Phillips, 2017).

However, the question remains as to how educators can best facilitate the translation of knowledge to professional practice (Ozelie et al., 2016; Phillips, 2017). Occupational therapy educators utilize a variety of teaching and learning practices such as traditional lectures, case studies, skills check-off labs, and various forms of experiential learning, and it is important to understand which of these practices best support a successful transition to clinical practice.

Some researchers in occupational therapy education and other health care-related fields support the use of simulation and other experiential learning methods as a means of preparing students for clinical practice (Bethea et al., 2014; Karlsen et al., 2017; Poore et al., 2014; Thomas et al., 2017). Some researchers indicate that these types of experiential learning improve students’ preparedness for fieldwork and clinical practice (Giles et al., 2014; Knecht-Sabres, 2013; Knecht-Sabres et al., 2013; Ozelie et al., 2016; van Vuuren, 2016) and the use of these practices are now commonplace in occupational therapy education (Bethea et al., 2014; Hagemann et al., 2014). Recently, AOTA (2018b) published the Philosophy of Occupational Therapy Education, which summarized that OT education should be an active, engaging, diverse, and inclusive experience that is a collaborative process building on prior knowledge and
experience. When choosing and implementing any teaching and learning practice, educators must determine when, where, and how to use them within a program.

The best delivery methods and timing of these various practices in a recently developed occupational therapy (OT) curricula remains unknown. Bethea et al. (2014) noted that while there is an increase in occupational therapy educational programs’ utilization of simulation and other forms of experiential learning, a deeper understanding of the best method for incorporating these practices into curricula is needed. Specifically, in a master of OT educational program at a private liberal arts university in the Southwest whose initial accreditation through ACOTE was in 2016, this topic is yet to be explored in depth. It is not known what aspects of the curriculum best support students transitioning from coursework to fieldwork and clinical practice. Further, it is not known if the experiential learning practices that faculty currently utilize prepare students for clinical practice. Faculty members in this occupational therapy education program utilize various forms of experiential learning, which provides the student with experiences allowing for knowledge to be put into action (Phillips, 2017). It is important to identify and evaluate these practices to understand the current use of experiential learning practices by faculty in this curriculum.

**Statement of the Problem**

Educators in occupational therapy programs are expected to prepare students for entry-level practice, and it is widely accepted that fieldwork is the gateway for that transition (AOTA, 2016; Andonian, 2017; Grenier, 2015; Matilla et al., 2018). The transition to clinical practice is difficult, and students often struggle with decreased confidence and proficiency in assessment and practice skills as well as assuming a professional identity (Coker, 2010; Glance et al., 2018; Knecht-Sabres, 2013; Knecht-Sabres et al., 2013). A systematic assessment of occupational
therapy curriculum regarding student preparation for fieldwork is necessary in order to ensure an academic program that utilizes teaching practices supporting the translation of knowledge to practice. At a master of OT educational program at a private liberal arts university in the Southwest United States, no formal assessment is present to determine the effectiveness of the current teaching practices and the fieldwork program. The problem is that there is limited data available to support this specific occupational therapy program’s efficacy in readying students for the transition to clinical practice. Quantitative data in the form of graduation rates and the national board for certification in occupational therapy (NBCOT) pass rates are readily available and utilized as a baseline by the institution and the accrediting body to determine effectiveness. However, as Lovett and Johnson (2012) noted, quantitative measures, which are easy to access and helpful for identifying major curricular issues, do not provide a full depiction of the quality of an educational program. A formative assessment is needed to evaluate the current state of the curriculum as it relates to student preparedness for clinical practice and the teaching practices that support this transition. A formative assessment provides data to support future changes and improvements of the curriculum and fieldwork program. Finally, student perceptions of the personal value of the educational program, including the incorporation of the mission and vision of the occupational therapy program, are necessary to determine if the program is contributing to the formation of a professional and missional identity, which is a defining characteristic of the program and Christian education as a whole (Beard, 2017). A summative assessment, including former student perceptions and satisfaction, also provides data sufficient for accreditation requirements. A program evaluation comprised of formative and summative information is a requirement of ACOTE and must be completed regularly (AOTA, 2018a). In higher education, it is prudent to continually evaluate teaching practices and curriculum design to ensure students are
receiving an educational experience that prepares them for clinical practice complexities (Hodgetts et al., 2007). The implications of this study are manifold and provide insight into the effectiveness of current teaching practice as well as suffice accreditation requirements for ongoing programmatic evaluation.

Purpose of the Study

The purpose of this mixed methods summative case study of an occupational therapy program at a private liberal arts university in the Southwest was to gain an understanding of how current teaching and learning practices impact student readiness for clinical practice. The completion of a program evaluation provided data to help determine if the current teaching practices and fieldwork program support the successful transition to practice. The study also sought to determine whether the missional focus of the program is translated to clinical practice and if students are satisfied with the level the program prepared them for clinical practice. Leadership and administration will utilize this program data to improve the curriculum for current and future students. Program administrators will also utilize this data to help satisfy accreditation requirements.

Research Questions

The primary research focus was, How well does the occupational therapy educational program prepare students for the transition to clinical practice? The research intends to answer key evaluation questions related to process and outcomes, including to what extent is the program achieving the intended outcomes in preparing students for clinical practice, and to what extent is the program producing worthwhile results and meeting its objectives? The research questions included the following:
**RQ1.** What types of learning activities are used to prepare occupational therapy students for fieldwork?

**RQ2.** How well do the learning activities in the educational program prepare students for fieldwork?

**RQ3.** What is the overall level of satisfaction students have with the educational program?

**RQ4.** What are the students’ perspectives on the missional focus of the program as it relates to clinical practice?

**RQ5.** What are the fieldwork educators’ perspectives on student readiness for fieldwork?

**RQ6.** What are the fieldwork educators’ perspectives on the missional focus of the program as it translates to clinical practice?

**RQ7.** How do the students rate their self-efficacy at varying points in their education?

**Definition of Key Terms**

**Academic fieldwork coordinator.** An academic fieldwork coordinator (AFWC) is the faculty member responsible for all aspects of implementing fieldwork in an occupational therapy educational program (Stutz-Tanenbaum et al., 2015).

**Experiential learning activities.** These activities are defined as learning activities in which the student has an active part in the learning process, often involving a hands-on component (Kolb, 2015).

**Faculty-led experientials.** Learning experiences that allow faculty members to go with students into an environment in which the faculty and student practice hands-on skills with various populations (Knecht-Sabres, 2013).
Fieldwork educator. A fieldwork educator (FWE) is an occupational therapy practitioner who supervises occupational therapy students during an onsite fieldwork experience (Level 1 or 2; Hanson, 2011).

Self-efficacy. For this study, self-efficacy will be defined by Bandura (1997) as “the belief in one’s capabilities to organize and execute the course of action required to produce given attainments” (p. 3).

Simulated learning experiences. Simulated learning experiences (SLEs) are learning experiences that attempt to replicate an aspect of the clinical practice environment in an interactive fashion and can include various levels of immersion and technology (Bethea et al., 2014).

Video analysis. A teaching tool used by faculty to record a student completing a simulated or real task and subsequently having immediate review and reflection with the faculty member and student when reviewing the video together (Giles et al., 2014).
Chapter 2: Literature Review

A primary objective of allied health education programs is to provide students with the skills needed to provide quality care and transition to professional practice. Therefore, a duty to society exists to ensure the education is effective (Jones & Sheppard, 2012). Understanding the impact that an occupational therapy educational program has on students’ preparedness for professional practice requires investigating several key topics. Identification of currently used teaching and learning activities, as well as the theoretical foundation of these activities, is of primary importance to gain insight into the effectiveness of any educational program. A systematic assessment of the curriculum regarding student preparedness for practice is needed to ensure an academic program utilizes teaching practices that best support the translation of knowledge to practice. Additionally, the role of various student attributes and teaching practices relative to their significance to clinical performance will be explored. The following literature review illustrates the relevance of various learning theories and their implications for an occupational therapy program. These theoretical foundations support the use of experiential learning practices specific to an occupational therapy educational program and link experiential learning to the concept of self-efficacy. The current evidence on the association between experiential learning practices and positive student learning outcomes is also discussed. An overview of these learning theories provides a basis to understand better the choices of teaching and learning practices in an occupational therapy program and how these practices support the transfer of knowledge from the classroom setting to a clinical setting.

This literature review provides a scaffold regarding the current accreditation standards that impact occupational therapy education program curricula and outlines defining facets of the present state of the field of occupational therapy. Specifically, the current state of fieldwork in
occupational therapy includes identified challenges and the impact of fieldwork on student success. The current curriculum design and specific program goals will be identified and discussed to provide a deeper understanding of the context and environment of the future study. The fundamental importance of hands-on learning in the form of various experiential learning practices is a crucial component of this study. The central role that experiential learning will have in this study necessitates that the learning theories and pedagogical practices associated with experiential learning should be well defined and understood.

**Experiential Learning**

Learning by doing is a well-known concept in many aspects of life. In education, learning by doing has long been used in various fields of practice in the forms of apprenticeships, internships, and on-the-job training and often includes activities that allow students to practice hands-on skills based on what they have learned in an educational program (Hedin, 2010). Hands-on activities that allow students to engage in applying theory to practice are not a new concept in allied health education (Coker, 2010; Goldbach & Stella, 2017; Knecht-Sabres, 2013; Law, 2010). It is a commonplace and long-standing practice for students in allied health fields to complete hands-on learning in the form of internships, clinical rotations, and lab-based coursework in an effort to allow these students a safe place to practice skills under the supervision of another professional (Bethea et al., 2014). In general, the term experiential learning is referred to as learning activities in which the student has an active part in the learning process, often involving a hands-on component to learning in contrast to traditional teaching practices in which the teachers’ role is to give information in a lecture-based format (Coker, 2010; Hedin, 2010; Stirling et al., 2017). Educators use experiential learning practices to help improve the translation of knowledge to practice and are often used as an adjunct to conventional
lecture-based teaching practices (Coker, 2010; Knecht-Sabres, 2013). Two features that must be present for an activity to be considered experiential are engaging learners in practices that are directly related to their present studies (immediately applicable) and requiring the learner to reflect on and analyze the situation (Hedin, 2010). This is often done in an allied health education program as the educator may actively observe the student completing a clinical task and providing feedback both during and after the task in the form of debriefing (Phillips, 2017; Walls et al., 2019). Reflection and feedback directly after an educational activity require both the educator and the student to take the time to analyze the student’s performance, and this can be done in a written or verbal manner (Poore et al., 2014; Snyder, 2018).

The use of experiential learning activities in healthcare educational programs stems from the need to educate health care providers on tasks that have the potential to harm a client and allow students to practice these tasks in a safe, controlled environment (Bethea et al., 2014; Gibbs et al., 2017; Hart & Bowen, 2016). Experiential learning in supervised clinical practice is a standard component of allied health educational programs and often occurs at the end of a curriculum (Lisko & O’Dell, 2010). Educational programs that utilize experiential learning practices throughout the didactic portion of the curriculum, rather than only at the end, report improved student performance and improved transition to clinical practice (Goldbach & Stella, 2017; Giles et al., 2014; Hart & Bowen, 2016).

The body of evidence supporting the benefits of this type of practice in allied health education continues to grow, prompting the inclusion of various experiential learning activities such as simulation, video analysis, faculty-led practice, and service-learning into curricula (Fewster-Thuente & Batterson, 2018; Knecht-Sabres, 2013; Phillips, 2017; Poore et al., 2014). As
experiential learning practices continue to grow, it is imperative to reconnect to the theoretical roots of these teaching practices.

**Theoretical Framework**

**Classic Learning Theories**

The basis for experiential learning is derived from several classic learning theories, notably that of John Dewey, which is explored first in this review. It has been noted that Dewey’s work profoundly influenced the conceptual foundations of occupational therapy as a profession (Law, 2010). Dewey was an early proponent of active learning and published information in 1938 that outlined his thoughts on the connection between effective learning and personal experience (Dewey, 1938; Hedin, 2010). Dewey intentionally noted that not all experiences are beneficial or educational and that observation, reflective thought, and judgment must also be considered (Hedin, 2010). Observation includes the student observing a task in a real-life situation or scenario prior to completing the task independently (Hedin, 2010). Reflective thought is the process in which the student is able to think about what was observed and practiced and discuss or internalize the potential implications of the process (Dewey, 1938). Judgment then occurs when the student concludes how this information can be used in future scenarios and situations (Dewey, 1938; Kuk & Holst, 2018). This is of high importance in the implementation of experiential learning practices in an educational program as it is not the experience itself that is necessarily the catalyst for learning, but rather the additional processes such as feedback, reflection, and judgment that are going on before, during, and after the experience. Dewey’s perspective on learning was that thought is embedded in action as well as the environment in which the action occurs, and reflection is the connection between each of these (Kuk & Holst, 2018). As it relates to experiential learning, Dewey stressed that learning
depends on the quality of the experience, and a primary problem in education is the careful selection of the kind of learning experience that is presented, including when and where in the “experiential continuum” (Dewey, 1938, p. 17) the learning takes place. The experiential continuum refers to the impact each experience has on the next, assuming that each experience promotes learning, which then impacts all future experiences (Dewey, 1938). Educators who utilize experiential learning activities should have an understanding of why they are selecting a specific learning experience and how and where it best fits into this continuum. Several other learning theories and concepts are derived from Dewey’s pedagogical theories using these principles of effective learning as a starting point and have influenced the development of experiential learning practice.

Constructivism in education is rooted in epistemology, a study of the nature of knowledge and how knowledge relates to various concepts in life (Doolittle, 2014). Doolittle (2014) documented that constructivist learning theory in education includes basic precepts. First, the understanding that students are active participants in learning, not passively taking in information but rather actively participating in the learning process through teaching practices that allow the student to be involved (Doolittle, 2014). Similar to Dewey’s experiential continuum, constructivist theory posits that for current learning to be effective, prior learning is foundational, and understanding information is positively impacted by interaction with the environment and others (Honebein, 1996). Finally, learning activities should be centered on real-world tasks (Doolittle, 2014). Rutherford-Hemming (2012) asserted that the most important facet of constructivist learning is that knowledge should be practical and useful in a current or future situation, therefore being applicable in real-world scenarios as opposed to being based on abstract concepts or situations. The concept of engaging students in real-world scenarios and
interacting with others throughout the educational experience is highly relevant to allied health education as the overarching objective is to prepare students to apply what has been taught in the classroom to a real-world scenario. An example of a learning activity that utilizes a real-world scenario could be a situation in which a student completes a simulated client care task, such as testing muscle strength versus reading about the protocol for the task in a book and answering written test questions about the reading. Constructivists concur that learning is an active rather than passive situation and includes collaboration, cooperation, and dialogue (Rutherford-Hemming, 2012). Honebein (1996) listed collaboration as one pedagogical goal of a constructivist learning environment. The notion of collaboration infers that the learning will be a social experience in which students interact with other students as well as the instructors regarding the educational experience, therefore gaining feedback from peers and instructors throughout the process (Doolittle, 2014; Honebein, 1996). Other pedagogical goals in constructivist learning include the use of multiple modes of presentation (video, audio, text), the use of reflection, and embedding learning in realistic contexts (Honebein, 1996). These processes pair well with the general concept of modern experiential learning activities. The constructivist theory builds upon the pedagogic principles espoused by Dewey as early as 1897 in his pedagogic creed in which he wrote that education should consist of constructive and active learning relevant to the learner (Dewey, 1897). Learning that is relevant to the learner implies that the educational activity is related to a situation or task that the learner will utilize in a tangible manner in the near future. Dewey’s (1938) classic principles of learning and constructivist learning theory both stress the importance of active and relevant learning practices and support the inclusion of experiential activities in education as a vehicle for effective learning (Doolittle, 2014). More recent research has combined learning theories into a model for
experiential learning, taking into account classic learning theories, physiological aspects of learning, and modern teaching strategies.

**Kolb’s Experiential Learning Model**

There is much recent research in experiential learning literature centered on the work of David Kolb (Fewster-Thuente & Batteson, 2018; Hedin, 2010; Phillips, 2017; Poore et al., 2014; Stirling et al., 2017). Kolb incorporated the previously noted learning theories and proposed a model that is focused on the affective, perceptive, cognitive, and behavioral dimensions of the learner (Kolb, 2015). His model can be broken down into a four-stage learning cycle, which includes concrete experience, reflective observation, abstract conceptualization, and active experimentation (Fewster-Thuente & Batteson, 2018; Hedin, 2010; Phillips, 2017; Stirling et al., 2017). The key concept that defines Kolb’s model is the belief that learning and knowledge requires a representation of experience paired with an action that indicates transformation (Kolb, 2015; Kolb & Kolb, 2005). Transformation occurs when a learner is able to change their thinking based on an experience, and after reflection, the learner can revisit the experience and apply what was learned from that experience to a new situation (Hedin, 2010). Kolb’s model is critiqued as not including the social context or environment in which the learning is taking place, which contrasts the educational theories presented by Dewey (1938) that emphasized the social context of learning. However, Kolb’s model is widely accepted in current educational literature as a primary representation of experiential learning theory (Hedin, 2010; Kuk & Holst, 2018; Stirling et al., 2017).

**Learning as a Process.** Kolb’s experiential learning model is based upon the assertion that learning is a process, which includes a transformation based on experience (Kolb, 2015). With this process as the basis, an experiential learning activity must have at its core the ability
for learners to participate in a tangible, concrete experience (Kolb, 2015; Kolb & Kolb, 2005). In allied health education, the facilitation of first-hand experiences in the form of lab practicums, simulation, and clinical field experience are all commonly utilized practices (Bethea et al., 2014; Coker, 2010; Kuk & Holst, 2018; Knecht-Sabres, 2013). Hedin (2010) drew attention to the importance of feedback and reflection in Dewey’s learning theory, noting that reflection is a significant component of the successful translation of knowledge. This concept aligns with Kolb’s experiential model, which stresses that experiences must also be accompanied by feedback and reflection regarding the student’s learning efforts in order for knowledge translation to occur (Kolb & Kolb, 2005; Kuk & Holst, 2018; Zigmont et al., 2011). The understanding that learning is a process is an important concept for service related educational programs that utilize experience-based activities because this concept plays a key role in the student’s ability to learn (Kuk & Holst, 2018).

There are several concepts that Kolb (2015) related to successful experiential learning activities, including active reflection, feedback, abstract conceptualization, and active experimentation. Researchers in allied health posit that active reflection following an experience is predictive of successfully transferring skills to clinical practice (Coker, 2010; Iliff et al., 2019; Zigmont et al., 2011). In an allied health educational program, this practice often occurs in the form of debriefing after an experience-based activity. Researchers in allied health education report that the act of debriefing both during and after an experience-based activity is influential to the student’s task performance and it positively affects the student’s perception of the learning activity (Fey et al., 2014; Goldbach & Stella, 2017; Walls et al., 2019). The provision of timely feedback and the student’s ability to accept feedback are key aspects in improving the student’s reasoning skills (Coker, 2010; Snyder, 2018). Further support of the importance of feedback in
the learning process comes from information that indicates that the ability to both give and receive feedback in a professional manner and reflect on this feedback is an identified factor contributing to the success of occupational therapy students transitioning to professional practice (McCombie & Antanavage, 2017). Snyder (2018) studied the impact of the feedback process on the success of occupational therapy students and found that students must be able to accept feedback, interpret feedback, and apply the feedback to shape skills to be effective in a clinical setting. Feedback is well-studied in the field of occupational therapy. A study done by Scheerer (2003) regarding students’ perceptions of feedback from faculty members overwhelmingly showed that any feedback, no matter how it was given, supported further learning. It is imperative to understand that while the experience or activity itself is at the center of Kolb’s model and often viewed as the primary catalyst for learning, the actual learning takes place during reflective practice (Kolb & Kolb, 2005; Zigmont et al., 2011).

Kolb (2015) also included the importance of a physiological reaction during experiential learning and noted that an experience that allows for sensory input and an emotional reaction has a greater impact. A physiologic response during experiential learning, such as heightened heart rate, is associated with increased learning and improved recall and performance in stressful situations (Waller et al., 2017). Ideally, experiential learning activities should cause a change in body state, causing some type of physiologic response, such as feelings of stress or other emotions (Zigmont et al., 2011). Emotionally charged interactions that challenge and stress the learner are important to the success of an experiential learning activity (Kolb & Kolb, 2005). This plays a role in the occupational therapy student’s performance in the clinical setting, as clinical decision-making is often seen as stressful and on the spot, and the student must often recall information and act swiftly. A student’s ability to recall previous emotions and thoughts
associated with an experience and put that into action in a new experience when necessary is a crucial element to success in professional practice (Knecht-Sabres, 2013). Zull (2002) confirmed that experiential learning theory is related to how the brain processes information, noting that the experiential learning cycle is inclusive of experiencing, reflecting, thinking, and acting, which activates all four lobes of the cerebral cortex. This finding further supports the need for the learning process to include reflection and concrete experiences that are typical of many learning activities.

Experiential learning opportunities are present both formally and informally throughout the lifespan. Yet, how an adult interprets and applies information is much different from that of a child (Hagen & Park, 2016). Therefore, teaching and learning practices regarding experiential learning should be fundamentally different between children and adults. When teaching adults, Knowles (1975) developed a theoretical model to elucidate the unique attributes of adult learners and how this impacts the delivery of teaching methods.

**Adult Learning Theory**

Knowles (1977) pointed out that there are distinct differences between the teaching of children and the teaching of adults that impact the delivery and choice of learning activities presented to the student. Much of the research surrounding the classic learning theories was conducted with or in reference to children (Hagen & Park, 2016; Knowles, 1975). While the term pedagogy is utilized to signify teaching practices with children, the term andragogy is specific to the practice of the teaching of adults (Knowles, 1975). Knowles was credited as the modern developer of adult learning theory, and he focused primarily on the internal motivation of the learner, the importance of relevance to the learner, the importance of previous experience to learning, and the need for the learning to be immediately applicable (Beard, 2017). Similar to
experiential learning theory previously noted, Kuk and Holst (2018) pointed out that adult learning theory centers around the importance of experience, both past and present, as primary constructs of learning.

The importance of past experience is derived from neurologic principles in which memories activate different emotions in the brain, thus creating a visceral response to learning (Hagen & Park, 2016). Knowles (1975) asserted that adults have a psychological need to be self-directing and that the richest resource an adult learner possesses is the ability to analyze their own past experiences. In the case of allied health education, specifically occupational therapy education as a graduate-level program, the learners are adults with previous life, work, and volunteer experiences that contribute to their body of knowledge and motivation for learning.

Knowles (1975) pointed out in his early works that a primary hurdle in all of higher education is that students are often conditioned by their previous schooling to be dependent learners, and because of this, students do not develop the skills needed to be responsible for their own learning. In adult educational programs, the teacher must become the facilitator of learning rather than directing learning and create learning experiences that provide students the opportunity to develop the skill of self-directed learning (Knowles, 1975). The teacher must provide experiences that motivate the adult learner to engage in a manner that encourages this self-direction giving the learner greater motivation and personal ownership in the learning process (Hagen & Park, 2016). An adult student’s ability to take ownership of their own learning is of great importance in allied health education as the overarching goal is for students to transition into a self-directed role to apply knowledge to action in clinical scenarios in which they are the provider of services. It is reported in the field of occupational therapy that students who struggle with or fail to transition to professional practice successfully often lack skills in
self-directed learning and the ability to independently apply knowledge to practice (Goldbach & Stella, 2017; Knecht-Sabres et al., 2013).

