THE KALEIDOSCOPIC NATURE
OF STUDENT
OCCUPATIONAL THERAPISTS'
FIELDWORK EXPERIENCES

A Dissertation Submitted to the College
Graduate Studies and Research
in Partial Fulfilment of the Requirements
for the Degree of Doctor of Philosophy
in the Department of Curriculum Studies
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By

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ABSTRACT

Fieldwork is a complex educational process. The purpose of this study was to uncover meanings student occupational therapists made of their early fieldwork experiences - the practicum component of the curriculum.

In this naturalistic enquiry four female students were followed through their first four one-month fieldwork placements. Half of these placements took place on completion of the first year of coursework, and the remainder of the placements on completion of the second year of coursework. Data were collected through participant observation, interviews, and student journals.

During the study it emerged that fieldwork constitutes a mosaic of elements which interact in a constantly shifting process that can be likened to a kaleidoscope. As elements change, they affect the whole, resulting in each student's fieldwork placement being a unique experience that cannot be duplicated.

Details concerning the findings of the study have been divided into three parts. The first describes the function of fieldwork within the curriculum and includes the constants present in placements, students' concepts of the purposes of fieldwork, and the relationship of fieldwork to coursework. The second part highlights the main influences which students identified as being that of their therapists, their clients, the environment, and time. The third and final part, focuses on the emerging professional and involves four major themes: students' concept of professionalism, learning the language of the professional, developing a concept of occupational therapy, and the shifting focus between basic and intermediate placements.
The main implications of this study for those involved in the fieldwork experiences of student occupational therapists concerned: the way in which placements are framed and named; the impact of the temporal aspects of placements such as pace, timing within the curriculum, and duration of placements; the implicit nature of the process of professional socialization and its technical-rational focus; and the importance of the student-therapist relationship and the inter-relationship of coursework and fieldwork.

This study has significance because it captures the immediacy of four student occupational therapists' early fieldwork experiences, thus providing a glimpse into the world of neophyte health-care professionals for those involved in implementing such experiences.
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I owe much to my advisor, Dr. Alan Ryan. His advice and direction helped me choose the most effective approach to the research problem. His encouragement helped sustain me during the lengthy period of the study. He was available always when I needed him and I appreciated the extra effort he made to stay in touch when I was isolated from my usual support systems in another province.

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DEDICATION

To student occupational therapists everywhere. In their development lies the future of our profession.
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CHAPTER ONE: OVERVIEW OF THE STUDY

This study had its genesis in my growing realisation that very little was known of students’ perspectives of the practicum component of the professional curriculum in the field of occupational therapy. My own interest in fieldwork education started in the mid-80’s when I was employed by an occupational therapy educational program to develop and monitor fieldwork placements for their students in Saskatchewan. At the same time I was studying for my master’s degree in continuing education. My experiences in developing placements for students led me to study the factors that affected therapists’ decisions to take students. These studies made me realise how lacking my discipline was in knowledge about fieldwork. By the time I had completed my studies, fieldwork came into vogue in the literature relating to physical and occupational therapy.

My interest in fieldwork remained. As I continued to review the literature in the area I realised that most of the work on fieldwork in occupational and physical therapy was completed from the perspective of the therapist or the faculty, however little or no attention was being paid to students’ viewpoints. This realisation led me to explore the possibilities of conducting a study into meanings fieldwork has for student occupational therapists.

Traditionally, the pathway to entry into most professions has been through an apprenticeship. Over time, professional preparation has changed its base from a practice setting to a university setting, but despite this move, the practicum component of the curricula has remained an integral part of professional preparation. Hence, educational programs for most professional schools have both course work and a practical component, the fieldwork experience.
This practical component is usually undertaken outside the campus setting within the milieu of the professional practice setting. Students are placed in situations where they gain experience in the roles played by a professional. Different professions have different ways of implementing the practicum component of the curriculum. Some professions integrate practicum sessions evenly throughout the duration of the curriculum: others increase the time spent in the practicum settings towards the end of the program. In other professional groups the practicum experience takes the form of a "residency" which follows upon the receipt of the relevant academic qualification. It is the practicum experience of students in occupational therapy which is the focus of this study.

Professional Socialization in Occupational Therapy

Occupational therapy, a health-care profession which arose out of the need to provide rehabilitation services for soldiers returning from the First World War, has its roots in the importance of occupation in the daily lives of individuals and makes use of activity to promote health and healing. Practitioners from those early years through to those of today view their clients in a holistic manner within the context of their environment. Occupational therapy has been defined as:

The art and science which utilizes the analysis and application of activities specifically related to occupational performance in the areas of self-care, productivity and leisure. Through assessment, interpretation, and intervention, occupational therapists address problems impeding functional or adaptive behaviour in persons whose occupational performance is impaired by illness or injury, emotional disorder, developmental disorder, social disadvantage or the aging process. The purpose is to prevent disability and to promote, maintain or restore occupational performance, health and spiritual well-being. Furthermore, occupational therapy services can be directed through health, educational and social services systems. (Canadian Association of Occupational Therapists, 1991, p. 140)
Occupational therapists work with every age group from the neonate to the frail elderly, and in a wide variety of settings, such as the penitentiary system, industry, health-care institutions, or the school system. Wherever occupational therapists work, their focus is on the occupational status of their clients and these clients' abilities to function at their maximum level within their environment.

Haas and Shaffir (1987) in describing the professional socialization of medical students stated that: "In a modern industrial society, the professional school, as part of a scientifically based university, becomes the critical legitimating institution for developing the rites de passage" (p. 4). So it is with the field of occupational therapy, where the curricula of occupational therapy programs play a crucial role in the socialization of students into the profession. The University of Toronto established the first training program in occupational therapy in Canada in 1918. This six-week-long program was instigated on a temporary basis to meet the rehabilitation needs of the casualties of the First World War. In 1926, the first formal educational program in occupational therapy was established, again at the University of Toronto. Since that time the number of occupational therapy educational programs in Canada has expanded to twelve.

Canadian educational programs in occupational therapy are accredited by the Canadian Association of Occupational Therapists (CAOT). To be accredited, a program must conform to the "Standards for the Education of Occupational Therapists in Canada" (CAOT, 1986). Accreditation is granted for three, five, or seven year periods and at the end of this period an educational program has to apply for reaccreditation.

Each of the 12 occupational therapy educational programs has its own approach to the development and implementation of a curriculum to meet the needs of its students. Coursework covers the biomedical and clinical sciences, in addition to the body of knowledge of the profession. Fieldwork is carried out both in institutional and community settings. Since the fieldwork component of
component of the curriculum is the major focus of this study, it is described in more detail in the following section.

**The Fieldwork Component of Occupational Therapy Curricula**

The fieldwork component of the curricula of Canadian Occupational Therapy educational programs is implemented according to CAOT guidelines relating to educational standards. The current standard for fieldwork in Canadian occupational therapy educational programs (CAOT, 1986) states:

A minimum of 1200 hours of fieldwork experience under the supervision of a qualified occupational therapist shall take place in hospitals, clinics, workshops, home care and community programs. These fieldwork experience hours must reflect a variety of practice approaches. At least 600 hours shall be completed in the form of full time experience. Specific fieldwork shall follow appropriate preparation in the basic and professional content courses. (p. B19)

This standard is supplemented by a description of the elements in order to help clarify the interpretation of this standard (see Appendix A).

The implementation of fieldwork involves a variety of different groups and individuals (Stan, 1987). The national organization sets the standards for the amount and type of fieldwork experience that each student should receive. It also accredits facilities that provide fieldwork placements for students and acts as a co-ordinator between students seeking placements and facilities offering them.

Occupational therapy educational programs have responsibility for planning the practicum experiences to ensure that students have balanced programs covering a variety of client ages, settings and conditions. As fieldwork is an integral part of the occupational therapy curriculum, the faculty of the occupational therapy education programs make the final decision whether a student has passed or failed a fieldwork assignment. Finally, practising occupational therapists are involved in the process by volunteering to
provide placements for students which will meet the guidelines established by the educational programs.

Fieldwork can take place at any time of the year but the most heavily utilised period is during the summer months, at the completion of the regular academic year. Fieldwork placements take place in a variety of different locations. Historically, placements were firmly rooted in the health-care institutions where occupational therapists practised. Over time the profession has become more community-based, a move which has led to an increased demand for placements in the community rather than in institutions. This change in turn has led to the need for flexibility in the interpretation by CAOT as to what constitutes a suitable fieldwork placement (Cadogan, 1986).

Currently, fieldwork placements can be nationally "accredited" by CAOT or "approved" by the local educational program. Students from Canadian occupational therapy educational programs must have at least half their fieldwork hours in accredited fieldwork placements (see Appendix A), which have met the CAOT Fieldwork Accreditation Standards (Kuretzky & Moore, 1993). These facilities have to apply for reaccreditation every five years. Approved placements are those that are considered by an individual educational program to be suitable for the placement of their students, but which have not as yet received accredited status by CAOT. Because there are no specified guidelines set out by CAOT for approved placements, each educational program establishes its own criteria, with the process usually being less formal than the process necessary to become a CAOT accredited fieldwork placement.

The Evolving Nature of Occupational Therapy

Occupational therapy can be considered an emerging profession which came into being in the 1920's. Over the years, its evolution has been reflected through the type of issues that the profession has debated. As the profession
has changed, so too have the curricula of Canadian occupational therapy educational programs.

In the early days of the profession, occupational therapy graduates, though educated in universities, received diplomas only. It was not until the mid 1970's that a baccalaureate degree became the minimum entry level requirement for all graduating students in accredited Canadian occupational therapy educational programs. Currently American occupational therapists are considering whether a master's degree should be the minimum entry-level requirement for the profession. This question is beginning to be raised in Canada, but there is uncertainty as to whether this direction is appropriate to meet Canadian health-care needs.

Another change relates to the type of curriculum adopted. The traditional curriculum has been based on the medical model where the basic sciences are taught in the early years, followed by the applied sciences. Coursework is focused on diagnostic categories. A competency-based approach to education has been the norm. The newer occupational therapy educational programs (Dalhousie, McMaster and Ottawa) were developed with a different approach to curriculum. Their curricula tend more towards a problem-based, non-medical model approach which focus on occupational dysfunction and reflective practice. In recent years, the older, more established educational programs in occupational therapy have been making attempts to shift their curricula in the same direction as these newer programs.

As the profession became better educated and as the move away from the medical model become more accepted, occupational therapists started questioning their lack of professional autonomy within the health-care field. Early legislation affecting occupational therapists in the 1970's, when most therapists were educated at the diploma level, specified that occupational therapists had to work under the direction of medical practitioners. Nowadays, occupational therapy groups are moving away from such restrictive practices.
as mandatory medical referral and promoting legislation that permits the independent practice of occupational therapy.

The change from diploma to baccalaureate entry-level for the profession, the move away from the medical model and the increasing autonomy of the practitioners have highlighted the need for a better understanding of the theoretical foundations of occupational therapy. In 1968, Muriel Driver, in an address at the CAOT annual meeting, described the profession as entering an era of research. She pointed out that the profession had the responsibility to define itself:

If we as a breed, bred by our habitat, are to survive, we must with greater clarity, define our nature. But in this day of elaborate language, defining our nature may well occupy so much energy that it in itself serves as camouflage. We lag not so much in stating our role and function, but in enunciating clearly and positively the exact details of our methodology. (p. 59)

Since 1968, the professional literature from the United States and Canada has urged occupational therapists to develop the theoretical foundations of the profession by undertaking graduate work or supporting clinical research.

During the evolution of occupational therapy, the profession has diversified to the point where its very diversity has, in the minds of some members of the profession, become a major issue (Tompson, 1989). The nature of the profession lends itself to the use of practitioners in a very wide variety of fields. The very breadth of experiences, however, makes it hard for occupational therapy educational curricula to cover adequately the numerous areas where occupational therapists practice, especially when it comes to the provision of the practical component of the curriculum. Instead, educational programs have chosen to focus their attention on exposing students to the basic areas through a system of categorizing fieldwork placements and providing a number of different placements (ranging from 5 to 9) for each student (Tompson, 1985). For example, placements have been categorized
according to age (paediatric, adult, or geriatric), setting (in-patient, out-patient, institutional, or community), or condition (psycho-social or physical dysfunction).

As the profession has diversified from being based in health-care institutions to having a more community-oriented focus (Etcheverry, 1979), so the demand for occupational therapy services has escalated. This increased demand for occupational therapists has led to increased enrolments in most Canadian educational programs (CAOT, 1989). These expanding enrolments, however, have led to projections of acute shortages of fieldwork placements for students in the early 1990's.

In 1986, in an effort to address this problem, CAOT established a Task Force on Fieldwork. The recommendations of this Task Force (CAOT, 1987) led to a decision that a national fieldwork symposium be held to "delineate a philosophy for occupational therapy fieldwork in Canada [and] generate a strategic plan to create additional fieldwork opportunities in Canada, consistent with that philosophy" (CAOT, 1989, p. 1).

This symposium was held in May 1989. Seventy-eight participants from across Canada, representing students, educators, clinicians, and provincial and national occupational therapy organizations, met to determine philosophy, directional statements, and strategic plans for the future of fieldwork in Canada. This process has not been completed and the work continues. However, this symposium did much to delineate the differing views held by various members of the profession about the most effective strategies to provide optimum fieldwork experiences for students. In addition, the symposium facilitated the development of consensus regarding a basic philosophy for the fieldwork experiences of Canadian occupational therapy students (see Appendix B).

**Purpose of the Study**

Fieldwork which represents one-third of the total curriculum, is an integral part of the professional socialization of the occupational therapist. The
fieldwork process is, by its nature, outside of the formalised structure of a campus setting, multifaceted, and complex. The research problem that has been addressed in this study is:

What meanings do students make of the early practicum components of the curriculum and what influences shape these meanings?

The research has been directed by the following guiding questions:

1. What do students perceive are the purposes of the fieldwork experience?

2. What patterns of change over time occur in students during the professional socialization of the fieldwork experience?

3. What type of connections do students make between the academic component of the curriculum and the fieldwork component?

4. In what ways does the fieldwork experience affect students' concept of the profession of occupational therapy and what it is to be an occupational therapist?

5. What are some of the influences that affect the fieldwork process?

To address this research problem in an effective way, I used naturalistic enquiry methods of participant-observation, semi-structured interviews and analysis of student journal entries to follow four student occupational therapists as they experienced their first four fieldwork placements.

Significance of the Study

In the past, studies in fieldwork in occupational therapy have usually been in response to some problem that has been perceived as requiring attention. Thus, some previous studies have considered the costs of fieldwork,
the attributes of effective clinical educators, the desirable methods of communication between the various parties in the fieldwork process, and the feasibility of different ratios between students and clinical educators. This study arises not from any specific problem, but rather from a general need for more understanding of the actual fieldwork process, the students' perspectives of fieldwork, and the part played by fieldwork in the socialization of students into the profession.

All members of the profession have experienced fieldwork as students, and some may be involved on an on-going basis by providing such experiences for students. Many assumptions exist as to what actually happens during the fieldwork experience. However, no studies have been found that focused on students’ perspectives of the fieldwork process in occupational therapy. Therefore the findings of this study provide a valuable context for further studies relating to more specific aspects of the fieldwork process. In addition, the findings provide direction as to where the most fruitful areas of future research may lie.

The significance of this study is its focus on students' perspective of the fieldwork component of the curriculum. Anecdotal stories by current members of the profession regarding their own fieldwork experiences as students are likely to be coloured by the passing of time. This study provides an on-going record of immediate impressions as well as an analysis of the changing perspective of some students. This insight into students’ perspectives of fieldwork experiences provides current students with a glimpse into the world they are about to enter and may bring realisation that their own fieldwork experiences are not so dissimilar from other students.

This study also provides clinical educators with insight into how the profession is being interpreted to a new generation of occupational therapists. Increased understanding of the influences of the fieldwork process upon students may enable clinical educators to respond more effectively to the learning needs of their students in the clinical setting. During the very early
exploratory stages of this study an experienced therapist provided me with the following thought as we were discussing the possible significance of the proposed study:

We have the opportunity to shape the way that students look at the profession and look and feel about the profession and how they feel about themselves in the profession . . . . We have to know what we are doing to be able to change it. [personal interview, March 26, 1990]

This therapist's viewpoint was mirrored by the therapists I met in the study. They were eager to assist me because they felt this study would help provide some answers to problems about fieldwork facing the profession. This expectation I found to be somewhat daunting as a neophyte researcher but it did indicate the significance of the study in the minds of therapists.

There are many factors which contribute to the socialization of an individual into the profession. This study enables students' concepts of the parameters of the professional socialization process in fieldwork to be identified and understood. Other researchers will then be able to make comparisons between the professional socialization that occurs through the interactions of faculty and students within the academic setting, that which occurs during the fieldwork process, and that socialization which occurs upon entry into the field as neophyte therapists.

Definition of Terms

The terms used in this study are specific to the field of occupational therapy. In addition, I have included terms and abbreviations commonly used by students in their interviews which to a non-health-care professional may be meaningless jargon.
**Academic Fieldwork Coordinator**
An individual employed by the educational institution, whose primary concern is to relate the student’s fieldwork experience to the curriculum. The coordinator administers the fieldwork component of the program and, in association with the academic and clinical faculty, plans and coordinates the student’s program of clinical experiences with academic preparation, and monitors the student’s program.

**Accredited Facilities**
Facilities that have met the CAOT Fieldwork Accreditation Standards.

"**A.D.L." (Activities of Daily Living)**
A common abbreviation used for activities which involve such tasks as personal hygiene, dressing, and feeding. It includes any activity that clients might encounter during their normal activities of daily living.

**Approved Facilities**
Facilities that have been approved by the faculty of individual educational programs as being suitable for placements for fieldwork experience but which have not yet been accredited by CAOT.

**Cardex**
Another name for "rounds" or meetings of the health-care team. Termed "cardex" meetings because of the metal clipboard system, in common use on nursing units in health-care institutions, which holds cards relating to clients’ medical care.

**Client**
The individual receiving occupational therapy services. Because the profession is moving a way from the medical model, this term is considered to be more
appropriate and inclusive than the use of the term "patient" (Herzberg, 1990). However, it will be noted that student participants in this study tended to use the term patient, rather than client in their comments.

**Clinical Educator**
The occupational therapist who is directly responsible for the management of the student during the fieldwork placement. This individual is sometimes referred to as a clinical instructor, clinical faculty, or clinical supervisor.

**Facility**
An institution or organization within which occupational therapy services are provided.

**Fieldwork**
The portion of a student's professional education which involves practice and application of classroom knowledge and skills to on-the-job responsibilities. This aspect of a student's education occurs at a variety of sites and includes experiences in evaluation and client care, administration, research, teaching, and supervision. It is sometimes referred to as clinical education.

**Fieldwork Placement**
The period of time that is spent by a student at a facility to obtain fieldwork experience.

**Group**
A form of treatment where clients work in small groups in conjunction with one or more health-care professionals. These groups can be task-related groups, as in workshop activities, or therapeutic groups, where clients discuss their problems or a set theme.
**Internship**
A term sometimes used to describe the summer fieldwork placement.

**Medical Model**
"Medicine’s body of knowledge and beliefs regarding the role of the doctor and treatment. The medical model focuses on detecting disease and eliminating its causes and/or consequences. The medical model emphasizes the expert knowledge of the physician and the action of the physician upon the patient" (Kielhofner, 1992, p. 293).

**Occupational Therapy Department**
A department where occupational therapists are employed to provide occupational therapy services

**Occupational Therapy Educational Program**
The academic entity which provides the program for the education of occupational therapists.

"O.T."
A common abbreviation for "Occupational Therapy" or "Occupational Therapist".

A common abbreviation in reference to occupational therapy practised within a setting where the focus is on clients with physical dysfunctions.

**Professional Socialization**
The process by which students of a profession begin to identify and learn the commonly accepted norms and mores of their chosen profession.
A common abbreviation in reference to occupational therapy practised within a setting where the focus is on clients with psycho-social dysfunctions.

An abbreviation for a common form of medical record currently in use. It relates to the format used in making a report in the chart and refers to the subjective (S), objective (O), assessment (A), and plan (P) components of that report.

Parameters of the Study

Restraints of time and resources limited this study to the first four fieldwork placements of a total of eight fieldwork placements which made up the practicum component of a three year occupational therapy curriculum. The research approach chosen resulted in four students being followed. The participating students were all female and from one educational program. These students' therapists were interviewed at the beginning and end of their involvement with their students. These therapists' comments were used only as background information during the process of data collection. This study is focused on generating emerging theory which has yet to be tested.

Structure of the Dissertation

The dissertation is divided into eight chapters. This first chapter has provided an overview of the study. The second chapter reviews the literature concerning areas which relate to this study: curriculum paradigms, professional socialization, and fieldwork. The third chapter describes the methodological approaches used and provides justification as to the trustworthiness of the study's findings. The next three chapters, chapters four, five and six represent
the heart of the dissertation. These are the chapters relating to the findings of the study which highlight how fieldwork is a mosaic of elements which interact in a constantly shifting process analogous to a kaleidoscope. Chapter four describes the function of fieldwork within the curriculum and includes the constants present in placements, students' concepts of the purposes of fieldwork, and the relationship of fieldwork to coursework. Chapter five highlights the main influences which students identified as being that of their therapists, their clients, the environment, and time. Chapter six, the last of the findings chapters, focuses on the emerging professional and involves four major themes: students' concept of professionalism, learning the language of the professional, developing a concept of occupational therapy, and the shifting focus between basic and intermediate placements. The seventh chapter provides insights, interpretations, and implications of these findings and focuses on: the way in which placements are framed and named; the impact of the temporal aspects of placements such as pace, timing within the curriculum, and duration of placements; the implicit nature of the process of professional socialization and its technical-rational focus; and the importance of the student-therapist relationship and the inter-relationship of coursework and fieldwork. In the eighth and final chapter I have reflected on the impact of the research process on myself and the students and point out future areas of research.

Summary

In this first chapter, I have described the professional socialization of occupational therapists and the profession's scope of practice. Specifically, I have focused on the fieldwork component of an occupational therapy curricula. I have explored the evolving nature of occupational therapy since the first world war. The purpose of the study has been stated together with the five questions that provided a guiding framework. I have outlined the significance of the study to therapists, students and the profession, and included an explanation of the
terms used in the writing of this dissertation, together with the parameters of the study. Finally, I have shown how the dissertation itself was structured into eight chapters. In the next chapter I provide a background to the study by focusing on the relevant literature.
CHAPTER TWO: REVIEW OF THE LITERATURE

As this study was a naturalistic enquiry, the review of the literature was carried out in two stages. The first stage consisted of a preliminary review of existing literature to obtain a sense of what had been written on the topic. This review was not an indepth one because of Agar’s (1980) warning that: "reading it [the literature] at the onset of my ethnographic work introduced a lot of unnecessary noise in my mind" (p. 25). This first review was in many ways similar to the "mapping" process that occurs in the early stages of naturalistic enquiries in that it was intended to provide a general picture of what work had been done in the area without restricting my ability to access the perspective of the participants in this study. Strauss and Corbin (1990) support this viewpoint explaining:

We do not want to be so steeped in the literature as to be constrained and even stifled in terms of creative efforts by our knowledge of it . . . . As your theory evolves, you can incorporate seemingly relevant elements of previous theories but only as they prove themselves to be pertinent to the data gathered in your study. (p. 50)

The second stage of the review of literature occurred on completion of data analysis. Glaser (1978) suggests that in studies which are primarily inductive and aimed at generating theory, this indepth approach of the review of the literature after data analysis prevents excessive preformulation of concepts. This second stage of the review of the literature was guided by the key findings of the study which as Chenitz (1988a) suggests, acted as a method of verifying categories, explaining contexts, identifying specific examples, and providing additional information about related areas.

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This chapter, the result of combining these two stages, provides an understanding of the context of the study and an outline of some of the previous work that has been done in the area. It is divided into three key areas of literature: professional socialization, curriculum, and fieldwork in occupational and physical therapy. In chapter seven, some additional areas of literature pertaining to specific aspects of the findings of the study are introduced.

It should be noted that the review of literature for all areas except professional socialization has been focused primarily within the disciplines of occupational and physical therapy. This decision has been made because in my experience, the fieldwork placements of therapists are different in some ways from other professional groups. The student is usually assigned to one therapist, rather than being part of a group of students being supervised by a faculty member as is the customary approach, for example, in the discipline of nursing. The student practices either with or parallel to the clinical educator, unlike the approach used with student teachers who take over from the supervising teacher. The placements are integrated throughout the period of the professional program, unlike educational programs in medicine or law where clinical experiences tend to be placed towards the end of the curriculum or, as with pharmacists and dieticians, after graduation.

### Professional Socialization

The terms professionalization, professionalism and professional socialization are often used interchangeably. However, they have different foci (Schmoll, 1984). Professionalization is a process “whereby a work group . . . attempts to change and actually changes its status in relation to variables that are used to distinguish occupations from professions” (Schmoll, 1984, p. 25).

Cook (1973) describes three ways of determining if a group could be considered a profession: on the basis of certain criteria (Etzioni, 1969;
Flexner, 1956; McGlothlin, 1964), the extent to which they could be said to be professionalized (Houle, 1980; Vollmer & Mills, 1966), or "by developing some model of professionalism which is based on one or more aspects of professional practice or performance" (Cook, 1973, p. 2).

Professionalism is a term used to describe "those behaviours that one regards as appropriate for a professional person" (Schmoll, 1984, p. 26). Though the literature relating to professionalization and professionalism are important, this review will focus on professional socialization because it relates to the process of "socializing persons into a specific professional role" (Schmoll, 1984, p. 25) which is one of the purposes of the fieldwork process in occupational therapy (Nystrom, 1983).

Although much has been written about professional socialization, especially in the field of medicine and nursing, there has been very little on this topic in the field of occupational therapy (Sabari, 1985) or in physical therapy (Schmoll, 1984). It has been referred to as multidimensional:

The student, in his [her] role as student and as beginning professional, finds many sources of information about the profession other than faculty sources, with which they are sometimes congruent, sometimes discrepant. The occupants of these other roles - clients, family, and friends - view and act toward the student as a new professional in ways that may or may not harmonize with his view of himself. (Olesen & Whittaker, 1968, p. 9)

Professional socialization has also been described as involving "a complicated chain of perceptions, skills, values, and interactions. In this process, a professional identity is forged which is believable both to the individual and to others" (Lortie, 1966, p. 98). Haas and Shaffir (1987) describe it as being "rooted in symbolic-ideological legitimation, control and identification" (p. 4). In other words, it is a process whereby individuals are vested with symbols (scientific knowledge and expertise) which set them apart from others and give them the moral authority of the "legitimacy to profess and to claim an honorific status" (Haas & Shaffir, 1987, p. 4).
Kolb (1984) refers to the socialization experience in a profession as an intense one which develops within the individual a professional mentality: "This mentality is pervasive throughout all areas of the professional's life; it includes standards and ethics, the appropriate ways to think and behave, the criteria by which one judges value, what is good or bad" (p. 182).

However, not everyone is convinced professional socialization has an effect on students' perceptions and beliefs, and studies are divided on this point. For example, Greenstein (1975) and Corb, Pinkston, Harden, O'Sullivan, and Fecteau (1987) use social-psychological measures to determine changes in students following their exposure to professional socialization and found no statistically significant changes present.

Wentworth (1980) reviewed the historical development of socialization theory and urged consideration of the concept of socialization-as-interaction. His theory is based on three beliefs: that socialization is a process in which both the individual and society are affected, that an individual's own perspectives affect the socialization process, and that context forms a crucial part of the socialization process. In addition, he points out that the individual being socialized played an active role in the process to the point that "a new world so entered does not exert an irresistible hold on the novice. Perspectival differences, outside influences, creative scepticism and limits to the socialization process itself may act to limit or reverse entry" (p. 85). This finding might surprise some occupational therapists, who in a study by Christie, Joyce and Moeller (1985b) felt "that students should be more active in the fieldwork experience, yet they perceived the role of the student as being relatively passive" (p. 680). It might also serve to reassure Crist (1986b) who in discussing the increasing diversity of occupational therapy students' backgrounds states that:

The challenge will be to socialize the diverse students into the profession while carefully avoiding the stifling effects of socializing them into our personal value systems . . . . Alternative fieldwork
delivery models will have to be developed which meet diverse student expectations while assuring entry level competencies. (p. 139)

The heart of Wentworth's (1980) theory of socialization-in-action was that it constituted: "the interactional presentation of the members' world to the novice" (p. 139). This primary role played by interaction in the socialization process is echoed by Merton (1982), who states that an individual selects what would or would not be internalised. In an earlier study of residents in four different areas of practice (Bucher & Stelling, 1977), this aspect of socialization has been noted as well, when residents were seen actively to select which experiences to internalise. Bucher and Stelling's model of professional socialization includes external and internal structural variables, and situational or interactional variables which are interrelated. However, these researchers found that the most important variables are the interactional ones because "It is that sense of mastery which is crucial to the development of commitment and a specific professional identity" (p. 267). The interactional nature of variables in the socialization process is highlighted by Edens (1987) who in a review of forty-two studies of socialization of nurses between 1955 and 1985 identified five interacting outcomes of the socialization process: self-image, role concept, attitudes, values, and personality.

Three classic studies of professional socialization in the health professions are Becker, Geer, Hughes and Strauss's (1961) "Boys in white", Olesen and Whittaker's (1968) "The silent dialogue", and Benner's (1984) "From novice to expert." No studies have been identified that explore in a similar fashion the socialization of occupational therapists or physical therapists throughout their educational program.

Becker et al. (1961) focused on the progress of medical students through their medical education at a Kansas medical school. There were two key findings in their study. First, they discovered that students were not able to "take on a professional role while they are students, largely because the system
they operate in does not allow them to do so" (Becker et al., 1961, p. 420). A second finding was that a common assumption of medical schools breeding cynicism in students was too simplistic and concluded:

Students maintain their idealism throughout school, even though they do not apply it to the immediate situations of school life. When they leave medical school it again comes to the fore, but it now has a more specific character, consisting of concrete ideas about how certain problems of medical practice are to be faced. (p. 430)

Olesen and Whittaker observed nurses being educated. In this latter study, the point is made that professional socialization is not some special process but rather:

Embedded in the frequently banal, sometimes dreary, often uninteresting world of everyday living, professional socialization was of the commonplace. In the mundane, not in the abstract or exalted, occurred the minute starts and stops, the bits of progress and backsliding, the moments of reluctant acquisition of a new self and the tenacious relinquishing of the old: the flush of pride and elation when telling a fellow student about a good evaluation or listening silently and painfully when being told of someone else's good marks; the feeling of relief that one had not been the object of group laughter in conference; the sense of anxiety when learning from a classmate that yet another student had married or become engaged; the right look at the right time when discussing the patient with the instructor. These matters constitute the silent dialogue wherein are fused person, situation, and institution. Therein lies the heart of professional socialization. (p. 297)

In a more recent study of nurses, Benner (1984) interviewed and conducted participant-observation work with twenty-one newly graduated nurses and their preceptors. She also interviewed or observed a number of other experienced, newly graduated, and student nurses. From this work she describes five stages of professional development extending from student days through to active practice as a professional: the novice, advanced beginner, competent, proficient, and expert.
Two other studies on professional socialization of medical students include Coombs (1978) "Mastering medicine: Professional socialization in medical schools", and Haas and Shaffir's (1987) "The adoption of a cloak of competence." Coombs studied the socialization of medical students in a traditional program, relying primarily on interviews, supplemented by questionnaires, standardized psychological tests and some participant-observation. However, he did not observe his students as closely as was the case in Becker et al.'s study. Of particular interest in Coombs' study is the way he relates the developmental stages of these medical students in terms of how they learned to deal with life and death issues. He identifies five stages which include: idealising a doctor's role, desensitizing death symbols, objectifying and combating death, questioning the medical teaching model, and dealing with personal feelings.

Haas and Shaffir (1987) focus on a non-traditional school, the McMaster medical program. In their study they used interviews, participant-observation and examination of written material relating to the students' activities. In this study they show the progress of medical students from the beginning of going through the admission process right through to graduation. The title of their study came from their findings relating to the way medical students convinced themselves and others that they are competent:

Professionalization, as we observed it, involves the adoption and manipulation of symbols and symbolic behaviour which creates an image of competence. The net result of this process separates the profession from those they are intended to serve. (p. 54)

Houle (1980), like Benner (1984) views the socialization of professionals as extending beyond the formal constructs of a professional education program to a life-long process. He describes the classic model of professional education as taking place on a continuum in which the professional school is just one part of the process. The starting point is the general education of the individual through the secondary school system. Then there is a selection point
for admission to the professional program. This is followed by pre-service
specialized professional education which leads to the granting of a certificate of
competence. Then starts a period of induction into the profession, which is a
process of life-long continuing professional education.

Others have felt that though professional socialization may take place
over a lifetime, the professional school plays a key role in the process because
it is the educational program that is used "to identify and screen individuals who
are prospective deviants from the professional culture . . . . [and] provides test
situations through initial and graduated exposures of the novice to the
professional culture" (Greenwood, 1966, p. 18).

The importance of the professional school has been recognised but also
critiqued by those who feel that the current approach to professional education
is inappropriate. Schon (1987) is particularly concerned about the presentation
of knowledge in terms of a hierarchy, starting with the basic sciences, moving
through the applied sciences and ending with the learning of the technical skills
of professional practice. He urges educators involved in professional schools
to improve the integration of theory and practice by giving a higher priority to
the practical aspects of the professional preparation. In particular he suggests
the use of a "reflective practicum", which would help students deal with the
"uncertainty, instability, uniqueness, and value conflicts" (Schon, 1987, p. 49)
that professionals constantly face in their day to day professional practices.

An important article relating to the professional socialization of
occupational therapists is one by Sabari (1985). She identifies the processes
involved as sponsorship, selection/attrition, sequestration, sanctioning, didactic
instruction, apprenticeship instruction, and certification. Sabari points out that
occupational therapy students are influenced by a variety of individuals during
the course of their educational program such as faculty, occupational
therapists, other health-care professionals, and their peers. Therefore, she
concludes it is important that efforts are made to ensure there is consistency in
the messages that students received. This was a point made by Ondrack
(1975), who found in a study of three nursing educational programs that professional socialization was more effective when there is consistency in the messages being sent. In addition, Sabari points out that students are influenced by their clients, an influence which she felt plays "a greater role in the socialization of occupational therapists than in other service professionals [because] both faculty and clinical supervisors explicitly stress that students be open to learning from their patients" (p. 99).

Curriculum

Nystrom (1986) highlighted the importance of the fact that "education for professionals is both theoretical and practical" (p. 91). The combination of these two aspects of the educational program produces the curriculum which forms the core of the professional socialization of a neophyte professional. Therefore, before reviewing the literature relating to the fieldwork component it is important for the reader to understand the influence of the curriculum as a whole. This section will focus on the literature relating to different curriculum paradigms and to fieldwork as a component of the curriculum.

Curriculum Paradigms

Much has been written on curricula in the fields of medicine and nursing but there is a paucity of literature in the field of occupational therapy (Colman, 1985). An understanding of curriculum paradigms is crucial to understanding the philosophy guiding the implementation of the fieldwork component of the curriculum. When the word "curriculum" is heard, people tend to think purely in terms of topics to be covered in a program and the sequencing of these topics. However, as Grundy (1987) points out, curriculum encompasses much more than this:
To think about curriculum is to think about how a group of people act and interact in certain situations. It is not to describe and analyze an element which exists apart from human interaction. (p. 6)

Faculty play an important role in the development of curriculum and are the strongest influence on it (Grant, 1983). Walker (1988) has described how educators’ beliefs and values are the platform which guides them in curriculum activities:

The word ‘platform’ is meant to suggest both a political platform and something to stand on. The platform includes an idea of what is and a vision of what ought to be, and these guide the curriculum developer in determining what he [she] should do to realize his vision. (p. 236)

Grant (1983) in a study of occupational therapy curricula in the United States identifies eight forces which influence the selection of what is worth including in the curriculum. These forces are:

The disciplines from which content is derived, the institution of higher education, the professional organization, documents, publications, people directly and indirectly involved with the program, professional practice of occupational therapy, and institutional and governmental funding. (p. 1)

She concludes from her study that the most powerful force for the inclusion of content in the curriculum is the faculty, followed by the clinicians and student supervisors. The directors in her study report feeling confident that they had the autonomy to make decisions regarding curriculum content, and did "not believe that organizational or institutional forces are the primary source of information from which decisions to add, modify, or delete content are derived" (p. 441).

There are many ways of viewing curriculum. One of the most common categorization of curriculum theorists (Giroux, Penna, & Pinar, 1981; Gress & Purpel, 1988; Grundy, 1987) suggest views of curriculum fall into three areas: the traditional or technical-rational, the conceptual-empiricist, and the critical-
theoretical or reconceptualists. The philosophies underlining these three views are very different and therefore lead the educator to contradictory ideas about what is worth knowing and how educational programs, including the fieldwork component, need to be implemented.

**Traditionalist Paradigm**

The traditionalists in curriculum theory, who emerged in the early 1900's, were influenced by the scientific developments of that era. They viewed education in terms of efficiency and a technical-rational perspective. Ralph Tyler (1981), a key educator in this approach, believed the underlying foundation of any curriculum work rested on the answers to four questions: What purpose does education serve? How can learning experiences be chosen to meet the purpose? How should these experiences be organised? How can we evaluate whether the program has been successful? Competency-based programs are based on this educational paradigm. The educator with a traditionalist background will think of curriculum mainly in terms of crucial skills that a competent occupational therapist needs. A review of the literature shows that the competency based movement has had a strong influence on the way occupational therapy curricula have been developed (Roberts, Cordova, & Saxe, 1978) and in the texts used to guide fieldwork educators (Crist, 1986a; Ford, 1978).