One of Knowles’ primary precepts in adult learning theory is that for effective learning to take place, adult learners must believe that what they are learning is practical and useful, which contributes to an internal motivation to learn (Hagen & Park, 2016; Knowles, 1977). Internal motivation to learn occurs in large part when the adult student feels competent and a part of the learning process (Knowles, 1975). It is noted that with adult learners, educational activities that specifically focus on increasing knowledge in the traditional sense of lectures benefits short-term retention but does not contribute well to transfer of knowledge into practice (Zigmont et al., 2011) as this type of learning may not be seen as immediately applicable. By contrast, when an adult learner believes that the learning outcomes are practical and they are able to engage in a meaningful experience, their self-efficacy is enhanced as a by-product (Zigmont et al., 2011). The inclusion of these andragogical practices by faculty members has the ability to support adult learners in developing attributes that are necessary for success in professional practice. Self-efficacy is one such by-product of the successful implementation of adult learning theory in higher education, making it an important element in this review.

**Self-Efficacy and Learning.** A learner’s sense of self-efficacy is attributed to levels of success, motivation, and performance in academic programs (Brady-Amoon & Fuertes, 2011; Richardson et al., 2012). Bandura (1993) defined self-efficacy as a person’s belief about their own capability to perform tasks at a certain level. Educational activities, notably those that are task and situation-specific, can help to increase self-efficacy in students (Jones & Sheppard, 2012). Educational activities that include internal feedback in the form of self-assessment and external feedback from an educator are positively associated with self-efficacy (Baird et al.,
This type of educational activity is typical of experiential learning and is commonly utilized in allied health education programs through the use of debriefing and feedback during simulation and lab-based activities (Jones & Sheppard, 2012). An example of this type of activity is the practice in which students are video recorded while completing a specific task, and then faculty members and students use video analysis of the student’s performance to provide internal and external feedback, which is shown to have an impact on student perception of their skills and readiness for clinical practice (Giles et al., 2014). The construct of self-efficacy related to specific tasks expected of a student is important to measure to help determine the effectiveness of specific experiential learning methods utilized in an educational program (Baird et al., 2015b).

Self-efficacy is increased with task-specific feedback, both positive and negative, and influences a student’s confidence in their ability to perform certain tasks in a clinical setting (Andonian, 2017; Jones & Sheppard, 2012). This notion is supported by various researchers whose findings support that timely and effective feedback improves student performance in the classroom and clinical setting and affects student’s confidence levels (Andonian, 2017; Coker, 2010; Iliff et al., 2019). Higher self-efficacy allows students to respond to constructive feedback positively and enables students to implement this feedback into practice (Andonian, 2017). Gibbs et al. (2017) reported that higher self-efficacy levels influenced a student’s ability to persevere in difficult situations, therefore possibly contributing to student success in clinical settings. The inclusion of teaching and learning practices that improve student self-efficacy has the capacity to improve students’ success in the transition to clinical practice, as Jones and Sheppard (2012) found to be true with physical therapy students. Based on the aforementioned educational theories, educators who utilize effective feedback and encourage reflection through an
Experiential learning process are likely to positively affect students’ self-efficacy and their ability to translate knowledge to practice. As noted by Zigmont et al. (2011), the most profound educational experience is “emotionally charged, challenging and stressful enough to cause the need for meaningful reflection but not so stressful as to impede learning” (p. 50). Creating and implementing such an experience through the use of various practices is one of the challenges of higher education. The inclusion of teaching practices geared toward the development of clinical reasoning and student competency at the same time has the potential to improve self-efficacy and reflect teaching principles of adult learning theory (Phillips, 2017). Kolb (2015) emphasized the need for reflective observation and abstract conceptualization in his learning cycle. The use of reflective observation within an experiential learning activity has been shown to positively impact a student’s sense of self-efficacy (Giles et al., 2014). It is found that in allied health professional education, the construct of self-efficacy is impacted by these practices and has an influence on effective performance in a clinical setting (Andonian, 2017; Fewster-Thuente & Batteson, 2018; Jones & Sheppard, 2012). This further warrants the need to determine the best methods for employing experiential learning in an occupational therapy curriculum and how the specific components of experiential learning activities affect successful transition to clinical practice.

**Experiential Learning in Occupational Therapy**

Experiential learning is identified as a signature pedagogy in occupational therapy education (Schaber, 2014), and it is reported that all occupational therapy programs use various forms of active learning throughout the educational program (Bethea et al., 2014). Knecht-Sabres (2013) pointed out that experiential learning in occupational therapy education is supported by the idea that students are more likely to recall something they do rather than what they have
heard in a classroom setting. Experiential learning practices are common in occupational therapy educational programs in part because previous researchers determined that, as a whole, occupational therapy curricula contained insufficient hands-on experience to prepare students for practice adequately (Hanson, 2011; Knecht-Sabres, 2013). In a keynote address to the profession, Schaber (2014) challenged occupational therapy educators to be more accountable for outcomes in occupational therapy programs and develop evidence to support signature pedagogical methods. This prompted occupational therapy educators to begin looking more closely at commonly utilized teaching practices and their impact on student outcomes (Bebeau, 2015; Burwash et al., 2016).

Leaders in occupational therapy consider experiential learning to be a signature pedagogy in occupational therapy education (Law, 2010; Schaber, 2014). Common experiential learning practices in occupational therapy education include on-campus clinics where students provide services in a clinical setting that is run by the sponsoring educational institution in which students are able to provide direct services under the supervision of a faculty member (Erikson, 2018). Video analysis of student performance in a simulated setting where students are recorded while performing specific tasks and then debriefed and provided feedback on their performance with the faculty member is a widely used and successful teaching practice (Giles et al., 2018). Faculty-led community experiences in which students provide direct services to chosen groups in the community, such as at a senior citizen center, under the direct supervision of a faculty member, are often used in occupational therapy educational programs (Knecht-Sabres, 2013). Service-learning is another commonplace form of experiential learning and is defined as a structured learning experience that combines some form of community service with reflection and preparation (Hansen et al., 2007). Lab practicums where students perform skills learned in
the classroom on fellow students, faculty, or trained actors are also common practice (Goldbach & Stella, 2017). Simulated learning experiences (SLEs) are another form of experiential learning and can include a wide range of activities that are often interactive and immersive in nature utilizing varying levels of technology (Bethea et al., 2014). The inclusion of experiential learning practices and the type of experiential learning activities used in an educational program largely depends upon faculty resources, community resources, and the curricular design of the educational program.

Researchers acknowledge that each of the aforementioned types of experiential learning prepares students for clinical practice and are an effective tool in increasing student performance with hands-on skills, confidence, communication, and self-efficacy (Giles et al., 2014; Knecht-Sabres, 2013; Knecht-Sabres et al., 2013; Ozelie et al., 2016; van Vuuren, 2016). Overall, researchers agree that the use of experiential learning practices by educators is as effective as traditional classroom learning on immediate recall of knowledge but have greater potential for improved transfer of learning (Bebeau, 2015; Bethea et al., 2014; Zigmont et al., 2011).

Simulated learning experiences (SLEs) is a specific type of experiential learning that are often singled out in the literature and call for a more in-depth review.

**Simulated Learning Experiences**

The American Occupational Therapy Association (AOTA) surveyed all accredited occupational therapy educational programs as part of an exploratory study and found that 71% of occupational therapy educational programs utilize some level of SLE in their curriculum (Bethea et al., 2014). The increased use of SLEs and the recommendations of the AOTA exploratory study (Bethea et al., 2014) prompted researchers to look at the implications and effectiveness of this type of experiential learning in occupational therapy educational programs. There is a wide
range of simulated learning approaches from low tech practices, such as role-playing with faculty or other persons trained to play the role of patients, to computerized software simulation, to virtual reality and a range of others in between (Bebeau, 2015). The term high fidelity simulation (HFS) typically includes technology such as full-body human simulators that are responsive to the student’s performance or immersive virtual reality environments (Bethea et al., 2014). High fidelity simulation can also include the use of live trained actors who participate in a standardized patient encounter, where the actors learn scripts and roles to enact a realistic clinical care scenario (Ozelie et al., 2016). Low fidelity simulation (LFS) is more commonly used and includes static equipment, mannequins, and role-playing between students and faculty (Bethea et al., 2014). The use of both HFS and LFS are effective forms of experiential learning, and research indicates that each method improves student confidence and communication skills (Ozelie et al., 2016).

Bebeau (2015) looked at the differences in test scores and overall grades between students who participated in an SLE compared to students who completed a traditional case study and found no significant difference in overall grades. However, an increase in student’s overall sense of self-efficacy was noted after participation in the SLE. Some researchers focused on student and faculty perceptions of the use of SLEs (Bethea et al., 2014; van Vuuren, 2016; Walls et al., 2019). Walls et al. (2019) completed a survey of student perceptions of a simulated learning experience and found that students acknowledged individual feedback from faculty, group debriefing, and the ability to interact directly with clients as primary benefits and that students had an overall favorable perception of SLE. Van Vuuren (2016) also found that, overall, students perceive SLE as a positive experience, yet notes that the student’s ability to reflect and receive feedback are vital to the student’s perception of the experience. Faculty perceptions were
found to be mixed, with faculty members noting that while simulation is viewed as a valuable experience, it is highly time-consuming and often includes the need to learn new technology, which can be challenging (Bethea et al., 2014). The costs associated with purchasing and implementing high-tech simulation experiences are a deterrent for some educational programs (Bethea et al., 2014). Educators in occupational therapy have completed research that provides evidence that various forms of simulation experiences are useful in preparing students for professional practice (Giles et al., 2014; Goldbach & Stella, 2017; Ozelie et al., 2016). Learning through simulation provides an experience in which the student can make connections, and the educator can identify knowledge gaps that may exist (Zigmont et al., 2011). Additionally, specific tasks such as physically transferring a patient and fabricating an orthosis require repetitive practice in an environment in which the client’s safety is not compromised. This is a well-reported benefit to using simulation in health care education (Baird et al., 2015a; Karlsen et al., 2017). Hagemann et al. (2014) studied the effectiveness of low fidelity simulation strategies in orthosis fabrication and concluded that as educators, we have moved beyond justifying the use of simulation and now must focus on identifying best practices. Overwhelmingly, students and educators pointed out that reflection and feedback were key to positive outcomes with experiential learning activities (Gibbs et al., 2017; Ozelie et al., 2016; van Vuuren, 2016; Walls et al., 2019). It is understood that the predominant focus of occupational therapy education is to prepare students for professional practice, ensuring that students have appropriate clinical and professional skills (McCombie & Antanavage, 2017). An understanding of the accreditation requirements and stages of clinical practice in an occupational therapy education program will provide insight into how experiential learning activities can impact a program’s curriculum.
Conceptual Framework

Field of Occupational Therapy

The field of occupational therapy is based on the premise that “occupations” or the activities that comprise a person’s daily living are vital and provide organization and meaning in life (Law, 2010). It is an inclusive profession that seeks to maximize health, well-being, and quality of life for all people through effective solutions that facilitate participation in daily living (AOTA, 2017). The field of occupational therapy is widely varied, and occupational therapists provide services throughout the lifespan, from preterm infants in the neonatal intensive care unit until the end-of-life care in hospice settings (AOTA, 2019). Occupational therapy services typically include customized treatment programs that help a person recover from an injury or illness, remediate a problem, prevent injury, adapt to a disability, or educate and train an individual on the use of equipment or orthotics (AOTA, 2019). The American Occupational Therapy Association (AOTA, 2019) is a professional organization established in 1917 to provide resources, set professional standards, and promote professional development in occupational therapy.

Occupational Therapy Education

The intent of an occupational therapy education program is to prepare students for entry-level practice in the field and is comprised of academic and experiential components (AOTA, 2018b). The complex nature of healthcare and the varied needs of different clientele make this an arduous task and requires educators in occupational therapy to guide students from understanding theoretical information to an advanced application of this knowledge (Knecht-Sabres et al., 2013). The educational process in the field of occupational therapy is regulated by the Accreditation Council for Occupational Therapy Education (ACOTE), which provides
accreditation standards for occupational therapy education programs that are periodically reviewed and updated to reflect current trends in education, healthcare, and society (AOTA, 2019). These standards serve as a guide for an educational program but do not prescribe what types of learning activities or curricular models must be utilized to meet standards. The formal experiential component of an occupational therapy education program is called fieldwork and occurs at various stages throughout the program. The faculty member specifically tasked with the oversight and implementation of the fieldwork component is termed the academic fieldwork coordinator (AFWC). The AFWC is often tasked with intervening in difficult situations when students struggle on fieldwork and is the visible representative of the academic program to the clinical site (Stutz-Tanenbaum et al., 2015).

**Fieldwork.** The American Occupational Therapy Association (AOTA) explains an overview of fieldwork in the publication, *Occupational Therapy Fieldwork Education: Value and Purpose*, and delineates the differences between Level 1 and Level 2 Fieldwork (AOTA, 2016). There are differences in the level of rigor and overall expectations between Level 1 and Level 2 fieldwork, with Level 1 being viewed as a practice that allows students to become familiar with specific selected aspects of the occupational therapy process and Level 2 being viewed as the means for developing entry-level competence as an occupational therapy practitioner (AOTA, 2016). The accrediting body, ACOTE, states that Level 1 fieldwork experiences should occur concurrently with academic coursework with the goal to “introduce students to the fieldwork experience, to apply knowledge to practice, and to develop an understanding of the needs of clients” (AOTA, 2018a, p. 37) and should be designed to “enrich the didactic coursework through directed observation and participation in selected aspects of the occupational therapy process” (AOTA, 2018a, p. 37). The accrediting body mandates that Level
2 fieldwork experiences occur at or near the conclusion of the didactic phase of occupational therapy curricula and are designed to “develop competent, entry-level generalist practitioners and feature an in-depth experience(s) in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation” (AOTA, 2018a, p. 42).

Occupational therapy practitioners who supervise occupational therapy students during an onsite fieldwork experience (Level 1 or 2) are referred to as fieldwork educators (FWE) in the field of occupational therapy (Hanson, 2011). The FWE is an essential party in the educational process and can often provide insight regarding student performance in a clinical setting that is of great importance to an educational program (Hanson, 2011).

In 2018, ACOTE made changes to the accreditation standards for occupational therapy educational programs, which most significantly included the change from traditional Level 1 fieldwork being onsite with a fieldwork educator to allowing the use of other instructional methods to replace onsite experience (AOTA, 2018a). This includes the use of SLEs, faculty-led practice, and faculty-led site visits, which are all forms of experiential learning. Due to the active nature of these practices, they align with the tenets of experiential learning theory (Kolb, 2015) and are all considered forms of experiential learning activities due to the active learning component. Applying Kolb’s experiential learning theory to an occupational therapy program, simulations, and other experiential learning components would serve as the first step to concrete experience (Zigmont et al., 2011). The final step of active experimentation is Level 2 fieldwork. Level 2 fieldwork must occur at the end of the didactic phase of the educational program and includes a minimum of 24 weeks of full-time clinical practice where the student is supervised by a licensed occupational therapist (AOTA, 2018a, p. 42). The application of Kolb’s learning cycle (Kolb & Kolb, 2005) to an occupational therapy educational program indicates that reflective
observation and abstract conceptualization must occur during the didactic portion of occupational therapy education in order for a student to transition successfully to fieldwork. As noted by proponents of prominent learning theories, experiential learning is not effective as a stand-alone but must incorporate reflective practice (Kuk & Holst, 2018). Authors of recent studies noted that self-reflection of performance and feedback that occurs immediately after an experience with constructive input from faculty or the FWE is an indicator of success in fieldwork (Giles et al., 2014; Grenier, 2015; Iliff et al., 2019; Ozelie et al., 2016). The important role of feedback and student self-reflection on success in fieldwork supports the need to explore the current teaching practices of a newly developed occupational therapy program to determine if faculty members’ choice of teaching practices support a successful transition to fieldwork and entry-level practice and if there is a need to incorporate more diverse experiential learning practices into the curriculum.

**Fieldwork Challenges.** The transition to fieldwork from the academic didactic portion of an occupational therapy educational program is an ongoing topic of interest in the field (Hanson, 2011). The ability to identify students who will have difficulty on fieldwork is complex, yet researchers have provided some insight into the specific challenges and student characteristics that may cause difficulties. Hanson (2011) surveyed fieldwork educators on their perspectives of student readiness for clinical practice and found that communication skills with patients and other professionals were often a concern. Students who have difficulty with receiving, accepting, and acting on feedback are also identified as more likely to have difficulty in clinical practice (Andonian, 2013; Goldbach & Stella, 2017). Student confidence levels regarding their skill level and sense of self-efficacy have also been correlated to the student’s successful transition in clinical practice (Andonian, 2013; Coker, 2010; Knecht-Sabres, 2013; McCombie &
Fieldwork is an intentionally built bridge between classroom teaching and entry-level practice, and it is imperative for the educational program to incorporate teaching practices and educational theories that prepare students to cross this bridge, or there is a risk in this transition being unsuccessful (Gat & Ratzon, 2014; Grenier, 2015). Faculty members’ use of effectively designed experiential learning activities can positively impact each of these areas and provide students with experiences that prepare them for clinical practice (Coker, 2010; Goldbach & Stella, 2017; Knecht-Sabres, 2013). Faculty and administrators in an occupational therapy education program are called upon to develop and support a variety of teaching and learning practices to help promote a successful transition to fieldwork and clinical practice. Teaching and learning practices and curricular designs are unique to each educational program and should be tied to the mission and vision of the university yet simultaneously should be guided by evidence to help ensure the program is providing a quality product (Burwash et al., 2016). Completing a program evaluation is one means of evaluating if an educational program is providing a quality product while maintaining ties to the overall mission of the university.

**Mission, Vision, and Goals**

The overall mission of Christian higher education is to contribute positively to the spiritual formation of the student. Beard (2017) referred to the spiritual formation of a student as the process of forming the inner world of one’s self in a manner that the person becomes more like Christ himself. Educators in Christian higher education are called upon to make an effort to focus on discipleship formation in students (Cox & Peck, 2018). Spiritual formation that occurs in Christian higher education results in a student who exhibits evidence of the Christian mission in their work, community, and home life (Beard, 2017). This university’s occupational therapy department uses these principles as a basis for its mission, curriculum design, and program goals.
The faculty in the occupational therapy educational program at this university is concerned with and makes an effort to contribute positively to the students’ spiritual formation. Students in the occupational therapy education program are provided with support and encouragement in the area of missional spiritual formation during their time in the educational program. Once these students begin professional practice, it is unknown if the missional focus of the educational program transcends to their practice or other aspects of their personal and professional life. It is not enough for a Christian educational program to advertise that it is Christ-centered but rather necessary to have the means to show a basis for this claim (Cox & Peck, 2018). The way a student from a Christian higher educational program interacts with their environment personally and professionally is a reflection of the educational program (Beard, 2017; Cox & Peck, 2018). This educational program’s goals are tied to the overall mission of Christian higher education, making it necessary to delve into how the program’s missional focus affects the professional practice patterns of the program’s graduates.

Chapter Summary

Educators have a responsibility to ensure that students receive a quality product, and in allied health-related educational programs, there exists a responsibility to the consumer as well to ensure students are prepared to provide safe and effective services. Researchers have shown that experiential learning is effective in supporting the translation of learning to professional practice, specifically in occupational therapy educational programs (Coker, 2010; Giles et al., 2014; Goldbach & Stella, 2017; Knecht-Sabres, 2013). Experiential learning practices are widely varied and range from high fidelity simulation scenarios to basic role-playing interactions between students and faculty (Bebeau, 2015; Bethea et al., 2014). Dewey (1897) first espoused the belief that learning takes place actively and that experience and environment are key aspects
to effective learning. The idea of active learning and the impact of the learning environment on
the learner influenced the conceptual model of occupational therapy education (Law, 2010).
Dewey (1938) later proposed that learning occurs in an experiential continuum in which each
experience influences the next and that learning occurs through this continual process of
experiences. Educators built upon this theory to demonstrate specific teaching and learning
practices for adults and how experiences play a valuable role in learning.

The inclusion of adult learning theory and experiential learning theory principles into
occupational therapy educational programs is supported by recent research (Fewster-Thuente &
Batteson, 2018; Goldbach & Stella, 2017; Knecht-Sabres, 2013; Schaber, 2014). In an
occupational therapy educational program, students typically transition to full-time clinical
practice after the didactic portion of the curriculum (AOTA, 2016). This transition is difficult for
students as they are met with the demands of a fast-paced healthcare environment and must be
able to put into practice what they have learned in the classroom. Student participation in specific
experiential learning practices including high and low fidelity simulation, video analysis, and on-
campus clinics are shown to help support this transition to professional practice (Baird et al.,
2015a; Erikson, 2018; Giles et al., 2018; Thomas et al., 2017). Implementing these practices in
an occupational therapy program is driven by several factors, and it is not well understood where
these practices are most effective in the curriculum (Bethea et al., 2014).

Researchers determined that another positive by-product of experiential type activities is
the increase in student self-efficacy. A learner’s sense of self-efficacy is attributed to levels of
success, motivation, and performance in academic programs (Brady-Amoon & Fuertes, 2011;
Richardson et al., 2012). When students have a realistic perception of their own skills and
readiness for clinical practice, their self-efficacy is positively affected (Giles et al., 2014). A high
sense of self-efficacy allows students to respond to constructive feedback and enables students to implement this feedback into practice (Andonian, 2017). Gibbs et al. (2017) reported that higher self-efficacy levels influenced a student’s ability to persevere in difficult situations, therefore possibly contributing to student success in clinical settings. A greater understanding of a student’s sense of self-efficacy at various points may help educators better structure learning activities that promote self-efficacy throughout a curriculum.

A systematic assessment of the curriculum regarding student preparedness for practice is necessary to ensure an academic program utilizes teaching practices that best support the translation of knowledge to practice. At this time, there is limited data available regarding the efficacy of the current teaching practices and the fieldwork program. The current curriculum model is influenced by accreditation requirements, current evidence-based teaching practices, and the overall university mission, vision, and goals. A formative assessment is needed to evaluate the current teaching practices used in the curriculum and their effect on student self-efficacy with specific practice tasks. A formative assessment will provide data to support future changes and improvements of the curriculum and fieldwork program. The final report of this data will also serve as a summative assessment for the purposes of accreditation requirements, providing data regarding the overall effectiveness of the current curriculum in preparing students for clinical practice. Finally, student perceptions of the personal value of the educational program, including the incorporation of the mission and vision of the occupational therapy program, are necessary to determine if the program is contributing to the formation of a professional and missional identity, which is deemed to be of great importance in Christian education (Beard, 2017).
Chapter 3: Research Method

The purpose of this mixed methods program evaluation of an occupational therapy program at a private liberal arts university in the Southwest United States was to understand the overall effectiveness of the current curriculum regarding student readiness for fieldwork. The teaching practices and fieldwork program in this occupational therapy curriculum were evaluated to determine if they support successful transition to professional practice. The Accreditation Council for Occupational Therapy Education (ACOTE) specifically requires an educational program to regularly collect quantitative and qualitative data to analyze the effectiveness of the curriculum design, teaching practices, and student satisfaction (AOTA, 2018a). The accrediting body also requires the curriculum design and teaching methods implemented by faculty to reflect the overall program and sponsoring university’s mission and goals (AOTA, 2018a). Because of the need to determine if the curriculum design reflects the university’s mission and the program, it was necessary to investigate if the program’s faith-based mission is translated into clinical practice. Administrative decision-making and planning of future coursework, including integrating simulation, technology, and increased experiential learning practices and suggestions for improvements to the curriculum for current and future students, will be supported by the quantitative and qualitative program evaluation data collected. The perceptions of both internal and external stakeholders are imperative as stakeholder involvement is key to a successful program evaluation and were taken into consideration in this study (Kaufman & Guerra-López, 2013; Searle & Donnelly, 2017). The primary research questions were as follows:

RQ1. What types of learning activities are used to prepare occupational therapy students for fieldwork?
RQ2. How well do the learning activities in the educational program prepare students for fieldwork?

RQ3. What is the overall level of satisfaction students have with the educational program?

RQ4. What are the students’ perspectives on the missional focus of the program as it relates to clinical practice?

RQ5. What are the fieldwork educators’ perspectives on student readiness for fieldwork?

RQ6. What are the fieldwork educators’ perspectives on the missional focus of the program as it translates to clinical practice?

RQ7. How do the students rate their self-efficacy at varying points in their education?

**Research Design and Methodology**

The methodology chosen was a summative case study to include a program evaluation comprising a mixed method approach utilizing quantitative and qualitative measures. A theory of change (Dhillon & Vaca, 2018) perspective served to organize and guide the program evaluation. A conceptual framework, such as the theory of change, is one indicator of rigor and significance in a program evaluation and provides a means of informing the study’s process (Anderson, 2017). The theory of change can be described as a roadmap that links inputs and activities to outcomes and helps organizations support the logic behind interventions, providing organizations with a means to adjust activities and strategies for improved programmatic results (Dhillon & Vaca, 2018). The theory of change is an additional layer that provided a theoretical basis and scaffolding to this program evaluation. Knecht-Sabres et al. (2013) argued that searching for the best way to prepare students for fieldwork and clinical practice comes from program evaluation data, and the data should drive change and improvement in occupational therapy curricula.
Effective program evaluators seek information from various sources and utilize the information to promote positive change and add value to a curriculum (Caspersen et al., 2017; Lovett & Johnson, 2012). This study sought out information from former students, current students, and fieldwork educators who supervised more than two students from the program. The variety of sources allowed for triangulation of data (Anderson, 2017) by bringing together different data sources to compare and confirm results.

Program evaluation scholars argue that the process of program evaluation can be insightful and create by-products, creating change at the individual and program level (Searle & Donnelly, 2017). Specific to this program, I anticipated a by-product of gaining information to support future inclusion of common experiential learning practices such as on-campus clinics, use of video analysis of student performance, and faculty-led community experientials where faculty accompany students to community settings to implement skills such as communication and application of assessments, all of which are common practice in occupational therapy education (Bethea et al., 2014; Erikson, 2018; Giles et al., 2018; Knecht-Sabres, 2013).

Administrators of the educational program will utilize this program evaluation as both a summative and formative assessment for the occupational therapy program. The data gathered will help administrators determine if the students achieved the expected level of performance and make informed decisions regarding future changes and improvements to the program (Moore, 2018). As a means of providing structure and support to the program evaluation, a logic model was created detailing known inputs, outputs, and expected outcomes as well as stating assumptions and external factors that impact the program evaluation. A logic model is a building block in a theory of change and provides a basic organizational structure for the program evaluation (Dhillon & Vaca, 2018). The logic model for this program evaluation is presented in
Figure 1 and shows the overall structure of the evaluation plan. The logic model was based on the overall current situation that is prompting the program evaluation. The logic model is a tool to guide the research questions, data sources, sampling, and methods is used in conjunction with the theory of change (see Figure 1).
**Figure 1**

**Logic Model for Program Evaluation**

**SITUATION**
- The program accepted the first cohort in August 2014 and gained full accreditation from ACOTE in August 2016
- Reliable data regarding student readiness for practice is limited
- Accreditation standards have changed since 2016, prompting the need to reassess current curriculum
- Programmatic evaluation of teaching practices is required by the accrediting body and has yet to be formally done in this program
- Fieldwork performance and readiness for fieldwork is a key element to understanding the students’ educational needs

<table>
<thead>
<tr>
<th>INPUTS</th>
<th></th>
<th>OUTPUTS</th>
<th></th>
<th>OUTCOMES – IMPACT</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What will we invest?</strong></td>
<td>Faculty time</td>
<td><strong>What will we do?</strong></td>
<td></td>
<td><strong>Who will we reach?</strong></td>
<td></td>
<td><strong>What are the short-term results?</strong></td>
</tr>
<tr>
<td>University resources</td>
<td></td>
<td>1. Measure student self-efficacy</td>
<td>Future clients</td>
<td>1. Identification of areas of strength in current curriculum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student time</td>
<td></td>
<td>2. Measure current student satisfaction with educational program</td>
<td>Employers (of alumni)</td>
<td>2. Discovery of areas of opportunity in current curriculum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fieldwork educator time</td>
<td></td>
<td>3. Measure recent graduates’ perception of readiness for practice</td>
<td>Students</td>
<td>3. Formal documentation of common student concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Measure fieldwork educators (clinicians who supervise our students) perception of student readiness for fieldwork</td>
<td>Fieldwork educators</td>
<td>4. Ascertain common fieldwork educator concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Identify the impacts of experiential learning practices on readiness for fieldwork</td>
<td>Faculty</td>
<td>5. Determine student preference of teaching method</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Connect with recent graduates of the program regarding their current practice performance</td>
<td>University administration</td>
<td>6. Recognize the overall perception of the quality of education from students and clinical supervisors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assumptions**
- Experiential learning improves readiness for professional practice (i.e., fieldwork)
- More experiential learning activities added to the curriculum would further improve readiness for professional practice
- Students have difficulty with transition to clinical practice and have low self-efficacy when first entering clinical practice
- Faculty are unaware of the impact of their specific teaching methods on readiness for clinical practice
- Faculty need data to support or drive decisions on future teaching methods

**External Factors**
- The researcher is unable to know if student and clinician perceptions are overall negative or positive; therefore, outcomes and impact may be affected by this
- Accreditation changes and mandated changes to degree plans are changing, which affects curriculum design and teaching methods as well as the fieldwork program
- University administration dictates faculty workload and other facets of the program that impact the curriculum design, course sequence, and teaching methods utilized

**Goals**
- Participation
  - Short-Term
    - 1. Informed planning of future coursework including integration of simulation, technology and increased experiential learning practices
  - Medium-Term
    - 2. Targeted planning of updated curriculum model to meet new accreditation standards while addressing areas of improvement
  - Long-Term
    - 3. Support administrative decision-making regarding future curriculum of developing doctoral degree program

**Outcomes**
- IMPACT
  - Short-Term
    - 4. Support administrative decision-making for fieldwork program needs
  - Medium-Term
    - 5. Understanding of alumni and clinical partners’ perception of the program
  - Long-Term
    - 6. Empirical understanding of the link between current curriculum practices and student performance on fieldwork and clinical practice
Data Sources

The theories of experiential learning, adult learning, and their subsequent components related to the preparation of occupational therapy students for fieldwork play a large role in the choice of instrumentation and survey questions. The first step in this program evaluation was a content analysis of the current teaching practices throughout the curriculum. This analysis provided data to answer the first research question of what types of learning activities are used to prepare students for fieldwork. This content analysis informed the interview questions regarding specific teaching practices and assignments and their relevance and importance for practice. The content analysis provided me with information regarding the amount, frequency, and timing of various experiential learning activities throughout the curriculum. The content analysis information was gleaned from syllabi, assignment descriptions, rubrics, and other departmental documents.

For research questions 2 through 6, semistructured interviews with probing questions were utilized to gain student and fieldwork educator perspectives (see Appendix A). Qualitative methods such as probing interviews with different stakeholders are valuable to identify themes and glean information that numbers may not provide (Colorafi & Evans, 2016). Colorafi and Evans (2016) noted an increase in qualitative methodologies in health science research due to the need to address wide-ranging problems in which the variables are complex and not easily measured. Additionally, the qualitative questions contributed insight into the alumni, student, and fieldwork educator perceptions regarding the missional component of the occupational therapy curriculum and if this component is evident in practice. Student perceptions regarding self-efficacy, readiness for clinical practice, and overall satisfaction with the educational program were at the forefront of the study and provided data contributing to the overall strategic
plan of the program. Fieldwork educators who supervised the students during fieldwork provided insight into the perception of the educational program from outside stakeholders.

Quantitative questions in the form of the student confidence questionnaire (SCQ) (Derdall et al., 2002) were used to compare levels of self-efficacy in students at various points of their fieldwork education to address research question 7 (see Appendix B). Permission to use this survey was provided by the primary author of the SCQ and can be viewed in Appendix C. Proponents of the adult learning and experiential learning theory propose that well-executed experiential learning activities have the ability to positively impact a student’s self-efficacy (Baird et al., 2015b; Bandura, 1997; Zigmont et al., 2011). Researchers assert that self-efficacy is an important indicator of student success in clinical practice (Andonian, 2017; Gibbs et al., 2017; Jones & Sheppard, 2012) making the construct of self-efficacy an important measurement to determine the effectiveness of experiential learning methods currently utilized.

**Population, Setting, and Sample**

A sampling of current students, fieldwork educators (FWE), as well as recent alumni were included to provide a holistic look at the overall curricular effectiveness in preparing students for practice and the formation of a missional professional identity. I employed purposive, random sampling of current students and recent alumni for research questions 2 through 6 as this group was the most able to provide insight into the problem being investigated (Saldaña & Omasta, 2018). The sample for research questions 2 and 3 included students who graduated from the occupational therapy program in 2019 and those anticipated to graduate in 2020. Eight randomly generated names from each of these cohorts were chosen for a total of 16 students. I determined that saturation of information was reached with this number of students. In qualitative studies, the saturation point is the point in which major trends have already appeared
in the data, and any further information is not likely to include any new trends or significant insight (Saldaña & Omasta, 2018). Students in the cohorts graduating from 2016–2018 were not be included as curricular changes and course additions occurred in the fall of 2018, which would differentiate the educational experiences of the previous cohorts. The students provided specific insight into how the occupational therapy educational program and the specific learning activities offered affected their ability to transition into clinical practice and helped identify which aspects of the program were most beneficial and uncovered areas of concern. First-year students in the program were not chosen for these questions because they have not yet been exposed to full-time clinical practice. All participants for research questions 2 and 3 were students who have completed at least one rotation of Level 2 fieldwork, which is the full-time onsite 12-week clinical rotation that occurs at the end of the didactic portion of the curriculum.

The sampling of fieldwork educators for research questions 5 and 6 included only those who supervised more than two students from the educational program during fieldwork rotations between 2018 through 2020. The perceptions of the fieldwork educators are a key piece of this program evaluation as the fieldwork educator directly observed student performance in a clinical setting outside of the classroom. Moore (2018) asserted that the type of assessment most likely to provide evidence as to whether or not effective learning has been accomplished was an authentic assessment based on the learners’ application of knowledge in practice. The fieldwork educator’s primary role is to evaluate the students’ competence in basic practice tasks, which is a direct application of knowledge to practice. A study completed by Caspersen et al. (2017) concluded that systematic reviews of the results and experiences from a wide range of subjects are useful in measuring learning outcomes. This further supported the fieldwork educator’s inclusion in the survey process to gain their point of view of the student’s ability to apply practice skills learned
during their educational experience to real-world practice. The active nature of this type of research where students and their fieldwork educator reflect on how the educational experience prepared the student for practice is useful in bridging the theory to practice gap (Zambo, 2014) and is important for meaningful results.

From a program evaluation perspective, stakeholder involvement is key to a successful program evaluation (Kaufman & Guerra-López, 2013; Searle & Donnelly, 2017). Students and fieldwork educators are key stakeholders in this situation. An educational program should seek to ensure that the program adds value to these internal stakeholders (Kaufman & Guerra-López, 2013), and these interview questions served as a means to determine if the program does provide value to the students. Other stakeholders who benefit from this program evaluation include future employers and clients as it is a responsibility of an occupational therapy educational program to provide an educational experience where students are well prepared to ensure the safety and well-being of future clients (Coker, 2010; Ozelie et al., 2016; Phillips, 2017).

The sample for question 7 regarding student self-efficacy included all current students and the most recent graduating class (student classes of 2019, 2020, and 2021, N=119). This sample size was larger to examine differences in student self-efficacy at varying points in the educational process. Due to the larger sample size and quantitative nature of this question, a questionnaire was utilized (see Appendix B) as described in the instrumentation section that follows.

The evaluation questions, data sources, sampling, and data analysis are displayed in the evaluation matrix in Figure 2 that was created by choosing various outputs and outcomes from the aforementioned logic model. The evaluation matrix in Figure 2 provides an outline of how each research question was addressed and analyzed. An evaluation matrix is a common tool
utilized in program evaluations, and as noted in the literature review, it is another means of ensuring a clear plan has been established with links between the proposed research questions and the logic model (Dhillon & Vaca, 2018).

Figure 2

Evaluation Matrix for Program Evaluation

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Logic Model Component</th>
<th>Data Source(s)</th>
<th>Sampling</th>
<th>Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What types of learning activities are used to prepare occupational therapy students for fieldwork?</td>
<td>Output</td>
<td>Program Curriculum</td>
<td>Course Syllabi</td>
<td>Content analysis</td>
</tr>
<tr>
<td>2. How well do the learning activities in the educational program prepare students for fieldwork?</td>
<td>Output</td>
<td>Semistructured Telephone Interview</td>
<td>Random sampling of current and former students, class of 2019, 2020. Only inclusive of students who have completed at least 1 Level 2 fieldwork rotation.</td>
<td>Qualitative inquiry with primary coding for themes</td>
</tr>
<tr>
<td>3. What is the overall level of satisfaction students have with the educational program?</td>
<td>Outcome</td>
<td>Semistructured Telephone interview</td>
<td>Random Sampling of current and former students class of 2019, 2020. Only inclusive of students who have completed at least 1 Level 2 fieldwork rotation.</td>
<td>Qualitative inquiry with primary coding for themes</td>
</tr>
<tr>
<td>4. What are the students’ perspectives on the missional focus of the program as it relates to clinical practice?</td>
<td>Outcome</td>
<td>Semistructured Telephone Interview</td>
<td>Random sampling of current and former students, class of 2019, 2020. Only inclusive of students who have completed at least 1 Level 2 fieldwork rotation.</td>
<td>Qualitative inquiry with primary coding for themes</td>
</tr>
<tr>
<td>5. What are the fieldwork educators’ perspectives on student readiness for fieldwork?</td>
<td>Outcome</td>
<td>Semistructured Telephone Interview</td>
<td>Purposive sampling of fieldwork educators who have worked with &gt;2 of the programs fieldwork students</td>
<td>Qualitative inquiry with primary coding for themes</td>
</tr>
<tr>
<td>6. What are the fieldwork educators’ perspectives on the missional focus of the program as it relates to clinical practice?</td>
<td>Outcome</td>
<td>Semistructured Telephone Interview</td>
<td>Purposive sampling of fieldwork educators who have worked with &gt;2 of the programs fieldwork students</td>
<td>Qualitative inquiry with primary coding for themes</td>
</tr>
<tr>
<td>7. How do the students rate their self-efficacy at varying points in their education?</td>
<td>Output</td>
<td>Student Survey—Student Confidence Questionnaire (Derdall et al., 2002)</td>
<td>Current and former students, classes of 2019, 2020, and 2021 (N=119)</td>
<td>Descriptive statistics, mean scores. t test comparison between groups</td>
</tr>
</tbody>
</table>
Instrumentation

Written permission for using the student confidence questionnaire (Derdall et al., 2002) was obtained from the primary author and can be viewed in Appendix B. The student confidence questionnaire (SCQ) is a tool developed specifically to measure student confidence in relation to an occupational therapy fieldwork experience and is comprised of 41 total questions presented in a Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questions are categorized under subsections that have been determined to be of importance in the practice of occupational therapy and include communication, adaptability, innovation, risk-taking, supervision, and clinical practice (Derdall et al., 2002). Table 1 provides an example of the first subsection of the SCQ.

Table 1

Category 1 of the Student Confidence Questionnaire

<table>
<thead>
<tr>
<th>A. Communication: “I am confident that I can...”</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interact with clients.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. Communicate assertively with team members.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. Develop goals with a client.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. Explain the role of OT to clients/families.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5. Prepare effective written reports.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>6. Prepare and deliver effective verbal presentations.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>7. Handle disagreements that may arise.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>8. Collaborate with other therapists.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

Note: Reproduced with permission from Derdall et al. (2002).

The SCQ was pilot tested for internal reliability (Cronbach’s alpha = .96) and construct validity with a sample of 29 students from one university (Derdall et al., 2002). This instrument will be utilized for research question 7 and will provide quantitative data to determine how the
students’ perception of self-efficacy changes during their matriculation through the educational program.

**Data Analysis**

The quantitative data from the SCQ was collected via email survey utilizing an online data collection method, SurveyMonkey Enterprise. The quantitative data from the survey questions were analyzed using the Statistical Package for Social Sciences version 24 (SPSS). The SCQ results were in the form of interval variables due to the Likert scale scoring in the instrument. The responses to these questions were entered into SPSS for a bivariate analysis comparing the three groups using a one-way analysis of variance (ANOVA), which is used when comparing ordinal data completed by two or more different groups (Muijs, 2016). After the data was entered into SPSS, the results were checked for normality. I produced histograms to inspect the distribution of the data and skewness visually, and kurtosis tests were completed.

Demographic data from the survey only included the year of graduation and was specific to each group and utilized for comparison only and for data collection and sorting purposes.

The qualitative data from the semistructured interviews conducted for questions two through six were analyzed using primary coding for themes (Anderson, 2017). Saldaña & Omasta (2018) provided advice on ways to ensure credibility in qualitative studies, including a professionally written report with a clear and humble tone providing insightful and thorough findings. Credibility was ensured through a thorough report of data including positive and negative findings and a thorough literature review and conceptual frameworks regarding adult learning theories, experiential learning, and the theory of change that were utilized to ground the questions and report in a strong theoretical foundation as Zambo (2014) reports is key in quality qualitative research. The inclusion of three different sources of information (current students,
alumni, and fieldwork educators) provided a means of triangulation of data allowing time to determine patterns and themes as well as diversions in viewpoints from the different sources (Saldaña & Omasta, 2018).

**Ethical Considerations**

Approval from the Abilene Christian University Institutional Review Board (IRB) was obtained before beginning any collection of data. I completed the Protecting Human Research Participants online training module and an online research ethics course as required by the IRB. Consent from participants was gained prior to all data collection. The dean of the college representing the occupational therapy educational program provided written approval to conduct a mixed methods program evaluation with the intent to satisfy accreditation requirements and procure data useful to future strategic planning efforts.

**Positionality**

The position of where the researcher stands in relation to the participant determines positionality (Bourke, 2014). As the academic fieldwork coordinator (AFWC) of the occupational therapy educational program in this study, as the primary researcher, I am involved in curriculum and program development. I have six years of experience in this educational program and have had an active role in developing coursework and the fieldwork program. I have a vested interest in gaining an understanding of how students and fieldwork educators perceive various aspects of the program. I am invested in developing a doctoral curriculum in this educational program and intend to utilize the data gained in this program evaluation to support and inform this process. A researcher’s identity and experiences impact the entire research process and can influence the participants and their responses (Bourke, 2014). I have developed personal relationships with each student throughout their time in this educational
program. My role as the academic fieldwork coordinator creates a power imbalance in which student participants may feel pressured to participate or answer in a certain manner. I hold administrative authority over the current students in the occupational therapy program as the primary person in charge of fieldwork placement and management.

I did not stand to make any personal gain from this program evaluation, with the ultimate goal and desire to improve the students’ educational experience in the program. A bias does exist on my part and cannot be denied as I am a founding member of the educational program being studied and had a part in the curriculum development process. This positionality is recognized and will be minimized as far as is possible. Student participants specifically will be informed that their participation in the survey will in no way affect their grade or standing in the occupational therapy program.

In an effort to provide a level of separation between myself as the researcher and the students and to mitigate any undue influence that I may have on the students, a colleague who was not affiliated with the educational program conducted the student interviews. This colleague also has research experience and was provided with the interview protocol and probing questions. This colleague completed the Protecting Human Research Participants online training module and an online research ethics course as required by the IRB. Informed consent was gained from all participants prior to data collection, and the participants were given the opportunity to revoke consent at any time without repercussion. Risks of this study are minimal and include the potential for the interview process to evoke anxiety and stress among current students.

Audio-only interviews were conducted through the Zoom platform. Students in the educational program are familiar with this platform as it is used throughout the curriculum for
various assignments and activities; therefore, access to and use of this program was familiar to
the selected students. Email invitations were sent out to the students only through the educational
program’s domain-based email. Each student was provided an individual password to use for the
scheduled audio interview. Upon logging in with individual passwords, the interview participants
were prompted for consent to record the conversation. All interviews were recorded to the Zoom
cloud, and audio content from the interview was sent to an outside transcription program,
Transcription Puppy, which generated a written report with no identifying information. The
audio recordings were saved to the Zoom cloud and subsequently destroyed after the written
transcription was completed. The written transcriptions were numbered 1–16 to identify separate
interviews. Once the audio content was transcribed to a written report and all identifying
information was removed, the printed transcripts were provided to me for primary coding
analysis. After coding was complete and data was recorded, the printed transcripts were
destroyed through a local document destruction program.

Demographic data collected with the student confidence questionnaire included cohort
year (class of 2018, etc.). However, personally identifiable information was not part of the
collected data. Reporting of all data was completed in aggregate form, which added another
degree of anonymity (Saldaña & Omasta, 2018), and any quotes that were shared were in the
form of composite narratives. Questionnaire data was stored in a password-protected program
and files and all appropriate measures were taken to ensure data was kept secure. After the data
was reviewed and aggregated, the individual data was destroyed. This was done through the
features of SurveyMonkey Enterprise, which adheres to the General Data Protection Regulation
(GDPR) that allows all survey data to be expunged by the account administrator at the account
administrator’s discretion and is then deleted from back up files through the server in 90 days. I
(the account administrator) expunged the data and deleted the survey link after all data was recorded in aggregate form.

As a member of the American Occupational Therapy Association (AOTA) and currently licensed occupational therapist, I adhered to the principles set forth in the AOTA code of ethics (2015). The AOTA code of ethics (2015) states that the principle of beneficence includes that an occupational therapist must “conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including determination of potential risks and benefits” (p. 3). The ethical principle of veracity (AOTA, 2015) is also directly applicable as the researcher must report research findings accurately and refrain from reporting anything that contains false, misleading, or unfair statements. Nonmaleficence (AOTA, 2015) is also an ethical principle in the AOTA code of ethics that calls for the researcher to avoid exploiting any relationship, such as that between teacher and student, and avoiding any relationship or situation in which the researcher cannot maintain objectivity and professional boundaries. These ethical standards served as a means of ensuring that I did not unduly influence student participation in the research study as well as ensure truthful and honest representation of the data collected. I am at risk of loss of licensure to practice occupational therapy should these principles be violated, which served as an effective measure to ensure ethical practice throughout this research process.