**Conceptual-Empiricist Paradigm**

During the 1960's, some educators (Schwab, 1981; Walker, 1988) began to question the technical-rational approach to education of the traditionalists. They felt curriculum should be viewed in terms of concepts, similar to the way other disciplines are conceptualised. In other words, knowledge is based on
concepts which because of their changing nature need to be interpreted. Schwab (1981), one of the key theorists in this group, explains:

The scientific knowledge of any given time rests not on the facts but on selected facts—and the selection rests on the conceptual principles of the inquiry. Moreover, scientific knowledge—the knowledge won through inquiry—is not knowledge merely of the facts. It is of the facts interpreted. This interpretation, too, depends on the conceptual principles of inquiry. (p. 54)

Schwab’s comments have been echoed by occupational therapy educators such as Hinojosa (1985) who has begun to wonder if the technical-rational or competency-based approach to educating health-care professionals is appropriate because:

A profession’s responsibilities to society and the individual must be guided by ethical and philosophical beliefs. Competency and mastery of skills is a relatively limited aspect of the therapeutic intervention process. (p. 541)

The conceptual-empiricists’ approach to education lends itself to programs which use a problem-based framework and are focused on the development of reflective skills and in reasoning abilities. An educator from the conceptual-empiricist framework will view curriculum in terms of a general framework which encourages the development of reasoning and problem-solving abilities. Occupational therapy educational programs that were developed during the ’1980’s were based on this philosophy.

**Critical Theoretical Paradigm**

By the mid 1970’s a third group of curriculum theorists emerged (Apple, 1988; Giroux, 1981): the critical-theorists or reconceptualists. They believed that it is not possible to consider curriculum matters unless one studied and understands the wider framework within which curriculum is implemented. In other words, they are concerned about the impact of society and the values
and power structures inherent in the dominant culture. They believe that education is a political activity. To them, traditional approaches to education are the way the dominant culture maintains oppression of those who are powerless.

The critical-theoretic educator views components of the curriculum in terms of critical thinking and societal barriers. For example, within the education of health-care professionals, the focus is on helping student health-care professionals become skilled in ways of empowering clients and exploring the power relationships embedded within the health-care setting. To date, no literature under this paradigm has been identified relating to the implementation of fieldwork education within the area of educating therapists.

The decision as to what to include in the curriculum of an educational program in occupational therapy, determining what is "worth knowing", is guided by the standards established by the national professional associations for accreditation. In Canada, the "Statement of Educational Standards" contained within the "Accreditation Manual" (CAOT, 1986) is quite prescriptive in setting out what educational programs must cover in their curricula and includes a competency-based skills profile chart. However, these standards are currently under review.

**Fieldwork as a Component of the Curriculum**

Fieldwork has been likened to a bridge (Baines, 1974; Coles, 1985; Ramsay, 1974) between the academic world and the world of the practicing professional. Emery (1981) describes it as:

An approach to learning, a set of ideals, an environment, an apprenticeship, an example of andragogical teaching. Within it lies the final challenges and victories of achieving professional status. It is one of the final affirmations of professional competence. (p .6)
He believes there are three "fundamental characteristics of clinical education" (p. 10), which he identified as the "acquisition of skills, professional socialization of the student, and strong teacher-student interrelatedness" [original emphasis] (p. 11). By this statement he is broadening the traditional concept of the application of theory learned in the academic setting to encompass other factors. He is identifying the important role fieldwork plays in acquiring psychomotor skills, of the development of attitudes and beliefs towards the profession, and the way in which the student and clinical educators have needs which are closely interrelated according to Smith's (cited in Emery, 1981) view of the clinical educator and student’s position.

**Models of Fieldwork Experiences**

In reviewing the literature, three major categories of models of fieldwork process in the health-care field can be identified: models which focus on the process of supervision, those using student developmental stages, and those which are focused on the relationships between participants. Literature relating to the process of supervision (Henry, 1985; McElfresh, 1986; Whitman, & Schwenk, 1984) focuses on the feedback and evaluation components of the supervisory cycle. For example, McElfresh (1986) has developed a three-dimensional model using student need, different supervisory roles, and the focus of supervision as the parameters.

The literature relating to developmental stages (Beck, Youngblood & Stritter, 1988; Brown, 1985; Frum & Opacich, 1987; Lofaro, 1982; Schwartz, 1984) has focused on how the supervisor assists the student in the socialization process into the profession and the different stages and phases involved in this process. An example of this approach to a model for fieldwork is Schwartz's (1984) model which labels the stages of a student's progress through fieldwork as conscientious, explorer, and achiever.
Finally, the articles relating to relationships between participants (Bell, 1986; Etcheverry, 1990; McBride & Martin, 1986; Sheets & Schwenk, 1989; Snow & Mitchell, 1982) seek to highlight the importance of actively including all participants of the fieldwork process within the supervisory process. For example, Snow and Mitchell (1982) portray the fieldwork process as a relationship involving the faculty member, the clinical educator, and the student, all of whom interact around the focus of the client. These writers point out the necessity of having a mutualistic relationship where all parties are dependent but benefit from the relationship. Sheets and Schwenk (1989) have pointed out that much more needs to be done in looking at the interactions among these relationships:

Most of the previous efforts at research on the teaching/learning triangle in professional education have focused on characteristics of effective teachers, good students, and the context of the experience. We propose that the research be focused on a different level to examine how the interaction of teacher, student, and patient/client affect the quality of the educational experience in clinical settings. (p. 4)

Integration of Fieldwork with Coursework

The importance of effectively integrating fieldwork and coursework within the curriculum has been acknowledged (Early, 1984; Ford, 1978; Greenberg & Feifer, 1980; Nystrom, 1986). Ford (1978) indicates that such integration needs to take place at three levels: "administrative integration of program components, curriculum integration, and course integration" (p. 113). He describes a variety of approaches including non-concurrent and concurrent integration.

The non-concurrent approach either has all coursework followed by fieldwork or alternates between coursework and fieldwork. This approach is most commonly used in fieldwork education of Canadian occupational
therapists (Tompson & Tompson, 1987b). The concurrent approaches fall into four ways (Ford, 1978):

1. A concurrent pattern throughout the curriculum, with all clinical education occurring concomitantly with didactic instruction and with no full-time clinical assignments.

2. A concurrent pattern with a full-time clinical assignment at the end of the curriculum.

3. A concurrent pattern with a full-time clinical assignment in the middle of the curriculum.

4. Concurrent patterns interspersed with multiple, full-time clinical assignments throughout the curriculum. (p. 123)

Very few studies have been conducted on the topic of integration of fieldwork and coursework within the area of physical and occupational therapy (Ford, 1978). However, Cohn & Frum (1988) report that in a survey of occupational therapy fieldwork educators, lack of integration is one of the three most important problems facing therapists. One study (Walish, Olson, & Schuit, 1986) used interviews to focus on the effect of an early concurrent fieldwork experience for physical therapy students. The results suggest that "the concurrent assignment may build students' confidence in their affective and psycho-motor abilities" (p. 235). However, the authors of this paper indicate "that students may begin to experience frustrations in the practice of physical therapy during early, concurrent clinical assignment" (p. 235).

Adelstein, Cohn, Baker, & Barnes (1990) describe the advantages of a concurrent placement during the final part of the occupational therapy program, for Level II fieldwork placements. (A description of the meaning of the different levels of fieldwork is outlined in the next section relating to fieldwork in occupational and physical therapy.) They found that the extra time in the placement allows students to move beyond the basic technical skills, to make the transition from student to therapist, to develop relationships with other team
members, and to experience the full period of a treatment intervention with their clients.

The importance of early fieldwork experiences (Level I) has been pointed out in the literature relating to occupational therapy fieldwork experiences in the United States. It has led to a call (Leonardelli & Caruso, 1986) for more attention to be paid to this aspect of fieldwork education than has been done in the past. A survey conducted to identify the purpose of Level I fieldwork placements (Kautzmann, 1987) has highlighted the students' concerns with being involved and not just observing. Another finding of this study is the importance of timely feedback during their experiences.

One model for the integration of fieldwork and coursework that has been developed and described is the TAR model (Greenberg & Feifer, 1980), which was later adapted to become the STAR-TAR model (Early, 1984). The later approach uses both concurrent and non-concurrent fieldwork experiences and consisted of seven components. "S" represents stimulating the interest of the student through an introductory one week fieldwork placement. "T" covers the teaching of basic concepts in the classroom setting. "A" is for the application of what they have learned through half-day fieldwork placements. "R" represents the reinforcement process which occurs through the use of weekly seminars. The second "T" is the start of repeating the cycle at a more advanced level. The second "A" represents advanced application through full-time fieldwork experiences. Finally, the last "R" is the reinforcement provided by bi-weekly seminars held concurrently with the advanced fieldwork experience. Feedback from four classes of students and faculty indicate that learning and skills are improved when this model is adopted.

Fieldwork in Occupational and Physical Therapy

Much of the literature relating to fieldwork in occupational therapy emanates from the United States. There are two key differences between the
literature relating to fieldwork in the United States and Canada—terminology, and the role of financial reimbursement.

In the United States the term "Level I" and "Level II" fieldwork are used to denote two main types of fieldwork carried out in that country. Level I fieldwork takes place concurrently with academic coursework, is part-time in nature and of short duration, and is usually focused on observation with limited participation by the student. In the guidelines for educational programs it is defined as:

Those experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process. These experiences are not intended to emphasize independent performance. (American Occupational Therapy Association, 1991, p. 1082)

Level II fieldwork is carried out on a full-time basis, generally towards the end of the curriculum or after graduation, and takes place over a lengthy period of time. The guidelines state that at least three months of the six-month requirement must be carried out on a full-time basis. The purpose of Level II Fieldwork experiences are:

To promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable the application of ethics related to the profession, to communicate and model professionalism as a developmental process and a career responsibility, and to develop and expand a repertoire of occupational therapy assessments and treatment interventions related to human performance . . . [and] To provide an in-depth experience in providing occupational therapy services to clients. (American Occupational Therapy Association, 1991, p. 1082)

In the Canadian literature there is no separation of fieldwork into levels, as occurs in the American literature. The generic term generally used for all levels of experience is "fieldwork", though occasionally other terms are used such as "block placement" (a full-time placement within the academic year) or "integrated placement" (a placement concurrent with academic course work) or
"summer internship/placement" (a placement taken outside of the academic year). This lack of consistent terminology in the area of fieldwork has been commented upon (Tompson, 1985).

The second difference in the literature between the United States and Canada relates to differences in the health-care systems between the two countries. In the United States, where health-care has to be paid for by the consumer or third parties, a major issue in the literature is the cost-effectiveness of fieldwork (Hirama, 1987). In contrast, the monetary aspects of fieldwork are rarely mentioned in the Canadian literature because the Canadian system of medicare has not yet made this an issue.

Until the early 1980's there was a dearth of literature in the area of fieldwork in occupational therapy and physical therapy. The lack of attention paid to this component of the curriculum is highlighted by Christie et al. (1981) who refer to fieldwork in the title of their paper as "the neglected essential" and Crist (1986a) who refers to it as "the silent crisis" (p. xv). Webb (1983) described how:

An effective supervisory experience can transform the student or beginning worker into a skilled clinician, yet we know relatively little about the chemistry, or climate of the learning environment which best fertilizes and nourishes this growth process. (p. 41)

As fieldwork became more problematic with the expansion of educational programs and limited fieldwork placements, it prompted more attention to be paid to this component of the curriculum. Studies which have been done can be divided into six main categories: the fieldwork process, the effect of fieldwork, the therapist as a clinical educator, evaluation, cost effectiveness of fieldwork, and students’ perspectives of fieldwork.
The Fieldwork Process

Moore and Perry (1976) have studied the process of fieldwork in physical therapy on a national basis in the United States. Tompson and Tompson (1987b) have studied occupational therapy in Canada. These studies used surveys to determine the way in which fieldwork was implemented in their respective disciplines, and countries. Moore and Perry surveyed both therapists and educators while Tompson and Tompson surveyed only fieldwork co-ordinators of Canadian educational programs outside of Quebec.

The purpose of fieldwork in occupational therapy is the focus of an historical study by Nystrom (1983) who reviewed the literature from the early days of the profession to identify the ascribed purposes of fieldwork during the evolution of the profession. Her findings indicate that the purposes of fieldwork are more implicit than explicit and that they fell into six categories: the provision of patient contact, the benefits to the participants in the process, the development of competence in the role of a therapist (as a process and product), the fostering of professional growth, as a way of learning, and as a way of determining the relationship between the clinic and classroom. Nystrom felt that the educational aspects of fieldwork are not in the fore-front of discussions on the purpose of fieldwork. In addition, she felt there is some confusion as to when fieldwork should be considered a laboratory experience (most appropriate in Level I fieldwork), and when it should be considered more of an apprenticeship (the approach required for Level II placements).

Studies relating to specific levels of fieldwork placements have ranged from ones which are more like practical guides on how to establish these different types of placements (Cole, 1985; Neistadt & Cohn, 1990), to extensive national surveys (Shalik, 1990). In one study of Level I fieldwork placements (Leonadelli & Caruso, 1986), all educational programs in the United States and 170 clinical facilities providing such placements were surveyed. It was found that there is a need for better understanding between academic faculty and
clinicians, the need for uniform student evaluation forms, and concerns about the cost-benefits of such placements. Kautzmann (1987) found there is agreement between faculty and therapists concerning the purpose of Level I fieldwork but differences with the students. In a study relating to Level II placements which involved 152 therapists, Atwater and Davis (1990) found that Level II psychosocial placements are considered essential because of the holistic nature of occupational therapy practice.

The use of a ratio of one supervising therapist to two students has been the focus of some Canadian studies (Ladyshewsky, 1993; Ryan, 1986; Tiberius & Gaiptman, 1985). The Tiberius and Gaiptman study which focused on five students found that educational programs and the therapist benefit more than the student. Ryan's study of nine students over a five-year period, came to the conclusion that the one supervising therapist to two students was a viable model. A later more extensive study which involved thirteen pairs of physical therapy students (Ladyshewsky, 1993) came to a similar conclusion.

Problems within the fieldwork process have been another area of interest to researchers. Stover (1976) used a delphi technique to survey 185 occupational therapists concerning the major problems facing them in the provision of fieldwork experiences. She identified nine problem areas, the major ones being the integration of theory and practice, treatment planning, and relating to the student. However, none of the problems identified in her study relate to inadequate preparation of clinical educators for their role, one of the major issues identified in the Moore and Perry (1976) study (along with inadequate supervision of students) and an area of concern of later studies.

One of these studies involving the perceptions of 102 senior student physical therapists (Emery, 1981) identifies five key issues facing fieldwork education, of which two relate to inadequate preparation of therapists. These five issues are the variability of the clinical instruction interaction, the lack of training opportunities for therapists, the lack of awareness of the importance of role-modelling, the inadequate communication between therapist and student,
and the high student anxiety because of the brevity of clinical placements. A similar study in the area of occupational therapy (Christie et al., 1985b) of 122 students and 188 clinical educators found that though the clinical educator’s role is considered by both students and clinical educators to be a crucial one, there is a lack of training for clinical educators for this role.

Bell (1986) in her study of fieldwork co-ordinators’ perceptions of problem areas in fieldwork discovered that fieldwork is not a priority for anybody but the student. Only two studies were located which dealt with how students cope with problems in the fieldwork setting (Mitchell & Kampfe, 1990, 1993). The first is a small scale study done locally in which students were surveyed in a Level II placement. It found that students vary in their coping strategies. The second study replicated the first one but on a larger scale with national representation and had similar results.

The Effect of Fieldwork

One impact of fieldwork on students is their preference for practice area on graduation. Christie et al. (1985a) surveyed 135 therapists for their recollections about the impact of various stages of their education program. It was found that fieldwork has more impact on their choice of practice than any other part of the educational program. However, Meyers (1989) found that whereas a positive experience had an effect, a negative one did not affect the choice of practice area.

Another area where the fieldwork experience has had a major impact on students is in the area of role modelling. Jacobson’s (1974) survey of 260 physical therapists showed that the clinical educator has greater impact on the student than the academic educator.
The Therapist as a Clinical Educator

Studies have focused on various aspects of clinical teaching. The attributes of an effective teacher (Christie, et al., 1985b; Emery, 1981, 1984; Jarski, Kulig, & Olson, 1990) have been identified and these studies agree that it is the interpersonal skills which are more important than the clinical educators' professional skills and knowledge. Tompson (1986) identified four major influences which affect whether a therapist agrees to act as a clinical educator: workload, feelings of isolation, the parameters of a placement, and professionalism. Scully & Shepard (1983) in a qualitative study of physical therapists discovered that "three interrelated aspects of supervision are used by CTs [clinical teachers] to pace students to competency: time, coaching, and the student's status" (p. 354). By this they meant the time involved, the different approaches to use with students and the way the status of the student changes to become a professional.

Evaluation

The problems of evaluating students in fieldwork have been discussed far more than they have been studied. The type of evaluation instrument used has been explored (Bell, 1980; Ernest, 1985). In these articles the authors have described the need for and the efforts they have made to develop an evaluation instrument which could be used anywhere in Canada. A similar effort has been made in the States (Brown, Streeter, Stoffel, & McPherson, 1989).

The different approaches to the evaluation process have been the focus of other studies. Winter, Peterson & Winter (1990) conducted a comparative pilot study between the use of a traditional, subjective rating approach to evaluation and that of a "Job Model":

The job model focuses primarily on accomplishment, not behaviour . . . . The job model is a job description that states simply and precisely what students are responsible for, how their
performance or accomplishment will be measured, the standards by which they will be held accountable, and the conditions that must be provided to help them meet those standards. (p. 162)

This approach to evaluation also incorporates daily self-monitoring. The study found there is some value in using the job model approach and further studies would be carried out.

Taylor (1993) has described an innovative approach to fieldwork evaluation in which the important component of clinical reasoning has been incorporated. Although the evaluation instrument is still at a developmental stage, feedback indicates users had found it is easily adapted to any setting, more reflective of what is being taught, more holistic, and better at clarifying expectations. It differed from other more traditional approaches to evaluation because it was:

Based on a participatory paradigm which is holistic, emphasises the sense of partnership and mutual respect, encourages self expression, self discovery, and self improvement of the student; and suggests that positive change in student performance grows out of a consensus—a shared vision of change. (p. 124)

Cost Effectiveness of Fieldwork

In the United States where the monetary aspects of the health-care system has an all pervasive influence, the question of the costs of the fieldwork process have been studied extensively (Burkhardt, 1985; Chung & Spelbring, 1983; Holder, 1988; Mackinnon & Page, 1986; Shalik, 1987; Shalik & Shalik, 1988), but no definitive results have been obtained. For example, in one study it was established that a nine-week placement costs a facility $2,586 (Mackinnon & Page, 1986), while in another study the projected benefits for a twelve week placement are $4700 (Shalik, 1987). Differences between studies could not be accounted for solely on the basis of different research methodologies (MacKinnon & Page, 1986).
Students’ Perspectives of Fieldwork

The majority of studies related to fieldwork in occupational and physical therapy have been conducted from the perspective of the clinician or faculty. According to Brust (1990) very little research has been done from the students’ perspective. This is different from nursing where the literature relating to clinical education has been almost entirely from the student’s perspective, particularly as it relates to the attributes of effective clinical teachers (Pugh, 1983).

Studies that have explored students’ perspectives in occupational and physical therapy have, in the majority of cases, been survey types of research with a focus on what students felt were desirable characteristics in effective teaching (Jarski, Kulig, & Olson, 1990) or looked at one specific component of the fieldwork process, such as different student-therapist ratios (Ladyshewsky, 1993). Five studies which have been different, focused on the students’ perspectives using naturalistic enquiry methods (Brust, 1990; Gutterman 1984; Harris & Naylor, 1992; O’Shea, 1977; & Meyers, 1989).

However, only three of these studies in physical therapy (Brust, 1990; Gutterman, 1984; Harris & Naylor, 1992) have focused on the students’ perceptions of the process of the fieldwork experience (I was unable to locate any in the area of occupational therapy). This lack of studies of students’ perceptions of this particular aspect of fieldwork is unfortunate, especially in light of Wheeler’s (1960) comment that “much can be learned about the process of socialization by taking a close look at the structures and situations within which it occurs” (p. 54). Grundy (1987) also has pointed out the importance “that our common understandings should be subjected to critical scrutiny” (p. 109).

The experiences of 41 physical therapy students during their first placement were the focus of Brust’s (1990) study in which she used observations, interviews and journal entries to obtain data. She describes these students’ experiences of the various ways of practicing physical therapy and
the social skills they develop in their placements which increases students' confidence in their abilities. Students find the clinical setting very different from the academic setting; it is the real world. Other aspects highlighted in this study were how students feel about different types of patients. A key finding of the study is the important role played by the clinical educator and the factors students feel make for a good or bad supervisor. This study is weakened because of the researcher's attempt to use qualitative research methods with an excessive number of participants. Comments by the researcher are ambiguous as to whether or not she made use of all her data. In addition, the study focuses only on one five-week fieldwork placement, so that students were not able to compare and contrast different placements and the researcher was not in a position to see the patterns of change in students as they progressed through their placements.

Gutterman's (1984) study also focused on the experiences of physical therapy students. She used participant-observation, interviews, and questionnaires to study the professional socialization of students during a three month internship at the end of a professional program. This was an interesting study in the way the researcher combined observation of two students with student interviews and four rounds of surveying 54 members of the class. Through this process she identifies five dimensions to these students' clinical experiences: an activity dimension, the relationship dimension, the student-professional dimension, the adaptation dimension, and the realisations dimension. She stated: "The major outcomes of the clinical affiliation can be summarized in these few words: a heightened sense of caring, comfort, competence, confidence and communication" (p. 192).

Another smaller study is a case-study that was reported from England (Harris & Naylor, 1992). In that study 23 third-year physical therapy students completed diaries on two consecutive days and questionnaires. Five of the students were interviewed. Findings indicate that placements varied as to the extent to which there was an educational focus. These researchers felt that
care needs to be taken during the supervisory process so that the experience is focused on being an educational experience rather than merely socialising the student into the profession. This was because they felt that "unless clinical education is designed specifically to encourage an educational environment, then learners may concentrate on the processes of socialization and outward performance rather than directing their own learning, developing critical reflection and therefore becoming autonomous professionals" (p. 129). Harris and Naylor express concern that in some situations students are being pressured by the pace of work so that there is no time for critical reflection. This study was somewhat limited in that there was no observation of the students during their clinical placements. A concern that would have been shared by Gutterman (1984) who stated that "the experience of data gathering as a participant observer was invaluable in helping the researcher understand the students' interpretation of what was happening to them" (p. 70). In addition, these students were in their final placements which meant that the study reflected the meaning of fieldwork for students with previous exposure and understanding of the clinical setting rather than students who were experiencing such an environment for the first time.

In the study of fieldwork in occupational therapy, Meyers (1989) used naturalistic evaluation methods (a combination of observation, interviewing, document review, and focus groups) to obtain students’ and therapists’ concepts of the ideal fieldwork setting in three types of fieldwork placement: psychosocial, physical medicine, and paediatrics. Their views were categorised into physical, social, or institutional elements. It was found that these elements vary according to whether the placement is in the area of physical or psychosocial dysfunction, or in paediatrics. Students give priority to the factors which relate to social elements, and fortuitously, these are the ones that clinical educators feel they have the most control over.

O'Shea (1977) observed and interviewed six students during a Level I placement over a fifteen-week period to explore their developing professional
identity. She discovered that the most frequent comment made by students related to their lack of positive conviction in their skills as therapists. Students have a tendency to promote themselves as students in need of help, rather than being the individual who will be helping the client. In addition, students have difficulty explaining what occupational therapy is about. It became clear that "client response was critical in controlling the student's impression of her [his] own identity as she [he] enacted a professional role" (p. 104). When it came to relationships with other health professionals, students are encouraged by the therapists working with them to establish a peer relationship, except in the case of physicians whom it was implied had a higher status. O'Shea's findings are reflected in comments made by a student (Botkin, 1979) about a discussion group held after a fieldwork experience when he reported "disillusionment with occupational therapy, and shared feeling of confusion and anxiety . . . . [and] insecurity and defensiveness about defining occupational therapy . . . . [because] students felt this problem was representative of their uncertainty about their professional identity" (pp. 123-124).

Summary

In this review of the literature I have focused on those areas which seem most germane to this study: professional socialization, curriculum, and fieldwork in occupational and physical therapy.

In the area of professional socialization I have explored studies from a variety of professions with an emphasis on the fields of medicine and nursing where the bulk of the literature lies. In the area of curriculum, I have outlined the role played by the three approaches to curriculum: traditionalist, conceptual-empiricist, and critical-theoretic. Fieldwork as a component of curriculum has been described in terms of various models and how it has been integrated into the curriculum.
Finally, I have reviewed the literature relating to the focus of this study, fieldwork in occupational and physical therapy. Key areas included studies of the fieldwork process, the effect of fieldwork, the therapist as clinical educator, evaluation, cost effectiveness of fieldwork, and students' perspectives of fieldwork.

This review of the literature highlights the lack of studies in the area of professional socialization in occupational therapy and the fieldwork process. It should also be noted that the majority of studies focused on the perspective of the therapist, and used a survey or questionnaire approach. Therefore, this study plays an important role by focusing on areas where there is a paucity of literature, while at the same time highlighting the students' perspectives through a naturalistic enquiry.

While this chapter has provided a background to the relevant literature within professional socialisation, curriculum and fieldwork, the next chapter provides a background to the methodology used for my study and the related methodological literature.
CHAPTER THREE: THE STORY OF THE STUDY

The purpose of this study was to uncover meanings that students make of the fieldwork process and identify the underlying influences which shape these meanings. This chapter tells the story of how I conducted this study using a naturalistic research approach. Naturalistic research is the chosen approach when faced with any of the following situations: a study taking place in the natural setting (Lincoln & Guba, 1985), the researcher acting as the key instrument (Bogdan & Biklen, 1982), an exploratory study (Miles & Huberman, 1984), or in situations where the researcher is attempting to generate theory that is grounded in data (Glaser & Strauss, 1967).

As this study was set within a context that encompassed all the above situations, I determined that the naturalistic approach to research was the research method of choice. It was also particularly suited to research in the field of occupational therapy because as Kielhofner (1982) explains:

There is a special harmony between the concerns of occupational therapists and the paradigm and methods of qualitative [naturalistic] research. Both focus on the realities of everyday life . . . . and both attempt to gear their techniques to the realities of the people involved. (p. 162)

This chapter has been laid out within a chronological framework of four distinct stages.¹ The first stage which represents the process of getting ready, covers gaining access to the site, the conduct of a pilot study, selection of

¹ Readers who are interested in the exact timing of the activities mentioned in this chapter should turn to Appendix C, the audit trail, for specific details regarding time, place and person.
participants, and research instruments. It also provides a description of the context of the study. The second stage focuses on data collection and analysis. The third stage describes how I brought closure to the study through the two activities of ending my contact with the participants and writing up the study. In the fourth and final stage I have reflected on the methodology used in this study and shown how trustworthiness is ensured by describing aspects of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

This chapter is extensive because of the importance of providing a "thick" description in order to:

Enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility. The question of what constitutes "proper" thick description is, at this state of the development of naturalist theory, still not completely resolved. (Lincoln & Guba, 1985, p. 316)

I have chosen to err on the side of caution and describe in some detail the methodological approaches used in this study.

**Stage One - Getting Ready**

This crucial stage laid the foundation for the study. The first step was the selection of a theoretical framework. The theoretical framework of any study provides a natural boundary within which the study can become focused. Fetterman (1989) suggests that:

Most researchers, explicitly or implicitly, use one of two types of theory: ideational or materialistic. Ideational theories suggest that fundamental change is the result of mental activity—thoughts and ideas. Materialists believe that material conditions—ecological resources, money, modes of production—are the prime movers. (p. 16)
In my study I worked within an ideational theoretical framework with a focus on the theories relating to professional socialization. It is an ethnographic study which Fetterman (1989) has described as being "the art and science of describing a group or culture" (p. 11). Agar (1980) has described two key aspects that must be present for a study to be considered ethnographic: the adoption of a learner role by the researcher, and the search for a pattern from the multiple sources of data. This study has met these authors' descriptions for an ethnographic study because it is a study of student occupational therapists in which I set out to learn of their experiences as students in the clinical setting.

The steps in this first stage of "getting ready" were fairly extensive. I shall describe how I started by gaining a general understanding of the area. Next, I shall show how access was gained to the various settings and people which involved, among other activities, considering the legal and ethical aspects of the study. I then had to find ways to facilitate and maintain my access to the settings. This process was made easier by a pilot study which was conducted to determine the feasibility of the research approaches and develop my credibility as a researcher within the local community. Finally, I outline the selection process I used for choosing the study participants and my choice of research approaches. This getting ready stage concludes with a description of the context of the study.

**Mapping Process**

Before any study can commence, a researcher must spend some time gaining a basic understanding of the field to be studied. It is a process whereby a researcher sets out to identify the key people to meet and discover any possible barriers that may arise in the cause of a research project. This initial survey of the area of study is called "mapping":

Mapping serves a number of important interests: methodological, interactional and substantive. Of these the most important is the first mentioned; for shortly the researcher will need to know what
to watch and with whom to converse—where, when, how much and in what order. (Schatzman & Strauss, 1973, p. 36)

In this study, the mapping process took the form of a review of the relevant literature (as described in the introduction to chapter two), informal observation of the interactions of clinical educator-student dyads, and discussions with a variety of therapists and students. These processes provided an indication of which aspects of the fieldwork process would provide the most fruitful data.

**Entry into the Field**

Having completed the mapping process, I started to make contact with those involved in the area under study. The process of gaining entry was complicated by the number of institutions and groups of people involved. In addition, I was requesting entry into health-care settings which, because of the life and death nature of the work environment, have more stringent requirements about granting access than perhaps is the case in a purely educational setting. Individuals or institutions that I had to access included the students' university, health-care institutions, the occupational therapy community, and the student community. The process of gaining access to these various institutions and groups took time and stretched from May, 1990, to March, 1991. I took care not to rush this process because otherwise my relationship with the various people would have been adversely affected and might have led to denial of access or less rich data.

Entry to the field takes place on several levels: informal, semi-formal, and formal. Prior to any formal entry into the field a researcher needs to spend some time on informal approaches. These approaches take the form of using personal contacts with the gatekeepers (Bogdan & Biklen, 1982) to identify, on an unofficial level, the formal requirements of entry into the field and also to determine the level of interest in involvement in such a study.
Some key gate-keepers in this study were the Academic Fieldwork Coordinator and Director of the occupational therapy educational program from which the students were to be selected. There were also the directors of occupational therapy departments in which the students were placed, the leaders of the various student groups, and the leaders of the occupational therapy community in which the study would be taking place.

**Access to the Participating students**

I made informal approaches about conducting the study to the Academic Fieldwork Co-ordinator and the Head of the occupational therapy educational program before I made a semi-formal approach to the Director of the Faculty in May, 1990. After their concerns were addressed, a formal approach was made to the Ethics Committee of the Faculty of the participating students' university for permission to contact the students formally to solicit their involvement. In October, 1990, an informal approach was made first to the leader of the whole student body to give the background of the study. This was followed by approaches made to the third-year students for volunteers for a pilot fieldwork study and notification of the plans for a major fieldwork study to the first-year students. Care was taken at this time to draw these first-year students' attention to the fact that I was still in the process of seeking approval from the Ethics Committee of their Faculty.

During the period of the pilot study, I attended some of the classes of the students whom I would be approaching for volunteers for my main study. This allowed these students to get to know me on an informal basis before they needed to decide whether they wanted to be involved in my study. One drawback was that the only class available to fit my schedule was the anatomy class. Not only did the students and I get to know each other but I had my first exposure to cadavers. Finally, in the spring of 1991, I made a formal
presentation to the first-year students and asked for volunteers (see the selection process in a later part of this chapter).

**Access to the Health-Care Settings**

Gaining access to the various health-care settings involved different approaches. First, I contacted and surveyed department heads of the 25 potential fieldwork placements to find out whether their facilities required formal approval for access for data collection. This process was facilitated because of my relatively high profile in the profession, having previously worked for two years in that region and because of the various positions I have held in the national professional organization.

The majority of the departments (14) required only informal notification by telephone or letter of my intention to visit. However, six facilities required formal application for access to conduct research, together with supporting documentation which would be reviewed by their own ethics and/or research committees. The few remaining departments only took advanced students (which fell out of the scope of this study) and one facility had just had staff changes which made it very unlikely that it would be accepting any students.

**Access to the Occupational Therapy Community**

Gaining access to the therapists themselves had been started by the process of informally surveying the occupational therapy department heads to identify the procedures for gaining access to their facilities for research purposes. However, a somewhat more formal approach was used to ensure that there was effective communication between myself and the professional community. A presentation was made to the local group of directors and senior members of the profession at one of their monthly meetings. This meeting paved the way for approaching other therapists. The questions
emanating from this meeting provided ideas for an information booklet that I later used with participating facilities and therapists (see Appendix D). This booklet had not been available for department heads or therapists in the pilot study, but was found to make a big difference for the participants in the main study in the ease with which I was accepted and the decrease in concerns that needed to be addressed. This booklet was printed in a luminous lime green to ensure its easy visibility on the desks of busy therapists.

The occupational therapy community is a close knit one, so the final approach, that of conducting a pilot study, ensured that the "grapevine" would spread the word that the research approach was tenable and not too intrusive. In addition, it served to reassure those therapists who might have been concerned about their involvement.

**Legal requirements**

In many Canadian provinces, it is illegal to present oneself as an occupational therapist to the public unless registered with the appropriate provincial licensing body. Because I would be identifying myself as an occupational therapist and as a researcher (see researcher's role), I took steps to obtain the necessary license to practice occupational therapy in the province in which the study was conducted.

Consideration was also given to clarifying my status in regards to malpractice insurance. I was a student, yet a student who also held a provincial license to practise my profession. An incident might have occurred in which I needed to make a professional judgement to intercede in order to prevent harm befalling a client. However, by exercising that professional judgement, I would be technically giving a professional service to a client which would then make me vulnerable to any legal action that might ensue. Enquiries ascertained that despite having obtained full professional status in one profession, I was still considered to have the status of a bona-fide university
student in my role as a neophyte researcher. Thus in the event of such an incident, the university insurance policy would cover my actions.

**Facilitating and Maintaining Access**

Once the formalities of gaining access had been accomplished the process of developing and maintaining relationships with those involved in the process was a continuous one. Davis (1986) describes this process of gaining and maintaining an entrée as consisting of:

> All those relationships and contacts made for the purpose of getting into the institution, as well as those for furthering research and insuring continuing access to places, persons, and documents within the institution. In short, entrée has to do with getting in, staying in, and getting what the researcher needs. (p. 49)

I had to consider a number of aspects if I was to be effective in facilitating and maintaining entrée to the field. These consisted primarily of which role to highlight during data collection and ethical considerations.

**The Researcher's Role**

The philosophy of naturalistic research is based on participants sharing their knowledge and experiences with a researcher willingly, rather than being subjects who are studied or having information extracted from them. For this sharing to take place, my participants had to be able to relate to me. All of us function in a variety of roles in our everyday lives. Wilson (1977) has pointed out that researchers need to take care when commencing naturalistic research to establish "a role that facilitates the collection of information" (p. 254).

In working with the participants in this study it was important to highlight a role that would enable me to be true to myself, while at the same time presenting an image that was comfortable for those I was working with.
identified three primary roles which I would need to highlight at different times, that of a student, of an occupational therapist, and of a health professional researcher. However, it is important to realise that although these roles appear on paper to be discrete, in reality they were fluid and, similar to a chameleon, tended to change according to the circumstances of the situation.

**Student role.** With the students, I identified my own "student" status as being my primary role. I made a deliberate point of spending my coffee and lunch breaks with the students rather than the staff, thus further emphasising the role I played in the clinical setting. Fortunately, none of the students was aware at the beginning of the study of my high profile in the profession. One student became aware of it towards the end of Placement A and made some reference to it. When asked if it bothered her, she said it did not matter at that point, but it would have done had she known about my background before she got to know me.

It was relatively easy to adopt the role of a student because the participating students and I were all due to graduate in the same year. This provided a mutual link between us in that our focus was on developing our skills, the students as occupational therapists, and myself as a researcher, together with our eventual interest in looking for future employment opportunities. The success of this role was proved by the number of times students would be surprised when therapists addressed professional topics with me or shared some knowledge. I asked a student one day how she came to forget I was an occupational therapist and she said:

> Because that's not your role right now. Yours is not of an OT. I mean you're a researcher right now, you're a student like me (laughs), and because most of the time you don't talk about things, experiences you've had, but you don't ever give me very much input. I don't ask for it, but you don't offer it either in that way, so it's not like you're another supervisor therapist. VISIT-3C

I felt my relationship with the students was an effective and genuine one but I made a point of getting feedback on this point after the first two basic
placements and again at the conclusion of the intermediate placements. The students’ comments about our relationship are outlined in Appendix E.

**Occupational therapist role.** For the therapists it was important that I was seen as a responsible colleague, one with whom they could share information and know that I understood as a colleague. It was also important that these therapists did not feel threatened by me or feel they were being evaluated. During interactions with therapists I was careful to remind them that I had no recent clinical experience, or any recent experience of working directly with students. My genuine enquiries about new approaches and equipment, generally when students were not present, helped to reinforce this role of a non-practising colleague.

**Health professional researcher role.** For the clients it was important that a role be identified which would allow them to feel comfortable about my presence. For them I was introduced as a researcher but one who had the credibility of being an "occupational therapist". Thus they could see it was appropriate for me to be in the vicinity while personal and medical information was being exchanged, or during personal care activities. I found that in settings where clients were nervous about being observed, such as in psychiatric settings, that both I and the students needed to make extra efforts to reinforce the point that my role was to study the student and I was not interested in anybody else. In these settings I was particularly careful when and how I took notes of activities.