**Limitations and Delimitations**

This program evaluation had anticipated limitations. Although I employed random purposive sampling of the current student group, a possible sample bias may exist based on which students chose to participate in the interview. Students who were randomly invited and chose to complete the interview process may be students who do not comprise a representative
student sample. The student confidence questionnaire relied on self-reporting, which can be a limitation if students have difficulty with honest self-assessment. Participation in the study was voluntary, which impacted the sample size. The study’s generalizability is a limitation due to the purposive sampling and focus on one specific educational program and may limit the application of the findings. The use of a secondary party to complete the student interviews was necessary to provide a layer of separation between the students and me; however, this may also be a limitation to the study as I would have a greater knowledge of the educational program which could have led to deeper follow-up discussions in the semistructured interviews.

Due to time and resource constraints, the study’s delimitation is the choice to limit the program evaluation questions to the selected areas of focus. A more in-depth program evaluation, including a comprehensive review of the curriculum design and student outcomes, was not feasible in this study’s scope but should be considered for future research. I also limited the sample size for the student telephone interviews to eight students per cohort, partly due to time and resource constraints.

Chapter Summary

This study was completed to serve as both a summative and formative assessment for an occupational therapy educational program in an effort to provide detailed data needed for accreditation requirements and program improvement. This program evaluation supports informed planning of future coursework, including integrating simulation, technology, and increased experiential learning practices in the curriculum. The data collected provides insight into the link between current curriculum practices and student performance on fieldwork and clinical practice. An increased understanding of the link between experiential learning practices and student self-efficacy was an anticipated result. The information I gained from this program
evaluation will help support the transition to an updated fieldwork model to meet the needs of both students and clinical sites and provide insights and considerations for the future development of this program’s doctoral degree curriculum. The program evaluation also provided a greater understanding of the program’s overall perception from alumnus and clinical partners’ perspectives.
Chapter 4: Results

The purpose of this mixed methods program evaluation of an occupational therapy program at a private liberal arts university in the Southwest United States was to gain an understanding of how current teaching and learning practices impact student readiness for clinical practice. The research questions for this study included the following:

RQ1. What types of learning activities are used to prepare occupational therapy students for fieldwork?

RQ2. How well do the learning activities in the educational program prepare students for fieldwork?

RQ3. What is the overall level of satisfaction students have with the educational program?

RQ4. What are the students’ perspectives on the missional focus of the program as it relates to clinical practice?

RQ5. What are the fieldwork educators’ perspectives on student readiness for fieldwork?

RQ6. What are the fieldwork educators’ perspectives on the missional focus of the program as it translates to clinical practice?

RQ7. How do the students rate their self-efficacy at varying points in their education?

The university’s institutional review board (IRB) approved the study prior to data collection (see Appendix D). A content analysis of the current curriculum was completed as the first step in order to gain an understanding of the types of learning activities utilized in the occupational therapy program to prepare students for clinical practice. During this study’s literature review process, I found evidence that experiential learning activities had a positive impact on student readiness for practice. I chose to focus on when and where in each semester’s
curriculum students are engaged in experiential learning activities for this content analysis. I uncovered specific information during the literature review that guided the categories of experiential learning that were examined in the content analysis. The content analysis information was collected from current syllabi, assignment descriptions, assignment rubrics, and other departmental documents.

I also investigated if the program’s mission influenced students and recent graduates both personally and professionally. Overall, satisfaction with the level in which the occupational therapy program prepared them for clinical practice was also explored. Semistructured audio interviews to gather information were completed with 16 total participants, eight each from the graduating cohorts of 2019 and 2020. Each interview was recorded and de-identified. The transcripts were then reviewed and coded for primary themes.

The fieldwork educator was a clinician who supervised occupational therapy students on fieldwork rotations in a clinical environment. The viewpoints of the fieldwork educator supervising the students on clinical rotations were sought out to determine whether they believed students from the program were prepared for clinical practice and whether students displayed the program’s mission while on fieldwork. Eight semistructured audio interviews with fieldwork educators were completed to gain this information. Participants were fieldwork educators who directly supervised two or more students from the occupational therapy program on a fieldwork rotation. After the audio interviews were transcribed, they were reviewed and coded for primary themes.

Finally, current students from the cohorts set to graduate in 2020 and 2021 and graduates from the class of 2019 completed the student confidence questionnaire (SCQ), a tool developed specifically for student confidence in relation to an occupational therapy fieldwork experience.
The questionnaire is comprised of 41 total questions presented in a Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree; see Appendix B). Participants were emailed a link to the questionnaire via SurveyMonkey. Seventy total students fully completed the survey out of 119 students solicited, resulting in a 59% response rate. The quantitative data gathered from the survey was analyzed using the SPSS version 24 software. All responses were entered into SPSS for a bivariate analysis comparing the three groups. The results were checked for normality using a visual inspection of histograms and skewness and kurtosis tests. Individual questions from the questionnaire were further inspected to determine if there were meaningful trends in the data.

**Research Question 1**

Research question 1 was, “What types of learning activities are used to prepare occupational therapy students for fieldwork?” This question was investigated through a content analysis of the current curriculum of the occupational therapy program from the current syllabi. The syllabi used included the entire curriculum for the most recent cohort of students beginning with the fall semester of 2018 and ending with the summer semester of 2020. A list of the courses and course descriptions included in the analysis can be viewed in Appendix E. There were seven categories of experiential learning that were used as the focus of the content analysis.

Service-learning in this study was defined as a type of experiential education where learning occurs through action and reflection as the students meet learning objectives by meeting societal needs while working at an assigned community-based program (Hansen et al., 2007). Hands-on lab experience was defined as the time in the classroom spent devoted to the hands-on guided application of specific tasks. Simulation included activities that were immersive in nature and range from low fidelity to high fidelity. Role-playing and computer-based software simulations,
which engage students in simulated real-world scenarios common to an occupational therapist, are considered low fidelity (Bethea et al., 2014). In this study, high fidelity simulation refers to trained actors who participated in a standardized patient encounter, where the actors learn scripts and roles to enact a realistic clinical care scenario (Ozelie et al., 2016). Video-based learning refers to the use of various video-based case scenarios where students are guided through the scenario and asked to reflect on and use the information in the video for an assignment (Bebeau, 2015). Faculty-led experience refers to learning activities that allow the students to be directly involved in some aspect of the learning process with faculty outside the traditional classroom setting to gain experience (Goldbach & Stella, 2017). Interprofessional education refers to educational activities that involve students from other allied health-related professions that require collaboration and team-based learning (Thomas et al., 2017). On-site fieldwork refers to times the student spends outside of the classroom on-site providing occupational therapy services under the supervision of a fieldwork educator (Roberts et al., 2015). Completion of the content analysis provided me with information regarding the amount, frequency, and timing of various experiential learning activities applied throughout the curriculum.

In the first fall semester, students are taught information on the profession’s history and theoretical basis and various roles of the occupational therapist in healthcare and society. During the first fall semester of the program, students engage in several distinct forms of experiential learning. One of these is in the form of service-learning. In the course, OCCT 617 Social Conditions (see Figure 3), students are expected to complete service-learning hours at various community partner locations. Assignments related to this service learning opportunity include active journaling and debriefing in class, along with a case study related to the service site and a particular client they have encountered. In the course, OCCT 607 Introduction to Making (see
Figure 3), students are introduced to the Maker Lab, an interactive space on campus where students utilize various technology and tools to create adaptive devices for clientele and populations that occupational therapists typically serve. In this course, students are immersed in four hours a week of hands-on lab work utilizing 3D printers, laser cutters, and other tools to complete assignments. A key assignment in this course is the fabrication of a 3D printed prosthetic hand. This assignment is a primary example of experiential learning in which students create a prosthetic hand for a potential client. In this process, students go from creating an abstract idea to planning and making a working prosthetic hand using the 3D printing process.

During the first fall semester of the program, students complete OCCT 611 Occupational Therapy for Adult Populations 1. This course is a primarily lab-based practical course in which students have two hours of lab time each week where they are introduced to common occupational therapy assessment and intervention procedures. Throughout this course, students are involved in a variety of experiential learning practices. The most common practice used is lab practicums involving low fidelity simulation with role-playing scenarios where faculty and staff act as patients with common diagnoses and students must complete various assessments and interventions. Debriefing and reflection are used during the lab practicum assignments in which the teaching faculty gives real-time correction and input on the student’s performance.
Figure 3

First-Year Fall Semester Courses and Experiential Learning Activities

<table>
<thead>
<tr>
<th>Course/Type of Activity</th>
<th>Service Learning</th>
<th>Hands-on Lab</th>
<th>Simulation</th>
<th>Video-Based Learning</th>
<th>Faculty-Led Experience</th>
<th>Interprofessional Education</th>
<th>On-Site Fieldwork</th>
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<tbody>
<tr>
<td>OCCT 601 Musculoskeletal Anatomy</td>
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<td>Yes</td>
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<tr>
<td>OCCT 603 Foundations of OT</td>
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<tr>
<td>OCCT 607 Intro to Making</td>
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<tr>
<td>OCCT 611 OT for Adult Populations I</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>OCCT 617 Social Conditions</td>
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</table>

During the first-year spring semester, the second semester of the program, students are engaged in a variety of coursework related to the practice of occupational therapy. This semester is the first academic term in which students are assigned to an on-site Level 1 fieldwork experience. Level 1 fieldwork is an experiential practice where students become familiar with specific selected aspects of the occupational therapy process. Level 1 fieldwork experiences should occur concurrently with academic coursework with the goal to “introduce students to the fieldwork experience, to apply knowledge to practice, and to develop an understanding of the needs of clients” (AOTA, 2018a, p. 37) and should be designed to “enrich the didactic coursework through directed observation and participation in selected aspects of the occupational therapy process” (AOTA, 2018a, p. 37). During this Level 1 fieldwork experience, students engage in the practice of occupational therapy in a clinic environment under the supervision of a licensed professional. This Level 1 fieldwork experience occurs within the course OCCT 690 Physical Disabilities Fieldwork Level I and Documentation (see Figure 4) and is a one-week on-site experience in an adult neurological or orthopedic rehabilitation setting. In an effort to
prepare students for this fieldwork experience, concurrent coursework during this semester is related to the practice of occupational therapy in these types of settings. In OCCT 639 Adult Populations in Occupational Therapy II, students are engaged in experiential teaching and learning practices (see Figure 4). Students are engaged in two hours a week of lab-based coursework. During this lab time, students participate in lab practicums through low fidelity simulation role-playing activities with faculty posing as clients while students complete various assessment and intervention procedures. In addition, video-based case studies are utilized during this course to supplement readings and lecture material. Faculty provide students with video-based cases and review treatment options providing feedback and instruction throughout the process. The most prominent experiential learning activity in this course is in the form of an interprofessional simulation day in which students collaborate with the school of nursing, social work, speech, and language pathology to assess and intervene with paid actors who pose as clients with common diagnoses seen by these allied health professionals. Active reflection and debriefing between interprofessional faculty and students occurs throughout this activity. In OCCT 643 Mentored Research, students are paired with a faculty research mentor to initiate an original research project that is carried out in subsequent semesters in the curriculum.
Figure 4

*First-Year Spring Semester Courses and Experiential Learning Activities*

<table>
<thead>
<tr>
<th>Course/Type of Activity</th>
<th>Service Learning</th>
<th>Hands-on Lab</th>
<th>Simulation</th>
<th>Video-Based Learning</th>
<th>Faculty-Led Experience</th>
<th>Inter-professional Education</th>
<th>On-Site Fieldwork</th>
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<tr>
<td>OCCT 631 Neuroscience</td>
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<tr>
<td>OCCT 639 Adult Populations in OT II</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>OCCT 641 Health Conditions Seminar</td>
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<tr>
<td>OCCT 637 Research in OT</td>
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<tr>
<td>OCCT 643 Mentored Research</td>
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<tr>
<td>OCCT 690 Physical Disabilities Fieldwork Lvl I</td>
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<td>Yes</td>
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</table>

During the first-year summer semester in the curriculum, students continue to learn assessment and practice skills related to the practice of occupational therapy. During this semester, students focus on the role of the occupational therapist in community and mental health settings (see Figure 5). Students spend one week on-site for a Level 1 fieldwork experience in the course OCCT 655 Mental Health and Wellness Fieldwork Level I and Documentation. In addition to the on-site fieldwork experience, this course also provides opportunities for students to engage in the community by completing projects at local community organizations. Students are reminded of the importance of service and its relevance to the mission of the occupational therapy program as they are assigned service-learning assignments beneficial to various at-risk populations in the community. Students must actively engage with these at-risk populations, completing on-site educational seminars, presentations, and activities. Students are also exposed to video-based cases in which they are assigned to view various video cases and complete formal documentation regarding these video cases and develop an intervention plan and goals related to the video-based cases. In the course OCCT 651
Occupational Therapy for Mental Health and Wellness, students complete a two-hour lab component each week in addition to the lecture portion of this course. During the lab component, students are involved in low fidelity simulations with the faculty and peers taking on the role of the client as the student completes common assessment and intervention procedures. Faculty members provide real-time feedback and facilitate a debriefing after the activity. Another course during this semester, OCCT 670 Group Process, is focused on the use of group activity and group dynamics. This class is taught primarily in a lab-based format in which students employ various group therapy interventions and activities with groups of peers and faculty members. Peers and faculty members play the role of the client in the group activity, and the student is actively leading the activity as an occupational therapist. After each activity, the faculty member provides input, and peer reviews are completed to rate each student’s performance.

**Figure 5**

*First-Year Summer Semester Courses and Experiential Learning Activities*

<table>
<thead>
<tr>
<th>Course/Type of Activity</th>
<th>Service Learning</th>
<th>Hands on Lab</th>
<th>Simulation</th>
<th>Video-Based Learning</th>
<th>Faculty-Led Experience</th>
<th>Interprofessional Education</th>
<th>On-Site Fieldwork</th>
</tr>
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<tbody>
<tr>
<td>OCCT 651 OT for Mental Health and Wellness</td>
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<td>Yes</td>
<td>Yes</td>
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<tr>
<td>OCCT 670 Group Process</td>
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<tr>
<td>OCCT 655 Mental Health and Wellness Fieldwork Level I</td>
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<td>Yes</td>
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<td>Yes</td>
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</table>

During the second-year fall semester, the fourth semester in the curriculum, students complete a one-week Level I fieldwork experience on-site in a pediatric-based clinical setting. This occurs in the course OCCT 695 Pediatrics Fieldwork Level I (see Figure 6). Students complete experiential learning activities in the form of video-based case studies and faculty-led on-site experiences. A faculty member accompanies groups of students to a local pediatric clinic,
and students actively observe treatment tasks and treatment programs. Concurrently, in OCCT 635 Occupational Therapy in Pediatrics, students are engaged in hands-on lab-based coursework two hours a week in addition to the traditional course lectures. Students participate in low fidelity simulation tasks administering common pediatric assessments on peers and faculty members. Students are also assigned a video-based case study in conjunction with an interprofessional assignment where students from the occupational therapy program are paired with students in teacher education and speech and language pathology programs to collaborate on assessments, interventions, and goals. In this second-year fall semester, students also begin learning the specialty practice area of hand therapy in OCCT 661 Hand and Upper Extremity Conditions. In this course, experiential activities such as video-based modeling, case studies, and two hours of hands-on weekly lab times are included. Students are offered a faculty-led experience in which they are able to actively observe in a local hand clinic with a faculty member. This is offered as an optional experience and is not required for the course. This is the final full semester of on-campus coursework.

**Figure 6**

*Second-Year Fall Semester Courses and Experiential Learning*

<table>
<thead>
<tr>
<th>Course/Type of Activity</th>
<th>Service Learning</th>
<th>Hands-on Lab</th>
<th>Simulation</th>
<th>Video-Based Learning</th>
<th>Faculty-Led Experience</th>
<th>Interprofessional Education</th>
<th>On-Site Fieldwork</th>
</tr>
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<tbody>
<tr>
<td>OCCT 635 Occupational Therapy in Pediatrics</td>
<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>OCCT 661 Hand and Upper Extremity Conditions</td>
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<td>Yes</td>
<td>Yes</td>
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<tr>
<td>OCCT 735 Research Process in OT II</td>
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<tr>
<td>OCCT 711 Ethical and Professional Decision-Making in OT</td>
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<tr>
<td>OCCT 695 Pediatrics Fieldwork Level I</td>
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</table>
At this point in the curriculum, the second-year spring semester, students are immersed in a full-time 12-week on-site Level 2 fieldwork experience (see Figure 7). The accrediting body mandates that Level 2 fieldwork experiences occur at or near the conclusion of the didactic phase of occupational therapy curricula and are designed to “develop competent, entry-level generalist practitioners and feature an in-depth experience(s) in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation” (AOTA, 2018a, p. 42). In this semester, students also concurrently complete an online course OCCT 703 Implementing Occupational Therapy Treatment. In this course, a faculty member mentors the student week by week through relevant topics related to the practice of occupational therapy. After completing 12 weeks of Level 2 fieldwork experience, students complete two final in-person courses related to leadership and professional preparation (OCCT 739 and OCCT 791) before completing their final semester in the program. Students in the final and sixth semester in the curriculum (see Figure 8) finish with the second full-time 12-week Level 2 fieldwork experience to fulfill all accreditation and degree requirements.

**Figure 7**

*Second-Year Spring Semester Courses and Experiential Learning Activities*

<table>
<thead>
<tr>
<th>Course/Type of Activity</th>
<th>Service Learning</th>
<th>Hands-on Lab</th>
<th>Simulation</th>
<th>Video-Based Cases</th>
<th>Faculty-Led Experience</th>
<th>Inter-professional Education</th>
<th>On-Site Fieldwork</th>
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<tr>
<td>OCCT 739 Management and Leadership in OT</td>
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<td>OCCT 791 Professional Preparation</td>
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<td>OCCT 703 Implementing OT Treatment</td>
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<tr>
<td>OCCT 790 Fieldwork Level II</td>
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<td>Yes *</td>
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</table>

*Note: Full-time 12 weeks of on-site clinical experience.*
Figure 8

Second-Year Summer Semester Courses and Experiential Learning Activities

<table>
<thead>
<tr>
<th>Course/Type of Activity</th>
<th>Service Learning</th>
<th>Hands-on Lab</th>
<th>Simulation</th>
<th>Video-Based Cases</th>
<th>Faculty-Led Experience</th>
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<tr>
<td>OCCT 795 Fieldwork Level II</td>
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</table>

*Note: Full-time 12 weeks of on-site clinical experience.

Research Question 1 Summary

Classroom and clinical experiences are designed by faculty to prepare occupational therapy students for entry-level practice. I gained a comprehensive overview of the types of activities used throughout the curriculum as a baseline for this program evaluation through this content analysis. Teaching practices and outcomes are regularly monitored by faculty and administration, and it is important to note that this content analysis was retrospective and based upon analysis of syllabi and documents from August 2018 through May 2020. The content analysis did not include any changes that may have been made to course activities due to COVID-19 related circumstances. I was able to use the information gained from the content analysis to better understand and respond to student responses in the next step of this research study.

Research Question 2

Research question 2 was, “How well do the learning activities in the educational program prepare students for fieldwork?” This question was examined through a semistructured interview process with current and former occupational therapy program students. Sixteen total students, eight each from the graduating cohorts of 2019 and 2020, were interviewed via Zoom audio using the interview protocol that included questions related to the student perception of their
readiness for clinical practice and how the educational program prepared them for practice. The interview protocol can be found in Appendix A. A colleague interviewed current students in an effort to maintain appropriate levels of separation from me as a current faculty member in the program. All audio interview recordings were submitted to a transcription service and returned to me with raw data only; no identifying information was included. This qualitative interview data was thoroughly reviewed to determine common themes. Lab-based coursework was the most frequently mentioned educational activity mentioned during the interviews. Several students and graduates also mentioned service-learning activities in the community and group-based projects as significant learning experiences that helped them prepare for clinical practice.

**Lab-Based Coursework**

The primary theme that emerged regarding this research question was lab coursework. Each student and graduate interviewed stated that lab-based coursework was the most helpful part of the curriculum in preparing for practice. “All of the labs. Hands down I enjoyed the lab courses the most and got the most out of them,” one student replied. Another student stated, “No question, the lab activities were my favorite part. I wish there was a lab component in every class.” Embedded in the discussion on lab coursework were subthemes such as low fidelity simulation activities, a high fidelity interprofessional simulation activity, and faculty-led lab activities.

**Low Fidelity Simulation Activities.** Students verbalized that the lab practicums that included low fidelity simulation with faculty and peers in role-playing situations were the most helpful activity in preparation for fieldwork. One student reported that while these lab practicums were anxiety-provoking, they provided a similar feeling of what it is like in the clinical setting to
walk into a clinic and work with a real client. A recent graduate elaborated on this during an interview and stated,

The lab practicals were really helpful. I think it really helped prepare us and guide us because there are a lot of times [in the clinic] when we just get only a diagnosis. And at that time, you got to kind of think on your feet and quickly think about what is the best step to take. I feel like those labs prepared us because we never knew exactly what we were getting. We just had a general idea of what diagnosis to expect but didn’t really have a clue what we would get, so that really prepared us well, and I enjoyed that.

This form of role-playing between students and faculty and student to student in lab settings was one of the most frequently mentioned learning activities during interviews. One student noted that these types of activities challenged her to take what was learned and put it into real treatment ideas and that these situations were interactive and fun. “I had to be creative and take what I learned in class and come up with my own idea and then do it like I would in real life, it was hard, but it was fun.” Another student talked about this same activity and stated that it was a “really good challenge because it was hard, and we had to think on the spot.” Another student described the activity by stating,

Our professors would act as if they were our patients, we would walk in the room and learn the diagnosis of the patient and some history. We only had maybe 30 seconds or a minute to kind of chart review and then go through a mock treatment session. I have thought about that a lot recently because I am in fieldwork right now, and I’m thankful for that practicum specifically.

Specifically noted by several students was the ability to practice transfers during these role-playing activities. Transfers are the physical act of moving a person from one surface to
another when they are physically incapable of completing this act independently. Several students mentioned that the ability to practice transfers in the lab setting and then during lab practicums with the role-playing component was especially helpful. In regards to the transfer portions of the lab activities, one student stated,

We went into detail of the importance of why you transfer, how you transfer, and I appreciated that because it gave me a new sense of safety and awareness for the patient’s situation and gave us a safe place to practice and get comfortable.

Another student confirmed the utility of transfer training by saying, “Lab was really helpful in the transfer practicing because I use that almost daily at my fieldwork site.”

Another low fidelity simulation learning activity that students and graduates mentioned repeatedly was the practice of making splints in the lab setting. Many students noted that they felt better prepared than their peers on fieldwork or as a new graduate with splint making skills. Expressly mentioned by several students was the fact that making splints in the lab came with a time cap, and students felt that this was comparable to working in a clinic with a client, where they needed to be efficient with time spent accomplishing this task. One student expressed that, “making splints underneath a time constraint was good for me. That pressure of being able to complete an evaluation and make a splint in a timely manner is what it is like in the clinic.”

Another low fidelity role-playing activity that students repeatedly mentioned was completing mock assessments and interventions in pediatrics lab coursework. The students pointed out that in a clinical setting, administering assessments is a large portion of their job responsibility. Being familiar with and having practice in administering pediatric assessments was frequently mentioned as a helpful learning activity. One student elaborated on this topic by saying, “In pediatrics lab, there was a lot of emphasis on assessment. I did not realize like how
important it was and how you are going to be doing that every single day.” One difference noted by students between the adult population’s lab activities and pediatrics lab activities is the ability to go on-site to a pediatric clinic to practice these assessments and interventions. Students reported the value of this faculty-led experience in which the professor accompanied them to the clinic, and they were able to problem solve and interact with clients in a real clinic environment with support from faculty. One student described the importance of the activity by saying,

> It was really helpful. She [faculty member] took us to the clinic where there were real clients and equipment and gave us different scenarios; we got in groups and came up with treatments and acted them out right there in the gym. It was interactive and fun but also challenged us to put what we had learned into treatment ideas and then it was just really helpful to just watch what everyone did.

**High Fidelity Simulation Activity.** Many students singled out the interprofessional simulation day completed in OCCT 639 Adult Populations in Occupational Therapy II as a highly beneficial learning activity. They collectively communicated that the aspects of working with other allied health students and problem-solving on the spot helped their overall confidence level. One student explained that “it helped my confidence a lot because the simulation day was just how it was in the hospital, and I felt like that prepared me for what to expect, so I wasn’t overwhelmed by it.” Another student singled out this activity in response to this research question,

> The first thing I can think of was the simulation that we did with Texas Tech. That was really helpful because it was nerve-wracking, but it was more realistic because we had never met these other students, and we did not have a script or anything. Now that I am working in an acute care hospital, this is how my job is a whole lot. So, I think that was
really helpful for me that I was able to experience that a little bit in school. It gave me confidence just being in that realistic environment.

**Faculty Feedback During Activity.** A noteworthy finding related to this question is the role of faculty feedback and debriefing during these activities. Students related that one of the reasons these activities were so helpful to them was the role the faculty played in the activity. During the interprofessional simulation day that students singled out as an important learning activity, students commented that the debriefing session was one of the most helpful components of this activity. During the lab practicum activities, students recalled that the faculty provided them a debriefing time after the activity in which the faculty provided helpful feedback on their performance. One student stated,

We probably had a good five to ten minutes after we were given our grade in the practicum. From there, our professors discussed what our grades reflected and why we lost points for certain things, and we got to ask questions. I liked talking through this with professors about how could I have done something differently or how would you have handled that situation? Just learning from them. So, that made for lots of great mentorship, for sure.

**Service Learning Activities**

Students mentioned the ability to complete service-learning activities as a part of various courses helped prepare them for occupational therapy. A student revealed that one specific service-learning activity that required participation in a community-based adaptive recreation program was “good exposure” to the community and opened her eyes to the things an OT can do in the community and helped prepare her for her fieldwork. Another student replied that the curriculum’s service-learning activities helped her be more empathetic, compassionate, and
caring with her clients. “Seeing how different types of people live, it was different seeing it in person than reading about it, it kind of changed how I thought about different types of people. I think it made me more understanding toward them.” Students also noted how service-learning activities helped them understand the need to advocate for their clients and their profession. One student said, “I gained the perspective of, okay, when I am at fieldwork each day, how can I be advocating for my profession and for these people I am serving.” One student elaborated on the service-learning component by stating, “We did service-learning, and I thought it was really cool that we got to reach out to the community beyond our four walls, I really enjoyed that.” The student further explained how, through service-learning activities, she learned how to be resourceful for clients and help clients find resources in their own community because the service-learning activities gave her that experience. “I learned about these community programs that I would have never known about, and now like I can say oh yeah maybe there is that type of resource where I live, and I can tell people about it.” When discussing service-learning activities, one student described the importance of these activities to the overall experience,

My favorite part was the community outreach we did. We had the opportunity to give back to the community while learning, and whenever you are in the middle of a hard class, it kind of signifies why you are doing it; always helping others, it gives you that purpose back when you are in a hard learning situation.

**Group Projects**

When students were asked to elaborate on what activities best prepared them for fieldwork or clinical practice, a number of them mentioned group projects. Students did not identify specific courses or skills that the group projects targeted but focused on the overall impact that group projects had on them as a professional. It was mentioned that group projects
helped students share responsibility, increased communication, and allowed them to learn from one another. One student said that group projects were helpful at times to understand some subject matter better. “Just having another student there to explain things to you was really helpful, and learning their viewpoint on things was helpful too.” Another student said,

The program had a lot of group projects. So, like working on a team. Sometimes it was bad, and sometimes it was good. But it gives you a chance to, you know, look at different kinds of people and prepare for what you are doing to do and learn all kinds of different ways to think about things.

Another student reported that the group projects were very helpful in learning how to deal with all the different personalities and opinions of others, which was helpful in the clinical setting where working in a team is common and where not everyone will agree. When discussing preparation for fieldwork and clinical practice, one student summarized by saying,

I would not say that I was 100 percent prepared, but I did not think I was underprepared. I think when I got into the field, I was actually able to apply what I was learning this whole time, and I did not realize what I had learned, and it finally made sense because I was able to pair it with something real.

**Pediatric Coursework**

While discussing specific course activities, students often gave examples from pediatric treatment skills, most specifically, pediatric assessments. One student mentioned that completing a pediatric assessment on a peer was not realistic enough and that working with children, especially those who may have behavioral or developmental difficulties, was something that they were not prepared for. “It is different than what we learned in the classroom, the kids don’t follow the directions, and it is hard to do the assessment in the order or how the book says to do
it.” In fact, overall, five students noted that dealing with behavioral difficulties with children was something they did not feel prepared to handle. Students often mentioned pediatric assessments as key areas of pediatric practice, and because it is a daily expectation while on fieldwork to administer these assessments, they would like more in-depth activities related to these assessments.

Transfers with pediatric clients was another area that students would have liked more practice and guidance. As students discussed the importance of transfers in OT daily practice, several students mentioned that although practicing transfers in their adult population’s lab course was helpful in preparing them for practice, they did not cover transfers in pediatric lab coursework. Two students specifically mentioned the need to add this to the curriculum and reported that they are still, now as clinicians, hesitant to transfer pediatric clients. One of the alumni interviewed stated,

I work in a pediatric clinic now, and I still hesitate when I have a kid that I need to get out of the wheelchair, like it makes me nervous, and I just don’t feel comfortable with this still. I wish we could have more practice in this; I don’t even remember practicing that at all in OT school.

**Research Question 2 Summary**

Students discussed activities they felt were helpful and often added they needed more practice in other areas before going into clinical practice. During the interviews, students identified specific activities that could be improved to better prepare them for clinical work. One such type of activity that students would like to see more is the practice of administering assessments. Many discussed that although this was a part of several of their courses, this was something that they did not feel prepared for, specifically in a pediatric setting. “Assessments,
assessments, assessments. Every day. It is such a big part of what I do, and I guess I did not realize it would be.” Another student discussed the importance of basic assessment skills in the adult acute care hospital setting and stated,

Every day I assess patients; this is what I do most of the day. So, I feel like more time should be spent on this skill. Like just basic assessment and asking questions. I don’t feel like we did enough of that, and I had to get real good at it real fast in my first job.

Nearly every student interviewed recommended more lab time or other hands-on application of the material, in general, to feel even more prepared for practice. A general consensus among the students interviewed of helpful learning activities to add to the curriculum was any additional in-clinic time with a faculty member or another occupational therapist.

**Research Question 3**

The third research question was, “What is the overall level of satisfaction students have with the educational program?” This question was explored through the semistructured interview protocol found in Appendix A. Sixteen total students, eight each from the graduating cohorts of 2019 and 2020, were interviewed via Zoom audio using the interview protocol. Students were asked about their overall satisfaction with their educational experience in the occupational therapy program. All students interviewed responded positively to this question, stating they were satisfied overall with the level of education and preparation they received as a student in the occupational therapy program. Quotes such as, “I definitely would not choose to go anywhere else if I was to do it over again” and “Yes, 1000% satisfied, worth every penny” are examples of initial responses to this question. The overwhelming theme that arose in the student responses to this question was the level of satisfaction with the faculty and the program’s overall culture.
Some students also responded to this question with additional feedback regarding specific areas they were not satisfied with.

**Faculty Support**

One student said, “I loved the faculty. They go above and beyond for each student. They teach very well and give you good information to set you up for success. They will not let you fail.” Each student interviewed noted how supportive and informative the faculty was to them. “The relationships that our professors provide to the students is pretty awesome. I’m really, really thankful for just the professor’s hearts for the profession and the students. Their prior experience [in practice] is so beneficial to us as students.” Many students expressed that professors in the program gave them ample individual time and spent extra time with them when they did not fully understand concepts. It was noted that each professor knew the students by name and that personal contact was encouraged. Students reported that the relationship and support of the faculty had a significant impact on their experience. Speaking to the type of relationship faculty have with students, one student stated that,

Having professors that are approachable and friendly and more of like a mentor and friend helped a lot with the learning process; they made us fall in love with the profession, rather than it just being something we were studying, something we are learning to become. They are passionate about what they are teaching. And so, that just makes it more—makes it stick better.

**Culture and Environment of the Program**

When asked about overall satisfaction with the educational experience, one student said,

The culture that the program had was very encouraging. I definitely felt prepared. I thought that if I had to do it all over again, I would choose the same program because it
just led to great opportunities. The environment that we were taught in was very encouraging and uplifting. I did not feel like just a number or just a tuition price tag. I truly felt invested in, and to this day, I feel I can reach out to professors for treatment ideas and guidance. I do not think that students from other programs can say the same.

Another student went on to say,

I got so much more than I could have ever imagined. That goes beyond the concrete knowledge. It was the experience, feeling supported, encouraged, and thought of, especially coming from out of state when I was so far away from home. When I think back of my time in OT school, it was a really good time in my life. I think and feel that it was 100% because of the program and the professors made it that way.

Student responses on satisfaction with the educational program went beyond the coursework and learning activities. Students noted consistently that the professors really care about the students and that the professors were open to questions or concerns not only about school but also about their personal lives, and this care made a lasting impression on these students. One student stated, “If you have something personal going on, just go reach out to them and they will bend over backward for you. They take care of you like family, honestly.”

Delivery methods of two curriculum courses were areas of the educational program that students reported being unsatisfied with. Students overwhelmingly did not feel satisfied with the online delivery method of one course in the curriculum. This course transitioned from an in-person lecture and lab-based course to an all-online course in the fall of 2018. Students reported that the delivery method did not provide enough rigor and that it was not effective in preparing them for what they needed to know on fieldwork. Students reported that they would like to see this class be in person, have more of a hands-on component, and be more rigorous. Four students
from the cohort of 2020 specifically mentioned they did not feel prepared in this course’s area of study. Students spoke to the lack of hands-on learning activities in this course and reported that there is a need for a lab component to this course.

The only other area of the educational program that several students specifically reported they were not satisfied with were the teaching methods and learning activities in the one other course that did not include any lab-based activity. Students commented that the teaching methods were purely lecture-based and that, unlike most other courses in the curriculum, there were no hands-on learning activities. “It was lecture, PowerPoint and test, over and over,” one student mentioned. There was a lack of connection between the content and the application to the practice of occupational therapy, and students overall felt it did not flow well with the rest of the coursework. Specifically, one graduate noted that during Level 2 fieldwork, the fieldwork educator noted her lack of ability to understand and apply neurological concepts. The student felt that this course specifically did not prepare her to work with neurological conditions. Another student also explicitly noted that on her Level 2 fieldwork and first job, she felt behind in her ability to apply information related to neurological factors and attributed this to the absence of any hands-on component in this course. The students who mentioned this course all stated that they would have liked to have had a lab component or clinical component and have an occupational therapist assisting in teaching the course to improve the application of this material to an occupational therapist’s job. “I think having an OT teach in this class, at least some part of it, would have helped me with the application. Like having an OT teach a lab part to this class, that would be super beneficial, I think.”
Research Question 3 Summary

When asked if they were satisfied with their experience in the educational program, all students responded positively. The student responses reflected positively on the overall faculty performance, culture, and environment of the educational program. However, constructive criticism related to the curriculum, specifically related to two courses, also came up in the discussions, which provided a comprehensive picture of the students’ overall perception of the program. The most common criticism was related to one course’s delivery method and the lack of lab-based practical application in another course. These responses are useful formative information for this program evaluation. Students continuously suggested more clinical hands-on experiences such as faculty-led visits to clinics and simulation type activities.

Research Question 4

The fourth research question was, “What are the students’ perspectives on the missional focus of the program as it relates to clinical practice?” This question was also answered during the semistructured interview process. Sixteen total students, eight each from the graduating cohorts of 2019 and 2020, were interviewed via Zoom audio using the interview protocol found in Appendix A. All students were able to recall some aspect of the mission of the occupational therapy program. Students were asked if the program’s mission has affected them in their clinical practice and if the program’s mission affected them on a personal level. There was a wide variety of responses and discussion. Specific themes that arose included global and community perspectives, holistic thinking, relationship development, and Christian leadership.

Global and Community Perspective

Students discussed service-learning and community-based projects when answering the question related to the mission statement. Many of them drew parallels to these service-learning
assignments and the mission of the program. Students explained that the service component of the mission helped them to understand community and global needs better. One student specifically mentioned how the program did encourage her to think globally and challenged her on a personal level to push out of her comfort zone when she had the opportunity to complete a global mission trip to Guatemala through the program.

Being able to do work internationally was probably the best part of my experience. I took advantage of the opportunity to go to Guatemala on a mission trip, and it helped me see opportunities for me as an OT globally, and maybe even if I am not working in another country, I can support the programs and the OTs that do this type of mission work.

Many students agreed that the program’s mission helped them grasp the importance of community and service to one’s community. This transcended beyond the classroom and clinical environment for these students, repeatedly mentioning how they realized the importance of being a part of the community, both locally and globally, and meeting the needs of others. Students frequently pointed to faculty examples for this and noted that the faculty served as role models and mentors both personally and professionally. “The faculty were great role models, they were active and serving with different things.” Overall, several students verbalized that the program’s mission helped them think more about diversity and global factors, gaining an appreciation for different points of view. The mission trip, community-based service-learning, and community involvement as a whole resonated with a large number of students in this study and helped them to relate to and understand the mission of the program.

**Holistic Thinking**

The students’ ability to see people in a holistic manner and treat them as human beings rather than just patients was a major theme that emerged in the discussion regarding the effect of
the mission of the occupational therapy program on practice as an occupational therapy student.

One student answered by saying, “Now, when I approach my patients from a Christian background, I have compassion for all people I come in contact with. I have an open mind of treating them without judging.” Students referred to faculty practices and how faculty treated them with fairness and compassion, and they, in turn, use that example when they work with patients in the field. Another student, when asked if the mission of the occupational therapy program has affected the way she practices as an OT, elaborated in her response by saying,

I do. Having that Christian influence and to be taught and led by people that have that mindset definitely contributed to the way I practice. In the way I see, treat, and interact with my patients, humans, people. I do think it has positively impacted me for sure. To be what that patient needs in the time of hurting and crisis and whatnot, being open to and listening to them, viewing them not just as a patient but seeing them as a person as a whole, it makes a huge difference, that is for sure.

Another response included similar thoughts.

The mission of the program got me to see people using a holistic approach and not just seeing the patient as a new diagnosis but seeing them as a person that still has a life ahead of them, and they have meaning. So, yes, in a good positive way, it did affect the way I do stuff now. It made me realize how fortunate we are to be an OT.

Another student answered the interview question by saying that the program’s mission affected how she practices occupational therapy because she was taught to think holistically. “You think about how you want to be treated, and as a Christian, how do I be the hands and feet of Jesus here?” More than one student described their current work environment and reported that in their opinion, their coworkers, in general, have a harder time grasping these concepts, and that many
of their coworkers are not comfortable incorporating prayer and other overt signs of compassion and support to patients.

I think that I am more prepared than others here to just sit and talk with and understand the patient. I just had a spinal cord injury patient who is sixteen. He will never walk again. He was having a really hard day, and we just went out to the healing garden. We just took time to reflect, and I was just able to encourage him to set new goals, and I feel like that is what [the program] helped prepare me for. I was not treating a patient like any other, like let us just get in and out and get our therapy time then be done.

One former student who currently works for a Catholic hospital says that although they are encouraged to pray with their patients, many of the therapists are not comfortable doing so.

To me, prayer is just so important, and in OT school, the professors prayed for us before tests and at different times, and just seeing that example helped me see that it is ok to do this as an OT. And they [faculty] would tell us stories of times they prayed over patients and how they did this in their own practice. Other therapists maybe feel that it is not professional or their place to do this.

Because of her experience in this program, she feels comfortable doing this in a professional way and has been able to explain to other therapists the importance of prayer as a part of the healing process and how they can also incorporate prayer into their practice.

**Relationship and Personal Development**

Several students mentioned that the program’s mission helped them learn the importance of building relationships in the community and with peers, clients, and caregivers. When summarizing the experience in the occupational therapy program, one student stated, “I feel like the program helped us focus, at the end of the day, while you are providing OT services, you’re
caring for that individual because that’s what Jesus would do for you, and I’m thankful for that, for sure.” One interviewee stated that the occupational therapy program “taught us really how to love people” and that she grew tremendously in personal character, gaining a new appreciation for life and people. One student shared that when she was attending OT school, she was deciding between going into full-time mission work and her career as an OT.

I was thinking of going into mission work before I came to OT school; that was like my life goal. Then I got into OT school and had to decide like between having a job and making money and going into missions. At some point, I realized that I could be an OT and do mission work just through my everyday work, which is pretty amazing. These kids I work with, they need a light in their life, they need someone that loves them, and I can do that every day.

The program helped her to see that her work as an OT can be her mission field and that she can have a career and also serve at the same time. This same student described how faculty would pray for the class before a big test. Seeing that faith lived out by faculty encouraged her personal development and taught her that she could incorporate prayer into her work as an OT.

Responses also provided examples of how the program’s mission helped students to understand better how to contribute to relationships positively, both professionally and personally. Students stated that they were encouraged by faculty to form positive relationships, which helped them develop strong friendships and bonds with other believers. Several students felt that the relationships they built with faculty and other students in the program positively contributed to their current work environment through learning collaboration, teamwork, and trust. A student provided an example of how the program’s missional focus taught her how to really listen to others and to communicate with respect. She attributes her success at her
workplace in part to her ability to develop rapport with her patients and other team members, which she connects directly with the OT program’s mission.

**Christian Leadership**

One student touched on the leadership aspect of the mission statement by saying that “being a part of the program and getting to serve, I think it really did affect me as a person, like giving me confidence to be a Christian leader in my community.” Students also mentioned the example that faculty members provided in the area of Christian leadership. “Our professors lived by the mission; they are leaders in the field and provided to us a great example.” One other student paired this with her view on the program’s community aspect by discussing how learning how to build relationships in the community helped her understand how to be a community leader through being involved and seeing how processes work.

While discussing the program’s mission, one student verbalized she is not “religious” and did not choose the program for the Christian aspect but came away realizing how important belief systems are to people and that a person has to accept everyone for who they are and respect their beliefs. However, this same student was offended by some of the assignments that overtly related to Christian beliefs, feeling that religion was at times being put into places it did not belong and that being a science-based field, it was not appropriate always to incorporate religion into every course. “I think sometimes they tried too hard, like we had an anatomy assignment, which I was already not happy with that course being online, then we had to write a paper about how a Bible verse related to anatomy.” Another student who self-identified as non-Christian was able to appreciate and identify that the program’s mission helped her learn the importance of doing her best to advocate for patients and not do the bare minimum. She said,
I mean, even though I am still not a religious person, I can see how the mission and all that they were teaching us helped me to be a better OT. They taught us a lot about not just doing the minimum to get by but advocating and working on behalf of people who need us, and that was what I took away from it, not just the religious aspect of the mission.

Overall, students all responded positively to this question by indicating various ways that the program’s mission affected them as a therapist and on a personal level. One student summarized this overall viewpoint well by speaking on behalf of herself and her classmates by saying,

The fact that it’s a Christian program in itself allows us as students to view the entire profession from a Christian perspective. To be in a program that encourages us to follow our passions, think from a global perspective and just have a heart to care for people, I would say has had a positive impact on how we will start in the profession. And I don’t think we would have gotten that as much if we had gone to a different program.

Another student commented in summary that the program had done a “very good job of taking the mission statement, putting it into the curriculum, and submitting it out.” When asked if the mission of the OT program affected her as a person, one student summarized by saying, “Yes, for sure. In the best way.”

**Research Question 5**

Research question 5 was, “What are the fieldwork educators’ perspectives on student readiness for fieldwork?” This question was explored through a semistructured interview process. Eight fieldwork educators who have supervised two students or more from the occupational therapy program in the past three years were interviewed via Zoom audio using the interview protocol found in Appendix F.
Each of the eight fieldwork educators responded positively to the question related to student preparation for clinical practice. The fieldwork educators’ responses indicated that overall, they felt the students were well prepared when they begin their fieldwork rotations. They each provided specific examples from their experience supervising students and demonstrated how they felt each student was prepared. During the interviews, positive themes emerged related to student readiness for fieldwork that included communication skills, professionalism, and knowledge of diagnoses and specific treatment procedures. Another theme that emerged through conversation related to student confidence levels.

Many of the educators offered general comments such as “The students are pretty well rounded and have a good foundation when they come to us,” and “They are exactly where they need to be when they come here for fieldwork.” One fieldwork educator noted that after taking students from the occupational therapy program for the past few years that the “student’s caliber seems to be on the uptick,” and that her most recent students from this program seem to be more prepared than students from other programs. This fieldwork educator has supervised over 50 students in her 41-year career as an occupational therapist. Other fieldwork educators commented during general discussions that students from this educational program are comparable in preparation to students from other educational programs. Educators could not specifically note any specific areas that they lack in preparation when comparing them to students from other programs, though they did provide general examples of areas students can be better prepared.

**Communication Skills**

Every fieldwork educator interviewed mentioned the student’s communication skills, either in written or verbal communication, as a strength. Many of the fieldwork educators
mentioned that students interacted positively with the interprofessional team and were able to communicate on a professional level verbally. “Your students do well working with the other therapists and nurses; they can give a report in a team conference to the doctor and others, and they do a good job.” One educator noted that students could communicate well with patients regarding the role of the occupational therapist and explain how the recovery and rehabilitation process works, noting that this comes from a solid core foundational knowledge. “She [the student] did really well talking to the clients and educating them on what OT is and what the goals are; I would say that was her biggest strength.” Fieldwork educators mentioned that for students to be successful, they must be able to communicate with clients, family members, insurance companies, physicians, and other medical staff. Written communication in the form of documentation is a skill that is used daily, and several educators named this as a general area of strength for students. When asked about areas of strength, one educator stated, “I have never had to teach documentation; they are always able to take what they have learned in the program and apply it here, so I think that is a strength.” Others noted that students are very detailed in their documentation skills and are able to use medical terminology and technical terminology appropriately. Overall, the theme of communication included positive comments regarding the student’s overall abilities.