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2 There are both advantages and drawbacks to being a member of the community being studied (Stephenson & Greer, 1981). However, in a meeting (July, 1990) to discuss my advisor’s review of my transcripts, he commented that it would have been impossible for him, as a non-occupational therapist, to have collected the type of data I was obtaining.
Ethical Considerations

Researchers conducting a naturalistic enquiry, with its heavy involvement with the lives, values, and belief systems of its participants, need to be particularly stringent in giving careful consideration to ethical aspects of their work (Ramos, 1989). Care has been taken in this study in a variety of areas.

Ethical Conduct with Clients

I am a member of the Saskatchewan Society of Occupational Therapists, and of the licensing organization of the province where data collection took place. I am also a member of the Canadian Association of Occupational Therapists. Membership in these three organizations is dependent upon agreeing to adhere to a Code of Ethics, which together with my own personal beliefs and values, ensure that I conduct myself appropriately in my contacts with clients. Thus the primacy of the clients' needs took precedence over any activity I might have been involved in as a researcher. This was a point that students were well aware of as one commented to me:

If I feel that it's not right for you to be there with the patient, then I feel very comfortable to say, I don't think it would be a good idea.

EXIT-A

I also included a clause in the consent forms (see last pages of Appendices D and F) which allowed me to override the promise of confidentiality and undertake action in the event I witnessed unethical behaviour which required intervention.

A researcher who is also a clinician will often be faced with conflicts between the role of researcher and that of clinician (Archbold, 1986). In my study I was guided in my actions by asking myself two questions. First, would the client be adversely affected by my action or non-action? Second, if I were the other person, whether as a client, student, or therapist, what action would I
want the researcher to take? During this study, there were several incidents in which I was consciously aware of making a decision which involved reflection upon the ethics of the situation or shifting from a role of observer into one where I became more of a participant. I found these two questions invaluable in helping me make split second decisions as to what action to take. In all instances, as Davis (1986) and Archbold (1986) have suggested, fieldnotes were made of such incidents and the resulting course of action.

**Primacy of Students' Needs**

The students' welfare and rights were formally protected by application to, and approval of the study by the Ethics Committee of the Faculty of Medicine at their university (see Appendix G). All participating students and clinical educators had details of the study clearly explained to them (see Appendices D and F), together with the implications of their involvement. Students and clinical educators were asked to sign a consent form which contained an outline of the study and the individual's rights of withdrawal and confidentiality (see Appendices D and F). Students were given copies of all their transcripts at the end of the study and had the opportunity to retain any part of material that they did not wish to release (see Appendix H). At the end of the study, students were asked to comment on the impact the study had had on their fieldwork experiences. Students indicated it had had a positive rather than a negative affect (see Appendix E).

**Issues of Confidentiality**

The students' priority for their fieldwork experience took priority over my needs as a researcher. I took care to ensure that my presence was as unobtrusive as possible. On occasions when I felt students might want to be alone, I reminded them that I could leave, or I took the initiative and left of my
own accord. The planned interview schedule was also flexible to allow for changes in these students' days, such as unexpected meetings. Care was also taken to ensure that the relationship between the student and the clinical educator was not jeopardised in anyway through my involvement and presence.

The occupational therapy profession is a small, close knit community. Therefore, I had to take particular care to protect the confidentiality of the participants in this study. The location of the study and the students' educational program have not been identified. I assigned a code number to each participant which was used in all my field notes and transcripts and removed all possible identifying comments from any of the students' statements used in this dissertation. The description of the students was pooled instead of describing them on an individual basis. At no time were the identities of the students released to the educational program, and I requested in writing (see Appendix I) that in the event of faculty unwittingly learning of the identity of any of the students, they should make no efforts to provide special fieldwork placements.

Pilot Study

Part of the process of getting ready for this study was the conduct of a pilot study in the late Fall of 1990. For this pilot study, five students volunteered and three were selected. These students were selected on the basis of the clinical setting to which they had been assigned as I wanted to gain experience in the various settings I could expect to find in the main study.

These three third-year occupational therapy students were followed on a weekly basis during their first advanced fieldwork placement which was of one month duration. These students were interviewed at the beginning of their placement, during my observational visits, and towards the end of their placement. This pilot study enabled me to evaluate the feasibility of the data.
collection strategies, to assess the logistics of the proposed observational sessions, and to develop ideas relating to the topics which needed to be explored during the interview sessions. Feedback from these participants enabled me to take steps to ensure that the impact of my presence in the clinical setting would be minimised in the main study.

**Selection of Participants**

There were two groups of participants in my study, the therapists and the students. There was no selection process for the participating therapists because the choice of therapist was entirely dependent on where the student had been assigned a placement. Therefore, this section focuses on the selection of the student participants.

Based on my experiences of the pilot study, I decided to focus on four or five volunteers from students who were about to complete their first year of the occupational therapy educational program. I assumed, based on my experiences of selecting volunteers for the pilot study, that I would have more volunteers than would be required. Therefore, prior to approaching the students, I established a selection process based on three stages: self-selection, specific pre-determined criteria, and random.

The development of this selection process was based on several factors. First, students had to feel that there was an element of fairness about the process of selection and that none of the volunteers was being "evaluated" as to their appropriateness or otherwise as participants in the study. Second, any a priori decisions made as to selection criteria based on age, educational experience, or some other concrete criteria presupposed that such factors were a critical factor in fieldwork. Such an assumption would have been an anathema to researchers operating from the naturalistic paradigm of research. However, it does mean that this study is limited as to the kind of inferences that can be drawn from it in regards to the role played by such factors as race,
culture, gender and socio-cultural status. Third, any selection based on an intuitive feel by the researcher as to which volunteers would be easiest to work with could have led to the omission of individuals from the study who might have provided valuable insights. The importance of maintaining the trust of the students, made the selection process chosen the most suitable approach for this study.

**Self-Selection**

The first stage involved self-selection. The day before my selection meeting, I spoke briefly to the whole class at the end of one of their lectures. I handed out an outline of the study, with a copy of the consent form (see relevant sections contained within Appendices D and F) and told them that I would be having a meeting the next day to give a detailed explanation about the study and to call for volunteers.

At the main meeting, the next day, ten potential volunteer students attended. The details of the study, including the extent of their involvement was reviewed in detail, and the students’ questions answered. The next two stages of the selection process were explained to them to ensure that no students felt they were being evaluated.

**Specific Predetermined Criteria**

The second stage of the selection process involved a review of the volunteering students in terms of three criteria: gender, residential status, and student leadership roles. As was mentioned in the previous section, predetermined criteria are usually avoided, however, in this particular case it was felt important that some criteria be applied. The rationale for such criteria, which is outlined next, was explained to the students.
The first criterion was gender. Occupational therapy is a predominantly female profession, and little is known about the difficulties experienced by the male segment of the student body in the dyadic relationship between clinical educator and student. Crist (1986b), in an article relating to issues facing the profession, drew attention to male students' comments relating to overt and covert biases towards them. My own experiences of conversations with male therapists and students would support Crist's point. It seems to suggest that some issues may arise as a result of gender differences between the student and clinical educator. Therefore, at least one male volunteer was sought.

The second criterion involved residential status. Any volunteer student coming from a province different from the location of the study was dropped. This decision was made because of the strong possibility of these students being assigned one or more of their basic and intermediate fieldwork placements in their home province. These placements would have been outside of the geographical region of the study and would have made it much more difficult to follow these students.

The third criterion involved student leadership. In the pilot study it was found useful to have one of the participants who was a student leader because such students provide access to some of the general views of the student body. Thus, efforts were made to select one participant on the basis of previous or current role as a student leader.

Random Selection

The final stage of the selection process was to have been a random drawing of names. However, in my selection of participants, I was able to complete my selection of five students on the basis of self-selection and the three criteria of gender, residential status, and leadership role without resorting to the random drawing of names.
Choice of Research Instruments

Lincoln and Guba (1985) state that "the instrument of choice in naturalistic inquiry is the human" (p. 236). They also point out, however, that other nonhuman instruments are useful as long as "an instrument can be constructed that is grounded in the data that the human instrument has produced" (p. 239). As naturalistic studies are so dependent on the researcher, it is important that factors relating to the researcher's background, beliefs, and biases are known to the reader (Teel, 1991). Therefore, a brief autobiography, together with an initial list of beliefs regarding fieldwork, has been set out in Appendix J.

Though the primary instrument in this study was myself, it was necessary to use a wide variety of different approaches, in order to reconstruct and illuminate meanings that students created through the fieldwork process. In this study three primary approaches were selected for use: semi-structured interviews, participant observation, and student journals. The implementation of these approaches is described in this chapter in the section relating to data collection. What follows is the rationale for their choice.

Semi-structured Interviews

The key method used to acquire data in my study was the research interview which is a common approach in naturalistic enquiries (Powney & Watts, 1987; Spradley, 1979). Interviews were semi-structured in format, in that I decided some areas that I wanted to cover (see Appendix K) but left the conversation to find its own pathway, following the direction of what was of most importance to the participants. Interviews used in this study ranged from short debriefing sessions during the days that I visited students, to longer sessions lasting an hour or more, which occurred before and after each placement.
The advantage of using interviews in studying fieldwork is that I was able to probe below the surface of what I had seen during observational visits. In addition, it was a time when ambiguous comments that might have been made in written material such as the students' journals could be clarified. In turn students were able to clarify their understanding of my questions. One student who had received a mail survey (from another researcher) about her fieldwork experiences made the comment that:

Some of their questions, they're not really clarified. You're here and I can talk to you and I can ask for clarification. This [the survey] is a piece of paper, you can't ask clarification from a piece of paper. VISIT-4A

**Participant Observation**

The second approach used to collect data was participant observation of students and therapists during students’ fieldwork experiences. The role of the participant observer can be on a continuum ranging from a full participant to that of strict observer with no participation (Jorgensen, 1989). In this study I was more of an observer than a participant but, if circumstances warranted, I became a full participant. I tended to need to play the participant role in settings which had more of a psycho-social focus.

Participant observation allowed me to become totally immersed in the situation, thus providing a three-dimensional background to the comments arising from journal writing or interviews. It provided the countless details that students might not bother to mention and a sense of the pattern and pace of activities during a fieldwork placement. It also provided a means of identifying areas previously unmentioned which would be worth exploring in more depth through interviews:

Many events occur in the life of a social group and the experience of an individual so regularly and uninterrupted or so quickly and unnoticed, that people are hardly aware of them and do not think
to comment on them to an interviewer. (Becker & Geer, 1969, p. 326)

In addition, observation brought to light assumptions on my part of which I had not been aware. One of the major drawbacks to this form of research method is that it is very exhausting and generates vast amounts of data.

**Student Journals**

Logistics prevented me from being with students every day of their placements, so I asked students to write a daily journal about their experiences (see Appendix F for the details of the instructions I gave students about this activity). Journals, sometimes referred to as diaries or log books, have been used for a variety of purposes and in a wide range of disciplines (Fulwiler, 1987). In my study it allowed me to capture the undirected thoughts of the students. These glimpses into the daily lives of the students pointed to avenues that were worth exploring during the interview process.

The major problem with using journal writing was that its success was heavily dependent on the writer. Some students tended to use their journals as a record of their activities while others would bare their innermost thoughts and feelings. Another problem was that the fieldwork process itself was a tiring one, and sometimes students were too tired to write anything. On such occasions, when journals were completed the next day or a few days later, the entries lacked the freshness of comments made closer to the actual event.

**Context of the study**

In order to understand fully the complexity and intricate nature of fieldwork experiences, which were the focus of this study, the reader needs an understanding of the context of this particular study. This context is best described by focusing on four key components: the curriculum, a description
of the participating students, the type of fieldwork experience, and a description of the participating therapists.

The Curriculum

The curriculum of this Western Canadian university occupational therapy education program is a traditional one framed within a medical model (see Appendix L). The first year of studies is largely devoted to the basic sciences, the second year to the applied area and the final year to advanced topics. The fieldwork placements of these students are spread throughout the curriculum (see Appendix M) and are of four weeks duration within the academic year and six weeks duration over the summer months. In addition, students from this program are given an initial exposure to the clinical setting through a half day visit in the first semester of the first year of their professional program. Despite the brevity of this half day visit, students were able several months later, to recall these visits in vivid detail.

The first full fieldwork placement (Basic I), referred to in this study as Placement A, is proceeded by a one week orientation session to fieldwork which followed immediately after the first-year final examinations. This first, basic, four-week fieldwork placement is followed by the summer vacation and a return to campus for a few days for registration and group discussion of their recent fieldwork experiences. Students then go out to their second basic fieldwork experience (Basic II), referred to in this study as Placement B. Following this second basic fieldwork experience of four weeks in September of the second year of the curriculum, students return to their coursework on campus.

In February, students embark on two four week fieldwork placements (Intermediate Placements I and II), referred to in this study as Placements C and D. These placements take place back-to-back with no break, except for the two days of the weekend.
On completion of these placements students go off to their summer six week placements, the majority of which are located in other parts of Canada. This summer placement was not part of this study, but practicalities of the situation necessitated the very final interviews with students being conducted after this summer placement had taken place. On completion of this summer placement, students have completed 22 weeks of fieldwork experience or almost two-thirds of their required fieldwork hours. The remaining three placements are completed in the final year.

The Student Participants

Four students were followed through the first four fieldwork placements. Ideally, a portrait should be developed of each student which would be linked to a clear and detailed description of both their therapists and placements. However, the professional world of the occupational therapist in Western Canada is so small that it would be hard to protect the anonymity of the participants, if a case by case approach were taken. Therefore, a pooled description has been used to describe the students. Though this description does not do justice to their individuality, it does provide these students with a degree of anonymity.

The students' ages at the start of the 15 month study ranged from 19 to 22. All were female and all but one were living at home with their families during their studies. The one student living away from home was from a small rural community. She lived by herself in an apartment during the first year, and with two others during her second year.

All students had wanted to work in the health-care field, but only one of these students had decided from tenth grade that she wanted to be an

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3 The fifth student was dropped from the study because of a change in his program. Though data were collected for this student's Placement A, none of these data have been used in this study.
The other three students had been attracted to physical therapy. They had applied unsuccessfully to that program as their first choice but had accepted places into the occupational therapy program when these were offered to them.

Three of the students had completed the minimum requirement of one year of pre-professional coursework at the university level prior to admission to the occupational therapy program. The fourth student had completed all but three credit hours of the requirements for a baccalaureate arts degree.

**Type of Fieldwork Placements**

The diversity of practice in occupational therapy has been well documented and is reflected in the types of fieldwork experiences that these students had access to and which are listed in a manual which is available to all students. Students are allowed to indicate a choice of location in regard to the city where the experience could be taken, but not to any specific placement. The allocation of placements is made by the academic fieldwork co-ordinator.

As students progress through the program, the Academic Fieldwork Coordinator tries to ensure that students have a variety of experiences and are placed in situations where they have the necessary theoretical background knowledge. However, the shortage of placements in some clinical areas makes achieving these objectives difficult, if not impossible for some students. Therefore, students are sometimes allocated placements without the necessary theoretical background, an issue which will be addressed in chapter four in the section relating to the relationship of fieldwork to coursework.

This study covers two levels of fieldwork experience, the Basic level experience, (Placements A and B), and the Intermediate level experience, (Placements C and D). The purposes of the two different levels of experience differ from each other (see Appendix N) and so created different expectations of students’ involvement in the minds of both students and therapists. These
expectations are described in detail in chapter six in the section entitled "The changing role of the student".

In this study, placements have been categorized according to a variety of parameters (See Table 1). This categorization is based on how I saw the key differences between the various placements. The effects of these different types of placements will be explored in more detail in chapters four, five and six.

**Elaboration of Table 1.** I have categorised the location of the placement as falling into two types. In institutional placements, students worked within institutions ranging in size from specialised self-standing institutions serving approximately 50 clients to large, health-care centres with several hundred clients. In community placements, students undertook extensive travel around the community with their therapists, visiting both private homes and institutional settings.

Clients whom students saw within the institutional setting varied in the extent to which they were dependent on medical resources and constituted two main groups: inpatients, and out-patients. The in-patients still needed 24 hour medical care and students were more likely to be working with such clients on a daily basis. The second type of clients were the out-patients who visited the institution to receive some form of health-care services. Students working with out-patients would see individuals only periodically but would probably see a great variety of clients. In one situation (Student#1-Placement A), a student was based within a non-health-care institution and saw clients who came for day centre activities.

Occupational therapy departments involved in this study varied in size, which in many situations was linked to the size of the institution. For some students their placement involved working in a small department with just one or two therapists. In other cases a student might be working with a small group of therapists (a medium size department) or in a large department in which eight or more therapists might be based. Students working in
Table 1

**Overview of Fieldwork Placements**

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<td>In-patient</td>
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<tr>
<td>Out-patient</td>
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<tr>
<td>Day Centre Clients</td>
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<td>Small Department</td>
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<td>Medium Department</td>
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<td>Large Department</td>
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<tr>
<td>Psychosocial dys.</td>
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<td>x</td>
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<tr>
<td>Physical dys.</td>
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<td>x</td>
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<tr>
<td>Mixed caseload</td>
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<td>Neo-natal/Children</td>
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<td>Adolescent</td>
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<td>Adult</td>
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<td>x</td>
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<tr>
<td>Other students</td>
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<td>2 Therapists-1 stu.</td>
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<td>Limited contact</td>
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Note. Table 1 shows the characteristics of the four students’ fieldwork placements, starting with the first basic fieldwork placement (A) through to the fourth placement in this study, the second intermediate fieldwork placement (D)
The pace of activity within an area during students' fieldwork placements varied to some extent. There were placements which could be classified as slow-paced in which students had to work hard at finding things to do. There were other placements, moderately-paced ones, where the level of activity kept the students working but still allowed them time for coffee and lunch breaks. Finally there were placements, high-paced ones, where students were under considerable pressure to the extent that coffee breaks were very rare and lunch breaks were hurried affairs or sometimes omitted altogether.

The traditional way in which the profession has tended to classify fieldwork placements has been based on the medical model according to whether the dysfunction of the client is predominantly physical or psychosocial. Though the profession is attempting to move away from this type of categorization, the students in this study still viewed their placements according to these categories. Another aspect of the placement which affected students' experiences was the age grouping of the clients.

Students were sometimes placed in placements where there were no other student occupational therapists. In these placements students lacked peers to whom they could turn for support or as a resource for information.

Finally, the number and availability of therapists to work with students affected the supervision model which was adopted. The common model of supervision in the majority of placements experienced by students in this study was one supervising therapist to a student, with both student and therapist in close proximity most of the time. In two other situations students were supervised by two or more therapists working as a team. In one case a student was left for long periods of time with limited contact with the therapist primarily responsible for her fieldwork placement.
The Therapist Participants

During this study a total of 17 therapists participated (one therapist worked with two of the participating students). At the pre-pilot stage of the study that I thought I would be focusing equally on both therapists and students. During the pilot study, my attention started to swing towards the students. By the end of the study, I had become so absorbed by the students' world of fieldwork, that the therapists' perspectives had become peripheral to the focus of the study. Therefore, Table 2 outlines only the basic background demographics for each therapist according to the student and placement block. This should provide sufficient information to allow the reader to place these students' experiences in perspective.

Table 2

Overview of Participating Occupational Therapists

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<tr>
<td>Male</td>
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<tr>
<td>Educ. Program:</td>
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<td>Other Canadian</td>
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<td>Non-Canadian</td>
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<tr>
<td>Years of practice:</td>
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<td>5</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Number of students seen previously:</td>
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<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Years spent in current facility:</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

Note.

Student #4's therapist in Placement B, was the second of the two therapists working with Student #3 in Placement A. Though Student #1 worked during placement D with several therapists, circumstances dictated that only the main therapist was able to be interviewed.
Stage two - Action

Having spent almost a year getting ready to conduct the study, I saw action in April, 1991, when the students entered their first fieldwork placement. This section describes the twin pillars of any research: data collection and data analysis. In the naturalistic research paradigm, data collection and data analysis are a cumulative and cyclical process (Bogdan & Biklen, 1982; Miles, 1983; Patton, 1990; Schatzman & Strauss, 1973). Researchers use a circular process which alternates data collection and data analysis, taking "the form of successive iterations of four elements: purposive sampling, inductive analysis of the data obtained from the sample, development of grounded theory based on the inductive analysis, and projection of next steps in a constantly emergent design" (Lincoln & Guba, 1985, p. 188). Though the integration of the two processes is essential to the effectiveness of the naturalistic research paradigm, I have artificially separated them, for the sake of clarity in describing the methodology used in this study.

Data Collection

The three main approaches in this study, semi-structured interviews, participant observation, and students' journals, were augmented by copious reflective notes that were made during the course of the study. An audit trail (see Appendix C) lists the dates of all major interviews and the schedule of observational visits which were held on the same day that debriefing interviews were conducted.

All students' and therapists' interviews were audio-taped "because note-taking by hand is difficult to do while conducting an interview, formulating questions, and probes" (Swanson, 1986, p. 76). The students' tapes were fully transcribed, while the interviews with therapists were only partially transcribed
because their views had become peripheral to the focus of this study (see Appendix C, Audit Trail, July 17, 1992).

The key phases for data collection occurred during the basic and intermediate fieldwork placements in April, 1991, September, 1991, February, 1992 and March, 1992. These data collection periods took place in a different city from my home where I was isolated from my family and friends, living in a room in a student residence. This isolation enabled me to focus entirely on the matter at hand, the process of data collection and creation of reflective notes. In between these periods of data collection, I returned home to organise and analyze data and return to my family responsibilities.

Data were collected from five students for Placement A. However, one student’s plans changed so that he was unavailable for the remaining placements. Therefore, because of the importance of the comparison between students’ perspectives of their basic and intermediate placements, I decided to drop the data for that student from the study.

**Semi-structured interviews**

The interviews that were conducted with the students were of three types and were directed by readings from Spradley (1979), Swanson (1986) and Patton (1990), my observations of students’ experiences, and the guiding questions. These interviews took various forms. There were the major interviews that took place outside of the clinical setting when the student was not under the pressure of other activities. Other interviews were the debriefing sessions held at the beginning and end of each day. Finally, to solve the problem of situations when the students and I could not physically be in the same place, I conducted some interviews using the telephone or audio-tapes.

Over the period of the study 1682 pages of single spaced interview transcripts were accumulated from the students which amounted to approximately 70 hours of interviews. These original transcripts were reviewed
in their totality on two occasions. The first time was for creating abbreviated versions for computer coding and sorting. The second was on completion of one of the final drafts of the dissertation to ensure that in my writing, I had remained faithful to the students’ perspective and had not, in the process of data reduction, somehow unwittingly changed the tenor of their perspectives.

My objective in all interviews was to hear participants’ views within their own context and not within some pre-conceived format. What was and was not raised in the conversation was as important in this type of research as making sure that all gaps were filled. To ensure interviews were grounded within the participants’ own framework, I used an open-ended question, such as enquiring how things had been going, to start the process. Once an area had been exhausted, I would move on to some other questions that would have been prompted by participants’ comments or something which I was curious about. I was pleased to note in transcribing these interviews in the relaxed atmosphere of no time constraints, sometimes several months after the event, that I rarely felt the need to have probed an area which had not been probed in the original interview.

All students’ therapists were also interviewed at the beginning and end of each placement in order to gain insight on their views on students’ fieldwork experiences in case it was relevant to what I was seeing with the students.

**Major interviews.** Students were interviewed at the beginning of the study, at the beginning and end of each placement, and at the end of the study (see Appendix C, Part B, for details of the exact dates). My original intention had been to conduct the exit interviews some days after placements had finished. However, I found that the students’ busy schedules meant that on completion of their placements, they were usually committed to some other activity and were unavailable. Therefore, in some cases I was forced to conduct the exit interviews in the evening of the last days of a placement. This was not ideal because the students had not completed the placement, but at least it ensured that I was able to collect most of the information I needed.
Another change in my schedule of interviews was in regards to the final closing interview. I made the decision, during Placement C, to move the date of this interview from immediately after the completion of Placement D to a later date. I had started to appreciate that both the students and I would be too exhausted by the end of eight straight weeks of fieldwork to conduct more than the routine exit interview. Furthermore, some of the students were leaving immediately for holidays or their summer fieldwork placements. In addition, the list of topics that I wanted to discuss with the students was expanding rapidly and would lead to a very long and intensive final session if I was to combine the routine exit interview with the final closing interview. Therefore the students and I decided to wait and conduct the final session in September when they had returned to school. This delay had the added advantage of allowing me to reflect on the data collected during Placements C and D prior to conducting the final interview. Unfortunately, I was slower in my analysis of data than I had predicted, and so the final closing interviews were not done until November, 1992.

Debriefing interviews. This type of interview, according to Chenitz (1986b), is "the backbone of participant observation" (p. 82). My plan had been to speak with students for ten minutes first thing in the day and ask them about their activities since my previous visit. I then planned to talk with them at the end of the morning about their morning activities and then again at the end of the afternoon about their last part of their day. By the middle of Placement B, these debriefing sessions were starting to take much longer than I had originally anticipated, and becoming increasingly crucial. I also discovered that sometimes students did not get a lunch break because of meetings or client activities, so I did not have time to interview them.

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4 I think this problem had not arisen in the pilot study because I had not been so focused on data relating to the process of fieldwork experiences but rather on methodological issues.
Therefore, I changed my approach and asked students to come half an hour earlier than their due starting time and be available to stay half an hour later. I was then able to drop the mid-day debriefing session which I felt was being rushed because of my concern of taking time away from the students’ well deserved breaks in the middle of their usually hectic days. This pattern of two debriefing sessions a day worked well. In addition, by having it outside the assigned working hours, both the students and I were more relaxed in taking time to talk about the students’ fieldwork experiences.

**Alternatives to "face-to-face" interviews.** I believed it would be very important to interview students on their first day in a new placement in order to gain first-hand their initial views. However, it was impossible for me to be in four or five places at the same time. There was also the imposition of my presence on a day which was already a difficult one for students as they got to know the new placement and their therapists. Therefore, students agreed to telephone me on the evening of their first day and allow me to interview them over the telephone about their experiences. This approach gave me the opportunity of savouring this important time with them, a point which is elaborated on more in the section of chapter four relating to “first days”.

Another alternative form of interviewing occurred because two students were assigned placements in provinces different from the one in which the data collection was being carried out. Originally, I had thought I would have to be satisfied with the data from their entry and exit interviews. However, one student suggested that if I could provide her with a tape recorder, she would be happy to do a "self-interview". Therefore, for these two students, a tape recorder, audio tapes and stamped addressed envelopes were provided, together with a list of questions that they should answer on specific days and times. Students then mailed the completed tapes back to me, together with their journal entries for the week. I would transcribe these tapes and on the students return review with them the transcripts of their "self-interviews" using
the kind of probing I would have done if we had been doing face-to-face interviews.

**Participant Observation**

I used participant-observation techniques to identify incidents that might provide useful insights into the effect that fieldwork was having on a student. Such observations were guided by the work of Jorgenson (1989) and Davis (1986). Each student was visited on a weekly basis during the first two placements. As considerable data had emerged from these visits, I felt that three visits over the four-week period would be sufficient for the two intermediate placements. I was also doubtful that I could visit each student on a weekly basis and keep up with my analysis in the field for a straight eight-week period. In addition, I was starting to find that the data arising from the interviews were becoming more important and the observational notes less so, as the students gained more fieldwork experience. The less frequent visits were effective but it meant that I had to spend time redeveloping the relationship with the students when visits got to be more than a week apart. In addition, one student had a placement outside the city where data collection was taking place. In this case, because it was during February with winter driving conditions, I saw her only twice during her placement.

I took care to ensure that visits occurred on different days of the week, to provide me with the full gamut of students' weekly work patterns (see Appendix C). As there was more flexibility in the scheduling, when I was following four students during Placements B, C and D, therapists were surveyed prior to these placements (see Appendix O) to determine if any days would be particularly inconvenient to have an observer visit and the reason for this difficulty. This approach helped reassure therapists that I was attempting to be as unobtrusive as possible.
My ability to be unobtrusive was reflected in comments student would make which indicated they had forgotten I was there. For example letting doors go in my face and then apologising because they had forgotten about me, or saying how much they liked working without someone watching, when their therapist was not there but I had been with them. In other situations, they sometimes forgot to explain who I was because of becoming so accustomed to my presence.

As a participant observer I tried to blend into the background. My time was spent being unassertive, listening, expressing no opinions of my own and trying to understand and put myself in other people’s worlds. I had not appreciated how much I had adopted this persona until on one occasion I attended a doctoral seminar within a few days of returning from data collection. I found it impossible to participate because I was still operating in my "unjudgmental listening and watching" mode which was not conducive to the type of discussion expected of doctoral students.

Student Journals

Each student was provided with a 3-ring binder and blank pages for each day of the placement headed with the sentence: "Use this paper to jot down things that come to mind about your experiences today". Students tried to complete their journal entries on the actual day, but fatigue and other circumstances sometimes caused days to be missed or the entry to be made later.

During each observational visit, I would make copies of the journal entries that had been written since my last visit, and return the original entries to the student. While the student was doing paperwork or some activity which did not require my full attention, I would review these journal entries and make notes about areas that I was interested in, or areas where I was having trouble deciphering their writing. During the debriefing session at the end of the day, I
would discuss these journal entries with the students. I found that students’ journal entries usually highlighted all the key activities that were mentioned in the interviews and debriefing sessions. These journals were as varied as the personalities of the students themselves. Two students tended to focus on the affective domain of their experiences. One preferred to describe the technical aspects of her experiences and the fourth used abbreviated notes.

On completion of a placement, I typed up the journal entries so that I had a copy on computer file. After the first placement, I asked the students to check my copy against their original journal entries. Because this entailed considerable work for the students and because I had made no substantial errors in transcribing, I did not repeat this process for the other placements.

Field Notes

During the study I kept two types of notes, observational and reflective notes. I made the observational notes during the course of my participant observation activities. During observation of students’ fieldwork experiences I made notes of what I was seeing on the left-hand side of a stenographer’s notebook. When transcribed these notes amounted to approximately 260 pages of single spaced notes. I made a conscious decision fairly early in the first placement not to take notes during coffee or lunch breaks because I felt self-conscious and intrusive. Instead, I tried to mentally make a note of anything really important and write it down later.

I also kept track of the passage of time using a count-down timer on a Timex Triathlon watch. At the beep I placed an asterisk in the margin of my notes. Participants and others in the vicinity were informed of the purpose of this beeping (though I tried to keep it muffled by placing it in my pocket), so that assumptions were not made that it was some kind of time and motion study or quality control mechanism. Questions arising in my mind that I wanted to ask students were placed in the right hand column of my stenographer’s
pad. This division of my notes and questions enabled me to easily locate the questions I wanted students to respond to during the debriefing sessions.

The second type of notes I took, the reflective notes, formed the foundation of my analysis of the study. During the whole process of this study, from the early days of getting ready, until the final days of writing, I took these reflective notes as a way of "establishing distance from the data as well as providing an opportunity to become increasingly reflexive and aware of one's own feelings and biases which may have been aroused by the observations and interviews" (Davis, 1986, p. 58). By the end of the study these reflective notes amounted to approximately 400 pages of single-spaced notes.

During periods of transcribing audio tapes, I kept one window of the word processing program open for these reflective notes, so that I was able to switch easily from transcribing interviews or my observational notes to reflective notes and then back to transcribing. During other periods, when I wanted to make reflective notes, I would make a hurried hand-written note and then later make up a special file on the computer. A particularly important time for reflection for me was during the process of driving away from the data collection site back to my home city. The journey took several hours and as I physically left the field I was able to draw back in my mind and review the experience from a more distant perspective. When I was not trying to keep the car on the road because of winter driving conditions, I used the time to dictate my thoughts into a hand held tape recorder.

Management and Storage of Data

Data arising from naturalistic enquiries which deal with textual data arising from interview transcripts, extensive reflective and analytical notes require careful management and storage if they are to be easily accessible and not overwhelm the researcher. Management and storage of data collected in this study embraced audio tapes, computer files, and typed transcripts of all
material. A log was kept of all the audio tapes and their state as regards to transcription. Each audio tape, once it had been transcribed, was placed in a place of safe keeping on campus. There was no identification on the audio tapes, beyond the audio tape number and the code number of the participant involved.

I developed a naming scheme for the computer files. These names provided me with an indicator of the time, place and person involved. For example, the transcript of an interview with student#4 in Placement C, during my second visit would be titled: VIS-4-2C; a journal entry for this same student in Placement D would be titled DIARY-4D. Each original computer file was placed on two duplicate floppy discs and stored in a safe place both on campus and in my home.

Hard copies were made of all transcripts and observational and reflective notes. These were titled with the date and place of the interview, observational or reflective note. The transcripts and observational notes were stored in three-ring binders according to the student and placement involved. My reflective notes were stored chronologically in separate file folders according to the phase of the study.

Data Analysis

Data analysis within the naturalistic research paradigm is an inductive process. Data collection and analysis, as has been said in the introduction to this section, are part of a recursive process rather than a linear one. Analysis of data reveals the direction of future data collection. It is a recursive process but over the time of a study there is a subtle shift in the focus of the data analysis. In my study I was guided by Goetz and LeCompte's (1984) concept of phases in data analysis and identified five in my process of analysis. The data analysis adopted was through the process of constant comparison (Glaser & Strauss, 1967). However, whereas these and other researchers who have
used this approach have focused on exploring themes until they were saturated, I used the constant-comparison approach in a slightly different way. I was limited, by my interest in the natural development of students, to exploring themes only to the extent to which students mentioned them without any prompting. Therefore, throughout this dissertation some themes are somewhat shorter and less developed than others because I chose not to alert students to my interest in specific emerging themes.

The study generated a large mass of data so a software program, "The Ethnograph, V.3.0", (Seidel, Kjolseth, & Seymour, 1988), was used to facilitate the process of coding and sorting the data which had been transcribed onto computer files.

Phase One - Mapping

In this initial phase of data analysis, the focus was on decisions relating to the type of data to collect and where and how to obtain it. Data analysis at this phase was based on data emanating from the 'mapping' process, which has already been discussed under stage one of this methodology chapter. At this point of my analysis, the development of the research question and the related guiding questions were a core focus.

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5 Ethnograph facilitates the processing of text-based data by carrying out the mechanical tasks of cutting, pasting, storage and retrieval of material. Computer files created by a word-processing program are converted into ASCII files. Ethnograph numbers each line of data contained within the ASCII files. The researcher then uses a hard copy of the file to manually code discrete segments of the data which can be overlapping or nested. Information relating to the location of the various coded segments is fed into the computer. The researcher is then able to use Ethnograph to carry out single or multiple code searches of all data files (Tesch, 1990).
Phase Two - Analysis in the Field

The next phase of analysis occurred during the actual process of data collection. It was here that my every action was guided by the analysis and interpretation of data as it was being collected. This was the most stressful period of data analysis because of the time constraints I was under. There were many situations when I had to make instant decisions as to paths of enquiry to pursue when there was little or no time for slow deliberate reflection. In addition, because of the schedule of daily visits, the bulk of my analysis of data collected during the day had, by circumstances, to be done at night or during the weekends when I was tired.

Each evening following my observational visits, I transcribed and reviewed the notes taken that day and developed a synopsis of what I had seen and heard. In addition reflective notes were made about the analysis of the data which helped me prepare for future data collection. Prior to the exit interviews conducted at the end of each placement, I reviewed these notes as an additional guide to the topics that needed to be explored.

Phase Three - Analysis Away from the Field

The third phase covered analysis when the major data collection had occurred and after I had left the field. At this point the focus of analysis shifted to allow me to review the data outside of the time constraints of active data collection. I was then able to determine the extent to which the research question was being addressed and how the study was developing in relationship to my original plans. In addition, this was the time period when I was able to scan my data to ensure that there were no gaps.

On completion of Placements A and B, and then after Placements C and D, I extracted from the original transcripts material relevant to the research question and prepared these abbreviated transcripts for conversion into a file
format suitable for sorting by "Ethnograph". In the process of abbreviating these full transcripts I added embedded "speaker/identifier" codes and "contextual comments" which would be automatically linked to any extracts printed out by the computer. Each abbreviated transcript was then coded by myself.

Coding categories had been developed out of the pilot study but were modified in the light of data emerging from the main study. These codes fell into ten main groupings: concept of professions or professionalism, influences, students experiences and feelings, aspects relating directly to fieldwork, roles and relationship, occupational therapy or the therapist, change, learning, aspects to do with the research process, and a miscellaneous collection of emerging themes. The coding scheme was fluid in its development during the first round of coding as the students progressed through their placements. Naturally, as the students changed, so did the existence or the degree of importance of the various coding categories. This first round of coding was done placement by placement. This approach ensured that I would capture the flavour of experiences across the same level of placement for each student.

After I had completed the first round of coding for data emanating from Placements C and D, I reviewed the data from all placements by conducting a second round of coding. For this second round of coding, the coding was done student by student, instead of across placements, in order to get a feel for the changes within individual students. This approach enabled me to see what was happening during the change from placement to placement which might have been buried during the intense immersion of doing data collection and coding on all four students at a time during the first round of coding.

During the second round of coding, I reviewed and coded the diaries of each student first so as to provide a framework for the coding of the interview transcripts. In addition, coding the material twice enabled me to incorporate the insights I had gained in Placements C and D into recoding Placements A and B. By this time I had a firm concept in my mind of the boundaries and
meaning of each coding category, from the perspective of knowledge of both the basic and intermediate fieldwork placements.

**Phase Four - Development of Themes and Patterns**

The focus of this phase of data analysis was on the development of patterns and themes which emerged from the data. This data included all the transcripts, and observational and reflective notes so as to produce a coherent picture of the participating students' fieldwork experiences. It was at this point in the analysis that extensive use was made of "Ethnograph" to sort through the mountains of data according to my coding scheme.