**Professionalism**

Each educator commented on the student’s level of professionalism. It was noted on several occasions that the students were highly respectful, on time, and displayed an overall level of professionalism that stood out from other students. One educator specifically noted that each student she had from the educational program was confident and took constructive criticism well,
which she noted is a difficult task for many students and professionals. One educator spoke of multiple students by saying,

    They were all very respectful. They showed up to fieldwork daily being ready to work, and took it very seriously. They wanted to improve each week, even if things were going well, they were constantly looking for ways to improve and be challenged each week.

    Not all students are like this.

Another educator discussed a similar willingness of students to complete extra assignments and ask for resources to help them be more successful, noting that this is an important professional behavior, developing a desire for lifelong learning. “When they didn’t know, they asked. They wanted to learn more about new things; I could tell they had a desire to learn.” Professional behaviors, including always being prompt, respectful, willing to do extra work, and remaining flexible, were repeatedly mentioned.

**Knowledge of Diagnoses and Specific Treatment Procedures**

    Four fieldwork educators work in an inpatient hospital-based setting. These educators all mentioned the students were well prepared in their knowledge of medical diagnoses and precautions. More specifically, three of them reported that the students from this educational program were well prepared to treat neurological patients. “We worked all over the hospital, and the students I had did great, especially with the neuro patients. I think those types of patients can be scary for students sometimes, but they did really well.” One noted that, by far, she feels this is a strength of the program, and students are comfortable working with neurologically impaired patients. “Thinking back, I would say your students do better working with our neuro patients than other students; the students I had seem to be really strong in this area.” Two educators who work in pediatric settings each mentioned that students are well prepared and knowledgeable
regarding sensory processing disorders and related sensory-based treatment procedures. One said,

If I had to pick an area I think they are strong in, [then] it would be sensory-based treatments. It seems like this is hit hard in the program, and they understand it pretty well and feel comfortable with treating kids with sensory processing disorders.

**Observation Abilities**

The final common theme from the supervisor interviews was the student’s overall observation abilities. One fieldwork educator elaborated on this topic by saying, “Your students are amazing observers. They can, by and large, write the most detailed observations, and they are very fast on their feet, watching and observing every detail.” Another fieldwork educator mentioned this same characteristic, noting that students enter the patient’s hospital room and take notes on every little detail, and they are very in tune to observing their surroundings and the task. Observations during assessments specifically were noted as a strength, with two fieldwork educators responding that students do well with observing the client’s task performance during common assessment procedures, indicating their overall awareness of the client’s abilities and needs during these procedures. One educator said, “They take it all in and make very thorough observations during assessments; they are very detailed.” When asked what areas the students are strong in across the board, one educator answered by saying, “Observation. Hands down. Very strong in watching what is happening and pulling out what they need to modify the environment. They have all been pretty good at that.”

**Student Confidence**

Most of the fieldwork educators mentioned the word confidence during the interview process. Although this term was not used in any formal questions, it emerged naturally in
conversation. When discussing commonalities among students, one fieldwork educator spoke of confidence specifically,

A common thread among these students is just the confidence aspect. I am always having to remind them [that] this is why you are here; you are getting a chance to get comfortable and learn. I do not know how to help these students feel more confident in their skills because that just seems to be the biggest barrier with their creativity. They should be trying new things, but I think they are afraid to fail a lot of them; I know I was too.

Another fieldwork educator talked about if students had the confidence to “shoot off an idea” even if it is not the best idea, they could learn through the process and build critical thinking by doing something, then learning from what went wrong, but they are often so afraid of being wrong that they will not take that chance of being “wrong.” Another fieldwork educator specified that the level of confidence in her former two students was high, and she felt that made a huge difference in their performance. One educator contrasted two students she had from the program. She shared that both students had great skills and knowledge, but the confidence levels were on opposite ends. She specified,

I noticed that she had more growth as a student. She was willing to jump in and try things, ask questions, and in general, engaged more with the interprofessional team and patients, which was a huge benefit to her growth as a student. The other student being more passive and had less confidence, so she wasn’t really able to benefit in the same way.
While not a part of any formal question, the theme of confidence was a common area of discussion throughout interviews as fieldwork educators described various characteristics and abilities of students.

**Areas of Improvement**

Themes that emerged regarding areas students could be better prepared for were those of assessments, adaptation of the tasks, clinical reasoning, and documentation. One educator mentioned that students often prepare to complete an assessment and do not know how a child will react, and when the child reacts in an adverse manner behaviorally, students struggle to carry on and adapt to the situation. “This is hard because it is not like it is in school; they get caught off guard because it does not go according to the protocol they learned.” The educator noted that the student should not expect the assessment to go perfectly and that the child or client often requires adaptations. In terms of assessment, it was noted by four of the fieldwork educators that while not a major concern, students could use more practice in administering assessments. They mentioned that students were very strong in some specific assessments but did not have a wide repertoire of knowledge regarding alternative assessments that can be used. One fieldwork educator in a hospital setting discussed how in the hospital, things rarely go as planned, and when students complete an assessment, they need to be prepared with alternatives and to change course at any time.

Several fieldwork educators noted that clinical reasoning is a struggle for some students, and this at times impedes their documentation as they do not know or understand how to put into words what they are doing or have observed.
What I notice is that they have a hard time with the ‘why.’ They can tell me all of the things they observed and all the details but then ‘what is the reason you chose what you are doing and why?’, that is where they struggle in this setting.

Many of them mentioned in the discussion that while students have a great working knowledge of diagnoses and treatment procedures, they sometimes need extra prompting to apply it to various situations, indicating students struggle with clinical reasoning. In some interviews, it was mentioned that watching videos of treatments and documenting observations might be a good way to prepare students for this aspect of clinical practice.

Related to observation skills, some educators followed up comments of the student’s excellent observation skills with the student’s difficulty taking these observations and putting them into succinct writing. Documentation in a medical record requires a student to generalize these detailed observations into clinically relevant chunks of information, which was noted to be a difficulty for several students.

They are very detailed, but because of the way documentation is set up, there is not a lot of room for detail. So, just reminding them that they have to be very clear and concise and just hit the high points about the treatment and things like that because they want to include every little detail.

Another educator commented,

They can write the most beautiful, detailed description, but then it’s like, okay, what do those 47 points mean? What did you take from that, what are the main concerns, and how do you document that, how can you put that observation into a therapy note? You can’t write every detail of what you did, and making that jump seems to be the biggest struggle.
Another educator talked about documentation difficulties with students, saying it is the common thing that all the students struggle with. “A lot of students just put what they observed, so when I read it, I have trouble deciphering what it is that they meant, what is the importance of what they observed, what are they trying to say.”

On a similar note, fieldwork educators all mentioned goal writing in documentation as a general struggle for students. “What is challenging for students is goal writing; they always struggle with like measuring it. I mean, they write goals that are functional, but they are not specific and super measurable, which is what the insurance wants.” One fieldwork educator acknowledged the difficulty in this task in that goal writing in a medical record requires students to understand insurance regulations and other aspects that are not always considered “entry-level skills,” and even experienced therapists have difficulty.

One other area mentioned was the student’s ability to adapt within a session and modify on the spot during treatments. More than one educator felt students struggled with this, but not to the point where it was a major concern in their performance. Two fieldwork educators noted that students have difficulty adapting tasks within a therapy session. “The biggest struggle I see is just being able to modify on the spot.” This was explained as a situation in which a student has a planned task and the client does not respond the way the student anticipated, causing them to think on the spot and adapt the treatment session. “You may always have the best-laid plans, but then you have to be able to change them on the fly.” Another educator elaborated on this, saying,

A lot of what I have seen in the past is just being able to kind of think on your feet a little bit and understanding that it’s not always black and white, but there is kind of that gray area in therapy with being able to think outside the box, I feel is where I see a little bit of struggle in that aspect of things pretty consistently.
The educators followed these comments with explanations that this is something all
students struggle with, and even as an experienced therapist, this can be difficult. As a whole, all
of the fieldwork educators interviewed were satisfied with the students’ overall level of
preparation for clinical practice. One fieldwork educator simply summarized by saying, “I think
from what I am seeing student wise it is pretty solid. So, you guys are doing good.”

Research Question 6

The sixth research question was, “What are the fieldwork educators’ perspectives on the
missional focus of the program as it translates to clinical practice?” This question was also
discussed during the semistructured interview process. Eight fieldwork educators who supervised
greater than two students from the occupational therapy program were interviewed via Zoom
audio using the interview protocol found in Appendix F. The fieldwork educators were first
asked if they had a general idea of the occupational therapy program’s mission. Fieldwork
educators are regularly provided with informational materials related to the educational program,
including the mission statement and core values via email communication and student
assignments. All but one fieldwork educator was aware that the occupational therapy program’s
mission was centered on faith-based care, service, and innovation.

After asking the fieldwork educators if they had an idea of the occupational therapy
program’s mission, they were read the full mission statement and asked if the student’s behavior
and attitude while completing the fieldwork rotation was a reflection of this mission. The
interviewed fieldwork educators all responded positively to this question, showing a consensus
that the students they supervised from this educational program did positively reflect the
program’s mission. One initial response to the question that underscores the overall responses
was one fieldwork educator’s comment that she was always surprised that the students knew the
program’s mission and talked about it. “They know there is a service component, and they ask how they can serve us, what can they do to benefit the facility.” Another fieldwork educator commented that she works at a faith-based hospital, and she uses prayer with her clients and that the students from this program often will do this as well once they feel comfortable. She mentioned that she has many conversations with the students about the faith-based aspect of the mission statement and that students often want to discuss and learn how to incorporate this into therapy. The themes that emerged regarding the mission statement were that students adhere to this mission and are respectful of others and responsible for their own learning. This includes a great respect for diversity factors and clients’ needs. Also, students are humble and seek to serve the fieldwork site and clients, and have a service-minded approach to work.

**Respect and Responsibility**

The theme of respect was a topic of conversation in most of the interviews with the fieldwork educators. The student’s ability to respect their supervisor and show respect to the clients was mentioned in every interview. More than one fieldwork educator mentioned the student’s ability to respect diversity factors. One supervisor stated, “In our field, we work with so many different types of people, so it is important that the students can respect that, and I feel that your students do a great job of that.” Other educators noted that, in the past, they had had students from a variety of occupational therapy programs that were not always respectful to them as a supervisor. They mentioned that the students they have supervised from our program were always respectful, asking how they can help, what they can do, and how they can learn more. “They were very respectful; they wanted to improve each week and were constantly looking for ways to be challenged.” The responses from the fieldwork educators indicated overall that the
students take responsibility for their learning, and it is felt that this is, in part, a reflection of the overall mission of the educational program.

**Service-Minded**

“The students I have had from your program have a servanthood perspective” was the initial response from a fieldwork educator when asked about the student’s behavior related to the program’s mission. She went on to discuss how the students she has worked with from this program are trustworthy, supportive, and understand that there is a bigger picture and take a more holistic approach to care. Other fieldwork educators responded similarly that the students from this educational program have a service-minded perspective to the profession more so than other students. One of the educators compared the student’s attitude to students from other educational programs, stating that our students are “more willing to do some of the less glamorous parts of the job, and that is the biggest difference, they are not really afraid to humble themselves in certain situations.” She went on to explain that some students would call to nursing for help or try to get others to do these less than ideal parts of the job, such as caring for patient’s personal needs. In a more general statement, one fieldwork educator conveyed that the students’ overall behavior is reflective of faith-based and compassionate care. “They are well-rounded, they embrace the part about incorporating faith into the healing process.”

**Research Question 7**

The final research question was, “How do the students rate their self-efficacy at varying points in their education?” This question was investigated through an online survey format utilizing the student survey–student confidence questionnaire (Derdall et al., 2002) found in Appendix B. The student confidence questionnaire (SCQ) is a tool developed specifically to student confidence in relation to an occupational therapy fieldwork experience and is comprised
of 41 total questions presented in a Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Current students and the most recent graduating class representing the classes of 2019, 2020, and 2021 (N=119) were emailed a link to the SCQ through the SurveyMonkey Enterprise edition. This sample size for this question was not limited to a random sample, all students in these classes were included in order to examine differences in student self-efficacy at varying points in the educational process. Out of the 119 students who were solicited via email, a total of 70 students responded and fully completed the survey for an overall response rate of 59%. Cohort 1 had 13 total responses out of 30, with a response rate of 43%. Cohort 2 had 27 total responses out of 45, with a response rate of 60%. Cohort 3 had 30 total responses out of 45, with a response rate of 67%.

The quantitative data gathered from the survey was analyzed using the SPSS version 24 software. An analysis of variance (ANOVA) test was chosen in order to determine if a significant difference in student levels of self-efficacy at various points existed. In an effort to meet the assumptions of ANOVA, normality of the data for each cohort was examined separately through statistical tests and histograms using SPSS version 24.

As shown in Table 2, skewness of the data for Cohort 1 (N = 13) was .778 and kurtosis was .616, showing the normality of the data is a reasonable assumption as these values are under 1.0 (Muijs, 2016). A histogram for visual inspection of data distribution can be viewed in Figure 9. The possible range of scores for the student confidence questionnaire is 41–205. Cohort 1 had a range of scores from 143–205, with a mean score of 170.
Table 2

*Cohort 1 Normality Data*

<table>
<thead>
<tr>
<th>SE Score</th>
<th>N</th>
<th>Min</th>
<th>Max</th>
<th>M</th>
<th>SD</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>Statistic</th>
<th>SE</th>
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</thead>
<tbody>
<tr>
<td>Valid N</td>
<td>13</td>
<td>143.00</td>
<td>205.00</td>
<td>170.2308</td>
<td>14.72613</td>
<td>.778</td>
<td>.616</td>
<td>2.288</td>
<td>1.191</td>
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</table>

Figure 9

*Cohort 1 Normality Histogram*

As shown in Table 3, the skewness of data for Cohort 2 (N = 27) was .252 and the kurtosis was .448, showing the normality of the data is a reasonable assumption as these values are under 1.0 (Muijs, 2016). A histogram for visual inspection of data distribution can be viewed in Figure 10. The possible range of scores for the student confidence questionnaire is 41–205. Cohort 2 had a range of scores from 135–204, with a mean score of 166.
Table 3

*Cohort 2 Normality Data*

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Min</th>
<th>Max</th>
<th>M</th>
<th>SD</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>Statistic</th>
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</thead>
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<tr>
<td>SE Score</td>
<td>27</td>
<td>135.00</td>
<td>204.00</td>
<td>166.1481</td>
<td>19.84498</td>
<td>.252</td>
<td>.448</td>
<td>-.863</td>
<td>.872</td>
</tr>
<tr>
<td>Valid N</td>
<td>27</td>
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<td></td>
</tr>
</tbody>
</table>

Figure 10

*Cohort 2 Normality Histogram*

As shown in Table 4, the skewness of data for Cohort 3 (N = 30) was .179 and the kurtosis was .427, showing the normality of the data is a reasonable assumption as these values are under 1.0 (Muijs, 2016). A histogram for visual inspection of data distribution can be viewed in Figure 11. The possible range of scores for the student confidence questionnaire is 41–205. Cohort 3 had a range of scores from 122–198, with a mean score of 161.
Table 4

Cohort 3 Normality Data

<table>
<thead>
<tr>
<th>SE Score</th>
<th>N</th>
<th>Min</th>
<th>Max</th>
<th>M</th>
<th>SD</th>
<th>Skewness</th>
<th>Kurtosis</th>
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<td>Score</td>
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<td>198.00</td>
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<td>17.46066</td>
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<td>.427</td>
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Figure 11

Cohort 3 Normality Histogram

The ranges of skewness and kurtosis in each data set did not differ significantly from normality, so we can assume that our data are approximately normally distributed. Visually, all histograms for this data were normal or only slightly skewed. The individual cohort data met the assumption of normality to allow for statistical estimates about this population and meet the assumptions of ANOVA.

Table 5 shows the mean total scores of each cohort as well as the overall mean total score of all cohorts. While each cohort’s mean score showed an increase in overall mean associated
with educational level, there was no significant difference overall.

**Table 5**

*Total Mean Scores on Student Confidence Questionnaire*

<table>
<thead>
<tr>
<th>Cohort</th>
<th>M</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>170.2308</td>
<td>14.72613</td>
<td>13</td>
</tr>
<tr>
<td>2020</td>
<td>166.1481</td>
<td>19.84498</td>
<td>27</td>
</tr>
<tr>
<td>2021</td>
<td>161.4333</td>
<td>17.46066</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>164.8857</td>
<td>18.03985</td>
<td>70</td>
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After normality was established, the data from each cohort was entered into SPSS version 24, and an analysis of variance (ANOVA) was completed to determine if there were significant differences between cohort groups in overall levels of self-efficacy. A one-way between subjects ANOVA was conducted to compare the effect of educational level (cohort) on levels of self-efficacy in occupational therapy students and graduates (see Table 6). There was not a significant effect between educational level (cohort) on self-efficacy at the $p < .05$ level for students in this study ($F = 1.193, p = .310$). No post hoc tests were completed on this data due to the significance level of $p = .310$ being greater than .05.

**Table 6**

*Analysis of Variance*

<table>
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<tr>
<th>Source</th>
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<th>$MS$</th>
<th>$F$</th>
<th>Sig.</th>
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<td>386.002</td>
<td>1.193</td>
<td>.310</td>
</tr>
<tr>
<td>Intercept</td>
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<td>1</td>
<td>1682471.566</td>
<td>5198.781</td>
<td>.000</td>
</tr>
<tr>
<td>Cohort</td>
<td>772.004</td>
<td>2</td>
<td>386.002</td>
<td>1.193</td>
<td>.310</td>
</tr>
<tr>
<td>Error</td>
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<td>67</td>
<td>323.628</td>
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<td>70</td>
<td>386.002</td>
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<tr>
<td>Corrected Total</td>
<td>22455.086</td>
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<td>1682471.566</td>
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</tbody>
</table>

*Note. $p < .05$; Dependent Variable: Total Score on Student Confidence Questionnaire.*
Chapter Summary

The purpose of this study was to gain an understanding of how current teaching and learning practices impact student readiness for clinical practice in the field of occupational therapy. Through the inclusion of multiple data sources, I was able to glean data that provided a thorough look at the program. The completion of a content analysis allowed me to gain a comprehensive understanding of the scope of teaching and learning practices throughout the curriculum. The creation of tables that show a semester by semester account of experiential activities provided a visual element, making it easy to digest the information and see where there are potential opportunities to implement experiential learning activities. The completion of audio interviews with current students, alumni, and fieldwork educators allowed me to gain a well-rounded perspective on the program as a whole. Participants provided input and insight that allowed the research questions to be answered and supported with data. The student feedback strongly favored experiential learning activities and lab-based coursework. Student feedback supported that these experiential activities play a key role in preparation for clinical practice. Student and fieldwork educator responses to the questions affirmed that the educational program is effective in preparing students for clinical practice and that students are generally satisfied with their educational experience. The information provided by the students and fieldwork educators provided personal insight into how the educational program’s mission is contributing to the character and performance of the students. The student responses on the student confidence questionnaire did not indicate a change in perceived self-efficacy in students throughout their time in the program. The responses from a variety of data sources and the use of a mixed methods approach provided salient program evaluation data for both formative and summative purposes.
Chapter 5: Discussion, Conclusions, and Recommendations

Educators in occupational therapy programs are expected to prepare students for entry-level practice. The transition to clinical practice is difficult, and students often struggle with decreased confidence and proficiency in assessment and practice skills as well as assuming a professional identity (Coker, 2010; Glance et al., 2018; Knecht-Sabres, 2013; Knecht-Sabres et al., 2013). A systematic assessment of the occupational therapy curriculum regarding student preparation for fieldwork was completed to ensure the academic program utilizes teaching practices that support the translation of knowledge to practice. Prior to this study, no formal program evaluation or comprehensive content analysis had been completed by the educational program. The purpose of this mixed methods program evaluation of an occupational therapy program at a private liberal arts university in the Southwest was to gain an understanding of how current teaching and learning practices impact student readiness for clinical practice. Additionally, a program evaluation comprised of both formative and summative information is a requirement of this program’s accrediting body and must be completed regularly (AOTA, 2018a). This study contributed to meeting these accreditation requirements.

Various stakeholders provided insight and contributed to the findings of this study. Participants included current students, former students, and fieldwork educators. A content analysis was also completed as a first step in the data collection process. It was determined through the content analysis that experiential learning activities were utilized throughout the curriculum on varying levels. Students who participated in the interviews noted the importance of these experiential learning activities and also singled out courses that did not have an experiential component as being less meaningful overall. Student responses confirmed that the mission of the educational program impacted them both personally and professionally. As a
whole, fieldwork educators responded favorably regarding the student’s level of preparation for fieldwork and the student’s overall reflection of the program’s mission. Constructive criticism and insights into specific coursework and areas for improvement were noted from all participants. The study’s final component was an online survey to determine if there was a difference in self-efficacy level between cohorts. The student responses to the survey showed no meaningful difference between cohorts on their own perceived level of self-efficacy related to occupational therapy practice skills. The content analysis, current and former student interviews, fieldwork educator interviews, and the student self-efficacy questionnaire provided multiple data sources to allow for a well-rounded review of the educational program.

The discussion section includes this study’s conclusions relating to experiential learning and adult learning theories and the study’s perceived limitations. This discussion also includes the implications for practice, including practical applications and recommendations based on the findings.

Discussion

Research Question 1

Research question 1 was, “What types of learning activities are used to prepare occupational therapy students for fieldwork?” This question was investigated through a content analysis of the current curriculum of the occupational therapy program from the current syllabi. The syllabi used included the entire curriculum for the most recent complete cohort of students beginning with the fall semester of 2018 and ending with the summer semester of 2020. A list of the courses and course descriptions included in the analysis can be viewed in Appendix E. I gained a semester by semester overview of where experiential learning activities are explicitly utilized in the curriculum through completion of the content analysis. It was found that many of
the “hands-on” aspects of occupational therapy, such as transfer skills, assessment protocols, and intervention tasks, were taught through lab-based experiential activities and methods. The most commonly used experiential activity was low fidelity simulation experiences in lab-based courses. This was primarily found to be in the form of scenarios where faculty and others played various types of clients with impairments, and students were expected to perform a variety of hands-on assessments and intervention techniques. Baird et al. (2015a) and Gibbs et al. (2017) provided evidence that the utilization of low fidelity simulation for these types of hands-on tasks is important to ensure that students are safe with certain aspects of care prior to practicing with real clients.

The American Occupational Therapy Association (AOTA) surveyed all accredited occupational therapy educational programs as part of an exploratory study and found that for entry-level masters degree occupational therapy programs, low fidelity role-playing simulation is the most commonly used form of simulation (Bethea et al., 2014). Low fidelity role-playing is used regularly throughout the observed curriculum at a higher than average rate compared to other educational programs. Bethea et al. (2014) reported that, on average, this type of simulation is found in three to four courses in masters degree occupational therapy programs overall. Low fidelity simulation in the form of role-playing scenarios was found to be included as part of specific course assignments in six courses in the observed curriculum in this content analysis.

Video-based learning activities were used often throughout the curriculum. Video-based learning in this study refers to the use of various video-based case scenarios where students are guided through the scenario and asked to reflect on and use the information in the video to complete a targeted assignment or to supplement lecture-based teaching. Video-based learning was used in eight courses throughout the curriculum out of 22 total didactic courses. Video-
based learning allows the faculty to select relevant videos for students to watch, followed by a reflective thought process. The use of this type of learning experience provides students with an experiential learning activity that includes observation, reflective thought, and judgment, which Dewey (1938) named as important tenets of learning in his classic pedagogical works. More recently, scholars have expounded upon these beliefs, asserting that this type of learning experience is highly effective in allied health fields of study (Knecht-Sabres, 2013; Poore et al., 2014). Observation includes the student observing a task in a real-life situation or scenario prior to completing the task independently (Hedin, 2010). Reflective thought is the process in which the student is able to think about what was observed and practiced and discusses or internalizes the potential implications of the process (Dewey, 1938). Judgment then occurs when the student comes to a conclusion of how this information can be used in future scenarios and situations (Dewey, 1938; Kuk & Holst, 2018). The video-based activities were accompanied by feedback from faculty throughout the process.

Effective and timely feedback during an educational activity is directly linked to positive student outcomes in allied health fields (Phillips, 2017; Poore et al., 2014; Snyder, 2018). The video-based learning activities paired with timely feedback aligned with Kolb’s experiential model, which stresses that experiences must also be accompanied by feedback and reflection regarding the student’s learning efforts in order for knowledge translation to occur (Kolb & Kolb, 2005; Kuk & Holst, 2018; Zigmont et al., 2011). The concept of engaging students in real-world scenarios using a variety of activities throughout the educational experience is highly relevant to allied health education as the overarching objective is to prepare students to apply what has been taught in the classroom to a real-world scenario.
An educational activity that was found in one course was video analysis of student performance. In this activity, students were asked to video record themselves administering an assessment. The students were then asked to watch the video and reflect on their performance. Video analysis of student performance, when accompanied by feedback, has been found to be a highly effective teaching practice in occupational therapy programs (Giles et al., 2018). The use of video analysis allows the student to engage in self-reflection and provides an opportunity for feedback and discussion on areas of struggle or strengths observed in the video. The ability to embed self-reflection and feedback directly aligns with the classic educational theory that Dewey (1938) purports the educational activity is only as effective as the feedback and self-reflection that accompanies it. Adult learning theory (Knowles, 1975) supports the use of self-directed activities, in which the student must engage in the feedback process to take personal ownership of the educational experience. More recently, Giles et al. (2018) discussed how the use of video in an occupational therapy program incorporates this reflective process and can be used to improve confidence and understanding in occupational therapy students. In this video analysis activity, it is the student who is reflecting and providing feedback on their own performance versus the typical educational activity where a student completes the activity and the faculty provides the feedback from an outside perspective.

It was found in the content analysis that service-learning was used sparingly throughout the curriculum as a formal learning activity. Service-learning activities were only used in two courses in the curriculum. One course in the first semester of the program as students go out to community partners and complete a specific number of service hours and assignments related to the service-learning, and the other in the first summer semester, as the students are assigned to community sites where they complete community educational activities.
Service-learning is defined as a structured learning experience that combines some form of community service with reflection and preparation (Hansen et al., 2007). Service-learning allows students to apply concepts learned in the classroom to relevant community needs, which provides students with an opportunity to become active learners in a meaningful way. Knowles (1975) asserted that adult learners need these types of experiences to feel empowered by the educational process and directly see how the learning activity impacts not only themselves but also others. Service-learning has also been linked to the development of lifelong learning (Hansen et al., 2007) as students are exposed to the community’s needs at large and can gain insight into how their skills and what they are learning in the classroom can benefit society as a whole.

Faculty-led experiences are another form of experiential learning that was used sparingly in the curriculum. Faculty-led experiences are defined as learning experiences that allow faculty members to go with students into an environment in which the faculty and students practice hands-on skills with various populations (Knecht-Sabres, 2013). Knecht-Sabres (2013) studied the effects of faculty-led experiential practice on student performance and found that faculty-led experiences advance the student’s level of understanding of and ability to apply information learned in the classroom and provide a valuable mentoring opportunity where students are able to gain confidence and improve clinical reasoning safely. The Accreditation Council for Occupational Therapy Education (ACOTE) now recognizes faculty-led experiences as an approved means of meeting the standards for Level 1 fieldwork experience in a curriculum (AOTA, 2018a). At the time of this content analysis, faculty-led experiences were used primarily for research-based activities. Students were assigned a faculty mentor to develop and conduct a research project throughout their time in the educational program. In one other course, students
were offered limited opportunities to accompany a faculty member to a pediatric clinic to observe and participate in portions of the therapeutic process. Embedding faculty-led experiential learning activities throughout the curriculum has the potential to improve student readiness for practice and student confidence overall. These types of experiences align with the philosophy of occupational therapy education (AOTA, 2018b), which summarized that OT education should be an active, engaging, diverse, and inclusive experience that is a collaborative process building on prior knowledge and experience.

**Research Question 2**

Research question 2 was, “How well do the learning activities in the educational program prepare students for fieldwork?” This question was examined through a semistructured interview process with current and former occupational therapy program students. Students reported that they overwhelmingly favored experiential-type learning activities and felt that these activities best prepared them for clinical practice. During the interviews, students most commonly referenced lab-based coursework and the low fidelity simulation scenarios that were a part of these courses. This finding was similar to that of a study completed by Walls et al. (2019) on students’ perceived value of simulated learning experiences where students reported that they felt these experiences were of higher value to their learning than other learning activities. Dewey, as early as 1897 in his pedagogic creed, wrote that education should consist of constructive and active learning relevant to the learner. Learning that is relevant to the learner implies that the educational activity is related to a situation or task that the learner will utilize in a tangible manner in the near future. Knowles (1977) included this as one of the facets of the adult learning theory, noting that for effective learning to take place, adult learners must believe that what they are learning is practical and useful, which contributes to an internal motivation to learn (Hagen &
Park, 2016; Knowles, 1977). Students in this study also singled out that faculty provided feedback during these experiences as being of benefit. Researchers in allied health education reported that the act of providing feedback both during and after an experience-based activity is influential to the student’s task performance and it positively affects the student’s perception of the learning activity (Fey et al., 2014; Goldbach & Stella, 2017; Walls et al., 2019). The responses from students in this study were expected based on the literature review findings related to student perceptions and prominent learning theories.

Several students brought up the topic of service-learning activities. Students spoke about their first semester in the educational program and how the service-learning assignments impacted their overall outlook on the profession. The students’ responses related to service-learning indicated that service-learning caused the students to engage in self-reflective practices. The formal service-learning activities in one course required reflective journaling after each service-learning activity. Reflective practice during or immediately after an educational activity is a key component in experiential learning theory (Kolb, 2015). Researchers in allied health posited that active reflection following an experience is predictive of the successful transfer of skills to clinical practice (Coker, 2010; Iliff et al., 2019; Zigmont et al., 2011). Students were able to use service-learning to improve their own understanding of the needs of the community and their role in serving others. They were able to see how their time and skills directly impacted the community at large. This reaction from students was found to be in line with the literature related to service-learning and adult learning theory. Hansen et al. (2007) looked at the impact of service-learning in the field of occupational therapy and reported that service-learning promotes professional and personal growth and helps occupational therapy students become responsible citizens. When adult learners are able to personally see that the learning experience is
immediately impactful and the learning experience is practical and useful, the student is more likely to be motivated and take ownership of their own learning (Hagen & Park, 2016; Knowles, 1975).

Students also provided insight into the types of teaching practices and learning activities they felt were not helpful to their learning. These responses were primarily related to coursework that did not have a lab or experiential component. While this was not the focus of this research question, it came to light during the interviews. The students’ feelings toward coursework with no experiential component correlates to research related to adult learning theory. When educational activities that specifically focus on increasing knowledge in the traditional sense of lectures are the primary form of activity in a course, short-term retention may improve, but this does not contribute well to the transfer of knowledge into practice, and this type of learning may not be seen as immediately applicable to adult learners (Zigmont et al., 2011). Occupational therapy students in other studies (Hodgetts et al., 2007) displayed similar responses reporting overall that courses that did not have any technical component were not always relevant, that too much extraneous information felt unnecessary and caused them some frustration, and that they overwhelmingly preferred fieldwork and other active learning. The students in this study reported that they would like more experiential learning activities included in the curriculum and felt that experiential learning activities best prepared them for clinical practice.

**Research Question 3**

The third research question was, “What is the overall level of satisfaction students have with the educational program?” This question was explored through a semistructured interview process with current and former occupational therapy program students. Student responses were highly complimentary toward the faculty and program as a whole. Every student interviewed
mentioned the role that faculty members played in the educational process. Many students singed out times when faculty members went above and beyond to support and help them learn difficult concepts. Former students spoke about the feeling that as they were now working with other professionals, they realized how special the educational program was to them, and they found that not all professionals share the same fondness for their former educational programs and faculty. Students spoke about the positive culture and environment cultivated by the program’s faculty and noted they always felt comfortable going to faculty. Students felt valued as a person. As an institution of Christian higher education, these responses confirm that faculty are mission fit and see education as much more than a rote learning process but rather a personal experience. It was noted by Cox and Peck (2018) that personal, supporting relationships that go beyond the classroom are a hallmark of quality Christian education.

Hodgetts et al. (2007) conducted a study on student satisfaction with professional education in an occupational therapy program and found that students who were dissatisfied with their educational experience perceived that the program did not teach them the skills they believed to be most necessary. This was also the case in this study. While all students responded that they were satisfied with the educational program and their level of preparation for clinical practice as a whole, the only areas of concern were that students did not perceive the subject matter as being taught effectively. These responses were related to coursework that did not have an experiential component. Overall, student responses confirmed what was known anecdotally that, by and large, students are satisfied with their educational experience and level of preparation in the occupational therapy program.
Research Question 4

The fourth research question was, “What are the students’ perspectives on the missional focus of the program as it relates to clinical practice?” This question was also answered via the semi-structured interviews. Student responses were varied on this topic. All students noted that the faculty created an environment where the mission of the program was evident. Some students took offense to some of the curriculum assignments that overtly utilized scripture and Christian principles as assignment objectives. These students argued that this was not appropriate in a science-based allied health curriculum. They were frustrated with these assignments and felt it was being forced into places where it was unnecessary. Interestingly, these same students summarized their thoughts by stating that although they are not Christian or “religious,” they did end up gaining a new respect for others’ personal beliefs and felt valued and affirmed by the faculty. The students reported that the experience helped them as new practitioners to understand the importance of others’ belief systems and to be respectful even if they do not agree. Students favorably responded when asked if the educational program’s mission impacted their current practice as an occupational therapist. Respondents revealed that they continued to utilize prayer in their current practice and felt equipped to support their clients spiritually. More than one student mentioned in the discussion that their time in this educational program taught them how to love and serve others and that the program helped them grow in personal character. Cox and Peck (2018) discussed the importance of character development in Christian higher education programs, stating that it is necessary for Christian higher education programs to do more than teach but to provide discipleship formation. Faculty character and examples are key to this type of character development (Cox & Peck, 2018), and these aspects are found in this educational program.
In this portion of the interview, students once again brought up the topic of service-learning. Students recalled service-learning assignments in which they were asked to work with at-risk populations in the community. They were able to draw parallels between the service-learning and the program’s mission. Beard (2017) describes how adult learning theory supports spiritual formation in students, surmising that spiritual formation depends upon experiences driven by internal motivation and reflective practice in which students have the opportunity to transform their own thoughts into action. The student responses echoed this belief as they recounted how serving others impacted them personally and how they view others and the world as a whole.

**Research Question 5**

Research question 5 was, “What are the fieldwork educators’ perspectives on student readiness for fieldwork?” This question was explored through a semistructured interview process. Eight fieldwork educators who previously supervised two or more students from the occupational therapy program in the past three years provided input. The fieldwork educators’ responses to this question were positive; however, there were common areas mentioned as areas of concern. The areas of concern were related to written communication, critical thinking skills, and self-confidence. These responses were expected based on the literature review. Hanson (2011) found that one area where fieldwork educators consistently reported that students had difficulty was written communication. In this study, the fieldwork educators reported that students often struggled with putting their observations or thoughts into words on paper. They struggled to write goals and other technical requirements of healthcare documentation. McCombie and Antanavage (2017) found that self-confidence was often a factor related to students who struggled in the transition to clinical practice. The fieldwork educators in this study
supported this finding. The fieldwork educators compared students they had supervised and noted that those who performed better always had increased self-confidence compared to other students. Goldbach and Stella (2017) found that the most common areas students struggled with in fieldwork included difficulty with clinical reasoning, self-confidence, communication, and documentation. These themes were also found in this study, with fieldwork educators mentioning each of these areas during the interview process.

**Research Question 6**

The sixth research question was, “What are the fieldwork educators’ perspectives on the missional focus of the program as it translates to clinical practice?” This question was also addressed during the semistructured interview process. Eight fieldwork educators who had supervised two or more students from the occupational therapy program in the past three years provided input. One surprising finding was that many of the fieldwork educators reported that they were aware of the educational program’s mission. The fieldwork educators were aware of the educational program’s mission through communication and information provided by the educational program academic fieldwork coordinator and through the students who often shared with the fieldwork educators the program’s mission and the meaning behind various assignments. Overall, the fieldwork educators agreed that the students’ attitudes and professional skills reflected the educational program’s mission. The topic of service was discussed by several educators, many of whom described the students as “service-minded” and having a “servant attitude” toward their work. The responses regarding the program’s mission were affirming as researchers in the past have described a disconnect between the educational program and the fieldwork site (Hanson, 2011; Hodgetts et al., 2007).
**Research Question 7**

The final research question was, “How do the students rate their self-efficacy at varying points in their education?” This question was investigated through an online survey format utilizing the student survey–student confidence questionnaire (Derdall et al., 2002; see Appendix B). The student responses were analyzed, and no significant difference was found in self-efficacy levels between cohorts of students as they progress in the educational program. Anecdotally, students should gain self-efficacy as they master clinical skills throughout the educational program and into the first year of clinical practice experience (Andonian, 2017; Derdall et al., 2002; Jones & Sheppard, 2012). However, the student responses to this questionnaire were unexpected and indicated no statistical difference in levels of self-efficacy between cohorts of students from this educational program as they gain experience. Derdall et al. (2002) completed pilot testing for this instrument and found a significant difference in student confidence levels as they progressed through the stages of the educational program. The overall mean scores for each cohort of students increased with their educational level but was not statistically significant.

**Limitations**

Several limitations were noted in this study. The first is that all of the data came from one educational program at a private school and may not be generalizable to other educational programs. The content analysis was completed only by myself. The information garnered through a review of the syllabi could have been interpreted differently by another person. This limitation was mitigated by the active and ongoing role I had in curriculum development and outcome measures related to the educational program. This role provided insight and understanding of the curriculum and learning activities. Anytime I was uncertain of the type of activity noted in a syllabus, the course’s primary faculty member was contacted for clarification.
My role could have affected the interpretation of results in the study overall. A colleague from another educational program was utilized for all student interviews to maintain a level of separation between myself and the current students in the program. This was necessary to minimize the positionality effect. However, this could have led to different discussions and follow-up questions during the interview process.

The quantitative data was comprised of self-reporting of students’ level of abilities, which has a risk of the participants not providing truthful answers or overestimating or underestimating their abilities. The low response rate (43%) from Cohort 1 was lower than the other two cohorts (60% and 67%), which could be a limiting factor in the data analysis. The lowest response rate was from the class of 2019, who are alumni practicing in the field of occupational therapy for one year. This cohort anecdotally should have higher reported self-efficacy levels based on past studies showing that experience positively impacts self-efficacy (Derdall et al., 2002; Jones & Sheppard, 2012). The sample limits the generalizability of the data from the interviews. Although random purposive sampling was used for the qualitative portion of the study, the students who were randomly chosen for follow-up interviews may not represent students as a whole.

Due to time and resource constraints, a delimitation of the study was the choice to limit the program evaluation questions to the selected areas of focus. A more in-depth program evaluation, including a comprehensive review of the curriculum design and student outcomes, was not feasible in the scope of this study but should be considered for future research. I limited the sample size for the student and fieldwork educator telephone interviews with eight participants in each group due to time and resource constraints.
Implications

The students and fieldwork educators revealed areas that warrant further investigation in occupational therapy education as a whole and for this specific program and the sponsoring university. It was found that experiential learning activities were present throughout the curriculum in this educational program. It was noted that experiential learning was used sparingly in some semesters and that not all coursework included experiential activities. Further discussion of these courses and examination into the program’s curriculum design is needed based on this finding. The curriculum had a high number of low fidelity type simulation activities and lab-based practical coursework. However, other forms of experiential learning were used sparingly. For example, faculty-led experiences were only used for informal activities in one course and in conjunction with a research study in another course. Researchers in occupational therapy education provided evidence that faculty-led experiences provided students with a safe and supportive environment to practice hands-on skills, which leads to improved confidence when they begin fieldwork (Knecht-Sabres, 2013; Phillips, 2017). Service-learning is also underutilized throughout the curriculum, with formal service-learning and community-based assignments only present in two courses in the curriculum. Hansen et al. (2007) described the benefits of using formal service-learning as an experiential activity in occupational therapy curricula and found that formal service-learning activities benefit students and the community in a variety of ways. Students who participated in this study often mentioned the significance of experiential learning activities and the desire to have more “hands-on” learning. This is concurrent with recent literature in allied health in which students reported experiential learning to be beneficial and preferable to other learning activities (Coker, 2010; Goldbach & Stella, 2017; Walls et al., 2019). Based on student and fieldwork educator responses and the content
analysis, the addition of more formal service-learning activities and exploring faculty-led experiences would add depth and variety to the educational experience.

The students indicated in their responses that overall, faculty using experiential learning activities are using them effectively. Student responses provided insight that the opportunity for immediate feedback from a faculty member was one of the most meaningful facets of experiential learning activities. The role of feedback in an experiential learning activity is a key component to successful learning (Kolb, 2015; Snyder, 2018). However, some courses do not have experiential components, and it is problematic that students singled out specific subject areas that they did not feel well prepared for in clinical practice related to the courses where no experiential activities were utilized.

The role of confidence in a student’s performance on fieldwork was elucidated during interviews with fieldwork educators. Discussions with fieldwork educators revealed that students who struggle with confidence are the ones perceived as having more difficulty in clinical practice. This aligned with current literature on the topic in which student self-efficacy levels and confidence are found to be among the top indicators of success on fieldwork rotations (Brady-Amoon & Fuertes, 2011; Goldbach & Stella, 2017; Grenier, 2015; Hanson, 2011; Jones & Sheppard, 2012). The lack of statistical differences between student levels of self-efficacy as they matriculate through the educational program implies that there may be an opportunity for further research to determine how an educational program can support the development of self-efficacy and confidence.

**Recommendations**

Students and fieldwork educators provided feedback that supports the inclusion of more robust experiential learning activities throughout the curriculum. Students indicated that varied
experiential learning activities helped prepare them for the realities of clinical practice. Students also indicated that areas in which they felt they struggled to understand and apply in practice were related to specific areas of study in which experiential learning is lacking in the current curriculum. There are multiple avenues to implement experiential learning into the existing curriculum in this educational program. Faculty utilized low fidelity simulation in several courses and had access to several video-based simulation programs. However, other forms of experiential learning are not often utilized as formal learning opportunities. Offering a variety of experiential learning activities throughout the program has the potential to support the development of self-efficacy and confidence in students. The student responses support the need to address student self-efficacy as there was no statistical difference in student self-efficacy as students matriculate through the program. The inclusion of more targeted experiential learning offers an avenue to make a positive impact in this area. Also, accreditation standards now include various experiential learning activities as potential Level 1 fieldwork options. Level 1 fieldwork coursework provides a possible opportunity to incorporate faculty-led experiences and service-learning into the curriculum design.

**Recommendations for Practical Application**

Service-learning is an underutilized area of experiential learning in this program at this time. One topic that arose with multiple study participants in the interview process was that of service. Several students mentioned the impact of service on their knowledge base and their personal growth and understanding of the community. Some fieldwork educators mentioned during the interviews that they perceive that the students are service-minded. Formal service-learning includes structure and guidance on the part of the faculty. Although students in the educational program were engaged in several informal service opportunities as a group, these
opportunities would be defined as volunteerism versus service-learning. Hansen et al. (2007) delineated the difference between volunteerism and service-learning through the inclusion of formal objectives related to the curriculum or coursework being present in service-learning activities. The educational program’s mission in this study includes a focus on service and lifelong learning. This, accompanied by the overall mission of Christian higher education, includes positively contributing to the students’ spiritual formation and supports a need to include more structured service-learning assignments throughout the curriculum.

In an effort to assess potential community partnerships for formal service-learning opportunities, a community needs to analyze what would need to be completed. Upon locating community partners who have programs that align with the students’ needs in this educational program, formal educational objectives or student learning outcomes would need to be established. Effective service-learning requires collaboration on the part of the community program and educational program to ensure the needs of each are being met and that the activities students are involved in are meeting established course objectives (Hansen et al., 2007). Improved student confidence is a noted by-product of community-based service-learning experiences, as students utilize communication, networking, and other social skills in a less intense setting than a traditional clinical rotation (Erikson, 2018; Hansen et al., 2007; Matilla et al., 2018). Adding more formal service-learning experiential opportunities into the curriculum has the potential to allow students to build self-efficacy in a less threatening and supportive environment as they can develop confidence in these skills throughout the educational program.

Faculty-led experiential practices were also underutilized throughout the curriculum compared to the examples from recent literature from other similar education programs. Researchers in occupational therapy education provided evidence that faculty-led experiences
provide students with a safe and supportive environment to practice hands-on skills, which leads to improved confidence when they begin fieldwork (Knecht-Sabres, 2013). In this program, five full-time faculty members have working privileges practicing in the field of occupational therapy at local healthcare facilities in a variety of settings. Adjunct faculty members currently practice in the field of occupational therapy at local facilities as well. Faculty members are very familiar with the students’ abilities and learning needs. Pairing students with faculty members who currently practice occupational therapy in local facilities is an untapped resource that could enrich the student experience in this program. The addition of faculty-led experiential practices has the potential to replace or modify the current Level 1 fieldwork program, which at present, fully relies upon fieldwork educators who are working clinicians in occupational therapy to supervise students on site. These clinicians must be apprised of the curriculum design, objectives, and needs of the students and almost always do not have any relationship with the student prior to the fieldwork experience. Utilizing faculty-led experiences as Level 1 fieldwork provides the students with a familiar mentor rather than navigating a new relationship with an unknown supervisor in the field. This can potentially help alleviate anxiety and stress among students, allowing for a greater sense of confidence in their abilities (Erikson, 2018; Knecht-Sabres, 2013). The faculty members are also more aware of the students’ abilities and can challenge them at the appropriate level rather than have unreasonable student performance expectations. Faculty-led experiences as a means of providing Level 1 fieldwork experience also allows for a standardization of the experience for students. Often fieldwork experiences are dictated by the setting and site-specific contexts of the supervising therapist. Some students are paired with a therapist on a fast-paced hospital unit, while others are placed with therapists working in clinics that have more downtime and administrative duties. Faculty-led experiences
offer more control and standardized objectives and standardized evaluation of performance. As accreditation standards now include faculty-led experientials, simulation, and service-learning as potential Level 1 fieldwork options, there is an opportunity for change in this curriculum area.