The print-outs from this process were filed by individual student according to specific coding categories. I then had the ability to study my data relating to a specific code, and identify commonalities and differences for specific themes, either by individual student or across students.

Contextual and identifying notes embedded in the printouts created by "Ethnograph" allowed me to analyze material within the context of time, place, and person as well as any questions and actions which had prompted the comment or observation. During my review of the file folders relating to specific codes, I found that some codes clustered together naturally. Therefore, I reviewed these as a cluster to find common themes. Analysis of these emerging themes led to the identification of their various properties, and provided the focus of my writing of chapters four, five and six.

**Phase Five - Comparison of Study with Related Literature**

This final stage of data analysis is described in more detail in the section relating to the writing of this dissertation. During this final stage of data analysis, I reassessed related studies in the light of my findings and integrated them. The results of this process formed the basis of chapter seven.
Stage Three - Bringing Closure

An important part of any study is bringing closure to it. For those doing naturalistic enquiries, this is difficult because by the nature of its paradigm, the research is never finished. I found this task particularly difficult because my study focused on the basic and intermediate placements and as the study progressed, I felt more and more of a sense of lack of completion because I was unable to include the summer and advanced placements. Bringing closure to this study involved two things for me: ending my contact with the participants and writing up the study.

Ending Contact with the Participants

Over the period of any naturalistic enquiry, especially lengthy ones, the researcher becomes close to the participants. So it was in my study, in which I had three separate groups of individuals from whom I had to part. The first were the participating therapists. Even though I was only with them for three or four visits, I found parting from them difficult. They had each shared part of their professional lives with me. To help the parting process from each placement, I sent all therapists and department heads a personal letter of thanks, as a small recognition of any extra work and disruption that my presence might have caused to them and their facility.

The second group of people I needed to part from were the students involved in the pilot study; they had helped me through my first faltering steps as a neophyte researcher. Though we had known each other for only a short time, their support and co-operation had been crucial to the success of the main study. For these students I held an informal pizza supper over which I shared the results of the pilot study. Our discussions that evening helped to bring closure to a small but very important preliminary step in the study.
Finally, the group which caused the most difficulties to bring closure with, were the participating students, whose lives had been mixed up with mine for the better part of two years. During the study there had been a mutual exchange of stories about our personal lives, as one student's comment illustrates:

You talk to me about your kids and then I talk to you about my boyfriend and we have a nice rapport going that way. VISIT-3B

It was hard to bring such a relationship to a close. In fact, I believe that the friendship I developed with these young professionals will not end because the occupational therapy world is sufficiently small that I am sure our paths will cross many times in the future.

To provide a tangible means of bringing closure to the study for both the participating students and myself, I hosted a dinner in a small Italian restaurant during the few weeks before their final summer placement and graduation. The students were at the start of a new phase of their lives. They were about to enter a profession. To mark this occasion and as a small token of my appreciation for their work, fortitude and forbearance over the term of the study, I presented each of them with a poster relating to occupational therapy. Another aspect which helped bring closure to the study was the fact that by the time of this dinner, all the students had received their draft copy of the findings and could finally see the results of their two years of contact with me. For me, this meeting with the students acted as a reminder that the stage of data collection was finished and it was time to move on to completion of the writing of the dissertation.

Writing up the Study

The way I wrote this dissertation is an important part of the methodology, because in the writing, I was still doing analysis and trying to make links between my work and the work of others. As I wrote, I found myself gaining
insight into aspects I had not thought about or had thought about in a different way. An important part of the writing was putting distance between me and my work. So during the writing I would deliberately not look at portions of the study for long periods of time in order to allow me to revisit it with a fresh critical perspective.

The core of this dissertation, chapters four, five and six, the actual findings of the study, were a long time in their development. Once I had identified the key themes arising from the data, I was faced with the problem of how to tell others what I had discovered. The two crucial questions were where to begin and how to structure the information to provide an accurate portrayal of students’ perspectives of their fieldwork experiences. I had all the parts but I could not see how it came together as a coherent whole.

Finally, I realised there was no 'best' way of portraying my data; instead, I focused on the way that seemed to make sense to me. I chose to present a montage of the views of my four participating students. This montage provided a richer experience than any one individual perspective could ever hope to do, while at the same time protected the anonymity of the individual student. This approach also allowed me to portray the students’ experiences in such a way that it would be understood by both those outside the profession and those who are experienced practitioners within the profession.

Once these findings chapters had been written, I set out to re-read the literature within the context of these findings and rewrite chapter two. Then it was time to write chapter seven, the interpretations chapter. Again I had difficulty finding a framework that would do justice to the findings. Finally, I made the decision to focus the chapter on three levels. The first level showed the insights I had gained from these students’ perspectives of fieldwork. The second level showed how these insights could be interpreted through educational theory and related to the literature. Finally, there were the implications of these insights and interpretations for curriculum planners, clinical educators and students in the field of occupational therapy.
Next I wrote this, my methodology chapter, using as its base, the reflective notes of my journey through this research experience, which created a chronological perspective to the chapter. The final chapters to be written were the two shortest but probably the most important in terms of providing the "book ends" to the study. They were the introductory chapter in which I outlined my study and the closing chapter in which I took a retrospective view of the process and the effect it had on me a neophyte researcher and looked into the future to point out areas which might be fruitful for future research.

Lincoln and Guba (1985) in discussing the writing process suggest that reviews of the document be conducted for various purposes and by people with different perspectives. I turned to an occupational therapy educator for chapter seven, and a clinician for chapters four, five, and six. These individuals reviewed the early draft chapters to provide feedback about areas which might have needed further clarification. In addition, though the document had been extensively reviewed by my advisor, I adopted Lincoln and Guba's suggestion that it is useful to use "a reader who is ignorant of the particular area with which the case deals but who is otherwise a sophisticated consumer of inquiry reports" (p. 393) to review the paper for legibility and organization. For these purposes I turned to a research librarian with an interest in the rehabilitation field who reviewed the early drafts of all but the first three chapters of the dissertation.

Stage Four • Reflections on the Trustworthiness of the Study

The trustworthiness of the study has been ensured through the use of a variety of strategies as described by Lincoln & Guba (1985) and Krefting (1991). These strategies are divided into processes relating to credibility, transferability, dependability, and confirmability. Krefting points out that there are many different forms of qualitative research with different purposes and "it is important not to fall into the trap of assuming that all qualitative studies should be
evaluated with the same criteria" (p. 215). Thus, in providing safeguards for the trustworthiness of my own study, I have attempted to use only those strategies which seem most relevant and applicable.

**Credibility**

I used six strategies to ensure the credibility of this study including: prolonged exposure, time-sampling, reflexivity, peer examination, member checking, and structural coherence (Krefting, 1991). Some of these could also be used to check the other three aspects of the trustworthiness of my data.

**Prolonged Exposure**

I was in contact with the participating students for over two years. Active data collection periods ranged from 4 to 8 weeks with a total of 16 weeks. Approximately 350 hours was spent as a participant-observer. During the duration of the study I made nine visits to the city where data collection was conducted. In addition, I not only carried out all the interviews myself, I transcribed all the audio tapes, converted all transcripts to ethnograph format and did all my own input of coding. These activities ensured a continual ongoing immersion in the data.

**Time-Sampling**

I arranged my observational visits so that whenever possible they occurred on different days of the week. In addition, though unable to be present for the first day of each placement, I collected data on students' impressions of this important part of their fieldwork experiences by using telephone contact.
Reflexivity

To protect against unwitting bias caused by my close relationship with the participants, I practised reflexivity. In order to do this I maintained a "reflexive" journal, "a kind of diary in which the investigator on a daily basis, or as needed, records a variety of information about self (hence the term "reflexive") and method" [emphasis in original quote] (Lincoln & Guba, 1985, p. 327). This diary helped me to step back and review what I was doing and how I was doing it. It helped to pinpoint problem areas and reoccurring themes that might have been overlooked. In addition, I checked with the students after completion of the basic and intermediate placements, concerning their views of our relationship (see Appendix E). This check was important because after the basic placements it showed that I had unwittingly been too helpful with one student and by becoming aware of this situation was able to take steps to monitor myself in this area of our relationship.

Peer Examination

Peer examination helped me to review my data from a variety of different perspectives and acted as a check on the approaches that I was taking. During data collection in the field I made extensive use of E-Mail, sometimes on a daily basis, to keep my advisor informed of my progress and occurrences. In addition, I had had regular meetings with him which have been documented. Part of the purpose of these meetings was to review the approach I was taking to data collection. At the end of the first placement, in order to facilitate our discussions, I shared the transcripts of two students (with all identifying comments removed). For subsequent placements, he was provided with transcripts from a single student to ensure that the interactions were appropriate and I was not influencing the direction of students' comments. My meetings with this advisor were supplemented by informal meetings with
members of my committee and fellow doctoral candidates. During the two years of my study, I had the opportunity of visiting various parts of Canada and meeting with other qualitative researchers. During these meetings I took the opportunity to discuss my research and the approaches I was taking.

**Member Checking**

The member check, whereby data, analytic categories, interpretations, and conclusions are tested with members of those stake-holding groups from whom the data were originally collected, is the most crucial technique for establishing credibility. (Lincoln & Guba, 1985, p. 314)

It was not possible to carry these out during the study because one of the things I was looking at was how students' perspective of fieldwork changed over time. I was studying a rapidly changing phenomenon, the developing student, rather than a more stable one, such as a graduate therapist. To have started asking students specific questions or checking on some aspect of what I had observed would have alerted them to some of my initial findings and perhaps changed their outlook. For example, students did not take notes in their first basic placements. To have asked them about this at the time might have caused them either to start taking notes, or become self-conscious about not doing so. Key aspects such as these were raised in the final interview when I was not planning to be involved in these students' fieldwork experiences any further.

Instead of carrying out member checking during the study, I waited till the end and then circulated the first rough draft of my findings to the four participating students for their feedback. This draft was in two parts and contained the section relating to context which is included in an earlier part of this chapter in addition to the material contained in chapters four, five and six. The material they received, though only a rough draft, has remained relatively unchanged in the final dissertation. Any changes were made for the sake of
readability rather than any content change. These students' feedback, both their written feedback and comments made during an interview I had with them on another occasion, has been documented in Appendix E. As can be seen, the students were satisfied, and additional comments relating to specific parts of the findings have been incorporated into the findings chapters through the use of footnotes. As Lincoln and Guba (1985) state:

The investigator who has received the agreement of the respondent groups on the credibility of his or her work has established a strong beachhead toward convincing readers and critics of the authenticity of the work. (p. 315)

Constraints of time made it impossible for me to circulate to these students any other part of the dissertation or of the final draft of the findings chapters for further feedback.

**Structural Coherence**

The final strategy to ensure credibility focuses on the structural coherence of the document and is "influenced by the way that the researcher integrates in the research report the masses of loosely connected data into a logical, holistic picture" (Lincoln & Guba, 1985, p. 220). The students' comments about the findings chapters (see Appendix E), together with specific comments relating to the holistic nature of my findings sections from my advisor, lay reader and clinician reader have helped me feel satisfied I have accomplished this strategy.

**Transferability**

The issue of transferability is dependent on a 'thick' description of the study (see previous comment in the introduction to this chapter). For this to occur there must be sufficient documentation of the context of the study and a
description of the approaches taken to allow others to determine the extent to which the findings of the study are transferable to their situation. As Lincoln and Guba (1985) have explained, it is:

Not the naturalist's task to provide an index of transferability, it is his or her responsibility to provide the data base that makes transferability judgment possible on the part of potential appliers. (p. 316)

In an earlier part of this chapter, I have provided a detailed description of the context of the study by describing the curriculum, the participants and the types of fieldwork placements that students were assigned. In the section relating to data collection and analysis I have carefully detailed my approaches at all stages of the study.

**Dependability**

Dependability of this study was established through: an audit trail, thick description (already discussed), triangulation, and peer examination (already discussed). The audit trail (see Appendix C) gives details as to the time and place of all important activities that took place during the study. Lincoln and Guba (1985) liken this process to a fiscal audit, whereby the process of the enquiry (the strategies used), and the product (the findings of the study), can be examined so that the auditor can state that the study was sound.

The technique of triangulation was used in a variety of ways. First, I collected data from different sources, the students and therapists. Second, different methods were used such as interviewing, participant observation, and students' journals. Finally, questions relating to similar aspects of fieldwork were asked in different ways and at different times to analyze the consistency of the responses and to see how changes were occurring in the responses (see Appendix L for questions which were asked on an on-going basis).
Confirmability

Confirmability for the study was established through triangulation (already discussed) and an audit trail whereby all data were carefully linked as it was being reduced. The original transcripts contained information about the identity of the audio tapes from which they had been taken. The abbreviated transcripts had embedded within them the contextual codes, and the page numbers from the original transcript. The selected coded segments extracted by "Ethnograph" contained their file name, their line location on the abbreviated transcript, and their page number on the original transcript. This trail ensured that at no time was there any information "floating around" out of context. Several times during the analysis period, further information was required relating to an extracted segment and I was able to work backwards down my "audit trail" until I reached a point which satisfied my need for further information or clarification.

The audit trail has also documented all decisions that were made, including when questions were changed or dropped as a result of experiences in the field.

Summary

In this chapter I focused on the four stages of how the study was carried out and details concerning its methodology: getting ready, action, bringing closure, and reflections on the trustworthiness of the study.

The first stage of "getting ready" described the initial explorations into the area I was studying and how entry into the field was made. I outlined the legal requirements that had to be completed and ways in which access to participants was facilitated and maintained. The final component of this first stage of the study included information about the pilot study, selection of participants and research instruments, and the context of the study.

Stage two was the action component of the study in which I focused on data collection and analysis. I then described Stage three, the process of bringing
closure to the study. In the final stage, I reflected on the methodology of the study and showed how the approaches taken met the four criteria of trustworthiness of naturalistic enquiry, that of credibility, transferability, dependability and confirmability. The next chapter provides an overview of the findings of the study and the first of three different aspects of students' meanings of their fieldwork experiences.
CHAPTER FOUR: FUNCTION OF FIELDWORK WITHIN THE CURRICULUM

Overview of the Findings of the Study

The purpose of this study was to uncover the meanings students made of their fieldwork experiences and identify the influences which shaped these meanings. Fieldwork is a complex educational phenomenon, all components are so strongly interconnected that the very act of teasing apart the separate elements to describe them, seems to run the risk of destroying the sense of the whole experience.

The process of identifying patterns in ethnographic studies has been described by Goetz and LeCompte (1984) as "analogous to assembling a jigsaw puzzle" (p. 192). In this study of students' meanings of their fieldwork experiences, I did not find this the case. There were no obvious straight edge pieces or clear visible segments of a puzzle. Rather the process of developing a way to portray the findings of this study should be considered in terms of assembling a jigsaw puzzle with a difference. It was a puzzle that had been designed so it could be assembled in an infinite variety of ways depending on which elements were highlighted. The intricate interconnections between the various pieces of the puzzle are illustrated in this and the following two chapters, by the frequency with which a reader is referred to another related section of the findings. The complexity of the puzzle was compounded because no clues were provided as to the final size or shape of the picture. Even the individual pieces contained no colours to provide guidance as to where they might fit together. What emerged instead were three different
pictures or ways of portraying the data in this study which are described in this and the following two chapters.

The first picture, presented in this chapter, sets the scene and consists of two parts. The first part portrays some of the constants present within a fieldwork placement that were an integral component of the fieldwork process. It then moves on to the second part which describes the students' perceptions of the purpose of fieldwork and its role within the curriculum. The second picture, chapter five, focuses on the influences which can affect students' fieldwork experiences. There were numerous factors and people that influenced the students in this study; many of these influences were intangible and unmeasurable but some of the key influences which seemed particularly important are highlighted in this, the second picture. The third and final picture, chapter six, looks at the pieces of the puzzle in terms of the emerging professional as the student moved from the status of layperson to that of neophyte professional.

When these three pictures are combined, it becomes clear that students' fieldwork experiences constitute a mosaic of countless elements which interact in a constantly shifting process that can be likened to a kaleidoscope. As elements change, they affect the whole, resulting in each student's fieldwork placement being a unique experience that cannot be duplicated.

In these three findings chapters, various aspects of the fieldwork experience which make up this kaleidoscope are described and illustrated where appropriate by comments made by the students. These comments have been edited for readability with care taken not to change the meanings being expressed. These comments are coded to allow the reader to identify the occasion on which they were made (see Appendix S). As was described in chapter three, students were shown an early draft of the material contained within these three chapters relating to the findings of the study and asked for their comments. Their responses led in some cases to editorial changes being made where inconsistencies in writing were pointed out. In cases where
comments related to substantial issues, the students' responses to the draft copies of these chapters are included in the form of footnotes.

Introduction to Chapter Four

Details relating to the actual fieldwork placements have been described in chapter three. However, knowledge of that information alone does not provide the reader with sufficient background to appreciate the findings described in the following chapters, five and six. This chapter, chapter four, outlines those aspects of a fieldwork placement that students came to expect as a constant feature of their fieldwork experiences. It also shows how students viewed the role that fieldwork played within the larger context of the total curriculum of their educational program. Finally, meanings that fieldwork had for students is described by using the four students' verbatim responses to this question in the interviews carried out at the very end of the study.

The Constants Present within Fieldwork

The fieldwork placement of any student is a unique experience that cannot be duplicated. However, certain aspects of any fieldwork experience seem to stand out in students' minds because they were a constant in all placements. These various aspects provide a framework of familiarity for students, and one which students came to expect as a routine part of their fieldwork placements. These aspects are described in this following section and consist of: phases of fieldwork, entering and adjusting, projects, formal evaluation, and bringing closure.
Phases of a Fieldwork Placement

Students were asked to reflect on their placements and identify specific phases within their individual placements. In all but two cases, they were able to do so and these phases shared a certain common rhythm. Students tended to divide the placement into four phases. These were probably prompted by the number of weeks of their placement. The first phase was inevitably identified as the "orientation" or "observation" or "initiation" phase and usually encompassed the whole of the first week. The next phase, the "in between" or transitional phase, was described by one student as "dipping your toes in" and by another as "where do I fit in". It was the phase where students had stopped being orientated and were starting to participate. Students considered this as the time when they started to help the therapist (basic placements) or where they started initiating activities (intermediate placements). In the third phase, a continuation of the second phase, students moved to take more responsibility. One student termed this phase the "half and half phase", or half observation and half independence. The final phase was viewed as the "finalizing", or "doing", or "working" phase, the time in the placements when the students were functioning at their maximum level of independence. It was the period when some students commented on how they finally got to do things without their therapist watching.

Sometimes students saw not four phases but three or two. In situations where students identified three phases, they inevitably combined the usual phase two and three. In situations where students identified two phases, the one phase was always seen as the orientation or observation phases and the second phase was the doing.

These phases did create some dissonance when placements were back-to-back, or consecutive, as was the case with Placements C and D. In those situations, during the space of a weekend, students found themselves
suddenly going from phase four, being independent, back to phase one of being dependent:

It’s hard to adjust from going where you’re at the fourth week stage where you’re busy and you’re doing all these things and then going back to the orientation stage. That transition is hard because you’re so used to a quick pace and you’re ready to just jump in and it’s not possible. You have to find out about the program and meet the staff and so it’s hard to slow down again. EXIT-D

Last week I was already very independent in a placement and now I’m back to square one, learning new people, new patient priorities and a new environment. DIARY-D

Entrance and Adjustment to a Placement

The first day was a particularly stressful time as students were very conscious of the importance of first appearances. In addition, it was the time when they were introduced to the numerous people with whom they would be working. It was also the time for orientation to the various different techniques and methods used on their new service.

The first day of the very first placement was a particularly special day. When I contacted students by telephone at the end of that day there was a palpable sense of exhilaration and excitement, overlaid by a feeling of being overwhelmed and general fatigue. One student wrote in her diary:

Overwhelming! The setting I’m in, I can tell will be an excellent learning experience, but it was a lot to take in all at once. I’m worn out. DIARY-A

On the first day of their second placement there was some excitement but not as much:

I don’t think I felt as stressed as I did in my first placement. I’m not quite sure why. May be I feel a little bit more confident and I’m used to being a student on placement and how people see me. FIRST
Later in the placement she expanded on this comment by saying:

I think part of me knew how to behave on the first day. I knew that I was going to be oriented and meeting the therapists. I knew the sorts of things that were probably going to happen that day. Also I sort of knew where I stood as a student, like when to be quiet and when to speak up. DEBRIEF-B

For the remaining intermediate placements, the first day had become a routine process. Excitement had been replaced by a feeling of quiet satisfaction and relief that the placement would be all right and that none of these students' worst fears seemed to have materialised.

When students entered their fieldwork placements, they were entering a world of strange faces, unfamiliar territory, and unknown expectations. The first week for all placements could be summed up as a time of orientation to the facility, staff and patients. The first week was survival time when students tried to make a good impression and meet the expectations of their therapists. The focus was on the "instrumental" aspects of a placement: the who, what, when and how of the way in which the unit operated. Students expected the first week to be one of getting settled in and getting a feel of what was expected of them:

The first week is usually not very productive. Well, it is in a sense, but you don't get to do very much, but that's good, I mean you have a chance to see it. VISIT-1D

This orientation process never seemed to vary in the time it took from placement to placement or the type of material that was covered. This latter point was highlighted for me by an informal skit done by students during a campus social event which portrayed a poor student being orientated to a new fieldwork placement and staggering around under a pile of policy manuals which she was meant to read. However, as students progressed through the placements, they seemed to become more accustomed to the process:
I'm getting used to being put in a facility where I don't know anyone and I don't know what to expect. DIARY-C

Students during this period were being inundated with an incredible amount of new information which they tried to retain. In this atmosphere of acclimatising it was no surprise to learn that other aspects of the experience tended to be overlooked:

The important things are remembering names and faces and those kind of things, I mean, especially in the first week. I'm trying to get to know the staff, never mind what I saw in group. VISIT-1D

The staff made a big difference to how students felt accepted in the placement. Ensuring students knew where to go for breaks, inviting them to join staff for various activities, treating students as a member of staff, all added up to making students feel part of the team:

She's really good at making me feel part of it. She always introduces me to every single person that she passes by that she knows and she'll pull me back if she's forgotten to introduce me to somebody. Like, all the nurses, social workers, anybody you can think of, she introduces me and she includes me in on all the projects, even complicated ones. VISIT-1B

At the beginning students felt like visitors, and were uncertain as to where they were allowed to go and if they needed to have their therapist with them all the time. As they became accustomed to the placement, the feeling of being a stranger and intruding was replaced with a feeling of territoriality:

I feel like the hospital is my territory and that I'm not an intruder, so most of the time I don't feel too uncomfortable. VISIT-3B

This period of entering a placement was obviously a time for adjustment for students. During basic placements students tended to view the process in terms of adjusting from the academic setting to the fieldwork placement. When
asked about the adjustment process in later placements, students’ comments focused on adjusting from their previous placements to the new placement.

Adjusting from the campus setting to fieldwork involved a variety of factors such as: the change of pace, different clothing, different forms of learning, and the level of physical activity. Three students explained the different adjustments they had made during their basic placements:

Adjusting from the school frame of mind to a work setting . . . . studying and being with people your age, horsing around between classes and then to something where you have to act a little more professional but there was no extra studying and extra things. EXIT-A

Well just timewise, like it wasn't like classes, where we usually have the one hour class and the ten minute break. It doesn't work like that. You go from 8 till 4 and you get 45 minutes for your lunch . . . . so timewise it was longer and then you had to dress differently, you couldn't show up in sweats like we did in class all the time . . . . it wasn't a hard adjustment. EXIT-A

I really had to adjust my mode of observing, that became something that I was doing constantly, like every minute of the day which I was definitely not used to doing beforehand. So that was a big adjustment and the hours were a big adjustment. I was really pooped after the end of the day, I don't know, like it was a different kind of tiredness than compared to when I was in school, so I was trying to adjust to that. BASE-B

As students experienced a placement, they developed certain expectations. These expectations had to be adjusted when they went to their next placement. The need for adjustment was heightened when they had very different placements following each other, or when placements were consecutive with just a weekend separating them, as was the case with the two intermediate placements. In these latter cases, not only did students have to adjust to the different type of placement, they also had to adjust from going from a fairly independent situation back into a level of dependency created in large part by the new environment.
Development of a Relationship with the Therapist

The development of a relationship with the therapist was an integral part of the entering and adjusting phase of a fieldwork placement. However, its importance and the extent to which it was viewed as a crucial component of the fieldwork experience lend itself to being treated as a separate constant within the fieldwork process.

The major concern of students as they went from placement to placement was whether they would "get along" with their therapists. Getting along with your therapist enhanced the fieldwork experience for students by providing a "comfort zone" from which students could make forays out into the strange world of the clinical setting. A good relationship with the therapist provided a concrete anchor for students in the uncertainty of change and learning. It promoted confidence within the student. If students had a close relationship with their therapists it helped give students a sense of belonging:

There were no personality clashes for sure, so it made me feel more comfortable and more confident in myself. EXIT-A

Having a good relationship with the therapist decreased the fear component in the fieldwork placement. When students were less fearful, they could relax. In these situations, they were more likely to learn, as they could be themselves. They were more inclined to ask questions and not be afraid of making fools of themselves. In addition, if they had a good relationship with their therapists they were more likely to be influenced by them:

I'm so glad I can ask her anything without having to worry about it being a silly question or offending her. DIARY-A

I have to be able to get along with the therapist. You know if you can't, if you have a personality conflict or something, then that disrupts your learning because you know if you ask questions and they don't like you, you know they're not going to answer them the best they can, and if you don't like them you might not ask them the questions. BASE-B

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In this study the closeness of the relationship between student and therapist varied from a feeling of close friendship to a more distant student-therapist relationship. In none of the placements involved in this study, did students feel they had had a poor relationship with their therapists where they did not get a long with each other.

In the early placements, students expressed relief at having been given a "good" therapist, one with whom they could get along. These feelings were expressed as though there had been an equal chance that they might have ended up with somebody with whom they couldn't have worked:

I think I was pretty lucky I got two therapists that I can work with. I mean I can't imagine being stuck in a placement where you and the other person don't get along. VISIT-4A

Students appeared to be surprised at how friendly all the staff were in their placements. It almost seemed as though they were expecting a more formal relationship:

I'm surprised at how close I got to [my therapist], I didn't think it would be like that, I mean I hoped that we would get along but we're nearly, I think she's my friend now. EXIT-A

In another situation the relationship was so friendly and supportive that towards the end of the placement the student began to get concerned that she was becoming spoiled and while speculating about the next placement said:

I'm expecting to not have as good a rapport as I did, and wonder is it because this person doesn't like me or am I doing something wrong or something. That I won't be able to talk to them like I did before or if I talked as much as I did with [my therapist], that they'll think I'm dumb or if I ask as many questions. Just having no other comparison except [my therapist]'s sort of weird, and I'm worried . . . . I think the therapist is going to make a big difference, like if I can talk to the person and not feel intimidated. BASE-B
Students found there were several ways in which the relationship between themselves and their therapists could be enhanced. If therapists were prepared to reveal something of themselves outside the clinical setting, it helped students to see therapists as individuals. In turn, when therapists showed an interest in what students had to say, it showed that they saw them as individuals and not just as "the student":

In the first placement, I didn't really feel that my therapist was interested in me, myself. When we'd go for coffee, some of the other therapists would ask some things but we were usually with a group of therapists and no one really paid attention to who I was or anything. The second placement, we didn't actually have coffee together but he was a little more interested and I felt a little better. I think, that's why I thought the placement was a bit better or something. Then the last placement, we were together all the time and we'd have to talk about other things or we'd go nutty. So we talked about tons of other things, personal things and this placement as well . . . . It makes me feel a lot more comfortable when I know something about this person and they're willing to share some things about themselves with me. I thought the first therapist didn't really want to tell me anything about herself . . . . I don't remember us ever talking about very much. EXIT-D

An effective relationship was more likely to be developed if therapists had close contact with their students. In placements where students had two therapists, or where a therapist did not have the time or inclination to spend with the student the relationship was not as good:

When you only see somebody for two and half days as opposed to five, you don't get to know them as well as [another student] and other people who see their therapists five days a week. VISIT-2A

I don't think I'm going to get close to any of the people here, because I know in the past, well especially with [the therapist in Placement C], and with [my first therapist] too, you spend so much time with them, that you really get, you start talking about all kinds of different things and you develop a kind of nice relationship. I don't think that's going to happen here because I'm not spending a lot of time with one person. VISIT-1D

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It was very difficult for students to be able to identify any particular factors about their therapists which had made a difference to the relationship. As can be seen from Table 2, in chapter three, all but one student had been placed with at least one male therapist and they had had a range in regard to the amount of experience their therapists had. One student explained the difficulty she had in identifying specific differences between her therapists:

I think it [gender of therapist] is a difference but when you ask me to put it into words it’s hard. I mean . . . . I can’t just say that I relate better with females or I relate better with males, or that males are more open and females aren’t, because I don’t think that was the case. I would say that some of the males were more open with me than some of the females and vice versa. So I can’t specifically say that it’s a gender type of thing because it’s not. I think it’s the individuals themselves, that is the difference. FINAL

There had been some initial apprehension by some of these female students, concerning what it would be like to have a male supervising therapist. One student wondered if it would lead to her caseload being predominantly male patients:

I’m having a male therapist, so I’m thinking, we’re going to be doing knees and hips because its orthopaedics. So I’m thinking, well, because he’s a male, is he going to be assigned all the male patients and I’m kind of wondering. A lot of males, they feel more comfortable with a male so they have a male. I’m wondering how they’re going to feel about having a female student because when I had gone . . . . on the day placement in October . . . . we had to go see this man and help him dress. Well, he was an older gentleman and he wasn’t going to have me, I was too young to see him. BASE-C

Another student, when asked whether gender was a factor in the relationship between therapists and students was uncertain because as she explained:

I definitely thought of that right at the start, that the reason the relationship feels different could be that it’s because it’s a guy. Like I can’t talk to him about some of the things that I talk to [my first therapist] or [another female OT], like personal things. I don’t know if it’s his personality but I think it’s because it’s him . . . .
doesn't talk to me about his outside life and I don't really talk to him about mine . . . . It's funny, I don't know if it's just a woman thing or what but I see the way the ladies that work here interact in the staffroom and none of the men are part of that and none of the men are like, I don't hear [my therapist] and [male worker] talking about sports or their wives or anything personal, ever and yet the ladies are always like that. So I don't know if women are just more inclined to be that way or what it is. VISIT-3B

Another factor that students felt might make a slight difference was the years of experience a therapist had. Students valued the depth of experience that older therapists had. However, they also appreciated the empathy and understanding they received from more recently graduated therapists who could still remember what it was like to be a student:

Somebody who's younger they seem to remember more about what it's like to be a student. Remember that we're scared and you know like those kind of things and maybe we still haven't got into the routine of things yet. FINAL

I think they [older therapists] forget what we're thinking and what we're going through and what we know and how much feedback is important . . . . I hardly got any feedback so I was wondering if she was older and forgetting that I'm still a student and that I haven't had as much experience. Forgetting how much knowledge that I don't have because they have so much more and they can't remember what it's like not to have it. VISIT-2C

When all was said and done it seemed to come down to basic personality differences rather than, for example, any differences in age or gender:

I think it's personality, to tell you the truth. Gender, I didn't really notice like I mean before hand, I was a little worried about it but to me it was basically personality. EXIT-D
Projects

One aspect of the fieldwork experience which represented almost a satellite component of the placement was the "project". This activity was not a mandatory expectation on the part of the educational program, but most facilities chose to have students involved in such an activity. Thus it became a constant in the expectations of students of their fieldwork placements.

The projects varied from facility to facility, as did the degree of direction that students received in their choice of topic. Activities that students might become involved with included such things as case presentations to the occupational therapy staff, a review of local resources or the development of some kind of therapeutic activity. These projects allowed students to focus on one area completely independently. In almost all cases students were expected to make presentations of their work to the members of the occupational therapy department.

During the study it became apparent that these projects sometimes took up what seemed to me as an observer to be an inordinate amount of students' time in relationship to their other activities. Sometimes this resulted in students spending evenings and weekends working on their projects. When questioned as to whether it was worth their while, the majority of students felt projects were relevant and useful, although one student had some reservations:

They're alright, I don't think that they're all that necessary. I don't find them useless but if I didn't have to do one, I wouldn't miss it.

EXIT-D

The main theme running through comments made by students who felt their projects were a valuable and integral part of a placement was that it gave them the experience of sharing their knowledge through presenting it to other people:
It's a good opportunity to learn how to talk in front of people. It gets you feeling more comfortable and to research information. EXIT-D

STU: I think it's part of fieldwork and it really should be because if you're a professional, if you want to help develop your profession or develop the area that you're working in, you should really have the skills to show something to other people and give information in some way to other people.

RES: They take a lot of your time up, though, don't they?

STU: Yes, I guess you could say they do, but there's nowhere near the load that you have in school, so its really nothing to complain about. EXIT-D

However, as another student explained, if not many people turned up for the presentation it was somewhat discouraging:

For me a project is a lot of work. Because I put a lot of work into it I get a lot out of it. In the end I'm always glad that I do it 'cos I learn a lot but sometimes there's so much other stuff to do that I wonder why I waste my time when only three or four people ever turn up to them. VISIT-1D

**Formal evaluation**

During the fieldwork process students received, to varying degrees, feedback on their activities. In addition to this informal feedback, the students' educational program had mandated that a formal written evaluation be conducted at the mid-point of the fieldwork experience and at the end. These formal evaluations were constants which marked the mid-point and end of a placement.

The same standardised 5-point evaluation form, developed by the educational program, was used for the two formal written evaluations. It covered five areas: interpersonal relationships, communication skills,
professional behaviour, assessment, and treatment planning. There was space within each of the five areas of evaluation for therapists' comments.

Students generally viewed the formal evaluation in terms of a communication process rather than a judgemental activity. It was their opportunity to meet with their therapists and spend time reflecting on their experiences:

Evaluation is good for you, it tells you what are your natural strengths and what you're not as good at. It's a chance for the therapist and student to sit down and talk about what's being done. EXIT-D

Evaluation which a previous study has shown is a concern of therapists (Tompson, 1986), rated as a "non-event" in the minds of students during the early placements. Frequently, they forgot to mention it at all when recounting events of the past week. During later placements, when they were asked about this lack of concern, it became apparent that evaluation was not considered a priority during the basic placements because students did not feel they knew anything on which to be evaluated. In addition, during the early basic placements, one student commented on how sometimes she found it difficult to understand the importance of some of the comments:

There wasn't as much expected of you on the first ones, and a lot of times what they said, doing this and doing this, it didn't make as much sense as it does now. I couldn't see it, just 'cos a lot of times I didn't understand what they were looking for or what they wanted. EXIT-D

In retrospect, students seemed to view the two basic placements more in terms of "observation" placements; therefore there would be little to be evaluated on:

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6 Student's comment: "I had no idea I didn't take evaluations very seriously at this early point of my education!!"

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I remember at Placement A I thought "How can she evaluate me?" I don’t feel like I’ve done anything all that extraordinarily difficult. At Placement B too, but at Placement C, well especially at Placement C, I felt like I was trying a lot of new things and I wanted to see how they thought, and I’ve had more and more contact with patients. It’s been nice, it’s good to hear about how you communicate with them. I’m just taking the whole placement thing more seriously than I did. EXIT-D

Evaluation not only took on more importance as placements progressed, it also made more of an impact in situations where a therapist gave little or no feedback. In such situations, the formal evaluation process would provide the only indication to students of their level of performance:

The evaluation can be a very important tool for not only shaping a person, but for really providing them with something that can be of a lot of value for them. If you’re not going to provide on-going feedback every day, if you’re not the type of person that can relate in that sort of way, then it has to be on the evaluation form. I myself prefer feedback after I do something, I don’t like to wait for a week and not get anything. EXIT-D

However, students who were getting adequate feedback on a regular informal basis did not show the same concern about the formal evaluation process. They felt they knew what would be on their evaluations and therefore there was no need for concern:

The comments are good too but you’re getting those all the time, like I’ve found that everything I do I’m getting feedback on so I’m not really concerned about getting general feedback again. VISIT-3B

The period that students spent with their therapists talking about the evaluation was a time when students wanted their privacy. On two occasions, when my visiting day coincided with an evaluation, I was asked by the students concerned not to be present during their discussions with therapists. Afterwards when I talked to the students, it was apparent that their desire for privacy was not because they were apprehensive and feared receiving negative
feedback. Rather it was because they saw the interaction between themselves and their therapists as a special opportunity to enhance their relationship. Therefore, this made it one of those occasions when a third person being present was not appropriate.

As has been described, the standardised evaluation form consisted of two types of feedback: a rating scale and comments. Students had no concerns about the comments made by therapists but did have some difficulties with how the rating scale was used. The major concern seemed to be with the variability among therapists in their use of this scale. This variability created for students an impression of a very subjective instrument which had little validity:

The scale doesn't mean anything, not really because every therapist I go to, you know will probably have a different interpretation. I've gotten a lot of 4's and 5's this time, last time I got all 3's. Next time I might get 3's again even if I do just as well. VISIT-3B

It also led to concerns about "passing", in other words obtaining an average rating in each category of at least "3". It was not so much that students were concerned about failing a placement because of poor performances but rather the concern that they might have to repeat a placement purely because of the subjective opinion of their therapists:

If you get all 2's, it's not that you think you did so bad, but just because this therapist marks different, you could have to do a whole placement again. Like who wants that to happen, that's the thing. So it's not really that her opinion matters so much to me, but it matters that I get, you know my "3". If I've tried my best and worked hard, and I think I've learned something then it doesn't really matter if I get 3's, as long as I get 3's so I can pass .... because it's just somebody's opinion, so it's not like it means a lot, but I mean you have to pass. VISIT-1D
Students also felt there were problems if therapists were too generous in their use of the rating scale because it then invalidated the whole evaluative process for students and did not give them the feedback they were looking for:

One of the other students got all 5's and nobody's perfect. Obviously it shows not a lot of thought went into scoring her evaluation, and I wouldn't want to receive all 5's because the feedback isn't valuable then. EXIT-C

Another reason for students to invalidate the evaluation in their own minds was if they felt it was conducted by people whom did not know them well. For some students the mid-term evaluation was too early for therapists to have been able to form a proper opinion. For other students, the fact that the therapists who did the evaluation were sometimes not working closely with them created the problem:

I think it's hard to be evaluated by somebody you don't feel really knows you. Like I haven't spent any time with her and yet she's evaluating me. When therapists evaluate you, they don't only evaluate your skills but your gifts and your personality and just like the things that come to you naturally. VISIT-3D

The Process of Bringing Closure

By the end of the third week or the beginning of the last week came the realization by the students that the end was close. This was the final constant of the fieldwork process in the minds of the students. Having worked so hard at the beginning of the placement to feel a sense of belonging, students now had to reverse the process during their fourth and final week, and bring about closure. Unlike the orientation phase, which seemed to be fairly consistent in length during all four placements, the length of the closure phase seemed to vary depending on the workload of the placement. In addition, it seemed to become shorter as students became more accustomed to the cycle of activities within the fieldwork experience. There were two main reactions to the approaching completion of the placement: to try and cram everything into the
remaining few days, or to start withdrawing and getting involved in fewer activities.

The process of disengagement seemed more difficult in the earlier basic placements (especially the first one) than in the later intermediate placements. It almost seemed that having "latched on" to the therapist as a means of survival during the early placements, it was that much more difficult for students to let go when the time came to leave:

It's tough to say goodbye to everybody because I don't know when I'm going to see, I probably won't see the patients again . . . . It's like anything else you build bonds and relationships and it's tough sometimes. VISIT-4A

Finally, another factor in the early placements seemed to be the extent to which it seemed that students felt they needed to learn "everything" in these first placements. As Placement A came to a close, they did not want to leave because of their awareness of how much they still had to learn.

When it came to leaving Placement B, students were less reluctant to leave because by then there was an awareness of their need to obtain more knowledge within the academic setting if they were to become effective clinicians. This knowledge was available to them through their coursework, to which they were now returning. They were also keen to meet up with their friends and exchange stories about their experiences:

I think you feel sad in one way because you know there's so much more you can learn and you think "Oh just a couple of more weeks". But then you're ready for it to end, like you want to get back and talk with your friends. EXIT-B

Towards the end of the third placement, Placement C, students were so busy thinking about their upcoming fourth placement that they hardly seemed concerned about leaving the third one. In fact, one student pointed out how she had deliberately protected herself from the pains of this departure:
I knew I was going straight into another placement. I didn't get that attached to my patients and the people there because I knew that in four weeks I'd be doing this all over again and meeting new people. EXIT-C

Again, the sorrow of leaving the fourth placement, Placement D, was mitigated by the excitement students felt about going into their summer placements which in the case of all the participating students were in other parts of Canada.

The level of separation anxiety mentioned by students and therapists seemed to be affected by a variety of aspects. The closer the relationship between themselves and their therapists, the more difficult students found it to leave a placement. Those therapists unused to having students tended to be more aware of the impending separation which in turn heightened a student's awareness of it. Sometimes, the exhaustion experienced by students helped mitigate pangs about leaving:

I was so tired that I just wanted to leave, like I loved it and everything but I was just so tired I wanted a break and I was excited about the other one. EXIT-C

The last day marked the end of the closure stage and, according to students, was relatively unproductive. Charts had to be completed, clients discharged or given back to their therapists, and odd jobs finished. One student described the process as:

A finishing up, winding down, finishing up kind of day. You can't accomplish too much on the last day. VISIT-3D

Therapists helped bring a positive note to the sadness of students leaving by usually inviting them to be their guests at a lunch, either in the facility or in a local restaurant. This "final" lunch provided an upbeat ending to the
placement and gave out a strong message to students that their therapists cared about them and had appreciated their presence: 

The OTs took the students out for lunch today. That was really nice. It was so cool to be able to talk to my associates outside of a hospital and professional setting. It made me feel special that the OTs even took us out for lunch! DIARY-A

Fieldwork: Its Role Within the Curriculum

The curriculum of all health-care professions contains two components, the academic coursework and the practicum, the clinical or fieldwork experiences. The parameters of the fieldwork experiences described in the previous section provided the context of this study. This section shows how students perceived their fieldwork experiences within the broader context of the curriculum.

First, the students' beliefs about the purpose of fieldwork are explored. Next, the way students perceived the relationship between fieldwork and coursework is presented. Finally, this section concludes with a verbatim account of students' responses to the direct question posed to them at the end of the study regarding meanings fieldwork had for them.

Purpose of fieldwork

Fieldwork serves many purposes and the primacy of any particular purpose will change over time (see chapter six in the section relating to the changing purpose of the different levels of placements). In the early stages, students focused on becoming accustomed to the clinical environment and being comfortable in their role as a neophyte professional. By the intermediate

7 Student's comment: "That's interesting to look at it that way. I always thought we went out for lunch just because it had always been done in the past, like a routine."
placements, the focus for students was more on achievement with clients and developing contacts within the profession. Mid-way into the final year and just prior to the advanced placements, opportunities to practise skills, and exposure to areas of practice not yet experienced, seemed to become the main purpose of fieldwork. Overlying the whole process, successful fieldwork experiences helped to promote students' feelings of self-confidence as neophyte professionals.

Purposes of fieldwork could be seen as progress along a continuum. At one end was the application of theory to practice. This purpose led into a wide range of other purposes, some of which were more implicit in nature than explicit. Students set out to apply their theoretical knowledge. In the process they learned to relate to others and learn things they could not obtain in the classroom setting. As they moved into practising these new skills, their fieldwork experiences provided them with a sense of reality of the world of health-care and that of the occupational therapist and feelings of accomplishment. This process helped change students into professionals and made them aware of the wide variety of practice areas and roles of the graduate occupational therapist, which led in turn to students starting to network within the professional community. The accumulative effect of these purposes acted as a mechanism of validation for students as to their choice of profession, their abilities as neophyte professionals and the relevance of their coursework in preparing them for their work as occupational therapists. The following sections explore some of these key areas in more detail. (It should be noted that the purpose of relating to others is covered in chapter six in the sections: communicating with clients, and verbal communication with other professionals.)
Application of theory

Prior to any fieldwork experiences, the focus of students' comments relating to the purpose of fieldwork was on the application of theory learned in the classroom setting. Students considered fieldwork to be the "practical" facet of the learning that had taken place in the school setting:

I'm assuming that when we go out into the fieldwork that we'll be able to take that stuff that we have practised and actually apply it. I'm feeling that we should be able to apply the basics of what we've learned. BASE-A

This purpose of applying theory to practice remained as a stated purpose for fieldwork throughout all placements, as illustrated by the comment made by this same student just prior to the start of her intermediate placements:

It allows us to really apply what we're learning, to apply the theory. Just to learn the theory is one thing but to actually utilize it is another thing. BASE-C

However, as students progressed through their program the primacy of this purpose decreased and seemed to become overshadowed by other purposes which are discussed in the next four sub-sections.

Learning

One of the core purposes of fieldwork was its role in giving students learning opportunities. This led to a sense of urgency about learning in their fieldwork placements. Students felt there was so much to accomplish and yet so little time to do it all in. Learning in fieldwork was considered to be a different process from learning through coursework (a point that will be elaborated on later in this chapter in the section relating to fieldwork: the different experience).
The extent to which students felt they were learning constituted a major criterion of a good placement. In turn, the extent to which they felt they were learning was reflected in how much they felt they were doing. The more they did, the more they felt they learned (see also chapter five in the section relating to time as a contextual influence):

I feel like I really learned something because I got to do so much. EXIT-C

You're on a placement and you want to learn and even though, maybe being too busy can be overwhelming at least you feel like you're learning something, well to a point, then once you pass that certain point, then you stop learning because you're too overwhelmed. EXIT-B

If I'm learning some skills, learning some information and learning current things, that's what I like from placements. FINAL

Learning that took place in fieldwork appeared to me, the observer, to have three foci. First, students were trying to learn the appropriate behaviour for their new role as professionals, their personal growth. Second, there was learning which focused on what constituted dysfunction in clients, an area which will be described in more detail in chapter five in the section relating to the influence of the client. Finally, there was the whole area of learning the necessary technical skills to become a competent therapist.

Students' comments about learning indicated they viewed it more in terms of two different purposes. First, they were learning skills which were related to areas they had covered in class, such as different assessment techniques and methods of treatment. Then, second, they were acquiring knowledge and skills which they identified as learning which could not be done in the classroom setting:

I'm doing things that I don't do at school, that I'm supposed to be learning here, like interacting with patients and writing up that presentation, and one's clinical notes, hands-on kind of stuff. VISIT-3D
Knowledge from the patients and clients and other resources, there's a whole area of knowledge that you can't get in the classroom that you get from fieldwork. EXIT-B

This second type of learning seemed to become more pronounced as students progressed through their fieldwork placements. Experiences students felt were unique to fieldwork included: interacting with others, working one-on-one with a patient, working with people who had problems, learning more than one way to carry out activities, and communicating with professionals. The one point that kept reoccurring was the important role that fieldwork played in teaching students how to relate to others:

Learning to deal with the people you can't get out of school and the different kinds of personalities that you have to deal with. EXIT-C

Practising Skills

Once students had become accustomed to the environment and made their first attempts at various activities, they shifted the purpose of fieldwork, especially by the intermediate placement, into the area of practising their skills and becoming proficient. Proficiency encompassed carrying out activities efficiently and with beneficial results for the client. Developing a repertoire of skills was of paramount importance to students:

Developing relationships with people around you, your patients and other therapists and colleagues. I think that's what fieldwork does, what fieldwork means, because you can have all the knowledge but you're just not a therapist until you develop some skill, even if it's just the skill of interacting with the other colleagues, that's a skill that you just don't learn in school. EXIT-D

Students viewed their fieldwork placements as situations where they could safely practise their skills and where their status as students made it
acceptable for them to make mistakes. Practice was seen as an integral part of
the learning process:

If you didn’t have that part where you practised something, instead of just writing it down and hearing it. If you don’t actually
practise these things, you don’t gain an awful lot. When you learn
stuff and then you go and try to do it and then you’re kind of
nervous and so your first time you don’t do that great of a job, but
if you keep practising it over four weeks, you know you can go
and do it. However, if you just read it and say OK, that’s how I do
an initial assessment, you get a job and you have to do
something. You’re going to be thinking "OK what did I?", and then
you’re going to be thinking back to words and you’re not going to
be able to flow with it, with the patient. EXIT-C

Providing a "Real World" Environment

One purpose which infiltrated so many aspects of fieldwork was the way
in which it provided a sense of reality. Fieldwork was a multi-dimensional
experience created through students being surrounded by practicing
professionals, dealing with actual clients with real problems, and the complex
minutiae that attend such problems. Students were exposed to a life which was
not planned and orderly, and where the unexpected happened. In contrast, in
the classroom students were exposed to a superficial world in which they
practised on each other, and dealt with the two-dimensional paper problems of
case studies.

This sense of reality which fieldwork produced served to provide
students with a glimpse into the real world of the occupational therapist which
no amount of reading or description in the school setting could replicate.
Fieldwork was the complete, total picture; it was not separate elements in
isolation from each other. It was the "full" experience and it was the fullness of
the experience that stood out for students:

8 Student’s comment: "Very true!!"
In school you can be told that here's a person with this stroke or with such and such, but they don't give you scenarios of there's a person with a stroke who doesn't want to be in the hospital and who doesn't want to see you . . . . In class we do treatment, they'll give us case studies and we have to do treatment but it's so hard it doesn't seem like the same thing, 'cos you're not seeing the whole person and you can really see the reason for your treatment when you're on placement . . . . On paper they only give you a small part of what that person is made up of, so the treatment is kind of irrelevant, like the treatment, it's not irrelevant but it's not accurate because you're not seeing the whole person, they've just written down the small part of the person. EXIT-C

This sense of the real world provided by fieldwork placements led students to gain an idea of the variety of roles played by occupational therapists and what it meant to be a professional:

The biggest thing that I think is that I really have been able to experience what it's like to be an OT, what is going to be expected of me, the types of decisions that I need to make and the changes. VISIT-3C

This insight helped students think about where they might like to work upon graduation:

I feel that placements are the time to get the experience of what to expect and to see what you're good at and what you would like or what you wouldn't like. EXIT-C

Finally, students' placements within the real world of the occupational therapy community facilitated their developing relationships with graduate therapists. As students progressed through their placements they saw the need to develop contacts with people who would shortly become their colleagues. This contact was particularly important in terms of the way such contacts could facilitate their future employment:

It's a chance to meet the OT community which is good because when I graduate next year, then it's good to be familiar with some of the people that are going to be hiring you in the future. EXIT-D
Validation

Fieldwork performs an evaluative purpose because once students have been exposed to the reality of the clinical setting, they are in a position to use it as a vehicle for validation of whether or not a correct career choice has been made, their own abilities, and the relevance of coursework in preparation for becoming an occupational therapist.  

In the early placements students were using fieldwork as a means for seeking reassurance that they had in fact chosen the right profession:

> It made me realise, I mean, it just confirmed that OT's my thing . . . The things that we do as OT's and our jobs and our functions, I want to do it and the satisfaction I got out of the placement. EXIT-A

As the fieldwork placements progressed, the evaluative focus seemed to shift more towards analysis of the extent to which they themselves had the required abilities to work in the area. Successful fieldwork experiences enhanced students' feelings of self confidence. Through activities in their fieldwork placements they came to realise they were capable of putting into practice what they had learned during their coursework:

> I feel better about being an OT when I'm in fieldwork than I do when I'm in school, so I think my confidence is growing with my fieldwork placements. FINAL

Students' fieldwork experiences also served to provide a way of diffusing their feelings of inadequacy by showing them that they had a store of knowledge of which they were perhaps unaware:

> You're taught these things and you think you can do them but you don't know if you can because you never have and this confirms in what you've learned or shows you what your strengths and weaknesses are. EXIT-A

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9 Student's comment: "Good! I agree!"
Finally, fieldwork served both to validate coursework or to indicate where there was a gap between theory and practice. Students were able to reflect on the teaching received and compare it to what they saw in practice. By doing this, they could judge how relevant their coursework had been:

STU: Fieldwork is like the "Learn-the-hard-way" thing, the trial and error and in school it's by the book a lot.

RES: So this is how it ought to be done or you said "By the book"?

STU: I don't believe in by the book any more. (laughs)

RES: Since when have you not believed by the book?

STU: I think since I got out into the field, like out into the placements.

RES: So the first year you were by the book?

STU: I think so, you needed to be by the book because you didn't really know any different. Now I know different, now I know how I want to do things, I'm starting to develop my own OT character and I know there's things that I'm not going to do that we were taught. FINAL

In other situations, topics covered in class that made no sense, or were considered irrelevant or boring, came to take on a different meaning when viewed within the context of the fieldwork setting:

I knew you had to do some assessment but such detailed assessment, and all these areas seemed like such a waste of time. But I see now that it's not a waste of time because you need to have such a detailed and in-depth assessment to be able to treat, like to be able to see this person as a whole, to be able to treat them as a whole. EXIT-B
Relationship of Fieldwork to Coursework

The way theory and practice are sequenced within the curriculum and the way in which students perceived the relationship between these two key components of the curriculum affected students' fieldwork experiences. In addition, the attributes of each component of the curriculum served to highlight the other. This point was illustrated by two students' comments when asked to explain the relationship between fieldwork and coursework:

Oh I'd say coursework is the theory and fieldwork is putting the theory into practice and coursework is case studies, fieldwork is actual patients. Coursework is reading and about things and about conditions and fieldwork is seeing and doing the things that you read about. I guess coursework is written examinations and those kind of things, whereas fieldwork is oral evaluations and feedback on your skills. FINAL

From your courses you gain the knowledge and from fieldwork you gain the knowledge that you have learned something in your coursework and that you can do these things and you can be what you're training to be and you learn more of what this thing it is that you've learned. You learn what it feels like, and what it looks like, and how these people really do act and all those, those things, that until you see, you can't understand. I find that a lot with neuro. [neurological dysfunction] I keep thinking, as soon as I can see this may be I'll get a grasp of all this stuff. FINAL

What is taught in coursework is analogous to the fabrication of the major building blocks of a structure. In fieldwork students learn how to put these blocks together, adapting and moulding them to meet the requirements of the situation. In addition, fieldwork provides the mortar that binds the whole structure together. The following sections describe how students perceived fieldwork in relationship to the coursework in four areas. The first describes the effect of the different ways of sequencing fieldwork. The second describes how students saw fieldwork as being a different experience from their academic coursework. The third shows how students felt fieldwork enhanced their
comprehension of their coursework. Finally, the role of fieldwork as a motivator is described.

**Sequencing of Fieldwork and Coursework within the Curriculum**

When students in this study entered their basic placements, they had had only one year of coursework, so there were times when they were faced with situations for which they did not have the necessary theoretical preparation. However, students felt they were still able to learn because this exposure provided them with a mental picture that they could reflect upon when they came across the topic later in coursework:

If you're in a class and you don't know anything about this subject and if it's not presented properly, you're going to tune out and when you know something about it, you can relate to something else. It [fieldwork] just brings a little more interest into it, even if the professor is presenting it in a way that you don't like, or you know the coursework is may be dry or something, you can still say "Oh yes, I saw that" and I kind of like it this way [fieldwork first before theory]. BASE-C

However, for another student it proved problematic having the theory after the fieldwork:

By having your theory and then applying it, is experiencing it in the here and now, so you're really getting a good grasp on it. But learning the coursework after having experienced it, it's kind of like your placement was more of a hindsight kind of things, so there's less of a grasp on it. Because when you were out in the placement, you didn't know all this theory, it was being thrown at you to see for the first time with no understanding behind it. So it would be something that you really couldn't grasp on to and you really couldn't learn all that well because you didn't understand the background behind it. VISIT-1C

Whether students could benefit from a placement in an area where they did not have the necessary theoretical background seemed to depend on their attitude:
I went in knowing that I'm not going to understand what she's doing but that's ok., I'll just watch and you know that you're not going to really understand. But if you go in expecting to understand and you don't, that can be frustrating. VISIT-3C

Fieldwork: The Different Experience

There are frequent references in the literature (Brust, 1990; Cohn & Frum, 1988) to the differences experienced by students in the academic setting and in the clinical setting. However, in this study the concept of "difference" needed to be considered in terms of two aspects. First, there were the factual differences that students perceived between coursework teaching and clinical practice which could be considered as a negative type of difference. Then there was the expectation by students that the actual experience itself of being a student in the clinical setting would be different from their experiences of being a student in the academic setting. This type of difference was viewed by students in a positive light.

Throughout this study, students rarely made comments which indicated that they were aware of differences in the first category, that of a lack of consistency between what they were taught in the academic setting and what they were observing occurring within the clinical setting. Only at the end of the study, when students were asked to reflect on their experiences and identify any areas of incompatibility between these two components of the curriculum, were they able to identify some areas.

One student explained that in coursework they were taught that clients should be involved in the decision-making. However, from her experiences she did not feel there was enough client involvement:

I think that it's important for the patient to be directly involved in their treatment planning and the whole process and I don't really find that they are. FINAL
She also felt that therapists could be more innovative than they were instead of using the same type of programs:

Sometimes I think it's just because the people have been working there so long, they can't step back and see their program objectively and they don't want to have new innovative ideas. FINAL

She had explained to me about this need for being innovative during one of my observational visits when she was expressing her disappointment with the difference between what they were taught in the academic setting about activity and what she was seeing in her placements:

You know it's discouraging, here you are and you're in this profession. You're all proud. You know we use purposeful activity and then you see somebody turning screws or picking up little velcro things. So I don't know. It's always since day one. It's always been a part of the course that all of us are complaining because they [faculty] talk to us about purposeful activity, but then sometimes the purpose of the activity is a bit questionable. VISIT-1C

Two other students pointed out that they felt that the ideal approach was presented to students in coursework but that when they arrived in the clinical setting they were faced with reality:

I think what you read in text books, a lot is may be the ideal situation, and then when you get out there and you actually see what's being done, it's not so ideal. . . . Patients are just put into the groups just to keep them busy, like it doesn't seem that the process, that the textbook says, you know you've got to screen them and do this and this and this. FINAL

Maybe I think I'm little bit discouraged when I learn about the ideal in class and then I go out and I had that psych. placement where it wasn't even close to ideal. So then when I'm learning about this ideal, these ideal settings, I think a lot of our class kind of reflects that attitude when we're discussing things in the psych. class. This just doesn't happen when we're out there and a lot of us have had bad psych. placements. FINAL
It was in the second category of difference, the positive difference between the experiences of being a student in the clinical setting and the academic setting where students made frequent comments. Students expected a different experience in fieldwork from their coursework and if they did not receive it then they became dissatisfied and resentful with their fieldwork experiences and felt they were missing something. This awareness of the difference between fieldwork and coursework was present even before placements started as one student explained in her initial interview:

They’re similar because you’re applying the same principles that you learned and they’re different in that the way you go about learning is different. BASE-A

The differences that students particularly commented on fell into five areas. First there was the area of learning, the type and degree of structure. Second, there was the difference in the level of action which related to doing activities rather than reading about them. Third, there was the difference in the amount and purpose of note-taking. Fourth, there was the source of motivation behind students’ work. Finally, there were the differences in the environment of the clinical and academic settings.

Differences in learning. Learning, a core purpose of fieldwork, was identified as a different type of learning from that which occurred in coursework. Students’ comments indicated they "picked up" knowledge in fieldwork from unstructured activities rather than being taught through pre-planned and structured learning experiences:

Casual learning, like you know without being under the pressure of having to memorise it, to write it for a test. You can sort of enjoy, like I enjoyed learning during my placement, I didn’t feel pressured. EXIT-A

With academic you’re always concentrating on reading whereas this is a lot more of the practical work which is spontaneous learning, like on the spot learning. You can’t practice up on it as much, you’re put in a situation and you deal with it at that time. EXIT-A

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The importance of the unstructured nature of learning in fieldwork was well illustrated by a situation in which one student found herself. She described how her therapist had organised the placement around regular weekly instructional meetings between herself and the student with little contact between these meetings. However, by the end of the placement this therapist had come to the realization that this was not an effective instructional method to use because as the student pointed out:

She didn't realise how much of the learning takes place just, you know, five minutes here and there, when you're just chatting, sitting and talking and I knew that right from the start and I kind of wondered, you know how's this going to work but I guess she hadn't realised that. VISIT-2D

Learning in fieldwork was viewed as a process of trial and error, of learning through interactions with others, and where the focus of learning was on the specifics of a particular situation. One student explained that her learning in fieldwork with her therapist was different because:

She didn't really teach me about what she was doing, it was more like learning from watching rather than learning from talking. EXIT-C

In contrast, learning within the academic setting was viewed as being focused on being told what to do, and being taught the one correct way of doing things. Learning took place through reading and the memorising of facts:

A lot of it's trial and error, like what kind of activity are you going to do and you see if the person can do it and do you put it this close or this close and you let them do it, and you see how they're doing it. If you think they're getting frustrated or quite can't handle it, you move it a little closer or you move it back, so its a lot of trial and error, whereas, [coursework is] a lot of reading, a lot more reading and a lot more memorization and this

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10 Student's comment: "Yes!"
one [fieldwork] is trial and error and practice and observation.

**Differences in level of action.** Learning in fieldwork was equated with doing and being busy. To students fieldwork was a matter of "hands-on" doing things and interacting with clients rather than reading or observing. Excessive reading or observation, instead of doing something themselves, frustrated students.  

As one student explained regarding her negativity towards a formal in-service presentation in the clinical setting when a therapist was giving a talk on some topic to the staff:

No more learning, you know in that form . . . . I put in my time of theory and learning and overheads and stuff like that.  

The students evaluated their placements in terms of how much doing they did compared to other activities which would take away from this main activity. This concern about "doing lots" and being "busy" was a central theme that ran through all fieldwork placements:

If you're there watching you learn but eventually you're going to get tired of standing there watching; whereas I get more ambitious when I'm doing.  

I do a lot of reading which is okay but I thought I was there to get hands-on experience. I didn't think "hands on" meant hands on books.  

An activity which made students particularly concerned that they were not getting an appropriate fieldwork experience was reading. It seemed to be too closely connected to coursework and was seen as a type of learning activity that detracted from the learning that they were meant to be experiencing in the clinical setting. Reading also became problematic when students' expectations for practical experiences during their fieldwork placements were not fulfilled and they were faced with using reading as a way of filling time:

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11 Student comment: "Oh Yes!"
I was doing a lot of reading and even though I was learning it just doesn't feel like it's the same kind of learning as if you're right in there. EXIT-B

It can get boring, it can make the day really drag and it can make you feel angry. Here I am, I am supposed to be experiencing things, I'm sitting in here with a book. EXIT-B

However, there were occasions when reading was valued by students during fieldwork. When reading was seen as helping the student become more effective with a specific client, then it was seen as an appropriate part of the fieldwork process and viewed in a positive light.

**Differences in note-taking.** Another activity that was common in coursework, but which was viewed as not being necessary in fieldwork, was note-taking. I noticed in basic fieldwork placements that students never seemed to make notes about what their therapists were telling them. Then as they went into the intermediate placements they seemed to start walking around with a notebook and making some notes. When questioned about this behaviour at the end of the study, students explained to me that they did not feel the need for note-taking because they were not being tested on the material. The only notes they felt were necessary to make were those directly relating to specific client care:

Well because in class, a lot of times it's expected and they give you the notes and you're being specifically tested on that type of thing. The kind of information that they give you in fieldwork, sometimes it works for some situations or sometimes it doesn't. A lot of times it's very situation-specific or very patient-specific, what will work for one person won't work for another. A lot of times it's not off the wall kind of stuff, it's something that's common sense, and a lot of times it's something that you can remember, a lot of times it's something just for general knowledge, like it's not something that you need to know, but it's kind of nice to know. EXIT-D
RES: At school you take notes right from day one, right?

STU: Yeah you take notes because you don't know what they're going to ask you on your test, so you take notes on everything so that you have all the information.

RES: But in placement?

STU: You just take it when you feel you need it . . . . I take notes on patients and I take notes on what I have to do with patients to remind myself and most of my notes are for the patient. EXIT-D

Another reason for the lack of note-taking was because fieldwork created a visual picture for them that allowed them to remember things so that notes were unnecessary:

If they're telling me something about the placement, or what I should do next time, I'll remember because it's more direct than things you learn in school . . . . I remember it better because it's more interesting, because it's direct, it's not theoretical learning so I don't need to take notes on it, it's experiential learning and you remember your experiences. EXIT-D

You learn things in school but you don't always remember them all, you can't always learn all the details because you're not right there and they wouldn't make sense to you to just learn them on paper. EXIT-D

**Differences in source of motivation.** Another difference between fieldwork and coursework was the source of students' motivation. In fieldwork students evaluated themselves in the light of their clients' responses. This point is explored in more detail later in chapter five under the section relating to the influence of the client. In the academic setting, motivation stemmed from the external evaluation process and success was measured in terms of grades in assignments or exams:

In school I'm learning for myself, I study as much as I think I need to study. In placement you're working more towards the good of
the patient, so you have to consider them and so there's more pressure, I think. EXIT-C

I think part of your role on placement too that makes it different from classes, that you almost want to learn, like you feel that it's your responsibility to learn but in school, your role is to learn just because you've got to pass the test . . . . One is to just get through the school year and get out there and the other one you're learning because you know you have to and because you want to because I want to be a good therapist and I want to know what I'm doing. FINAL

**Differences in environment.** Finally, environmental factors made the fieldwork and coursework components so different. In the classroom setting there were regular breaks in the day and during lectures students' attention to the topic would naturally vary. However, in a fieldwork setting breaks were unpredictable and students' active work with their clients led to a more consistent attentiveness to the work at hand. One student commented also on the differences in the kind of fatigue she experienced:

I was really pooped after the end of the day, but it was a different kind of tiredness compared to when I was at school . . . . I was putting out so much energy, but it was more like a personal sort of energy rather than study-brain energy. BASE-B

**Fieldwork Enhanced Comprehension of the Coursework**

The key term that was used by students in describing fieldwork was "understanding". Coursework provided the theoretical knowledge but it was fieldwork that brought understanding to the student. The two-dimensional nature of coursework was made real by the multi-dimensional reality of the world of fieldwork. These differences in learning processes between fieldwork and coursework acted together to bring increased understanding and perspective to a student's growing knowledge base:

You just seem to know more. You have a real general idea of what's going on and it just changes your outlook. It's not so
Students valued fieldwork because it provided a depth of understanding that was not possible to acquire through coursework:

You can read all about these problems but you can't really understand them until you're with the kid. . . . When they're deficit in every area and you can't even imagine a person like that until you've seen one and then even then it's hard to believe. EXIT-B

It's hard to really think of treatments for individuals until you've seen them. You can have the process of treatment planning taught to you in academics but you don't really understand what it is until you actually see the person and then try to come up with a treatment plan. EXIT-B

Students viewed coursework as a time to become aware of a process or an approach but fieldwork gave them understanding. The imagery students had created from their textbooks and lecture notes became alive when they were faced with a "real" person. Real life provided the necessary context and backdrop to allow students to gain an in-depth understanding of the problems and issues that they would be working with upon graduation:

To actually assess a person and look at this person as they are and then apply the lift to them, it's different when you actually have a real client there, and a real person that you're trying to move or you're looking at their background. VISIT-1C

Through these fieldwork experiences, students came to a deeper and better understanding of what it meant for clients to have certain conditions:
You can give a full description of someone with MS but unless you’ve seen somebody with MS and see the different stages and progressions, it doesn’t really make a lot of sense, like why would you want to do this with this person. EXIT-D

In fieldwork you can really picture what you’re learning if you see the symptoms of Parkinson’s. If you learn it in class, you memorize tremors, rigidity, blah, blah, blah, but when you see it in placement, you remember it. You put two and two together, it stays with you. FINAL

These experiences of reality also had an impact on the way the class worked together after their return from their first fieldwork placements. During the first year of their studies, all students had been exposed to identical experiences. However, after their first two fieldwork placements, there was tremendous variety within the class as to what they had been exposed which helped the students to increase their collective understanding:

Fieldwork makes a big difference, it changes the way things work in class. The profs. always ask us "Who has had experience with this?", and half the class have done some things and some of us haven’t and they’ll ask questions. Everybody knows something different now. At the beginning of last year [start of first year of program] and throughout last year we all knew the same stuff, and now everybody’s got their own different experiences . . . . When you work in a group, it makes all the difference, everybody’s done different things, and it really helps. BASE-C

Fieldwork: The Sugar-Coating on the "Pill" of Coursework

The change of pace, of activity, and of environment, and the degree of realism provided by fieldwork acted as a motivator during these students progress through the educational program and the rigours of academia. Fieldwork made the educational process of being turned into professionals a much more palatable process:

It makes one more positive about everything, it’s something to look forward to when the classes have got you down. "Wow it’s
only a month till we get out to placement . . . . It just makes me feel good about what I'm doing . . . . It keeps you going through the academic parts because sometimes they can be really hard. BASE-C

Before I had only experienced the theory part of it and it was very discouraging because it was agonizing and painful to go through a lot and I wondered, am I going to be able to make it through and maybe OT isn't, but after the placement I know that's what I want. EXIT-A

On their fieldwork placements students had the opportunity to talk to graduates of the program who could relate to what they were experiencing. They were able to see that, eventually, they too would become like these graduates:

After talking to them I always feel great, let's get back to school, I want to work and let's go and you know I feel so encouraged and happy about what I'm doing. VISIT-3B

Fieldwork seemed to act as a priming mechanism to students' desires to acquire more knowledge through coursework. It provided the motivation for students to continue with the more mundane aspects of the curriculum. At the end of the two basic placements one student explained the role of fieldwork in helping her return to her coursework as:

Well I have this large desire to learn now, like I'm excited to go back to class . . . . Like now that I've been in this placement and I see that there's still so much more to learn, like to understand, I really want to get to class and I really want to learn about these diseases and pathology so that I can understand. EXIT-B

Students Explicit Meanings of Fieldwork

This study focused on meanings fieldwork had for students. Therefore, no discussion about the purpose or relationship of fieldwork within the curriculum would be complete without hearing the actual verbatim views of the
four participating students on meanings that fieldwork had for them. What follows are the answers each student gave me when, during their final interviews at the very end of the study, I asked them to comment on the central research question being addressed:

It’s a really, really important part of school. It’s where you get to feel like you’re really an OT. You can do these things and it’s where you get to try things, that you’ve only heard about and see things that you’ve only heard about. I think it’s really important.

It gives me a chance to do things and test things that I’ve heard about or read about and I actually get to see them as well as do. It means a lot of responsibility. It means a lot of hard work and it means a lot of establishing relationships, professional relationships with staff and patients.

I think fieldwork is reality and skill, and hands-on skill development and just I think becoming a clinical OT. It has to be there, it’s part of the process. I just can’t imagine what it would have been like without it, like where would I develop those skills. I’d just be a scared little, in a little shell when I went out there and I just wouldn’t know how to deal with a patient.

Fieldwork is an extremely important part of my education and the fact that it comes in between classes, between theory, I think is so important because you have a chance to relate, like I think it helps you learn better. You can see, you can apply, you can practice. It gives you a chance to learn what you don’t get to learn in class, like actually working with other people and not only clients, but other staff people. It gives you a chance to see the reality of things. It opens your eyes to what is out there, like in classroom you see some things but things are more severe sometimes, you know you don’t get a chance really to see that in class, you know like disorders or something. Things aren’t always as clear cut as you were taught them to be so it really opens your eyes and makes you less naive. Just the practice, like I just know in my heart that you couldn’t be a good OT, if you didn’t have the fieldwork to practise all that stuff.
Summary

This chapter was the first of three in which I described the findings of this study. It was divided into three parts. In the first I focused on aspects of a fieldwork placement which students can expect to be a constant in any fieldwork experience. In the second part of the chapter I described the role played by fieldwork within the curriculum. I explored the purpose of fieldwork together with the relationship of fieldwork to coursework.

I concluded this chapter with the four participating students' verbatim comments relating to the key research question of meanings fieldwork had for them. These comments were made during the final interview of the study. In the next chapter I continue to describe the findings of the study by focusing on the influences which affect students' fieldwork experiences.
CHAPTER FIVE: INFLUENCES UPON STUDENTS

The second picture which emerged from the findings of this study into meanings students made of their fieldwork experiences focused on the influences which shaped these meanings. As has been stated earlier, fieldwork is analogous to a kaleidoscope and nowhere more so than in the area relating to influences upon students. It was here that the picture created was at its most intricate and complex. There were countless elements which had the potential of influencing students ranging from strong obvious ones to ones which were subtle and hard to detect. The effect of these various elements on students varied from placement to placement. It affected the way students carried out their work, for example, when therapists corrected their techniques. These influences also affected the students' conceptualisation of various aspects of their work, as in the example of the influence of the client on their understanding of dysfunction.

Four strong themes relating to influence emerged from the data. They constituted: therapists, clients, environment, and time. This section of the findings of the study will focus on describing these particular influences and how they affected students. During the early days of the fieldwork experience, therapists and the environment seemed to have the greatest effect:

The settings and the therapist are kind of tied in together because that's what is going in a way almost to make or break your, even just your first day. If you don't, if you're not comfortable in that setting, and your therapist and you don't get along, bam, you're just going like, patients, charting, you might have difficult patients sometimes, but if you have a good setting and you have a good therapist you can usually work through that.  

12 Student comment: "Yes!"

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As students became used to working with their therapists and to the clinical environment, their clients' influence seemed to become stronger. The effect of time was consistent across all placements.

The Influence of Therapists

Therapists were a key influence in the fieldwork experience of students. Inevitably, when I asked students what had been the major influences upon them during the past week or during the day, they would identify their therapists.

Students entered their first fieldwork placements with a firm assumption as to the importance of their therapists:

I just hope that I get a good therapist. That can make your placement, make it a really interesting and educational experience or it can make it hell for a while. They're going to be instructing you and supervising you so that's just like any prof. or whatever. I know that they're important. BASE-A

I hope I get a good OT because they're going to be representing the profession to me and I don't want to get a bad attitude towards it because of the way they find it. I don't want to get discouraged in any way, so I want them to portray the role, as something that they're doing because they want to and not because they have to. BASE-A

What constituted a good therapist was complex. Much had to do with the relationship that therapist and student were able to establish (see chapter four and the section on developing a relationship). However, the importance and concern about having a good therapist was a theme that continued throughout all the placements:

I'm really pleased that I've got a good therapist, because that's my biggest anxiety. I'm never really too worried about the placement, it's who I'm going to end up with that I'm really scared about. VISIT-1C
In the early days of fieldwork experiences during basic placements, a student's world seemed to centre around the actions and words of her therapist. This was the student's opportunity to observe a real occupational therapist in action. This individual provided a model of what was an occupational therapist and represented the type of person the student would herself become one day. The therapist also became an anchoring point in this strange new world, a person from whom students could take cues for appropriate behaviour and feelings. In one of the basic placements, the therapist was not as accessible as was the case in the other students' situations, and it was noticeable the difference this made to the student's sense of satisfaction with the placement. As placements progressed and students became more confident in themselves and more aware of their roles, the importance and centrality of the therapist receded, though always there was the awareness that they were there if needed.\textsuperscript{13}

The way therapists influenced their students varied. They were models, portraying for the student a "working" example of an occupational therapist, what could be termed the role-modeling influence. They were safety-nets, in other words, a supporting influence to whom students could turn if they ran into difficulties. They were signposts, or a guiding influence to help students through the confusing unfamiliar world of the clinical setting. They were mirrors, providing a feedback mechanism and a way for students to determine the appropriate behaviour required of them. Finally, therapists acted as catalysts because their attitude towards their students influenced students' level of confidence.