The planning and execution of new experiential learning activities would require more faculty resources. It was found that faculty time required to create these activities and scheduling difficulties are a common challenge and barrier regarding the inclusion of experiential practices into coursework (Bethea et al., 2014). If there were a desire and need to create these new experiential learning practices and embed these into the current curriculum, a feasibility study would need to be completed to determine if faculty have the time and resources necessary to devote to these types of activities. Budget and workload concerns would need to be addressed as this creates a potential for additional work units for faculty or the addition of clinical faculty to monitor and assist with faculty-led experiential activities. The addition of these experiential learning activities easily connects to the accreditation standards and objectives of Level 1 fieldwork. Currently, the academic fieldwork coordinator’s role is to oversee all aspects of the fieldwork program, and this coordinator has no additional faculty or administrative support. More resources would be necessary to improve upon the fieldwork program and allow time to develop formal experiential learning experiences. The creation of new experiential activities in the fieldwork program can be supported through an additional faculty member dedicated specifically to the Level 1 fieldwork program inclusive of newly developing experiential learning programs.

Hansen et al. (2007) pointed out that when a university places value on service through the tenure and promotion requirements, faculty are more engaged and willing to support and actively participate in formal service-learning with students. In this educational program, the
program’s mission and sponsoring institution as a whole does place value in this area, and faculty are expected to produce evidence of supporting community service in the tenure and promotion process. This would need to be stressed to faculty to increase the faculty members’ desire to contribute positively to these experiential programs.

Knecht-Sabres (2013) established that occupational therapy students have a better perception of their abilities and develop improved confidence through experiential learning. The use of experiential learning for Level 1 fieldwork and throughout the occupational therapy education programs showed improvement in student performance on Level 2 fieldwork and the students’ sense of self-efficacy (Andonian, 2017; Coker, 2010; Goldbach & Stella, 2017). Higher self-efficacy allows students to respond to constructive feedback positively and enables students to implement this feedback into practice (Andonian, 2017). The inclusion of teaching and learning practices that improve student self-efficacy has the capacity to improve students’ success in the transition to clinical practice, as Jones and Sheppard (2012) found to be true with physical therapy students. Through content analysis, I found that the inclusion of varied experiential learning practices is lacking in this program, which could be a contributing factor in the lack of increase in perceived self-efficacy in students during their time in the educational program.

This study’s primary recommendations include developing formal service-learning and faculty-led experiential activities throughout the curriculum as these two experiential activities best align with the current program’s mission and the resources available. The addition of a faculty member to focus on experiential learning within the Level 1 fieldwork program is recommended to support these experiential activities in the curriculum.
**Recommendations for Future Research**

Future research in allied health higher education is needed regarding the evaluation of experiential learning activities. As these activities become more prevalent, a shift toward competency-based learning is likely and will require exploratory research regarding the effect on curriculum design, management, and delivery. Traditional measurement of proficiency, such as formal testing or written assignments, is not always suitable for determining competency with the types of performance tasks students are asked to complete related to clinical skills. As these skills are increasingly taught in experiential formats, the testing formats would likely need to be shifted to competency-based skills checklists or observations. As new experiential learning activities are embedded in the curriculum, ongoing studies to determine effectiveness need to be implemented. Student self-efficacy levels at varying points in the educational process can be studied to determine if the addition of specific experiential activities helped students improve in their sense of self-efficacy.

**Chapter Summary**

In higher education, the program evaluation process is meant to be insightful and promote positive change to add overall value to a curriculum (Caspersen et al., 2017). A variety of sources, including current students, former students, and on-site fieldwork supervisors of students from this program, provided input to this program evaluation process. The purpose of this mixed methods program evaluation of an occupational therapy program at a private liberal arts university in the Southwest was to gain an understanding of the overall effectiveness of the current curriculum in relation to student readiness for fieldwork. The teaching practices and fieldwork program in this occupational therapy curriculum were evaluated to determine if they support successful transition to professional practice. Also, quantitative and qualitative data were
collected to analyze the effectiveness of the curriculum design, teaching practices, and student satisfaction, which is a requirement of the Accreditation Council for Occupational Therapy Education (AOTA, 2018a). The accrediting body also requires the curriculum design and teaching methods implemented by faculty to reflect the overall program’s mission and goals and the sponsoring university (AOTA, 2018a).

Overall, the students’ and fieldwork educators’ responses supported what was anecdotally believed to be true; students from this program are generally well prepared for clinical practice and are satisfied with the educational program as a whole. Additionally, I found that the educational program’s mission has a significant impact on the student as a person. The perception that fieldwork educators held on student preparation and how the student reflects the program’s mission was unknown prior to this study. It was expected that fieldwork educators would have suggestions related to areas for improvement, and these areas were noted. However, as a whole, the fieldwork educators also confirmed that the students were well prepared and that their overall attitude and work ethic embodied the educational program’s mission. Valuable insight was gained on potential improvement areas, and this data will serve as formative for the educational program.

It has been well documented in education literature that adult learners benefitted from experiential-type education and preferred experiential-based activities overall (Kolb, 2015; Knowles, 1977; Kuk & Holst, 2018; Zull, 2002). Leaders in the field of occupational therapy specified that experiential learning was a signature pedagogy in occupational therapy education (Law, 2010; Schaber, 2014). The student responses in this study undeniably support this as well. Each student interview included a discussion on experiential learning activities when students were asked which courses and learning activities best prepared them for clinical practice.
Students reported struggling in content areas that lacked experiential learning components, and they valued these courses the least in their educational experience. The student responses to the survey provided quantitative data that revealed the student’s perception of their own self-efficacy in occupational therapy-related practice skills did not increase during their time in the educational program. Bandura (1993) defined self-efficacy as a person’s belief about their own capability to perform tasks at a certain level. The inclusion of teaching practices geared toward the development of clinical reasoning and student competency simultaneously has the potential to improve self-efficacy and reflect teaching principles of adult learning theory (Phillips, 2017). The use of feedback and reflection throughout the experiential learning activity positively affects student self-efficacy (Andonian, 2017; Goldbach & Stella, 2017; Jones & Sheppard, 2012; Kuk & Holst, 2018; Phillips, 2017). Leaders in occupational therapy education support experiential learning as a signature pedagogy in occupational therapy curricula (Law, 2010; Schaber, 2014). There is a need to create new and varied experiential learning activities in this educational program that is inclusive of feedback and reflection to positively impact student self-efficacy, as indicated by this study’s results. The ability to positively impact student self-efficacy is paramount to promoting a successful transition from a student to a clinician role (Knecht-Sabres et al., 2013; McCombie & Antanavage, 2017). As this educational program continues to grow and develop, opportunities to include more varied experiential learning activities exist and should be considered.
References


https://doi.org/10.5014/ajot.2018.72S217


https://www.aota.org/About-Occupational-Therapy/Ethics.aspx


http://doi.org/10.5014/ajot.2016.706s06


https://doi.org/10.5014/ajot.2018.72S201


https://www.aota.org/AboutAOTA.aspx


Dissertations and Theses database. (UMI No. AAI10029815).

https://eric.ed.gov/?id=ED568042


https://eric.ed.gov/?id=EJ992126

https://doi.org/10.26681/jote.2018.020303


https://doi.org/10.1002/ace.20268


Appendix A: Interview Protocol: Students


**Research Question(s):**

**How well do the learning activities in the educational program prepare students for fieldwork?**

**What is the overall level of satisfaction students have with the educational program?**

**What are the students’ perspectives on the missional focus of the program as it relates to clinical practice?**

*Begin with the introductory script below, followed by the questions in the order written. Please be sure to familiarize yourself with all italicized directions prior to the interview.*

Hello, my name is (interviewer name). Thank you for taking time to talk to me today! Before we begin the interview, do you have any questions about the informed consent form that you completed earlier?

*If the participant has questions, please address them, using information from the actual consent form provided. Once this is complete, or if they have no questions, continue.*

To be sure we have an accurate record of this interview, I am going to be recording our conversation, is this okay?

*If the participant objects, explain that unfortunately you are unable to continue with the interview. If possible, let the primary researcher know right away. If the participant is not willing to be recorded, thank him or her for their time and conclude the interview. If the participant agrees that the interview may be recorded, thank him or her and continue.*

Today is (DATE/TIME), and I am speaking with (PARTICIPANT NUMBER 1–16). I am going to be asking you a few questions regarding your educational experience in the occupational therapy (OT) program at (Name of program). If there is anything you do not feel comfortable answering, or that you do not know the answer to, that is not a problem; just let me know, and we can skip that question.

1. Can you recall any specific learning activities or assignments during your time in the OT program that stood out as being helpful to prepare you for fieldwork?
   - Probing question: In what ways did these activities prepare you for your fieldwork experience?
   - Probing question: What suggestions do you have for ways other students to best prepare for fieldwork?
2. Are you satisfied (at this point) with your educational experience in the OT program?
   - Probing question: What are some things you like(d) about the OT program?
   - Probing question: What are some areas you see for improvement?
   - Probing question: Are there specific learning activities or assignments that you have enjoyed or that were especially helpful to you?
   - Probing question: What has been (was) your favorite part of the OT program?

3. Can you recall (in general) the mission of the OT program?

   *Interviewer Note*: The mission of the OT program is to prepare occupational therapy students to think and act critically, missionally, and globally in Christian service and leadership throughout their respective communities.

   - Probing question: Has the mission of the OT department affected the way you practice OT?
   - Probing question: Do you feel like the mission of the OT program affected you as a person? How so?

*Thank you for taking the time to talk to me today. The OT program is always looking for ways to improve, and your input is appreciated! Please feel free to contact Kari Williams at xxxxx@acu.edu if you have any questions regarding the results of this study.*
Appendix B: Student Confidence Questionnaire

Questionnaire:  

Demographic Data

Date current placement was/will be completed ________________________________

Cohort (year of graduation from occupational therapy program): ______

Setting:  
- Acute care ______
- Rehabilitation ______
- Long term care ______
- Community ______
- Was this your choice?  
  - Yes ______
  - No ______

Client group:  
- Psychosocial dysfunction ______
- Physical dysfunction ______
- Both of the above ______

Previous experience in a related setting:  
- As volunteer ______
- As employee ______
- Other ______

Please respond by circling the appropriate number next to the question.

Scoring

A. Communication: “I am confident that I can...”

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Interact with clients.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2</td>
<td>Communicate assertively with team members.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3</td>
<td>Develop goals with a client.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4</td>
<td>Explain the role of OT to clients/families.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5</td>
<td>Prepare effective written reports.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6</td>
<td>Prepare and deliver effective verbal presentations.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7</td>
<td>Handle disagreements that may arise.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8</td>
<td>Collaborate with other therapists.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
### Scoring

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Adaptability: “I am confident that I can...”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Adjust to a new clinical setting.</td>
<td>1</td>
</tr>
<tr>
<td>10.</td>
<td>Use alternate assessment strategies as needed.</td>
<td>1</td>
</tr>
<tr>
<td>11.</td>
<td>Use alternate interventions as indicated.</td>
<td>1</td>
</tr>
<tr>
<td>12.</td>
<td>Reorganize my time effectively when there are unexpected changes in my schedule.</td>
<td>1</td>
</tr>
<tr>
<td>13.</td>
<td>Handle challenges presented in this fieldwork placement.</td>
<td>1</td>
</tr>
<tr>
<td>C. Innovation: “I am confident that I can...”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Use my own ideas in clinical practice.</td>
<td>1</td>
</tr>
<tr>
<td>15.</td>
<td>Use problem-solving techniques.</td>
<td>1</td>
</tr>
<tr>
<td>16.</td>
<td>Take opportunities to use initiative in this placement.</td>
<td>1</td>
</tr>
<tr>
<td>17.</td>
<td>Make suggestions to my supervisor.</td>
<td>1</td>
</tr>
<tr>
<td>18.</td>
<td>Seek out information from appropriate resources.</td>
<td>1</td>
</tr>
<tr>
<td>D. Risk Taking: “I am confident that I can...”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Use techniques which I have practiced.</td>
<td>1</td>
</tr>
<tr>
<td>20.</td>
<td>Use techniques which I have observed.</td>
<td>1</td>
</tr>
<tr>
<td>21.</td>
<td>Use techniques which I have not practiced/observed (after discussing with my supervisor).</td>
<td>1</td>
</tr>
<tr>
<td>22.</td>
<td>Learn from my mistakes during this placement.</td>
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<tr>
<td>E. Supervision: “I am confident that I can...”</td>
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<td>23.</td>
<td>Function in the student-supervisor relationship.</td>
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<tr>
<td>24.</td>
<td>Seek feedback from my supervisor, clients, and colleagues.</td>
<td>1</td>
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<tr>
<td>25.</td>
<td>Accept direction and constructive feedback provided.</td>
<td>1</td>
</tr>
<tr>
<td>26.</td>
<td>Delegate tasks to support staff.</td>
<td>1</td>
</tr>
<tr>
<td>27.</td>
<td>Decide when to collaborate and when to be self-directed.</td>
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### Scoring

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>28. Apply the role of OT in clinical practice.</td>
<td>1  2  3  4  5</td>
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<td>29. Supervise client programs effectively.</td>
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<td>30. Work on a team when roles overlap.</td>
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<td>31. Handle considerable autonomy in my work.</td>
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<td>32. Work in a nontraditional setting.</td>
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<td>33. Analyze activity.</td>
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<td>34. Select appropriate frames of reference.</td>
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<td>35. Select appropriate assessments.</td>
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<td>36. Administer assessments.</td>
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<td>37. Analyze findings and establish priorities.</td>
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<td>38. Plan and provide intervention independently.</td>
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<tr>
<td>39. Make recommendations for intervention &amp; follow-up.</td>
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<td>40. Perform discharge planning.</td>
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<tr>
<td>41. Evaluate programs.</td>
<td>1  2  3  4  5</td>
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04/02/2021
Confidence Questionnaire

Student Confidence Questionnaire

Tue, Nov 26, 2019 at 3:44 PM

Hello Kari,
Thank you for your interest in the student confidence questionnaire. You are welcome to use it if you think it will be helpful for your research. Please find it attached. Let me know if you have any further questions.
Best wishes,

J.M.A.O.T.
Dept. of Occupational Therapy

[Quoted text hidden]

QUESTION.DOC
41K
Appendix D: Institutional Review Board Approval Letter

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World
Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-29103
325-674-2885
May 19, 2020

Kari Williams
Department of Graduate and Professional Studies
Box 28131
Abilene Christian University

Dear Kari,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled "Program Evaluation Exploring Effectiveness of Experiential Learning Activities to Practice in an Occupational Therapy Educational Program", (IRB# 20-001) is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth
Megan Roth, Ph.D.
Director of Research and Sponsored Programs
Appendix E: Course Descriptions

Fall 1

OCCT 601 – Musculoskeletal Anatomy. 3 Credit Hours
Learn the core content of human musculoskeletal anatomy with an emphasis on the upper extremity anatomy. Engage in kinesthetic principles of movement in normal populations to provide a foundation to later apply to diseased or abnormal anatomy. Lecture and lab

OCCT 603 – Foundations of Occupational Therapy. 2 Credit Hours
Learn the concept of occupation based on the historical and theoretical foundations of the occupational therapy profession. Learn standards of practice, practice framework, values and responsibilities of the occupational therapy practitioner. Engage in events to promote advocacy and awareness profession. Lecture

OCCT 607 – Intro to Making. 4 Credit Hours
Learn the process of innovation as it relates to design theory, assistive technology, and activity analysis to support occupational performance, participation, health and well being of occupational therapy clients. Conduct activity analyses and complete design projects for varied client needs. Lecture and lab.

OCCT 611- Occupational Therapy for Adult Populations I. 2 Credit Hours
This is the first of two courses to learn occupational therapy assessment, evaluation, and intervention skills based on applicable theoretical reasoning for the adult client that is limited in occupations due to physical and or cognitive impairments. Lecture and lab.

OCCT 617 – Social Conditions. 2 Credit Hours
Learn the process of service and advocacy as it relates to the occupational performance, participation, health and well being of at-risk populations. Engage in service learning inclusive of case studies and reflective journals to examine clients who are at-risk for experiencing social injustice and/or occupational deprivation due to various global, social and political factors. Lecture and field experience

Spring 1

OCCT 631 – Neuroscience. 3 Credit Hours
Learn the core structure and function of the brain and how those principles apply to the development, remediation and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral sensory skills and functions. Lecture and lab

OCCT 637 – Research in Occupational Therapy I. 2 Credit Hours.
Learn the processes of innovation for a continued development of a body of knowledge through research for occupational therapy practice, quantitative and qualitative research methods. Produce valid evidence based reviews of occupational therapy practices and explore scientific literature related to occupational therapy. Lecture
OCCT 639 – Adult Populations in Occupational Therapy II. 6 Credit Hours
Learn occupational therapy assessment, evaluation, and intervention skills based on applicable theoretical reasoning for the adult client that is limited in occupations due to physical and or cognitive impairments. Lecture and lab

OCCT 641 – Health Conditions Seminar. 2 Credit Hours
Learn core content of common medical conditions that benefit from occupational therapy services. Presentations will include guest lecturer from local physicians in their area of specialty. Learn ways that clients access occupational therapy services, the role of occupational therapy in health literacy, and use of telehealth in occupational therapy. Lecture and seminar

OCCT 643 – Mentored Research. 1 Credit Hour.
Initiate the processes of innovation through scholarly inquiry by engagement in research relevant to occupational therapy. Under the tutelage of a faculty mentor conduct a review of literature and design a research proposal. Seminar.

OCCT 690 – Physical Disabilities Fieldwork Level I and Documentation. 2 Credit Hours
Learn concepts of therapeutic use of self, teamwork, communication and documentation in the practice of occupational therapy for adult populations. Through field experiences, acquire beginning competency in application of occupational therapy clinical reasoning and intervention implementation and an understanding of the needs of the client in this population. Accurately reflect this reasoning in documentation. Field experience and seminar

Summer 1

OCCT 651 – Occupational Therapy for Mental Health and Wellness. 3 Credit Hours
Learn occupational therapy assessment, evaluation and intervention skills based on applicable theoretical reasoning in mental health. Identify and perform mental health assessments as they correlate with common behavioral health disorders and their effect on occupation. Lecture and lab

OCCT 655 – Mental Health and Wellness Fieldwork Level I and Documentation. 2 Credit Hours.
Learn features of practice settings, documentation practice of occupational therapy for mental health and community settings. Through field experiences, acquire beginning competency in application of occupational therapy clinical reasoning and intervention implementation and develop an understanding of the needs of the client in this population. Accurately reflect this reasoning in documentation. Field experience and seminar

OCCT 670 – Group Process. 2 Credit Hours.
Learn the process of group development and dynamics including communication, conflict resolution and the influence of culture and contexts on group process. Learn to effectively utilize service-based approach and therapeutic use of self with psychosocial frames of reference and theories of group development while actively leading and participating in group activities. Lecture.
Fall 2

OCCT 635 – Occupational Therapy in Pediatrics. 6 Credit Hours.
Develop essential knowledge, attitudes and skill in occupational therapy practice for pediatric populations. Acquire clinical reasoning and hands on abilities in occupational therapy assessment, intervention planning and implementation methods for pediatric populations. Lecture and lab

OCCT 661 – Hand and Upper Extremity Conditions. 4 Credit Hours.
Learn assessment, evaluation, and intervention skills for common conditions of the shoulder, elbow, wrist and hand that limit occupation. Learn use of therapeutic modalities. Fabricate commonly used orthoses. Lecture and Lab

OCCT 695 – Pediatrics Fieldwork Level I. 2 Credit Hours.
Learn features of prevalent diagnoses and practice settings in the practice of occupational therapy for pediatric populations. Through field experiences, acquire beginning competency in application of occupational therapy clinical reasoning and intervention implementation. Accurately reflect this reasoning in documentation. Field experience and seminar

OCCT 711 – Ethical and Professional Decision Making in Occupational Therapy. 1 Credit Hour.
Learn of ethical standards that govern the practice of occupational therapy and strategies for ethical decision-making to promote authenticity in the practice of occupational therapy. Lecture

OCCT 735 – Research Process in Occupational Therapy II. 3 Credit Hours.
Participate in the processes of innovation through scholarly inquiry by engagement in research relevant to occupational therapy. Under the tutelage of a faculty mentor design a research proposal, participate in implementation, document and present research results. Learn the basics of research funding. Seminar

Spring 2

OCCT 703 – Implementing Occupational Therapy Treatment. 2 Credit Hours
Application of theoretical constructs to real time practice of occupational therapy. Reflect and analyze own performance for competency in occupational therapy evaluation and ongoing intervention within an inter-professional context. Discuss appropriate mechanisms for referring, addressing, monitoring and reassessing of the needs of the client, caregivers, colleagues, healthcare providers and the public. Online course concurrent with 12-week fieldwork level II placement

OCCT 739 – Management and Leadership in OT
Plan and manage the delivery of authentic evidence and occupation-based therapy services that are efficacious, cost effective and provided within the varying contexts of a dynamic health care environment. Employ professional, collaborative skills to integrate input from multiple systems, business models, and governing structures into the planned delivery of occupational therapy services and support for the profession. Lecture
OCCT 790 – Fieldwork Level II. 6 Credit Hours
Delivery of occupational therapy services to clients, focusing on service, authenticity, innovation and competency development. Develop entry-level practice skills delivering occupational therapy services to clients, focusing on the application of evidence-based purposeful and meaningful occupations while integrating psychosocial factors influencing engagement in occupation. Field Experience

OCCT 791 – Professional Preparation
Engage in authentic conversation through lecture and faculty advising about professional development and individual strengths and weaknesses. Design a professional development plan for entering into the second Fieldwork level II rotation and entering the profession of OT. Lecture and seminar

Summer 2

OCCT 795 – Fieldwork Level II. 6 Credit Hours
Delivery of occupational therapy services to clients, focusing on service, authenticity, innovation and competency development. Develop entry-level practice skills delivering occupational therapy services to clients, focusing on the application of evidence-based purposeful and meaningful occupations while integrating psychosocial factors influencing engagement in occupation. Field Experience
Appendix F: Interview Protocol: Fieldwork Educators


**Research Questions:**

**What are the fieldwork educators’ perspectives on student readiness for fieldwork?**

**What are the fieldwork educators’ perspectives on the missional focus of the program as it relates to clinical practice?**

Hello, thank you for taking time to talk to me today! Before we begin the interview, do you have any questions about the informed consent form that you completed earlier?

To be sure we have an accurate record of this interview, I am going to be recording our conversation, is this okay?

Today is (DATE/TIME), and I am speaking with (Name of Fieldwork Educator). I am going to be asking you a few questions regarding your experiences supervising OT students from our program. If there is anything you do not feel comfortable answering, or that you do not know the answer to, that is not a problem; just let me know, and we can skip that question.

1. How many OT students have you supervised in your career as an OT?
2. How well do you feel that our students are prepared for clinical practice when they come to you for a fieldwork rotation?
   - Probing question: How does that compare with students from other OT programs? Is there a noticeable difference?
3. Are there any common areas you feel that they struggle with?
   - Probing question: Do you have any specific examples that you can share with me?
4. Are there any areas you feel they are strong in?
   - Probing question: Do you have any specific examples that you can share with me?
5. What is your understanding or knowledge of the (program’s name) mission?
   - Probing question: Do you feel like that mission is reflected in the student’s behavior?

Thank you for taking the time to talk to me today. The OT program is always looking for ways to improve, and your input is appreciated! Please feel free to contact me in the future regarding the results of the study. I look forward to working with you again in the future.