\textsuperscript{13} Student comment: "True, during my last placements [advanced placements], I didn't even really want my therapists around watching me. I felt like if I needed them, I'll go get them; otherwise I can do this or try this on my own."
Therapist as a Role-Model

A therapist's influence as a role-model changed over time. When students entered their first placements, they felt overwhelmed by the new environment they had entered. Their heads were full of theories but they were not sure how this translated into action. The therapists modeled to their students what was appropriate behaviour for an occupational therapist and provided a pattern for students to adopt in those early days.

During the basic placement, students tended to absorb uncritically every action of their therapist as being the one image of what it was to be an occupational therapist. Students were well aware of their therapists' impact upon them. Two students commented at the end of their first placement:

They influenced me by their actions and their behaviours, and their feedback given to me. The purpose of your first placement is to simply observe and get a feel for what an OT does, so they influence you in everything that they do. You're watching them, what are they doing, what are they saying, what can I pick up from them, what can I learn from them. EXIT-A

I would watch every little thing and listen to every little thing she did and I'd just try to remember it and that helped a lot, like her whole approach was so, I got a tremendous amount about watching her and listening to her. Like, when she would say things, the appropriate times. EXIT-A

During their first basic placements students had no comparison to make concerning their therapists. However, by the time students had experienced several fieldwork placements, they were beginning to compare and contrast their therapists and start to be selective in what they would emulate:14

Through all of these assessments and watching the different ways the therapists do things, I can really see what I want and how I want to do things as a therapist. DIARY-D

14 Student comment: "Very true!"
However, despite the fact that therapists would indicate to students the importance of developing their own style of practice, it was difficult for students to do this when they knew they were being evaluated in the light of their therapists' own expectations as to the "correct" way things should be done.\textsuperscript{15} In such circumstances the influence of their therapists would pervade everything students did:

She’s influencing the way I write because she did say all therapists have their own style of writing but you know she’s influencing my writing. VISIT-1C

**Therapist as a Safety-Net**

The therapist’s influence as a safety-net through their supportive presence was especially crucial in the early stages when students were having their first exposure to the clinical environment and also in the early stages of any new activity. The support students received helped to increase their confidence level. They were aware there was a safety net there, and that they would not be abandoned. In addition, they would be prevented from making any major mistakes:

I find every day that [my therapist] is [an influence] because she’s so supportive and to me that is such a big influence that allows, that pushes me to do things because I feel confident, because she’s supportive. VISIT-1C

**Therapist as a Sign-Post\textsuperscript{16}**

The clinical environment can be an overwhelming smorgasbord of sensations and demands and sometimes students needed help in bringing a

\textsuperscript{15} Student comment: "True!!"

\textsuperscript{16} Student comment: "Good analogy!"
clear focus to what they had to do. The therapists' influence as sign-posts varied from giving explanations, to helping students decide what step to take next and which direction to go. This feeling for students of being adrift without a map was mitigated through the presence of their therapists. Sometimes therapists were also faced with giving students who were wavering, because of their lack of confidence, a little push in the right direction:

I still need some direction of what to do and she gave me something. If I didn't have her to say well look for this, do this and look for this, I'd be lost because I wouldn't know really what to do yet. VISIT-1D

This aspect of therapists' influence became less prevalent as students progressed through the different placements and started to develop their own framework for action. However, there were still times when students' comments indicated they were trying to work out what their therapists wanted, so that they could meet expectations.

**Therapist as a Mirror**

The therapists acted as mirrors by providing students with an idea of how their actions were perceived by professionals in the field. Therapists' responses to students' actions allowed these students to make adjustments to their approaches. This feedback facilitated the students' professional growth and development:

I think it's the therapist, the feedback they give on how to deal with things. Like her coping skills this morning, the therapist gives you feedback on how they would handle the situation and they tell you what they thought of the way you did it and they do that all the time here. VISIT-3B

Students also used therapists as mirrors to decide whether the way they were feeling about a certain incident was appropriate, or to decide whether an incident which had happened was a usual or unusual occurrence. On one
occasion a student was having some difficulty with a patient to the point where the patient became upset:

[The therapist] seemed to take it very nonchalantly, casually really, that he [the patient] was agitated. So it must be something that she [the therapist] comes across a lot of the time, you know, like patients getting tired of it but it really did bother me a lot, like I felt I was agitating him [the patient]. VISIT-1C

It helped students to hear, too, that therapists themselves had felt uncomfortable in certain situations. Students then felt it was not unusual to be feeling as they were and it provided a sense of normalcy in a world where so many things were different. However, unthinking comments by therapists also had the reverse effect of making students apprehensive about situations where they originally had no concerns:

I thought that it would be something that would be uncomfortable as [my therapist] talked about how she didn’t really want the three of us in the bathroom and that kind of thing, but it wasn’t uncomfortable at all. VISIT-1C

**Therapist as a Catalyst**

Finally, there was the role played by therapists as catalysts. The actions and reactions of therapists towards their students had a major influence on students’ self-concept and concept of the profession. By talking with their therapists, students were helped to develop a framework for their thoughts. One student explained how:

I’m able to organise myself when I can talk to [my therapist], like to be able to deal with them. There’s so much that goes on in my

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17 Student comment: "‘unthinking’ isn’t completely accurate. [My therapist] was warning me how it MIGHT be. I appreciated the warning, but it did make me apprehensive. It has happened again since, and I think it’s good to prepare us for the possibilities, but then the therapists should reassure us that we can handle them (I assume this is my gist!!)".

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head in one day, and to be able to verbalize them and [my therapist] is so good at tying things together, that it just, oh my mind gets organised a little bit after I talk with her. VISIT-3A

The type of activities therapists asked their students to do, the degree to which therapists allowed them to be independent and the level of responsibility they were given, were other actions which were interpreted by students in terms of how much they felt their therapists trusted them:

[My therapist]'s support has been one of the big influences. Like I said before, having enough faith in me to let me be independent, giving me so many things to do, and thinking automatically that I can do it, so it makes me feel like I can do it. VISIT-2A

Kind of a catalyst I think, to get us to try things and they'll also be there to explain things that happen, so although they're going to be a teacher they'll be a catalyst to get us going, to get us motivated and you know try this and set us up or try stuff. BASE-B

The way therapists interacted with students also encouraged students to become more aware of what they did know. It helped highlight the knowledge they had absorbed and showed them how to apply it in a clinical setting:

She tried to pull my knowledge out of me. She didn't let me get away with saying I didn't know something. I'd say, "Well I don't know" and she'd say "Yes you do, think about it" and then she'd force me and she wouldn't give me any hints unless I was really stuck with something and then she would, she would slowly give a little cue to help me remember or whatever I was trying to think of. EXIT-C

[My therapist] kept referring to me for answers right in front of the family as if I really did know what I was doing and stuff like that. So I felt really good, so that's been sort of a great encouragement. VISIT-3B
The Influence of Clients

Right from the very first, students interactions with clients were the focus of the placements. This involvement with clients had a major influence on students in two ways. First, students' concepts of disability, illness and dysfunction evolved from their contact with clients in a way that no lecture or text book could ever hope to do. This awareness also led them to becoming accustomed to working with individuals with disabilities. However, there was more to their clients' influence than demonstrating for students what constituted dysfunction. Second, students used clients as a form of litmus paper upon which they could judge their own effectiveness as occupational therapists.

The Realities of Dysfunction

In my study, students entered their fieldwork placements as healthy young adults. Their concept of the human condition was based on their experiences of being healthy. During the preceding first year of their coursework, "abnormal" conditions of the human body had been described to them within an academic setting. However, on entering their early placements, these students were exposed to the realities of dysfunction through their contact with clients:

I now have something more concrete to look at when I look at these individuals having a mental problem, a cognitive problem. Before it was very abstract. They're here in the hospital because they have a mental problem and that's all that I had to go on but now I have something concrete to show how it is. VISIT-2A

I've learned about PDD [Pervasive Developmental Disorders], and you can read all about these problems but you can't really understand them until you're with the kid and especially PDD, when they're deficit in every area. You can't even imagine a person like that until you've seen one and even then it's hard to believe. EXIT-B
Students exhibited a variety of reactions to their exposure to the realities of dysfunction. In some cases, there was surprise that some of their preconceptions about a particular client group or illness were not as they imagined:

When I pictured geriatrics, I pictured older people that were quite a bit more functional. Every time I see a new dysfunction it throws me for a loop! DIARY-B

Until you work with stroke victims, you really don't realise how they are affected and the variety of effects a stroke can have. Some of them get so frustrated, especially the ones who can't talk. DIARY-A

Then came the growing awareness that clients within the same categories of disorders could also be very different:

I knew that I would see different things with different people but I figured I would be seeing the same things with people in the same situation. Like all people with arthritis I would be seeing the same thing, all people with cognitive impairments I'd be seeing the same thing. Instead people are showing up with different things, and react differently. Even though we were told that, I mean, to be told that and to actually finally see it, is a different thing. VISIT-3D

Then there was the surprise for students when they realised that appearances were deceiving. In some cases students were finding that individuals, who did not appear to have any problems, were unable to participate in normal activities:

I guess I've been surprised at some of the weakness of some of these patients, like the patients who have had acute attacks of say M.S., and how they seemed so functional before. But now they're so weak it just doesn't seem possible. Their bodies look O.K., but when they go to walk or move or something they can't, so that's been a big surprise. VISIT-1B
In other situations, students only became aware of the extent and affect of the dysfunction when an individual could not even do what appeared to be a simple task:

It was more difficult for them than I thought it would be, like I thought "Oh this is an easy game, no problem", but it's not like that. I was surprised at how difficult it is. VISIT-3A

These fieldwork experiences with clients brought some sadness to students when they reflected how once these individuals had been like themselves. There was also the natural concern that perhaps they might one day become like their clients:

Sometimes I still had difficulties dealing with these patients who were once functional and hearing about what they did in their lives before they were inflicted with the diseases. I found that hard to deal with but I became used to it. DEBRIEF-B

Sometimes, too, students found it very difficult to imagine how their clients could be behaving as they were. It was difficult for them to imagine how somebody could have such a different perception of things:

I don't understand how somebody doesn't see. Like, he would see things that to me didn't even look similar. He would set up a block design say that had 3 blocks and he'd end up with 10 blocks and that would throw me because I couldn't see how his eyes were picturing that. Like, it just seemed so impossible. DEBRIEF-B

Just to see how these people are feeling, like they're so angry and its just hard to conceive when you don't feel like that and you usually brush off things and they just let them build up and get really bothered by them and have a real problem with it. VISIT-1B

Comments relating to the dysfunctions of their clients seemed to be most prevalent in the basic placements. As students entered the intermediate placements the impact of their clients' conditions appeared to be more fleeting.
This would indicate they were becoming accustomed to the various facets of dysfunction. One student drew attention to this when she commented:

It surprised me how comfortable I got with the people and their disabilities. I didn’t see them. I didn’t walk into their rooms and say "Oh this lady has an amputation" or "this man has only one leg". I didn’t really see that, I didn’t focus on that at all, and some of the older people they would have an odour or there would be different things about them and nothing took me by surprise and I thought I would go in and have to really prepare myself. O.K., I’m going in to see somebody and you might have to look right directly at their stump and it might not look very good. EXIT-C

These students’ heightened sensitivity to dysfunction was not restricted to just the clinical setting. One student commented that she had noticed that she was becoming more aware of problems in people she met outside of the clinical setting. Another student commented on how it made her think about the importance of being more understanding in her every day life:

You think about the psychiatric population a little differently. There were a lot of people who end up going to the hospital and stay in the hospital and you might be working with them, you might be seeing them every day. You know, like you don’t know that they’re having these other problems. It really makes you think about the way you should treat people, and be a little kinder, understanding where they’re coming from because, like simple stresses in your life that you can handle well, some people just can’t handle them and to just reduce stress on other people by just thinking about others as well as yourself. EXIT-B

With this growing awareness of dysfunction, students came to the fundamental understanding that in the end the only difference between themselves and their clients was their degree of dysfunction:

At the beginning I was very scared of them [psychiatric patients] but now, I see that they’re people just like us and that they’re just very sick. VISIT-4A
Client As a Litmus Paper of Effectiveness

Clients’ reactions to students provided both a positive and a negative influence. In the early days, students perceived their clients’ responses as being entirely a result of their interventions. If the response was negative, it was seen as something they had done wrong. If the response was positive then they felt they had accomplished something.

The positive feelings generated by clients appeared to arise for two reasons. First, students experienced feelings of pleasure when their clients responded positively because it made them feel good to have had the positive impact:

When a client is appreciative and says "Oh, this is so much better", you’re on an emotional high, like you felt like you’ve really assisted somebody to keep and improve their independence. EXIT-B

Just getting feedback from the patient, like she really enjoyed the group and she’s going to come back to the group on Monday, made us feel really good about ourselves. VISIT-3A

My other patient today was very satisfying. She made me feel good to be an OT. She had learned over the weekend how to put on her shoe by herself and she was really excited when I showed her how to wash independently. That was really neat! DIARY-C

Secondly, there was the positive feeling created for students from having accomplished something. Students realised they had the ability to make a difference:

They respond to you and so it makes you feel good. It makes you feel like you’re helping, that you have more than just knowledge, you have some ability too. EXIT-A

A lack of response by clients did not necessarily indicate a negative influence because in certain situations it was seen in a very positive light. In the
initial placements, students were expecting that patients would react adversely to being assigned to a student. It was almost as though students felt they had the word "student" emblazoned across their foreheads. So it came as a welcome surprise when clients ignored their student status and treated them in the same way they treated therapists:

The patients were quite the influence because they didn’t see us as students, I mean they knew we were students but I didn’t think they treated me as a student . . . . They would come and ask me for stuff and for help and . . . . I felt really important. EXIT-A

A non-response was also welcome when students were doing activities which initially made students feel uncomfortable, such as personal care with clients. Clients’ non-response when students were expecting a reciprocal feeling of embarrassment helped students to realise the appropriateness of their interventions:

I also gained sort of more like easiness in the medical aspect. For example we had to do dressing and this is the first time, like it freaked me out, because it was the first time I had to see them with nothing on and that was very difficult for me and I knew that in the future that was something we had to do but I gained the feeling that this is natural and that these patients don’t mind so I’ve come to understand how they feel. EXIT-B

The students went into the fieldwork experience believing that they were going to help their clients. When, through their interventions, clients became tearful or their condition worsened, students started to wonder about the appropriateness of what they were doing. Upsetting clients went against students’ concept of what constituted an effective occupational therapist and distressed students.

Clients who became upset when students were working with them disturbed students. In extreme cases, students became so upset themselves that they became even more distressed at their seeming inability to shrug such feelings off and be professional:
I felt uncomfortable when the patient was crying because I was the one that was asking the questions and I knew that the questions were painful for him. VISIT-3A

Not getting along with the patient is very upsetting, like that one on my other placement, the time that I upset the patient, that’s the other time where I ended up in tears by myself. VISIT-2C

There were other situations where clients were able to assist students by being very explicit in their comments as to what they liked and did not like. In one situation a student was encouraged by her client to keep practising and not to worry about being awkward. Other times students judged their abilities by the extent to which their clients understood them:

Getting feedback from the clients, you can sort of tell by how they answer or respond to your questions. Are they understanding your questions or if they’re going "What are you talking about?" Are they understanding what you’re asking of them, just little comments "Oh keep up the good work, you did a good job today", or something like that. VISIT-2B

Finally, there was the influence of the gender of clients. The students that participated in this study were all young single females. This fact was not lost on some of the male clients with whom they came into contact and students had to learn how to ignore unwelcome and inappropriate responses. Students also had to learn to become comfortable in dealing with personal care situations, such as giving advice to male patients about bathing and dressing techniques (see more about this in chapter six under the section relating to establishing internal boundaries and handling privacy).

Another influence on the students created by clients was their non-appearance at scheduled treatment times. Students would plan extensively for an upcoming session, only to find their plans thwarted by the non-appearance of the client. Intellectually, students could understand why clients had to cancel, but it still created disappointment and frustration. Frustration was particularly evident in placements which were going through periods of low case-loads.
Students were frustrated because they didn’t have access to “new” clients on whom to practise initial assessments, or where there was not the variety of clients to provide individuals on whom to practise specific techniques.

The Influence of the Environment

The surroundings in which students found themselves was the third of the four streams of influences. Environmental influences consisted of the physical characteristics of the setting of the fieldwork experience, the focus of the activities of the environment, and the way the fieldwork experience was structured. Another important environmental influence was the socio-emotional atmosphere of students’ environment which has been described earlier in chapter four under the section relating to developing a relationship with the therapist.

In this study students were exposed to a variety of clinical settings which have been described in chapter three under the section relating to the types of fieldwork placements used by the participating students. Analogous to the twisting of a kaleidoscope, each clinical setting provided students with a different, yet internally consistent, picture of what constituted occupational therapy. This variety of settings came as a pleasant surprise to all students but also created feelings of frustration because students felt as though they were having to start afresh with each new placement:

Well it drives me up the wall because I feel dumb when I come into a new placement, like this is my third placement. You know I should have things down pat but because it’s new every time, there’s a new way of doing things, so I feel I look kind of dumb, you know like I don’t know as much as I should. VISIT-2C
Physical Characteristics

The physical characteristics of a placement consisted primarily of the size of the department and the physical condition of the facility which included the availability of equipment. Large busy facilities were seen in a positive light because there were a variety of therapists to interact with, no shortage of clients, and usually other students with whom they could meet and share experiences. Students placed within institutional settings usually had a certain amount of routine and structure to their day. On the other hand, students placed in community settings could expect constant change as they travelled around the community with their therapists by car:

The other one [placement] we had like a routine, on this day you do this, on this day you do that and the four weeks were basically the same routine. I mean there were groups and it was structured and here a lot of it is very unstructured so you never know what’s going to happen, so I guess that’s what makes it go by quicker. VISIT-2B

The actual physical condition of the setting had an influence on students. One student was affected by the dinginess and run-down nature of a facility. It sharply contrasted to her previous placement, which had been situated in a new facility, built specifically with a rehabilitation focus:

All the equipment that they had and the space that OT has, like OTs got a lot of treatment and assessment rooms. It’s just so organised and it’s just a beautiful hospital inside and out. It’s really, really nice. EXIT-C

Another student who had attended the same facility had not only been impressed by her surroundings but also by the equipment:

The facility itself was a big influence, like it was a dream and I thought, if I have the opportunity to be in a place like this, then I'm going to make the most of it. It was like a rehab's dream, the equipment that they had, I thought if I had this equipment to use, I'm going to use it. EXIT-B

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Focus of the Environment

Students tended to view their placement in terms of two different foci, "phys. med." or "psych." The "phys. med." placements focused on occupational therapy intervention related to clients with physical dysfunctions. The "psych." placements were primarily focused on clients with psycho-social dysfunctions. Students enjoyed both types of placements. However, when asked to compare and contrast their four placements, it seemed the psycho-social ones were the ones which were seen to have certain drawbacks which were not present in placements with a physical dysfunction focus.

First of all, the psychiatric environment was a new experience for students because they were more likely to have been exposed to general physical problems in their personal lives than they were to psychiatric illnesses. Therefore, there was a certain apprehensiveness prior to their first placements in psychiatric settings:

The environment, it was a psychiatric environment, so it was different. I'm not used to being in a place where everything is locked, I mean that was certainly an experience . . . . Initially I guess it was something that I was expecting because as soon as I heard that we had to cover our names on our name tags, I'm like "Oh no", so I mean, it's something that you can easily adapt to though, so it's not something you're shocked for the whole placement, it's certainly a surprise. EXIT-A

Second, students found that four weeks was not sufficient time to develop a therapeutic relationship with their psychiatric clients, which they needed to do before they could really function as therapists: 18

It's quicker to get into phys. med. because you don't need to know the patients so well. You just need to know what their problem is and you don't need to get to know them. I find in

18 Student comment: "Yes! This again has to do with getting to know the client. Three one-to-one sessions with a person is not going to help. They won't want to confide in a stranger. Groups are less threatening."
psych. you can’t really help them until you get to know them a
little bit. FINAL

This lack of adequate time in a placement meant students were less
likely to be given the independence they wanted. In addition, the activities in
psychiatric settings seemed focused on group work, while students were
learning more about the area of individual treatment approaches in their
coursework:

We didn’t really do a lot of independent work at all compared to
my phys. med. placements. I didn’t do a lot of independent client
work, without my therapist being there, actually without my
therapist almost doing everything. I barely worked independently
in psych. with the patients just because I think a lot of it had to do
with just because they didn’t want that, we did groups, only one
student at a time in a group. FINAL

Third, students were very conscious of the delicate nature of their
interactions with clients. Their concerns were focused on the psychological
damage they might inadvertently do to their clients through their actions, rather
than the more obvious physical mistakes that were present in the physical
medicine setting, such as dropping a client or aggravating their existing
condition through inappropriate interventions:

In psych. you don’t want to say the wrong thing. So even though
you might not be doing that much, and you might not have that
much independence but everything you say, it can be very
sensitive, a sensitive issue, so in a way that’s a little more, I think
that one was may be one of the most stressful ones . . . . In
psych. things you say are part of their treatment. You say
something wrong and you blew it. EXIT-D

Fourth, it was clear all through this study that students’ feelings of
accomplishment were linked with the degree to which their clients responded
and showed some visible signs of improvement. When the focus of a setting
was on physical dysfunction, the student could see concrete results in
improved range of motion, balance, co-ordination, strength or function.
However, in psychiatric settings it was much more difficult for students to feel they had accomplished something concrete. In cases of psychological dysfunction, the changes were more subtle and students were not given the same visual indication of accomplishment as would occur from observing physical changes in clients. One student, reflecting on her fourth placement which was in psychiatry, explained these differences. In addition, she made the point that she felt there were no special skills she needed in psychiatry as it was really just a question of using her inherent abilities:

I didn’t feel like I was really doing anything for them. I think psych. can be that way sometimes, like just supporting the person a lot of the time. If I were teaching a skill or, you know, doing some stress management or time management, something like that is more structured. It was mostly just talking really and giving them an outlet, to talk about how they feel about things and how things are going for them . . . . You’re working more with your personality. In phys. med., what’s important is that you have the skills, you know and then if your personality helps that’s extra, because you’ve got to get the job done. But in psych. to get the job done, it relies on who you are and your communication skills and your interpersonal skills and those things, and a lot of that stuff is just your personality . . . . At Placement C I felt like I was learning real skills and I think in psych. you rely a lot more on what you already have than the skills that you’re learning. EXIT-D

Finally, there was the feeling that psycho-social placements did not offer as good a learning experience as physical dysfunction placements because there are not the variety of activities. In addition, the work was more abstract and less concrete than activities carried out in a placement with a physical dysfunction focus:

The psych. was really abstract, it wasn’t as concrete and I always found myself much more nervous in psych. Like I was still relaxed but I was always kind of had four eyes in my head because some of the people there, you know on your psych. placements you really have to be careful and they look at you the wrong way or something . . . . I just felt a lot more comfortable on my second placement [in physical medicine] and with the tasks that I had to
do they were really structured and concrete and so I liked that kind of thing and I found it more challenging. BASE-C

These feelings of concern about the delicate nature of the work, and the lack of feeling of accomplishment, were compounded for one student by a sense of lack of respect by other health-care professionals:

I seem to be feeling more comfortable doing what I'm doing and more appreciated as an OT than I did in psychiatry. I just feel more appreciated and understood and important, than I felt in psych. VISIT-1B

Structure of Fieldwork Process

Students not only discriminated between the focus of the environment but also in the ways in which that focus was structured. This was influenced by two main aspects: the way the students' days were structured and the model of fieldwork supervision that was adopted.

Structure of Activities

The extent to which students felt there was structure in their program influenced their level of comfort. For students in the early days, a lack of structure and uncertainty about their role led to feelings of discomfort, whereas a structured program provided them with certainty in an uncertain world. In addition, students took longer to get used to the setting in situations where the organization of work was more informal and unstructured. The amount of time that was allocated to activities also affected students' learning.

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19 Student comment: "This would be very discouraging to a psych. OT. There's value in learning to work with less structure but I guess none of us said that at the time!"

20 Student comment: "I think it still does. Now I'm able to get used to a new structure easier and quicker."
The following student comments show the influence of the way their day was structured:

Sometimes you prefer structure, like in newer situations, unfamiliar situations. Initially structure is probably good, but after a while you get a little bored with structure and you want something a little more different. EXIT-B

I guess just the way I am. I like to be structured and there's not the structure there . . . . it affects first of all my level of comfort because I'm not comfortable with that way, so you know you're more on edge and kind of stress feeling that and coping, like it's easy to cope with organization. You can just kind of go on, but when you're running around. VISIT-2D

The way this place is set up influences me. How much time we have to do things, and where things are set up and the amount of patients you have and the time we have with them. That kind of influences how you have to do things here. How much time you have for an assessment, you have to either focus on certain things, or do it in a certain way so that you fit it all in and things like that, so I think you know, wherever you are kind of influences how you really learn things. VISIT-2D

**Structure Created by the Model of Fieldwork Supervision**

The model of fieldwork supervision adopted by the supervising therapist also affected the way a placement was structured. In this study some of the students experienced models of supervision, other than the traditional approach of one therapist to each student. Each of these different models of fieldwork supervision had an influence on the students.

One student who had two therapists as supervisors felt torn between the two individuals and somewhat disoriented during the change over process.21 Her two therapists had different styles of practice and both groups of clients had very different needs:

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21 Student comment: "You guessed it. I did feel rather confused, like jumping from one to another."
It was difficult to get into the groove of things, to have to relate to two different therapists with each having slightly different ideas, which in some respects is good because you get a really broad view but I think it was tough. EXIT-D

This student found her situation was made more difficult because sometimes she was being switched from therapist to therapist in the middle of the day instead of the change coming at the end of a day. However, despite these difficulties, this student still appreciated the extra exposure she got by having two therapists instead of just one. Another concern students had when they were shared between therapists was that it diminished their ability to develop a really close relationship with either of their therapists which, as has been described earlier, is so important to students.

The model of two students with one therapist only occurred in this study on a temporary basis, when a therapist was absent or when it had been pre-planned that two students would work together. It was not a model of supervision that I saw during the entirety of any of the participating students' placements, but the students who did experience some parts of their placement under this model seemed to feel it had some advantages:

It was nice to do it together and there wasn't as much pressure when you're working with someone else . . . . It's easier to carry out the treatment sessions when there's someone else there, and then if it's another student, then you're both benefiting at the same time and then you can both make observations and then it's not like you're being told by the therapists if you miss things and another student tells you, then it's better than having your therapist tell you. VISIT-4B

It's nice to be working with [another student] a little bit too because she's experiencing a lot of the same things I'm experiencing too. It makes me feel more comfortable when you know she's experiencing the same things I am so I know how she's feeling and when she asks a lot of the questions, I kind of wondered a little bit myself. VISIT-1A
One student had a placement where her therapist had a case-load which was divided equally between two very different services: neo-natal and adult orthopaedics. This student referred to it as her "split" placement:

It was weird switching from paediatrics to geriatrics like going from one extreme to the other . . . . It wasn’t a problem, it was just weird to have to switch . . . . the different things you look for. You kind of get on a flow for geriatrics and a flow for peds, but they’re both two different kinds of flows, like different things you observe.

EXIT-D

The Influence of Time

An all pervasive subtle influence was the effect of the passage of time and its perception by students. First, there was the timing of fieldwork placements within the academic year, and the duration of the placement (contextual time). Second, was the perception of pace of activity (perceptual time).

Time as a Contextual Influence

The timing of the placement within the academic year had an affect on students. These students were tired as they went into their first basic placement at the end of their first academic year. They had just finished a series of gruelling final exams. In contrast, when they entered their second basic fieldwork placement, at the start of the second academic year, they were fresh from the summer break. The fieldwork experiences of the students in this study were of four weeks duration. The brevity of the placement fostered a sense of urgency and concern about the amount to be learned, with so little time to do it in. There was the frustration of finally beginning to understand and then the placement was over:
In all my placements the fourth week is when you really feel like you're functioning as a therapist, sort of. You really feel like you're getting things done and then it's over. EXIT-D

When students were asked how they felt about the length of their placements, they admitted that they would generally prefer longer placements. However, this preference was balanced against the danger of getting a "poor" placement and being "stuck", or being in a placement where there was not too much to do and becoming bored. Students also appreciated that shorter placements meant they had an increased variety of fieldwork experiences.

For therapists familiar with their environment, the pace of their setting would be an accepted part of their daily lives but it was a different situation for students coming into their area for a short time. The actual pace of activity in placements had a marked affect on students' learning experiences. In addition, while busy settings put more pressure on students, at the same time there were more opportunities for them to be doing various activities. This point was highlighted in this study by the comparison between one student who had several high-paced placements and another one who had had several slower paced placements. The former student rarely made comments about the necessity to be "doing" something, whereas the other student frequently commented on her frustration at the lack of activity.

When placements became too hectic, students started to feel overwhelmed and frustrated. There was so much they wanted to achieve and yet they did not seem to be able to accomplish what they felt they should be able to do. Their workload was such that there was little time for reflection or even checking back with their therapist:

I still wish [my therapist] and I had time to talk about things, we're just so busy. There's so many questions I have to ask and I never get a chance and by the time I do, I've forgotten the question. DIARY-B
In addition, in placements where the pace was overwhelming, students started wondering whether they had the capabilities of carrying out the work of an occupational therapist. Alternatively, they wondered whether they wanted to subject themselves to these kind of stresses for the rest of their lives:

I've ended today really worried though. I'm feeling like I can't keep up. I'm worried that I haven't been able to organise my time appropriately. [My therapist] said that she was worried she had given me too much to do. I didn't think she had. I loved everything but I'm so worried that I wasn't able to be efficient and handle myself properly. What am I going to do when I become a "real" OT. DIARY-C

There seemed to be far more comments by students in the intermediate placements about their "slowness" in comparison to their therapists, than there had been in the basic placements. Part of the problem may have been that in the basic placements, students were just doing small parts of the work of an occupational therapist. However, during the intermediate placements, they were taking on more of the complete role of the therapist and were therefore able to compare themselves better to how their therapists functioned. There was also the question of their extra activities as students, which one student explained as:

Students have double the amount of work to do, because charting, you have to write it up, in rough copy and then you have to get it checked over, then you write it up in good. So that's double the amount of time, whereas if you were normally doing it you could just whip it off, and discussing everything [with my therapist] instead of just moving on from one thing to the next. VISIT-2C

Students would get exhausted from fast paced placements but surprisingly, they found themselves more tired when they experienced placements which were slower than they liked:

Sometimes you felt more fatigued in the psych. one because it was less busy. It kind of makes you feel a little fatigued, not so
much physically fatigued but mentally, like because there’s nothing to do. EXIT-B

I’m overwhelmed with so much stuff to do but I’m not tired. There’s just my brain going around and trying to sort things out but when the patients leave I get more tired because now I have time to sit down and think about everything that I have to do and that was really tiring. DEBRIEF-B

I was a lot less tired in this placement but I think it’s because I was busier. I find I get more tired if I’m bored. The two days that [my therapist] was away, I was exhausted at the end of the day, and it’s just from watching. You know when you’re trying to stay alert, it’s an effort, whereas if you’re directly involved with things, it’s not such an effort to stay on track. EXIT-C

The slower paced placements were not considered poor learning experiences as long as therapists used the spare time to interact with their students. Then these placements gave students time to talk and reflect on their experiences. However, students disliked situations which were slow paced and where they did not have ready access to their therapists, and/or where they were given reading material to fill in time, as has been described in chapter four under the section relating to differences in level of action between fieldwork and coursework.

Time as a Perceptual Influence

Another way of viewing time is in terms of differing perceptions of its passage. In this situation time can be seen as a state of mind, where two people can be in the same situation and yet have different perceptions of the passage of time. Frequently, I would be surprised by comments students made relating to their perception of the pace of activities within a department which did not match my own. This perception of pace is affected by many factors but in order to have a sense of faster or slower, students needed to have other placements for comparison. During their first placements students
naturally accepted its pace as being the norm, but comments about the pace of placements seemed to become more pronounced in the later intermediate placements:

I guess at the time because it was a new experience, it didn't seem as slow but now I look back and say, "Oh I had quite a lot of spare time on my hands to do readings and stuff". BASE-B

I didn't have anything to compare it too, so I just thought. I did a lot of reading but I could accept it more. But now I've had a placement where I've been really busy and the days have just flown by . . . . I don't know, sometimes I feel like I'm wasting time now. VISIT-2D

Students' workloads had an effect on their perception of the passage of time. There was a linkage between words such as "busy", "accomplish", "learning" and terms such as "slow", "non-productive" and "boring". In addition, students' perceptions of the pace of a setting were affected by the type of activities in which they were involved:

There was a lot of variety, I did a lot of different things, I didn't have to do one thing for a long time and I think that helped to make it go quicker. VISIT-4A

When placements were slow there was not much a student could do about it though in one situation the student explained how:

I'm getting used to the slower pace, I can't just sit and be frustrated all the time, so I'm just trying to slow down and get used to it. VISIT-2D

Students' perception of pace were also affected by the degree of independence and responsibility that they had:

I've been really busy and I felt really productive here, and there's been hardly any time where I sat and read or I've just sat and watched and you know I've been a lot more active. It makes the time go a lot faster. VISIT-3C
I don't know why it's going by so fast, maybe because I'm more independent and I think I have more to do, I think more responsibility makes it go by faster. VISIT-2C

Summary

In this chapter I have focused on the second picture which emerged from the findings of the study, the picture constructed from the main influences affecting the students' fieldwork experiences. During analysis of the data it became clear to me that many of the influences were interconnected and some were so subtle as to be impossible to label. What has emerged are four strong themes relating to influences which affected all participating students.

The first influence was the influence of students' therapists who were perceived to perform many roles. The second influence was that of the client. Students' clients had two areas of major influence on students. First, they influenced the concept student had of the realities of dysfunction. Second, clients influenced students in their role as a litmus paper to indicate students' effectiveness as occupational therapists.

The third influence was the effect of the environment on students. The physical characteristics and focus of the placement had an affect on students. In addition, the way the fieldwork experiences were structured affected students' learning.

The fourth and final influence was that of time, both in terms of a contextual influence and in terms of how the passage of time was perceived, or perceptual time. The passage of time is the focus of the next chapter, the emerging professional. In this the third and final picture, I describe the changes that occur as the students move through their basic and intermediate placements.
CHAPTER SIX: THE EMERGING PROFESSIONAL

The third and final picture to emerge from the findings of this study of meanings students made of their fieldwork experiences is related to the key role fieldwork plays in the metamorphose from student to practitioner, from layperson to professional. The socialization of an individual into a profession is a complex process which involves many different factors. These have been touched on in chapter two in the section relating to professional socialization.

It is during fieldwork that students have both to learn new behaviours and unlearn old ones and to move from a state of passivity and dependency to one of becoming independent active participants. It became apparent in this study that learning to become a professional was a nebulous business. What was and what was not professional behaviour was hard to articulate for both therapists and students, possibly because of its complexity. Therapists rarely talked explicitly about what it meant to be a professional, but when they did have the time to do so, it left a deep impression on students:

When [my therapist] and I just have some time to just sit and talk, we both get very excited about the profession . . . She’s proud, very very proud of what she is and who she is, and when she gets a chance to talk about it, then it really comes out and then we both sort of get hyped up about it. VISIT-2A

Therefore, for the student, learning the attributes and roles of a professional for the student became more a process of osmosis and modelling rather than through any explicit instruction, an area which will be discussed in more detail in chapter seven in the section relating to the implicit nature of professional socialization. Comments that were made by therapists were prompted more by students’ enquiries than at the therapists initiation:
I think maybe we talked about it [the profession] more as they went along because I’ve been exposed to more and able to see more so it’s prompting me to ask more about it. EXIT-D

Incidents involving the role of occupational therapy within a facility would also prompt discussions relating to professional matters. When students were asked whether fieldwork helped them better identify differences between lay people and professionals, they seemed to feel it did not, but my observations showed a different picture. In watching these neophyte professionals, I noted four emerging key themes as these students moved from the status of layperson to becoming a professional within the health-care setting.

First, there was the students’ developing concept of professionalism as they grappled with what was appropriate behaviour for a professional, their role vis-a-vis other individuals in the health-care system and accepting responsibility. Second, arising out of this theme, was the need for the students to learn the language of the professional, both for communication with clients and in written and verbal forms with other health-care professionals. The third theme related to the students’ developing concept of occupational therapy as they grew aware of the diversity and complexity of the profession and were made aware of their own hidden assumptions about what it meant to be occupational therapists. Finally, there was the theme of the changing meaning of the purpose of the two different levels of placement and the extent to which students were encouraged to be independent.

Developing a Concept of Professionalism

Students mirrored the behaviour of their therapists by saying little about the concept of professionalism unless I asked them directly. The main theme that emerged here was that professionals had a specialized education and core of knowledge and were guided by a code of practice. In addition, students referred during the placements to making sure they behaved professionally or
in a professionally appropriate way. However they found it hard to articulate what was meant by "being professional" other than in terms of behaving, speaking and dressing appropriately:

You have to be polite and specific and things like that. I think the whole attitude you take, like when you hear "professional", you kind of think well they've got a specific career too. You've gone to school and you have a degree in something and that's what you've gone and done with your life and you do it in a professional way. I guess its hard to say in any other way.

EXIT-D

The education, the practice, the things, the knowledge of being able to deal with people in different situations, being able to handle yourself well in stressful situations. FINAL

Students' developing professionalism can be viewed in terms of their growing understanding of the various boundaries that define their role and their accepting of responsibility and becoming independent. This concept of boundaries arose from comments made by one student as she expressed her concerns about "stepping over" the various boundaries. This focus seemed to be more prevalent in the early placements when students were still trying to work out who they were and where they fitted into the scheme of things.

There were the boundaries students developed relating to their own behaviour in the context of what constituted appropriate professional behaviour (internal boundaries), and boundaries they worked within, which related to the students' relationships with others (external boundaries). In the area of external boundaries, students were dealing with two aspects: the boundaries of their behaviour as neophyte health-care professionals and the boundaries of behaviour which marked out their role as occupational therapists.

Establishing Internal Boundaries

Students entered the clinical setting as adults who had been socialised into behaving in a manner which would not go against main stream societal
norms. They had been raised in the belief that there were certain ways one did and did not behave in polite society. When these students entered the world of clinical practice, they found themselves faced with behaving as neophyte "professionals" in some ways which would have been considered inappropriate in the world of the layperson. In effect, they had to unlearn some of the societal norms of their adulthood.

In the early stages of their fieldwork experiences, students exhibited discomfort with breaching societal norms. However, they quickly moved to rationalising their actions on the basis of doing "what everyone else was doing". Alternatively they would come to the realization that what they were doing was for the benefit of their clients. One student was particularly articulate in expressing these concerns and though the majority of comments in this area were made by her, I gained the impression that her concerns were shared by the other participating students. The two main norms of appropriate social behaviour which seemed to conflict with appropriate "professional" behaviour were in the area of handling issues relating to privacy and the need to express their own emotions.

Handling the Right to Privacy

An individual's right to privacy was a key area where there seemed to be a conflict with students' expectations of professional behaviour. This dissonance was manifested in a variety of ways in terms of their clients' rights to: privacy of personal information, privacy of physical space, privacy for solitude, and privacy of the body. As will be shown, these conflicting expectations caused discomfort for students in the early days but they quickly became accustomed to the expectations of what constituted appropriate professional behaviour in a health-care setting.

Privacy of personal information. Students were uncomfortable when they felt they were prying into clients' personal lives. Such situations occurred
when students first had to conduct interviews which of necessity involved asking personal questions. One student recorded her apprehensions in her journal during her first placement. She was about to be involved in the personal business of her clients because she was scheduled to start reviewing charts the next day:

I don't know if I feel comfortable enough yet, knowing as much personal stuff about the patients. It doesn't seem any of my business. DIARY-A

But then later during that same placement, it became apparent that she was becoming more accustomed to this activity and able to rationalise to herself why it was important to her client for her, the student, to have access to personal information:

I'm still feeling a little bit uncomfortable, I'm digging into their lives when it's really none of my business but then on the other hand I've come to realise that it is my business in order to do my job properly. VISIT-2A

**Privacy of physical space.** The feeling of discomfort when infringing on a client’s privacy extended to invading a client’s physical space, such as entering their rooms in the hospital. However, students learned very quickly, from watching the actions of other staff, that the right to privacy of space was not the way the clinical setting was structured. Two students commented on this point:

It's still a little bit difficult because I don't know where I can go and I'm afraid of interrupting. I don't know where I can go without interrupting but the other people walk into their [patients'] rooms with no problem, and to me that's invasion of privacy and I don't want to do the same to the patients. I guess I have to realise that this is a hospital setting and that's part of being in the hospital. I haven't had to do it a lot lately so maybe as time goes on it might be a little easier. VISIT-2A
In the hospital, though you knock on their door, basically you know when you're in a hospital you automatically lose a lot of that privacy that you do have in your home. VISIT-1B

The issue of the privacy of a client's physical space also extended to the situation of students making home visits. The expectation of therapists was that students would make notes during the visit of a variety of different aspects of their clients' living conditions but as one student commented:

I've felt kind of uncomfortable before and I had always felt like I was snooping. Even today I would try to look through the cupboards when the patient wasn't there because I felt really bad about it, you know because it's so hard to explain what you're looking for to people, and some people would be offended by it . . . . The first home visit we did, I snooped in the bathroom cabinet and in the closet to make sure he could reach his clothes and I just didn't feel comfortable. I mean I was thinking, if somebody came into my room and did that I'd be really ticked off so I didn't feel good about doing it to somebody else . . . . I still feel really guilty doing it. VISIT-2C

Privacy for solitude. Another area relating to privacy was the client's right to remain alone undisturbed and not participate in treatment programs. Again, students found themselves uncomfortable about chasing after clients but took their cues from the behaviour of others as to what was appropriate professional behaviour. One student commented in the early days of her first placement:

I'm still not comfortable going to hunt the patients down. I don't want to disturb them when they're in their rooms. Everybody else does, so I guess it just takes a bit of getting used to it. DIARY-A

But, by the time of my last visit to this placement she had got over this initial reluctance:

I'm feeling more comfortable going to get patients and get them out of bed and interrupt and stuff like I feel I can do that. VISIT-4A
However, though this student learned by the end of her first placement to feel more comfortable about disturbing clients, she still found it difficult to keep returning if the individual showed no willingness to be treated:

I feel like I'm interfering in their lives, but I guess they’re in the hospital for that, so that’s when I was feeling uncomfortable when we keep coming to these patients. There was one in particular we kept going to three times. I mean she just seemed, I don’t know, sort of frustrated or fed up with us or something, I don’t know. VISIT-1B

**Privacy of the body.** Finally, students had to deal with encroaching on a person’s privacy for personal care and in the handling of their body. Occupational therapists’ work involves helping people function at their maximum level in the occupations that they perform during their everyday lives. To do this therapists sometimes have to assess and work with patients in the areas of personal hygiene and dressing. Students had to become accustomed to such work:

[My therapist] and I worked with a patient today which took a little getting used to. It was the same patient she’d worked with but the technique was different. She wanted to loosen his muscles because they were so stiff, which meant putting her hand under his clothes, close to his buttocks and sometimes on them. There didn’t seem anything wrong with this, except again, I felt uncomfortable invading someone’s privacy like that. Its weird, but when I talked to [another student] about the privacy part of OT she felt the same and was also quite uncomfortable. DIARY-B

**Handling the Need for Emotional Expression**

The second major area of feelings of discomfort, when students felt they were going against societal norms for appropriate behaviour, was in the area of emotional expression. In certain situations some of the students felt an initial urge to support clients by giving them a hug, or a feeling of such empathy with their clients’ distress that they too felt distressed. In such situations, students
found themselves reflecting on whether or not their natural response was also the appropriate professional response:

I didn’t quite know what to do. My instinct when somebody’s like that is to hug them, that’s the way people are in my family but I didn’t feel that was my place, or my right in the position I was . . . . I didn’t know here, and if it were me, I wouldn’t want some stranger hugging me. You know if she were in the program and I’d known her for a few weeks then maybe I would have. VISIT-4A

He is a nice soft-hearted 77 year old man. It is difficult to hold back my emotions with him but it is necessary if we are going to help him out of his depression. DIARY-A

Students were told in the academic setting about the importance of keeping a professional distance and not getting involved with their clients. One student explained to me how she had tried to prepare herself to keep the appropriate distance between herself and her clients but she was finding it difficult:

STU: We kept being told [during coursework] to keep a professional distance, so I thought: well, if I could do that then there wouldn’t be problems. So I had sort of psyched myself out to hopefully not let that happen but it didn’t work . . . . We were told not to get too friendly with the patients, it’s hard not to, like I mean friendly, there’s no defined line what friendly is, so it’s hard to say.

RES: Have you sorted it out in your own mind do you think?

STU: Not yet, I’m still struggling with it because you know it really is because I’m a friendly person, like I think I am, and then if I meet somebody that I really get along with and that I just think is so special it’s hard to, it’s really hard not to become friendly with them. VISIT-4A

The controlling of the emotional response was a hard one for students. By virtue of wanting to be a health-care professional, there was the inherent desire to help others and yet as a professional, this empathy and concern needed to be kept in check if the student was to be effective as a professional:
The initial assessment yesterday, we did on a patient that was tough because this man, he's such a sweet man and he's so depressed and he gets all teary eyed. Like three, or four, or five times during the assessment and it makes me teary eyed. I mean I was this far, like I had tears in my eyes myself, that was difficult. So I asked [my therapist] how he dealt with it and he said, you just get used to it and assessments. You have to know that to heal sometimes it hurts, like to heal the wounds you have to kind of clean it out and sometimes to clean it out it hurts. VISIT-3A

It was almost as though students felt a conflict between their concept of doing the job which required empathy and the call for behaving professionally which meant detachment:

We met with one of the patients who had done a complete turn around in the week. She has become so insightful and positive regardless of her depression. Her attitude just made me so happy. I almost thought I was going to cry right then and there. I really had to fight back the tears. I guess I'm really going to have to learn to set more of a professional distance but it's so hard with this job. DIARY-A

To students being professional meant that their emotions had to be kept under strict control at all times. The analogy of a swimming duck comes to mind, all calm and serenity on the surface while the student was desperately trying to keep afloat. One student explained her feelings after she had become very distressed because of the negative reaction of a patient to her initial assessment as:

Trying to look confident and sure of yourself when inside I was just falling apart. EXIT-C

Not only were students concerned about keeping control of their empathetic emotions, they were also concerned about controlling negative emotions which sometimes arose. Two students explained how frustrating it was to deal with negativity from others in the clinical setting:

You can't be rude. You have to always think of what you're saying and that's how you get things done. EXIT-D
That's unprofessional in the first place to be rude back. You're supposed to, like professionally I should just kind of grin and bear it. VISIT-3D

I have described some of the situations that students were faced with when they had to take action which went against what they would have done outside the clinical setting. However, there were also incidents where students needed reassurance that their initial responses, based on what they would do outside of the clinical setting, were also appropriate within the clinical setting.

In one incident, the student was in a psychiatric setting and was invited out for a luncheon date by a male client about her own age. The student wanted to say no, but was unsure how to refuse in a tactful way so that it would not interfere with their therapeutic relationship and so sought advice from her therapist:

They always teach you in class, like not to act shocked or not to do, you know you don't judge them kind of thing. All that came pouring back into my mind and I'm thinking, inside my stomach's going "Oh my gosh what do I say to this guy? What am I going to do? What is he going to think of me if I say no?. Is he going to get mad, is he going to scream at me?" . . . [Afterwards] the therapist gave me some hints you know, "I work here and you just don't go out with the patients". I mean I was thinking of that but I didn't know if I could tell him that, so now I know that, I have to set my own limits so I know that it's appropriate to say that. VISIT-1A

In another incident, a young male client in the process of shaking hands with a student, an appropriate action, turned it into an inappropriate one:

I got a little freaked out today through one of the patients introduced himself to me and shook my hand, but then he wouldn't let go. I had to sort of keep pulling my hand away. I'm not sure of what to say when they do inappropriate things. I don't want to agitate them and yet I don't want to say something that might be negative to their therapy. DIARY-A
Establishing External Boundaries

Numerous health-care professionals work in the clinical setting. Part of the process of the developing health-care professional is learning to understand their place within the system or within the team. For students this involved two key areas. First, they had to learn the boundaries of their role as neophyte professionals. Second, they needed to discover the boundaries related to the scope of practice of an occupational therapist.

Boundaries of a Neophyte Professional

The role of the student should be viewed as being on a continuum with feelings ranging from being "just a student" at one end to being "like a real therapist" at the other. Students came to an understanding of their position as neophyte professionals within the hierarchy of the clinical setting from those around them. Their attitudes, actions and reactions highlighted for them their relative powerlessness in a variety of ways. Students were expected to take on the tasks of health-care professionals, yet they felt that other members of the team often viewed them merely as students.

In the early basic placements students were particularly sensitive to being "just students" and would interpret the behaviour of others towards themselves in terms of their student status rather than any other factor:

You're a student, it's not like you're an OT, you're a student so if you get treated in any way, you know inferior or whatever, it's not because you're an OT, it's because you're a student. EXIT-B

I'd have to say that that was still my most major concern was how the other professionals saw me. I had no worries about the OTs but I had a big worry about, if I go to get a chart, they're going to look at me funny, or if I went to bother a patient if they're going to look at me funny because you're just a student here. EXIT-A
Their role as students was emphasised for them when they were being given feedback or being asked questions about how they were doing or what they intended to do with their clients:

I played the student role for sure even though I felt independent, you know kind of like a therapist. I still felt like I was playing the student role because there was always feedback after what I did. We would always sit down and talk about it, whereas with the normal therapist you just do it. EXIT-C

Another student found the age differential between herself and the therapist was a factor, together with the way she was treated:

I guess you feel more like a student when you're with somebody whose been an OT for quite a while and there's quite an age difference between the two of you and just the personality, the way they treat you. Do they talk to you at a certain level, or do they talk down to you? Just how they come across to you... the responsibilities that you get. You feel more like an OT with more increasing responsibility. FINAL

Students tended to feel more like therapists when others approached them for advice, asked for their assistance or behaved in a similar fashion to the way they did towards therapists. Students' feelings of being therapists were also enhanced when their suggestions were not critiqued and were accepted as if coming from any other colleague:

Most of the time I didn't feel too much like a student because the rehab. attendants they were asking my advice, as if I was supposed to know what I was talking about. EXIT-B

Students were also concerned about the powerlessness of their role when faced with difficulties in relationships with other staff. One student, in talking about what she had and had not done on one placement, revealed that she had been having problems with one of the occupational therapy assistants who had been uncooperative. However, the student did not like to make an issue of it in case it reflected on her own abilities:
I wished I would have stood up for myself but I was afraid of further hassles, especially when [my therapist] wasn’t around and because I’m a student. I don’t know her [the assistant], she could have distorted things to [my therapist] and I thought I need to pass this placement. EXIT-B

The sense of powerlessness as a student within a team of health-care professionals was balanced by the increasing feelings of power and control that students were developing towards their clients. As placements progressed there was a growing tendency for students to talk about "my" client and an increasing desire to have their own caseload rather than to share clients with their therapists.

**Boundaries of the Occupational Therapist**

Students’ observations of how other team members worked together helped them to identify their own responsibilities and the respective responsibilities of a variety of other health professionals in relationship to their own role as an occupational therapist:

> I finally realised what the case co-ordinators do now, nursing and social worker and how they relate to [name of facility] and actually how they relate to my project. So it was interesting the fact that I was able to finally connect exactly where everyone fits in. That was great. VISIT-4B

Not only were students finding out how the roles of the various team members fit together, they were also learning about the hierarchial nature of the clinical setting. Students came into the placement with the concept of the team working together but were then faced with the realities of the clinical setting, where status and boundaries were established in relationship to the client. Priority over clients’ time, in accessing charts, or in speaking at team meetings, were all indicators of a profession’s status within the clinical setting:
I don't think the nurses understand how important our role is, like when we're doing a group. I mean they had no second thoughts about coming and interrupting the groups and to me that really irritated me. EXIT-A

Learning to hold your own in the clinical setting was an accepted part of the role. For example, one therapist explained to me it was part of a student's learning process to find out how to track down and procure a chart. This task could be somewhat daunting for a student when some other member of the team was using it! The need to stand up and promote your profession on an on-going basis was commented upon by one of the students:

Well I think part of being a professional should be, I don't know if it is, in a lot of other people's minds, but it should be, that you would promote your profession. You should be working towards bettering it all the time, like if you have the opportunity, you should take it. So I think to be a professional you have to be working towards making your profession a real profession in everyone else's minds. FINAL

The importance of promoting occupational therapy was particularly crucial because of the apparent invisibility of the profession in the eyes of some members of the health-care team. Despite the fact that students felt they were as essential to the rehabilitation process as was the air they breathed, unfortunately, like the air around them, they became quickly aware that other people were not so aware of it. Students' belief in the value of occupational therapy was impressive when they were constantly being faced with having to explain what occupational therapy was to clients and justify their role within the health-care team:

Most of the time I don't feel discouraged, I feel happy about what I'm doing [viz. occupational therapy]. Even if other people don't value what I'm doing, I know that it has value. BASE-A
This conviction of the value of their chosen profession was unavering and unquestioned. It became an accepted aspect of their working lives as shown by comments from two students:

One of the big issues I guess would be that people, a lot of people don't know what it [occupational therapy] is, unless they're kind of thrust into this situation. . . . You feel a little disturbed because you know you're doing so much and there's so much that you can do. People should hear that you're an OT and just go "Oh that's just great", instead they're like "What is that?".

BASE-A

I'm always struggling with our significance on the team because where ever you go that's always an issue. Like over doctors and nurses and stuff, where we fit in there. I've just been thinking how important our role is and I've been fighting for it in my head and verbally, so that's really been an influence to stand up for who we are. VISIT-3C

Students justified the lack of value that some people (both members of the public and other health-care professionals) placed on the profession by explaining to me that these individuals just had not been aware of it or misinterpreted it because they had no familiarity with it:

Everybody I know that's had contact with OTs has really appreciated the services that they've provided. So the people that have been in contact with it respect the profession but not very many people have, as far as I know anyway. EXIT-A

Accepting Responsibility and Becoming Independent

A key concept of being a professional for students was accepting responsibility which was partly reflected in the extent to which students worked independently. Indeed, there was some surprise at the amount of responsibility therapists were given. Also, there was surprise at the speed with which they were expected to assume the mantle of responsibility as soon as they stepped into the clinical world:
You put a tag on yourself, write occupational therapy student or whatever and they [the clients] automatically think you have a certain amount of knowledge and you’re there to help them and that’s a responsibility right there and I feel that I have a responsibility to the profession to act in a professional and ethical manner. BASE-B

For the first placement I thought total observation, like observing and just sitting back and watching and then talking about what was done. I never expected to have my own patients. I never expected to do assessments or interviews with them by myself or for me to do it and [my therapist] watch me. EXIT-A

In the basic placements, students' perceptions of what constituted responsibility appeared to assume larger proportions than it might have done in the view of more senior students or graduate therapists. For example, I noticed some situations where students were given what to me were simple tasks, but which to students in their first fieldwork placement constituted significant professional responsibility. In one such situation, a student was asked to porter a patient across the institution. This student viewed the activity in a positive light rather than as a chore because she perceived such a task as being given responsibility.²²

His primary nurse had asked me if I would wheel him through the tunnel and take him over to his physio appointment. So I thought that was kind of neat. I was in charge of the patient, wheeling him over and everything. VISIT-4A

By the time of the intermediate placements, students rarely commented on the responsibilities of the occupational therapist; it seemed to have become an accepted part of the role. This concept of professional responsibility was closely related to the extent to which students were encouraged and permitted to work independently.

²² Student's comment: "You guessed it right . . . . I think if I was asked to do that now, I'd be kind of almost insulted" (laughs).
The dependence-independence aspect of a placement was a shifting one for students in two ways. First, it shifted over time from an unexpected surprise at being given independence to one of expecting it. Secondly, it shifted in terms of what students viewed as being independent activity. There was a shift from viewing independence as any activity done alone, however small or brief, to viewing independent activity in terms of the extent to which they were left entirely responsible for an activity.

Students entered their first fieldwork placements with the expectation that they would be very dependent and spend the major part of their time observing the therapist at work. Most of the students were amazed at the amount of independence they felt they received in those early days and it was this unexpected independence that made so much impact, together with the opportunity of working with clients. It is important to realise though that in these early days, independent activity for a student was anything they did when the therapist was not present or in close proximity. The period of time did not matter. For example, when students were left alone in a room for a few minutes with a group of psychiatric patients they perceived this as being given independence:

The big thing I remember is the independence that I had. In the first one I had a lot of independence for a first placement but in the second one I had even more independence, so that's one thing that I always remember, being able to do that. BASE-C

At this early stage, it was important that independence was within a structured environment which allowed for some flexibility so that students could create their own structure and feel independent. One student in her first basic placement was in an unstructured situation, where she had very little on-going direct contact with the occupational therapist. This student had a great deal of independence but it was outside of any structure and at this stage of development she did not know enough to be able to make good use of it. Even in the intermediate placements, if students were given plenty of
independence but not much opportunity to interact or to ask questions of their therapists, there was a loss of learning because of the lack of direction and guidance:

I think you learn more with the interaction because I still have lots of independence but I'm allowed to give and ask for feedback and I learn so much .... When you're thrown into something and there's no feedback, how do you know if you're doing it right. So you just kind of wing it and hope that you're doing it and so I learned how to do things on my own and be independent and think for myself on my last placement but I don't know how much, like if I learned more or not. VISIT-2C

By the intermediate placements, students had changed from expecting to be dependent to having an expectation that they would be given independence and resenting it if they didn't get it:

I feel like I'm confident. I can deal with this, even when we go in and she talks to somebody and asks them all these questions, I feel silly just standing there. I'm eager to do that on my own. VISIT-1C

This shift from passive involvement in directing their experiences to active participation was reflected in the advice students said they would give to students in lower years prior to fieldwork placements on the importance of pushing for independence if they did not feel they had enough of it:

I'd tell her [the student] to take initiative. You can learn so much if you want to on these placements. Don't be afraid to ask questions and observe and try to get yourself involved with as much as you can. EXIT-B

Try and do as much as you can and try to feel confident about yourself, even if you make mistakes. If you feel confident it's not as difficult. Really try and get as much out of it as you can and push for that, and give your therapist feedback, when you're not getting enough or it's too much. EXIT-D

Be prepared to have a little bit more independence and be prepared to push for that independence if you don't have it. EXIT-D
For students, independence was equated with a feeling of ownership, power, trust and enjoyment. By being independent students felt they were totally responsible for some activity. The action of their therapist in giving them independence indicated to students there was trust in their abilities, which in turn gave them confidence:

I felt if [my therapist] had enough faith in me to be able to leave me alone then obviously she trusted me enough and she thought that I was capable of doing it and she encouraged me to interact with patients on my own. VISIT-2A

Having something that's yours, I don't feel like those groups that I'm watching are my groups . . . . I would like to be able to set up a program for her [a client] on my own and have [my therapist] helping me, and then do it on my own with [my therapist] helping me. As opposed to helping [my therapist] and sort of watching for a couple of weeks and not knowing what's going to happen or where its going to go next. VISIT-2B

Therapists had a key role to play in facilitating the shift made from a state of dependency to independence and to accepting responsibility. It was a delicate balance between giving students their independence yet also maintaining the opportunity for them to learn from their experiences through interacting with their therapists. It was a question of maintaining a balance so that therapists were seen as being there if a support was needed rather than being viewed as not trusting their students and having to monitor them. Some therapists found it difficult to allow their students to work uninterrupted:

She wanted to see me do an assessment and then she was there and the guy was talking to her mostly. I tried to get things done and she put in, you know had her input all the time, so it was like the both of us did the assessment not really like I did it. VISIT-1D

I like leading the group better when [my therapist] is not there. Not because she makes me uncomfortable but because she can't stay uninvolved. She can't just sit back and watch. She always has to have her input then and sometimes I wish she would just be quiet and she can watch but just let me do it. VISIT-4A
There were many factors that seemed to affect how much independence a student was encouraged to take. For example, therapists' perceptions of the level of danger to their clients of the proposed interventions would affect the level of independence a student would be allowed to have. In one situation, a student worked directly on a baby in an intensive neonatal unit, but her therapist's hands were just a few inches away. The delicacy of this baby's condition made any other approach indefensible. The personal beliefs and comfort level of therapists also played a role. In another situation, a therapist closely monitored a student for the first week, but once satisfied her student was capable of more independence, gave it to her. Therapists' own experiences as students affected their view of what constituted an appropriate level of independence. If they had been given a great deal of independence then it was likely to be reflected in their own approaches to students.

Departmental policy was another factor for some facilities. Students explained to me that in some placements they were not allowed to be in certain places unless there was a therapist to accompany them or within call. Finally, there was the physical proximity of the therapist to the student. When therapists were working within the same physical space as their students, there would likely be less independence on the part of students because of the ease with which support and guidance could be sought and questions answered.\footnote{Student comment: "True".}

The key for a successful placement appeared to be in getting the correct balance between dependency and independence for the student according to their stage of professional development:

A good placement is one where there is a certain amount of supervision but a flexibility too. You've got to be able to grow and challenge yourself and be able to set goals for yourself and [yet] you need a certain amount of supervision. You need to have good communication and enough respect for each other to be able to become more independent. EXIT-B
Learning the Language of the Professional

Part of the process of the emerging professional was learning how to communicate with clients as health-care professionals and with other professionals. The ability to communicate effectively, and in a professional manner is an important skill for the developing professional and constituted a large component of these students' fieldwork experiences. Learning to communicate professionally was akin to learning a foreign language, a point that was not lost on one student who commented enviously in the middle of her first placement:

I hear the people around me talking, like they talk so fluently in this psychiatric setting, using medications and signs and symptoms. VISIT-2A

The development of these communication skills is one of the primary foci in the early placements and constitutes three elements: communicating with clients, written communication with other professionals, and verbal communication with other professionals.

Communicating with Clients

One purpose of the basic placement, according to the literature emanating from the educational program, was to "allow students to begin to develop their interactional skills" (see Appendix N). It was an important skill because a health-care professional must know how to approach clients and how to extract required information from them in the most effective way. For students this activity entailed going up to total strangers and presenting an image of someone who was knowledgeable. In the early days this was difficult as students felt they did not know anything and yet they were still meant to project an image of a person who could provide help to their clients. However, this ability to communicate with clients quickly became far more natural. One
student had made an entry in her diary note on the third day of her first placement commenting on the skills of her therapist in this area:

I tried to take note of all the questions [my therapist] was asking and then I tried to figure out why she would ask those questions and how they relate to an OT's role. DIARY-A

When this same student was reading this entry a few months later she remarked that:

It is weird looking at this comment now. As I have done some work with the disabled over the summer months, these questions seem to now come so naturally! I seem to automatically know what kinds of questions to ask to get the right info. DIARY-A

Learning to communicate with clients presented many challenges, ranging from persuading a reluctant client to talk, to trying to interrupt a garrulous client. Part of the difficulty for students was knowing how to proceed once they had started the process:

I think I got sort of the basics and then I didn't really know how to elaborate on any of the information I got. I didn't know what questions to ask next to get her to be a little more specific about things. So I kind of ran out of questions, which was fine but I didn't feel like I had really got the information that I wanted to have. VISIT-2C

I needed to have a little more control over the first interview . . . . she just kind of went on and I didn't really have a chance to jump in. VISIT-2B

However, eventually through their fieldwork experiences, students were able to develop their abilities to communicate effectively with clients:

I'm a lot more self-confident and I've got confidence in myself to talk to people, you know patients or at this open house. I know that I know more than this person does, or this person coming to me with question or for help I can supply that and I have confidence in my knowledge. BASE-C
Working with the clients, I feel that I can talk more. You’re not as scared to approach the client and ask them questions. You know more about what to ask. BASE-C

**Written Communication with Other Professionals**

The second component involved in professional communication was in the area of written communication with other health-care professionals, as the primary communication method in the health-care setting is through written reports, a process commonly known as charting. Charting is important to the effectiveness of the health-care professional because it is used to both record and validate what the professional is doing. It is a visible and lasting record of the intervention of that professional. Students were aware of the importance of this form of communication in their work, and saw it not only as a method of keeping other members of the team informed about their activities but also as a way of protecting themselves legally:

Charting is probably the most relevant thing for the placement. The communication factor is so important, it’s probably the most important thing that we should be doing every day when we see somebody, is letting the others know that we’ve seen them. EXIT-C

I recognise the importance of our assessments and the importance of writing everything down. You know, I’ve got forms to keep track of it because we need it, to figure out treatment and so that other people can look at it as well. So I can see how that’s important to an OT. I guess I’m realising that half of my time is spent with patients and the other half is spent at meetings or doing paperwork because you have to document everything you do and everything you find out, and I didn’t realise there would be so much paperwork. VISIT-2B

Preparing to communicate their thoughts about a client was also seen as a valuable way to clarify for themselves what they were doing with their clients and to help bring all the information relating to the client together in their own minds:
Doing the charting helps. Putting your observations down in words helps sort of clarify them I think, 'cos you can see stuff but when you write it down, then you analyze it more. VISIT-2C

Unfortunately, learning this skill posed several problems for neophyte professionals. When students entered the clinical setting they had had very little preparation in charting procedures. The formal documentation from the educational program to facilities reminded therapists that students were deliberately not taught charting in any kind of detail during their coursework, the expectation being that they would learn it in the clinical setting. One student who was asked what she learned about charting in school explained:

Not a heck of a lot. I mean we're introduced to the SOAP method by saying "0h most places use SOAP" and telling us subjective, objective, assessment and plan", well that's about it. EXIT-D

Charting was a particularly difficult activity to practise because of the legal implications that were inherent in the process. The chart was a legal document and whatever was written in it became untouchable unless a series of formal procedures were followed. For example, errors had to be corrected with the reasons clearly stated for making the correction and signed with the date and time of the correction. All entries by students had to be counter-signed by the supervising therapist.

In this atmosphere of legalities a student was faced with learning how to do something without the luxury of making mistakes. The solution for students was to draft their chart notes in rough form, have them corrected by the therapist and then rewrite them in the corrected form into the charts. This process ended up making charting one of the least preferred of the fieldwork placement activities:

I hate paperwork (laughs). It's not that I hate it, I realise it has to be done, and I realise how important it is. The tedious part I guess comes from doing it in rough first, and then writing in the chart. If I felt confident enough just to write in the chart, I don't
think it would be that bad. Just sitting there recopying it again is a chore. VISIT-3B

Least interesting part, always writing and rewriting those dumb initial assessments. I'll write them up in good and then something else will be wrong with it and I'll have to redo it again. So redoing that is very uninteresting for me, it's quite frustrating actually. VISIT-2B

Despite the tediousness of completing chart notes, students did get a feeling of accomplishment and excitement when they had completed their chart notes in the early days. It was almost like a rite of passage when a student finally wrote her first note:

Charting was a big deal for me because I'm putting this information down. It's what I saw and I'm writing it down in my words. All these other people are going to be reading it, like the doctors and the nurses and my name is going to be signed to it and so it was just a big thing to be able to be ready to put it in and to actually write it in and write it the right way and make sure the pages were the right way. So that was the biggest thing for me, that was my biggest accomplishment for this week I guess. VISIT-2A

Unfortunately, this feeling of excitement about charting was short lived and soon gave way to feelings of frustration at the tediousness of the process, as the following extracts from the same student's diary shows of her change in attitude during her first placement:

DAY 6: Well today was very exciting. The biggest thing that happened to me today, was that I got to write my first ever chart note. It was so exciting! I was really nervous though. It was weird to think that others will be reading my notes.

DAY 15: I'm supposed to do a chart note on one of the patients today but its too late in the day and it's hard to get motivated. They're such a pain to do. DIARY-A

Charting was hard for students because similar to any foreign language it had its own specific rules of usage, which once learned, are taken for granted
and not thought about. Students struggled with identifying what was relevant in the mass of information they obtained from their clients and the charts. They then had to present this information in a concise form. Students soon learned that words which they used loosely as a layperson had to be scrutinised carefully before being used in a chart. For example, students learned the subtle differences between the inferences inherent in using the following phrases and terms:

"unable to cope at home" instead of "difficulty in managing at home"

"claims" instead of "states"

"non-compliant" instead of "not able to do things"

In each of the examples above, students had used the former expression which inferred a situation which therapists were able to point out was not as indicative of the true state of affairs as the latter word. These subtle differences were crucial in communicating as a professional within the health-care setting. Awareness of the importance of the correct phrasing in charting was reflected in the frequent comments made by students on charting techniques:

Maybe my sentences aren’t as clear as they could be, so she rearranges the words. I mean the ideas are there but the technical terms aren’t and the wording isn’t maybe as clear . . . .

Getting things concise and precise and in the terminology that’s accepted and understandable and professional, it takes time. It’s not going to be something that you can just go tush, tush and rip it off. VISIT-3B

In addition to the importance of charting as a method of communicating information about clients between members of the team, it was also a process which enabled professionals to define their scope of practice. This was illustrated in an incident when a therapist warned her student not to write the chart note in ways which might be construed as encroaching on other health-care professionals’ areas:
When we did charting, I had said a couple of things and [my therapist] said well we'll have to change this around because people will get the wrong idea. Like we were doing the wrong thing. Like just by a couple of words and we weren't doing anything wrong but just because people are really sensitive . . . . Our theme this week was self-esteem and [my therapist] said that other people would criticize if I put in my chart note that "we worked on self-esteem". They would say well how come you have the right to work on self-esteem when we're working on self-esteem . . . . So I had to change my word to "working on techniques to improve self-awareness" instead. That's something that I didn't think of then. VISIT-3A

A common charting structure that many facilities used was the SOAP method (Subjective, Objective, Assessment, Plan). However, students found it somewhat constraining as they struggled to fit the way they perceived the information into the appropriate sections. In addition, they were faced with some subtle differences in the use of SOAP by different therapists, or even in the use of an entirely different system. The learning of these different approaches within the context of certain similarities was akin to learning the different dialects of a new language, a fact highlighted by one student who commented:

Part of me is dreading going back to do charting and writing up initial assessments, because every time you go on a new placement, it's always a new style, new forms, and you're only there for a month. So by the time you finish you've just kind of gotten used to it and then you have to switch to a new charting method or a new initial assessment. BASE-C

During fieldwork placements therapists would acknowledge that charting was a necessary chore and they would reassure students that they, too, had found it difficult to do but that with time it would become easier. Students seemed to accept this, especially as they were able to see that their therapists appeared to have no problems with the activity:

I had a real mental workout. I had spent tons of time today charting and had to finish up the patient in the morning and I had
to write up the others in the afternoon. Slowly I'm becoming more efficient and quicker. I hope one day I will be able to wing it off like my therapists. DIARY-C

All students without exception judged their skill level in charting in a fashion that was analogous to typing proficiency. In other words, there were two criteria: the extent to which therapists had to correct their chart notes, and the speed with which they accomplished the task. Charting appeared to be the only skill that students equated with speed, as shown by the comments of three different students:

I feel a lot more comfortable doing charting now, I think I've become faster at it. I hope I have. (laughs) EXIT-D

I'm getting quicker at charting so I feel a bit more accomplished at the end of the day than last week. DIARY-C

I didn't do too bad though. I hauled off four chart notes in two hours. Not bad. DIARY-C

**Verbal Communication with Other Professionals**

The third and final form of professional communication that students needed to learn involved meetings with other health-care professionals. These meetings were of two different types: departmental meetings involving only occupational therapy staff and meetings external to the occupational therapy area which involved other health-care professionals.

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24 Student comment: "Yes!"

25 Student comment: "Good stuff on charting - very true!!"
Departmental Meetings

Students did not find these internal meetings within the occupational therapy area at all stressful. As one student pointed out, they helped to emphasise the important role that communication played in the daily life of an occupational therapist:

I attend the OT staff meeting. This shows me how important communication among the OT department staff is necessary for the smooth running of things. DIARY-A

However, I could not help noticing that this comment concerning the benefits of attending a departmental meeting was made in a student’s first placement when such meetings were still a novelty. It contrasted with comments made later by several students which equated attending occupational therapy departmental meetings with boredom. Students found it difficult to find any relevance to the topics which related to events or issues that would be happening after they had left a placement. A more common response to hear in later placements was along the following lines:

There was just no relevance to it [staff meeting]. I don’t know I just wasn’t concerned with the things she was saying because they were like by-law changes with things and to me I had so much other stuff to think about on my placement. It was going in one ear and out the other, because it wasn’t important to this placement, so I guess that’s the useless part I am thinking of there. The other staff meeting, again had to do with the minutes from previous meetings that were concerning things that were

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26 Student comment: "An opinion of staff meetings for myself often depended on the specific facility’s style of meeting. On placements where these meetings included issues on OT developments and new information the dept. head had received, the staff meetings were a much welcomed change of pace. Also recent placements which include discussions on cutbacks and coping with the same were very interesting, since the scope was more universal to the profession. This seemed to happen (and had more impact on a student) in later "advanced" placements, probably as we were closer to entering the work force."
going to affect the people may be in the future working there but had no relevance to me.  DEBRIEF-B

Meetings with Other Professionals

Meetings which involved health-care professionals from other disciplines were viewed in a very different light from departmental meetings. Such meetings, sometimes called "rounds", "cardex", or "team meetings", occurred when members of the team met together to discuss the progress being made by the various clients on a unit. In these situations students felt very much on stage and vulnerable. They felt the importance of reporting the relevant information about a client as well as the responsibility of upholding the honour of the profession:

Trying to say what you want to say without saying something wrong, you want to be professional, you want to get across what you want to say, without disrupting or upsetting the situation. VISIT-3B

For the student, the situation was often one of speaking up in front of a room full of relative strangers. It meant trying to use the appropriate terminology. This time, instead of the stress of writing correctly in the chart, students were faced with speaking in front of others:

This morning was a big deal. I had to present on Cardex. I was really nervous about it. I wasn't quite sure when to jump in, so I just looked at [my therapist] and she helped me out. It was pretty intimidating the first time. Once I get on a roll it was OK. I'm not sure whether others were quite sure how to respond to my comment. Someone said "Oh that's nice". I know she was sincere, but it made me feel like I hadn't presented as seriously and professionally as I wanted. DIARY-A

Part of the problem for students in presenting in rounds was that often such meetings were conducted at relatively high speed. Again, using the analogy of learning a foreign language, students felt awkward when they first
spoke because of their unfamiliarity with the way to present their information. Under the pressure of time, they were not only unsure about what to say or how to say it, but there was also the uncertainty of when to speak up. If a therapist did not help by preparing the way for a student, then sometimes the opportunity to speak would pass by. For example, in some cases a therapist would make a comment indicating that her student had something to share with the other members of the team, thus giving the student the opportunity to speak:

"Sometimes I was hesitant to speak up because I got the feeling that people were in a hurry. I just got the feeling, so sometimes you know I wouldn't say anything because I felt well people aren't going to listen to me, they're in a hurry. I mentioned that to her [the therapist] afterwards because I knew one time she wanted me to say something but they just sort of skipped on to the next person. I really didn't get my foot in the door . . . . It's hard to get a word in, its intimidating too, but if you just sit back and not say anything than you're not proving your value, proving that OT is valuable and this is what is important and they aren't able to see your contribution. VISIT-3D"

"I guess in the nurses' conference it always seems a big decision as to when to hold back and when to say something or what to say. I guess I find when I have to talk to new staff members that don't know me or that I haven't been introduced to before, I find that always a big decision when I have to decide who I'm going to talk to and what I'm going to say to them. VISIT-4B"

"The problem of speaking up in rounds was compounded when students felt they did not have very much to offer. This sometimes happened when students had only known their clients for a short time:

"I guess I could have said something but I didn't have the confidence in how much I knew. I mean from three weeks you don't really know enough to be an authority on anything. VISIT-4B"
Developing Concept of Occupational Therapy

Parallel with students' developing concept of professionalism was their developing concept of their chosen profession, occupational therapy. However, in the early days I was surprised when I asked students about the impact of fieldwork on their concept of the profession, to learn that they felt there had been no effect. So I changed my approach and started asking if anything had happened to remind them about what it was to be an occupational therapist. Again I was puzzled by the lack of any substantial response even to this form of enquiry, until a comment by one student showed a possible reason for this situation. It appeared that students had internalised the concept of being an occupational therapist to a point where unless a deeply held assumption about the profession was being challenged, they weren't really aware of thinking about it:

You know what it is to be an OT and you don't think about it, you're just thinking what can I offer. You're not thinking well this is what OT does . . . . Like you're not thinking of definitions of OT and everything, it's just kind of happening. Like OK what can I offer and because you're an OT, you're thinking about what OT is doing, what OT can offer. You're not really defining OT, you're just thinking what can I do. So in a way you're thinking about OT but you're not going and saying to yourself, well this is what OT does, so this is what I'll do. You're thinking what I'll do and then it kind of just reflects what OT does. VISIT-3D

The fieldwork experience did not seem to change students' concepts of occupational therapy, so much as help them to operationalise what it meant to work as an occupational therapist:

Fieldwork has made our functioning clearer. I had an idea of what we did, but it just emphasised what we did more. It made it more concrete. EXIT-A
Through fieldwork students gained an understanding of the breadth and depth of their role within the health-care system and became aware of some implicit assumptions they held about the profession.

**The Diversity and Complexity of Occupational Therapy**

Students' roles as neophyte occupational therapists might have been made clearer by their fieldwork experiences but these students were rapidly finding that the life of an occupational therapist was far from simple:

I'm discovering that often the problem an OT comes to solve can often lead to many more, and what appears to be a simple or superficial problem can be deceiving. DIARY-B

In the basic placements students found the diversity of the profession exhilarating, and something to marvel at, which they had not really expected:

I didn't realise everything that they did do. I mean it's really actually quite broad. I have been talking to other students, not just here, but some who are doing the physical medicine part and I didn't realise that OTs could be involved as much as they are involved. VISIT-2A

I had thought in my mind that OT is a profession that has a lot of variety but until I actually experienced it, it didn’t really fit into my head the variety that we are, that we do or work with or whatever as OTs. EXIT-B

However, by the intermediate placements, students were accustomed to the diversity, and were then having to struggle more with the corresponding wide variety of roles encompassed within the profession. Each new setting seemed to call for a different approach:

Each facility is so different. Your roles are so different, wherever you go. So I have a hard time getting it straight. VISIT-2C
Surfacing Assumptions

Students entered fieldwork with a certain degree of idealism about their chosen field. Besides deepening their understanding of their concept of the role of the occupational therapist, fieldwork also challenged some of the implicit assumptions held by students by demonstrating the realities of the profession. First, there was the hard work. Also, in some situations, far from being wanted, and sought out by clients in need of care, students would face rejection. One student commented:

My first placement it seemed so easy. My impression of OT was so highly satisfying. This placement I found that there’s a lot more ups and downs that I had to deal with and that I faced and which caused it to be not as much as a bowl of cherries as I thought it was . . . . Seeing patients getting angry and not wanting to be there, choosing wrong activities, and so much paperwork was sometimes a downer. I guess sometimes the time and lack of it and then problems with the other staff. DEBRIEF-B

Other dents to this particular student’s idealism occurred in the third placement, when she came to realise that she would be unable to help some of her clients. In addition, there would be times when she might cause some discomfort:

OTs are, like we fix them [clients]. We don’t cause pain, we fix them. So it’s like I’m shattering my own view, like this experience is kind of shattering. I mean although I know that we’re not always doing that, it’s not always fixing and that we can’t fix everything. I want to in my heart as an OT be able to do that and it’s kind of got to reality that it’s not all fixing and a lot of it is assessing and doing things that patients don’t want. VISIT-2C

Finally, this student came to learn that no matter how well educated and prepared she might be, there would always be times when she would not know what to do:

I would think as an occupational therapist you should know what to do right away and you should think beforehand so that if it
comes up but you never know what’s going to come up, when you’re with a patient and learning that it’s alright to be stumped. EXIT-C

One assumption that students held, which seemed largely to have been fostered by the approaches they had learned during their coursework, was what constituted the occupational therapy intervention. During coursework students had learned the full gamut of appropriate steps that needed to be taken:

I had put into my brain in school, you know the OT process. You interview and then you look at the good things and bad things and then you decide what the goals are, the treatment method and then how you’re going to do it. You do it and then evaluate and discharge. So I thought that’s what we would be doing. EXIT-A

However, when students arrived in the clinical setting they often found a somewhat different picture. Different settings gave the various steps within the occupational therapy intervention different priorities. The pressure of workload also impacted on how clients were treated:

There was assessing, like the assessment part of it but we didn’t have any. We could think about what we would like to do for treatment but we couldn’t go through with it because most people were only in there for a short period of time. EXIT-A

A common assumption held by students relating to the occupational therapy intervention process was that treatment, consisted of hands on interventions, where they actually worked on improving a client’s condition through specific treatment approaches. This treatment component represented for students one of the key elements of the occupational therapy process. Naturally, they were disappointed when they were placed in areas where this type of activity did not appear to take place:

I don’t think this is an area that’s interesting to me. Just going there, do the assessment, see them once or twice and then
discharge them. Its all ADL's [Activities of Daily Living] and that type of thing. There's really no treatment going on . . . . When I was at Placement C, I'd see a patient every day and then we'd be down in the department rather than on the ward and just working on increasing range of motion, getting strength back, doing different activities. VISIT-2D

In another situation the student had her assumption regarding the minimal importance of assessments changed by her fieldwork experiences:

I used to think before that assessment was such a pain and was it really worth it or was it just something we did just 'cos we needed something to do. I didn't see how it really related. But after doing them today, I'm really seeing how they relate in trying to get a treatment plan and figuring out what we need to do with the patients. So I guess I'm starting to look at that differently. I'm starting to see the importance of it. VISIT-1B

An assumption relating to the treatment process was that the individual a therapist focused on was the client. However, students' fieldwork experiences made them realise that a client's close family members and friends could also have a major impact on how therapists carried out their work. In one incident, there was a disagreement amongst the team members over a client's treatment. In this situation, the decision was made to follow the wishes of the mother rather than those of some of the staff:

The poor patient ended up looking worse than she did at the beginning, but the nurses were happy and the mother was happy and you know I said to one of the rehab. attendants and the OT "You know this is useless". I said "Who as OTs are we trying to please, the patient or the parents" . . . . Well the rehab attendant said "You know sometimes you're treating both as an OT" and it really shocked me because I realised that I guess we are. DEBRIEF-B
Shifting Focus of the Different Levels of Placements

The students' emerging sense of being a professional was reflected in the shifting focus for the two different levels of placement, the basic and intermediate, which were encompassed in this study. The basic and intermediate placements were separated by one semester of coursework. In the basic placements students focused on learning how to be students within a clinical environment. In the intermediate placements the focus was more on students' development as occupational therapists. One student described the shift of focus between these two levels of placements as she was completing her intermediate placements:

STU: I was just flying on being a student, now there's stuff to be done.

RES: When you said you were "flying on being a student", you mean?

STU: Like adjusting to being a student. Now I've adjusted to being a student and now I have to deal with everything else that goes with it, like patients and stuff. VISIT-3D

When students were in the process of completing their intermediate placements and I was asking them to reflect on their basic placements, I was conscious that they were almost dismissive of these basic placements. It was as though they did not count and were just intended to allow a student to get a feel of the clinical situation:

I can't really remember what I learned in my first placements because it was really basic stuff that I now take for granted. EXIT-D

This was quite a shift from their comments when they were actually experiencing these placements, as will be shown in the following section.
Basic Placements

The first two basic placements, especially the first one, should be viewed as a time when the students were learning how to be students in the clinical setting:

You get an idea of what the evaluation is like and what your relationship with the therapist is sort of like and just a feeling of what it's like to be a student in a place where there's all staff that's working there full-time. EXIT-B

Students were also exploring what an occupational therapist actually did (see chapter five relating to the section on the influence of the therapist). Many of these students had concerns which centred around identifying the appropriate behaviour for themselves as neophyte professionals (see earlier section in this chapter relating to establishing internal boundaries). However, students were not particularly anxious about their own performances at this stage because they did not feel their therapists would expect them to do very much, as has been mentioned in the section in chapter four relating to evaluation:

I think it will be a lot of observation for this first one because we virtually don't know very much yet. There's really not much I could do. At least that's the way I feel. I mean they might, I might be forced to use what little knowledge I have and I think that will be pretty scary but I think in most situations they are not going to make us do anything where it's going to be critical that we know exactly what's right and wrong, so I don't think there will be very much pressure on us this time. BASE-A

On the other hand students were conscious that despite their student status they would be representing the profession, and they did not want to let anyone down. Two students explained how:

Still patients look at you as somebody who should know, like may be not as an authority but somebody who has some special kind of knowledge and I just don't want to disappoint them. BASE-A
I want to represent students in a positive way, among the other professionals, like a learner, someone who is enthusiastic about it. A care-giver kind of thing to the patients, someone that they can look towards for help, not just someone who is going to tell them what to do, but just support and like as another professional, as an OT that the other OTs can give me some responsibility and that I can handle it and you know they can count on me. BASE-A

In these basic placements students were being inundated by many new experiences and they absorbed everything uncritically as they had little to compare their experiences with, and few opportunities to exchange information about each other’s placements. Therefore, students accepted without question that what they were experiencing was the norm. Only later were students able to reflect and comment on the appropriateness or otherwise of these early experiences:

Whatever happens, happens and I didn’t know what to expect. I didn’t have anything to compare them to, so I didn’t know what was good and what was bad and that kind of thing and you learn a lot anyway because you’re just starting. EXIT-D

The time of the basic placement was a period when students felt very positive towards everything. They felt they were learning something from whatever they experienced. However, after experiencing several placements, students found it difficult to remember exactly what they had learned.

Intermediate Placements

By the time students started their intermediate fieldwork placements they were feeling more confident of their role. There was a shift from learning to be students within the clinical setting, to learning to be occupational therapists. Students felt more competent in being able to handle the experience of going into a new placement:

I think that my boundaries as a student are a little bit more defined. I don’t know, like I feel that I kind of have a better idea
now of going into this placement of what kind of relationships to expect between the therapist and myself and between the patients and what I can do the first day, like that I can actually get right into it the first day. BASE-C

At this point in their fieldwork experiences, students saw their role in fieldwork now as being closer to that of a therapist. There was now less time and emphasis spent on observation:

In the intermediate I got more the feeling like these last two placements, they wanted me to be more independent in my problem-solving and things like that. They were more willing to let me take the risk of finding out, may be that wasn't such a good technique to use. Whereas in basic fieldwork they sort of baby you a little bit more. They don't want you to have a bad experience. They're really concerned about making you feel comfortable with people. EXIT-D

The all pervasive feeling of being "just students" which was so strongly present in the basic placement seemed to have dissipated by the time intermediate placements were reached. Students were starting to put on the mantle of an occupational therapist and beginning to feel they were thinking like therapists. This change was reflected in their comments:

It is an intermediate placement now so that they expect more out of you, so you’re going to want to do more and of course when you’re doing more, it’s more exciting than when you’re just sitting there watching. EXIT-C

It was kind of like how I imagined. You know as a student how you kind of imagine being like an OT. You know the independence, and doing assessments on my own and you know not necessarily what I was expecting like before the placement or whatever but just expecting in general kind of the dream. EXIT-C

Students in the intermediate placements had higher expectations of their role and what they should be doing. They were more discriminating because they had had plenty of time to exchange information about specific placements. Students wanted less observation and more participation and more
independence. The focus of the placement was on accomplishing things. The passage of time was beginning to be felt more acutely by students as they realised what the fieldwork experience was about and the things they wanted to accomplish before they graduated:

I think my attitude towards placements have changed. At first, I was excited to be there, and anything was better than studying and I was excited about just being out in the field. But now I'm looking at it more . . . . I'm a lot more practical about it. This is not just for fun any more because I have a limited number of fieldwork placements and I want them to prepare me for what I'm going to face when I get a job, so I look at it a lot more business like.
EXIT-D

Students were also more likely at this point in the placements to start comparing the speed with which they carried out activities in comparison to their therapists. In the basic placements, they were usually only doing parts of the occupational therapy process. By the intermediate placements, they were doing the whole thing and were more aware of the comparison between their performances and their therapists.

The intermediate fieldwork placements were a time when there was a shift in how empowered students felt about their placements. Students went from being passive learners and accepting whatever they were told to do, to taking a more active role in shaping their placements so that these placements better met their learning needs:

I told [my therapist], I really want to jump in to things. I figure that if I don't say that no one will ever know. Besides, if I sit back too much I will become too much in "observation mode" rather than "action mode". Besides in a placement like this, you really need as much hands on as possible since it is quite a unique field.
DIARY-D
Summary

In this chapter I have explored the third and final picture which emerged from the data, that of the emerging professional. I described four major themes. The first consisted of students' concepts of professionalism which involved the establishment of both internal and external boundaries and the accepting of responsibility and becoming independent.

The second theme relating to the emerging professional was the need for students to learn the language of the professional. The main aspects of this skill were communicating with clients and other professionals.

The third theme focused on students' developing concepts of the profession of occupational therapy. The final theme I explored, was that of the shifting focus of the different levels of placements as students progressed through their first four fieldwork placements. This chapter completes the description of the main findings of this study and lays the ground for the next chapter in which I discuss the insights, interpretations, and implications of the study.
CHAPTER SEVEN - INSIGHTS, INTERPRETATIONS, IMPLICATIONS

This study set out to explore students’ meanings of fieldwork, the practicum component of the curriculum, and the influences which shaped these meanings. The findings of the study have been described in the previous three chapters, framed according to the way the data emerged within the parameters of the five guiding questions. It was shown how fieldwork experiences represented a complex educational phenomenon, composed of many different elements, analogous to a kaleidoscope. The findings of the study highlighted some of the elements which influenced students.

This chapter views fieldwork in terms of its totality and describes some of the insights I gained from carrying out this study. The insights gained from these students’ fieldwork experiences raised questions in my mind, both as an occupational therapist and an educator about implementation of fieldwork within the curriculum. These questions should not be considered as any form of criticism towards this particular curriculum, as this study was not concerned with the quality of the fieldwork experience. Rather, these comments should be seen as a way of interpreting fieldwork from an educator’s perspective and pointing to some of the implications for those involved in the fieldwork process.

This study focused on an area which has previously been relatively unexplored. I could have chosen to compare and contrast my study with related studies to show the similarities and differences in findings. However, I thought it would be more useful to use this chapter to focus on four points that I felt had particular relevance to both curriculum planners and clinical educators. These four points relate to: framing and naming of placements, the temporal dimension, professional socialization, and relationships. In reading this chapter, it must be remembered that this study focused on four students.
who were all female and who came from one particular occupational therapy educational program. In addition, time constraints only allowed for study of these students’ earlier fieldwork experiences. Therefore, the theories generated by this study should be considered as emergent and in need of testing. Notwithstanding, this study does represent an important initial step in understanding students’ perspectives and the role played by fieldwork in the professional socialization of student occupational therapists.

Throughout this chapter, brief extracts from students’ comments used in the findings chapters of four, five and six have been used to refresh the reader’s memory and to illustrate the points being made. These extracts have been supplemented by students’ comments that were not used in the three findings chapters. For these later comments, which have been more extensive than the extracts, I have provided the code to indicate the time and location of the comment (see Appendix P).

Framing and Naming

The manner in which the fieldwork placement is framed by the educational program and students has certain implications for the latter’s conceptualization of the scope of practice of the profession. Three aspects of this insight into framing will be discussed: the diversity of experiences, medical model focus, and dichotomy of practice.

The Diversity of Experiences

Students entered their first fieldwork placement not knowing quite what to expect. During this placement, they formulated their concepts of what was fieldwork. However, when they reached their next placement, it was as if the kaleidoscope has been turned, and they were faced with a whole new image. Students’ comments highlighted this lack of uniformity in their placements:
"Your roles are so different wherever you go"; "Learning new people, new patient priorities, and a new environment"; "I should have things down pat but because it's new every time, there's a new way of doing things"; "Every time you go on a new placement, it's always a new style, new forms, and you're only there for a month."

Students, as novices, were searching for certainty but were finding that: "Things aren't always as clear cut as you were taught them to be." They were coming to appreciate the "indeterminate zones of practice—uncertainty, uniqueness, and value conflict" (Schon, 1987, p. 6). Their feelings of uncertainty and lack of familiarity across placements, which would be commonplace for any novice, were compounded by the diversity of practice within occupational therapy itself.

One of the questions that I asked students at intervals was to compare and contrast their various placements. It was surprising to note the difficulty students had in finding commonalities amongst their placements: "It's hard to compare and contrast them, I mean they were all in something different"; "It was quite the difference, the population and the activities and the setting."

Another student, in commenting about the diversity, also felt that diversity meant she learned more:

> It's just totally different. (laughs) Everything's different and so that's really good because it means I'm learning something totally new. VISIT-2B

Providing students with a way of framing their placements in terms of a common framework, which embraces the diversity of fieldwork, might facilitate their learning. This would then help students to see they were building on existing experiences, rather than leaving students to be distracted by the more obvious differences between their placements. One wonders what might happen if a framework such as the "Occupational Therapy Guidelines for Client-Centred Practice" (CAOT, 1991) were to be used for this purpose. Students and therapists are both familiar with this framework, but it could be used
explicitly by therapists as a means of helping their students to focus more on the similarities of their placements rather than on their differences. For example, examining the role played by occupational therapy from the perspective of the clients' leisure, selfcare, and productivity needs in each placement would help reinforce the profession's underlying premise that:

Occupational therapists practice within a model [occupational performance] which accepts the premise that people have a need to be engaged. Engagement takes many forms and roles, each having a crucial effect on quality of life. (CAOT, 1991, p. 16)

Thus students would come to appreciate the commonalities of practice within the core foundation of the profession.

**Medical Model Focus**

A few years before the start of this study, the terminology used within these students' educational program for fieldwork placements was changed. Instead of calling the three types of placements basic, physical medicine/psychiatry, and neurological, they were changed to indicate the extent of students' previous fieldwork experiences so that they became basic, intermediate, and advanced placements. However, despite this change the specific fieldwork experience that students could expect from the various facilities continued to be coded within a medical model (see Appendix 1). This medical terminology was mirrored in students' conversations as they described their placements in terms of the client focus or setting; thus their placements were referred to as "neuro", "peds.", "psych.", "phys.dis.", or "community" (this latter term implied a mix of clients within a community setting).

This framing of the placements emanates from the medical model with the focus on illness. This framework runs contrary to the current thrust of the profession which is moving away from the mechanistic reductionism of the medical model (Kielhofner, 1992) and towards a model of practice which is
more holistic and community based and which has an increased focus on
wellness and health promotion. In addition, despite the shifting focus of the
profession to the community, thirteen out of the sixteen placements included in
this study were based within health-care institutions. This kind of placement
would tend to reinforce the students' concept of the scope of practice of an
occupational therapist as being institutionally based rather than in the
community.

Framing and naming placements in terms of diagnostic categories of the
medical model also encouraged students to view fieldwork placements within a
technical-rational paradigm (an area which is expanded on in more detail in a
later section in this chapter). There was a sense that "exposure" to an area
allowed them to mentally check that area off, as having been "done." In other
words, these students' focus was very much on tasks to be accomplished
during their fieldwork experiences, rather than on the process. The meaning of
the experience was bounded by such aspects as the setting, the type of
therapist, the clients, and the pace of the placement. As one student
commented regarding her expectations for the placement: "We're going to be
doing knees and hips." As a result, students tended to be concerned that they
experience as much variety as possible through their placements, to gain
exposure to as many of the common medical conditions as possible:

RES: You've had five placements. Do you need to do any
more fieldwork?

STU: Oh definitely, there's many . . . .

RES: Why?

STU: Oh there's so many other fields, there's so many . . . . you
know I've never done spinal cord and amputees,
specifically I mean, spinal cord certainly not, amputees, like

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28 This situation arose mainly due to the low number of placements
available in the community rather than any desire by the faculty to
emphasize institutional placements over community placements.
a little bit in the community, the odd person here and there. Psych. I've only had the first one, which was two years ago.

Framing and naming placements within the medical model also led to disappointment on the part of students when their expectations of giving "treatment" to clients were not met: "It's not all fixing, a lot of it is assessing and doing things that patients don't want", and another who said: "It's all A.D.I.L.s, .... there's really no treatment going on." If the focus of the placement switched from a "task/output" emphasis so prevalent in the traditional (technical-rational) approach to education, to the conceptual-empiricist approach of a focus on reflection, students might not be so concerned with experiencing sufficient variety in their placements. Instead, students could concentrate on developing their abilities in critical thinking, problem-solving and clinical reasoning. These abilities are fundamental to any environment in which an occupational therapist works.

**Dichotomy of Practice**

When students frame their fieldwork experiences mainly in terms of a medical focus, they tend to create a dichotomy between practice with clients with physical dysfunction and practice with those with psycho-social dysfunction. This point was well illustrated by one student who was in her second placement which had a physical dysfunction focus following her first placement which had been in a psychosocial setting. As the following conversation illustrates, she had already dichotomized her experiences so that there was little carry over from one placement to the next:

**STU:** I had no idea how to actually do an initial assessment. I mean the initial assessment we do for psych. is totally different.

**RES:** Why is it totally different?
STU: It's just totally, like the focus is different. The type of questions you ask are different and what you look for is different?

RES: What is the difference? In psych. you're looking for?

STU: Well their mental status and functioning, you're not so much concerned with A.D.L. and stuff. I mean it's a component but you're looking at their judgement, the reasoning, the group, their mental status. The physical dysfunction, looking at their A.D.L., how they perform in the community and everything. So the types of questions and what I had to observe were different. Certainly because they have a physical disability doesn't limit them from having a mental one as well. EXIT-B

This dichotomization of the profession is contrary to its basic principle of a holistic approach to clients. However, as Friedland & Renwick (1993) point out:

When curricular focus is on acute care and fieldwork is so divided, the dichotomy is perpetuated. If, however, the focus were on long-term care or maintenance in the community and on prevention and health promotion (areas that have always been a part of occupational therapy practice), the emphasis would, of necessity, be on broader and more holistic content. (p. 468)

This feeling of a dichotomy of practice can also produce expectations in students that the two spheres of practice are so different that:

I thought one psych. and one phys. dis. and I'll know which is the one for me, I thought I'll know (laughs). I wasn't expecting to like both, I was expecting to like one or the other. EXIT-B

Therefore, it would seem that educational programs should consider the implications of the way they choose to frame and name their placements. If the philosophy of the profession is focused on a holistic non-medical approach to practice, then this message perhaps should also be reflected in the way the fieldwork placements are organised and implemented.
The Temporal Dimension

An important facet of the fieldwork experience is time, which echoed the results of Scully and Shepard's (1983) study of clinical educators in physical therapy. Time was described in chapter five as an influence on students but will be considered here in terms of the implications this influence has on how fieldwork placements are organised. There were three key aspects which need to be discussed. First, the impact of pace of activity within a placement on the learning experiences of students. This is an area relating to occupational and physical therapy that does not appear to generate much discussion in the literature. Second, there was the timing of the placements within the curriculum in relationship to coursework. Last, there was the difficulties created by the brevity of the four-week placements that constituted the duration of these students' placements.

Pace

In observations of the four participating students it became apparent that although each of them had received approximately the same number of actual hours of fieldwork experience, there was a great deal of difference in the amount and type of learning experiences that each student had received. The differences in learning, depending on the pace of a placement, raises questions for the profession on the advisability of having educational standards which focus on a set number of minimum hours of fieldwork experience.

Pace and Learning

Students enjoyed their high-paced placements because of their sense of accomplishment: "I've been really busy and I felt really productive." However, this focus on the achievement of tasks, which emanates from the traditionalist...
view of curriculum, does not take into account the lack of time for student-therapist interactions and reflection, key components of curriculum in the opinion of conceptual-empiricists: "There’s so many questions I have to ask and I never get a chance." One student explained some of the difficulties that occur when they are busy:

**STU:** When it’s really busy then we don’t get to talk about it, which isn’t very good, but when you do something and are able to discuss it, then it helps you to think about it and look back on it.

**RES:** But when you don’t talk about it, what happens?

**STU:** Then you forget about it and forget about your questions and things kind of go undealt with and I think that’s not good. EXIT-D

Brust (1990) points out in his study of physical therapy students the dilemma the busy pace brings from an educational standpoint: "Most students stated that they preferred their departments to be busy. Students wanted to learn but they also want to contribute; it was difficult to achieve both all the time" (p. 119).

I believe from watching the students and talking with therapists that the impact of pace is underestimated by clinical educators. In fact, one therapist expressed surprise to me that her student was tired by the pace of the department, because she assumed that as the student was attending classes all day, a day spent in the clinical setting would not be much different. However, what had been forgotten was that students are unaccustomed to the pace of clinical activities. They were involved in unfamiliar physical activities and new learning. They were meeting new people and facing uncertain situations. All these resulted in fatigue which could exaggerate the impact of the real pace of the setting:

Here you’re really focused on learning things and for an eight hour day that makes a long day when you go five days a week and have to get up early. EXIT-B
Pace and Hours

In this study, an hour of actual fieldwork experience for the participating students could be many things. An hour could be spent in one-to-one discussion with a therapist or sitting reading a text book because a client had failed to arrive. An hour could be spent observing a therapist or carrying out an assessment completely alone. An hour could be spent rewriting a chart note or sitting through a departmental staff meeting. However, discussions in the profession have focused on attempts to determine the minimum number of fieldwork hours required in the curriculum (Missiuna, Polatajko, & Ernest-Conibear, 1992). It is almost as if the fieldwork hour can be considered as some golden, consistent, replicable measure that means the same thing in every area of the country.

The focus of the profession on the issue of the minimum number of hours emanates from the traditional approach to curriculum where learning is considered in terms of units of knowledge that can be prescribed and whose acquisition by learners can be measured. However, this study has shown that an hour spent in a fast-paced placement would be very different from an hour spent in a slow-paced placement.

This expectation of prescribing a certain number of hours is not applied to learning within the academic setting where there are no requirements for a minimum number of coursework hours in any subject, only that certain courses be included in the curriculum (CAOT, 1986). The doubts raised by this study concerning the usefulness of the fieldwork hour have been shared recently by the Board of Directors of the Canadian Association of Occupational Therapists. In discussions about fieldwork standards they decided that: "Evaluating the effectiveness of fieldwork on the basis of required hours is seen to be of limited value" ("Major Decisions", 1993, p. 18).

The findings of this study indicate a wide variety in how students spend their hours, and highlight the incongruencies of having standards regarding
hours for this component of the curriculum. More needs to be known about how students actually spend their time within fieldwork placements, and how much of this time results in effective learning experiences.

**Timing of Fieldwork Within the Curriculum**

The second aspect of the temporal dimension of fieldwork relates to the timing of fieldwork within the curriculum. There is great variety within Canadian educational programs as to how this is accomplished (Tompson & Tompson, 1987b; CAOT, 1989). The students in this study, as is typical with students from many educational programs, were not exposed to a full-time fieldwork placement until after they had completed a full academic year. However, it would appear that there may be some advantages for the students in having an earlier placement.

The findings of this study showed a thread running through students’ comments relating to the real world quality of fieldwork. Students would make remarks on the way: "Fieldwork changes things, it just makes everything a lot more concrete"; "When you see it in placement, you remember it, you put two and two together"; "It makes one more positive about everything, it’s something to look forward to when the classes have got you down." This is not surprising when one considers that:

The adult’s self-concept of self-directivity is in direct conflict with the traditional practice of the teacher telling the students what they need to learn. Indeed it is even in conflict with the social philosophy that society has a right to impose its ideas about what they need to learn on them. Of course, adults will learn what others want them to learn if their power to punish them for not learning is strong enough. But they are more deeply motivated to learn those things they see the need to learn. (Knowles, 1980, p. 47)

Providing students with an earlier placement in the curriculum could give them a context into which to place knowledge arising from their coursework
and improve their motivation to learn. The context within which knowledge is situated is a crucial component of curriculum development within the conceptual-empirical paradigm and one which fosters the development of students' abilities to reframe problems when faced with new situations. Brust (1990) in his study of physical therapy students emphasised the importance of early exposure to clients within the curriculum:

As an educator, I am convinced an early experience is important to show students the reality of treatment, to teach them about patients and to lessen their anxiety concerning affiliations. (p. 265)

Findings in this study have shown that students saw the earlier placements, especially the first one, as a time for learning how to be a student within the clinical setting. It was a time when they became accustomed to the realities of dysfunction and it was a time when they were able to get a glimpse of what the real world of the occupational therapist was like. Given these findings, a case can be made for providing students with an earlier fieldwork experience within the curriculum, perhaps early in their first semester which was longer than the current half-day experience. This would then provide them with a context in which to anchor their theoretical knowledge. This first fieldwork placement could focus on objectives that would lend themselves to being accomplished with very little, if any, specific theoretical background. This approach is compatible with the conceptual-empiricists approach to curriculum where the focus is on helping students interpret new knowledge rather than just having knowledge transmitted to them.

Another aspect relating to the timing of fieldwork placements concerned the spacing of fieldwork placements during the year. Students in this study had back-to-back placements. At the end of the second year of their educational program, they had a total of fourteen weeks of fieldwork experience in three different settings with no opportunities for coursework between these different placements. Similar situations are common in many other educational programs.
When placements were consecutive, the students in this study experienced a very pronounced change as they moved from one placement to another: "Last week I was already very independent . . . and now I'm back to square one." They went from feeling confident and fairly independent to becoming once again uncertain and fairly dependent. These feelings could be mitigated if fieldwork placements and coursework alternated, as is the practice that has been adopted by McMaster University (Curriculum guide, [no date]).

**Brevity of Placements**

The placements within this study were all of four weeks duration. Both therapists and students commented on their brevity and the difficulties such brevity created. The first week of the placement was taken up with orientation, and anywhere from a day or two, to the complete week of the last week, with bringing about closure. In effect, this practice left the students with just over two weeks to focus on functioning as student occupational therapists. For the first fieldwork experience, the brevity of the placement was probably not a problem. Students have indicated that these first placements are more for "Getting a feeling of what it's like to be a student"; or "adjusting to being a student." One student pointed out that it didn't really matter what the placement was like because "You learn a lot anyway as you're just starting." However, when students are starting to take responsibility for patients in the later placements, then the brevity of a placement can become an issue.

Studies relating to the optimum duration of fieldwork placements have generally been focused on the cost-benefit equation of fieldwork placements (Chung & Spelbring, 1983; Shalik, 1987). These studies have dealt with tangible benefits and costs for the department. There did not appear to be any studies which have looked at the optimal duration of a fieldwork placement from a pedagogical perspective of students' learning needs. Those studies that relate to cost-benefit factors have found that six-week placements were the
minimum duration in order to maximise the cost-benefit to the clinical setting in the first fieldwork placement:

A cost is incurred during the first few weeks of the placement. This cost is subsequently recovered between the 3rd and 5th weeks. From this point on, the placement becomes an overall benefit to the fieldwork site, generating increasingly greater weekly benefits until the last few weeks. As the end of the fieldwork approaches, the degree of benefit levels off, then declines somewhat in magnitude. (Shalik, 1987, p. 642)

Studies about students’ preferences for the duration of placements have indicated a preference for longer rather than shorter placements (Adelstein, Cohn, Baker, & Barnes, 1990; Swinehart & Meyers, 1993).

Aside from the cost-effectiveness of longer placements and students preference for such placements, there are the pedagogical implications if placements are too short. If students are to reflect on what they are doing, a focus of the conceptual-empiricist paradigm of curriculum theory, then it takes time. Schon (1987) explained:

Time to live through the initial shocks of confusion and mystery, unlearn initial expectations, and begin to master the practice of the practicum; time to live through the learning cycles involved in any designlike task; and time to shift repeatedly back and forth between reflection on and in action. (p. 311)

This point of the time needed for reflection on practice, mentioned in the earlier section on pace, has been raised in occupational therapy. Doble (1992), while reporting on a workshop of the development of clinical reasoning in fieldwork, explained how the workshop leader had pointed out the importance for students to work for longer periods with individual clients because:

Students’ abilities to generate hypotheses and reformulate them as needed are best developed by enabling students to work with a client for an extended period of time. Since students’ initial formulations of clients’ needs are certain to require revision, this extended interaction time will enable them to revise their initial impressions and alter therapy programmes as needed. (p. 5)
Certainly this point concerning the need to work with clients for an extended period of time was supported by one of the participating students who said:

I've had placements where I've wished that I could have a couple of more weeks just to work with this patient a little longer, just to see what happens with them, just to experience a little more.

Therefore, it would seem from the students' experiences in this study and from the literature that the intermediate and advanced placements should be extended from the current four weeks, perhaps to six or eight weeks. However, longer placements would mean fewer placements and therefore less variety, a fact not lost on one student who pointed out that she could have three, four-week placements in the space it took to have two six week placements. Therefore, special care would have to be taken to ensure that the fewer placements were providing effective learning experiences for the students. Much more needs to be known about the effect of different combinations of timing and duration of fieldwork placements on students' learning.

Professional Socialization

The socialization of students into a profession is a complex process which involves many factors. The findings of this study, as reported in chapters four, five and six have highlighted some of them. These chapters have shown how students perceive the early fieldwork placements and the role fieldwork plays in these students' socialization into the profession of occupational therapy. There were four aspects of these students' professional socialization which are worth further discussion: the technical-rational focus of their experiences, the implicit nature of the professional socialization process, the importance of professional discourse, and issues of power.
Technical-rational Focus

Fieldwork was equated with doing. In one of my early field notes, I noticed that I had approached the study with an expectation that there would be considerable discussion as part of the professional socialization process between therapists and students about the role of an occupational therapist, and what it meant to be a professional. This expectation probably had its origins in my readings in the area especially Schon's (1987) comments on the importance of reflection-in-action, my interest in professional issues, and the theme running through much of the literature relating to professional socialization of the interactional nature of the process. However, I soon realised that from the students' perspective, the focus of the placements was on "doing": "I really learned something because I got to do so much." An important point for students was to develop skills: "You're not a therapist until you develop some skills." According to another, fieldwork is: "Hands-on skill development"; "What's important is that you have the skills . . . because you've got to get the job done." The process of explicit reflection, one of the important tenets in learning according to conceptual-empiricists, was missing. In its place was a technical-rational focus.

There are several implications to this technical-rational focus to fieldwork experiences. One relates to the role of reflective practice, which will be discussed in a later section. Another, as shown in the following examples, was that students found more difficulties with placements which were not so focused on tangible doing, such as those in psychosocial settings. This finding has been highlighted in other studies (Christie et al., 1985a; Coombs, 1978; Ezersky, Havazelet and Zettler, 1989).

Students found it difficult to establish therapeutic relationships with their psychiatric clients within the four-week period of their fieldwork placements: "It's quicker to get into phys.med. because you don't need to know the patients so well." They found the psychosocial placements were not as varied or as
concrete as those other placements with more of a physical medicine focus: "It was mostly just talking really and giving them an outlet to talk about how they feel about things." There was far less sense of accomplishment: "I didn't feel like I was really doing anything for them . . . . At Placement C [physical dysfunction setting] I felt like I was learning real skills."

The difficulties these students had with the more nebulous type of practice found in psychosocial settings has implications for the profession. It is known fieldwork affects students' decision about future practice areas and that "Psychiatry was named three times more frequently than physical disabilities as a negative influence at the fieldwork level" (Christie et al., 1985a, p. 674). There has been a steady decline in the numbers of occupational therapists working in psychosocial settings (Bonder, 1987; MacKinnon, 1987; Price, 1993). Ezersky et al, (1989) found that students were not attracted to the area of psycho-social practice:

Results indicated that the most influential factors determining specialty choice included a positive fieldwork experience, the feeling that one was effective in a particular specialty, consistency of personal values with a particular specialty and the availability of employment. (p. 232)

In this study, the predominantly psychosocial fieldwork placements had, in some cases, discouraged students from working in that particular type of practice:

I think that I would rather work in phys. med. than psych. because there's more variety . . . . My brain seems to be more in action in this placement than it was in psych. EXIT-B

I'd rather do this kind of work that I was exposed to here, the PCHs [personal care homes], the geriatric population, rather than just adult psych, or something, maybe geriatric psych., but you know I found this placement more exciting than my placement with psych. EXIT-C
Therefore, if the nebulosity of practice within such settings has tended to create problems, it would seem that special attention needs to be paid to the way these placements are structured so as to give students a more tangible sense of accomplishment. This finding is similar to the Meyers (1989) study in which her participants identified structure and supervision as being the key factors for an ideal environment in the psychosocial area so as to deal with "some of the ambiguities of mental health practice" (p. 359). Therefore, a key approach for such placements would seem to be the development of concrete structures that students could use as anchors in an area of practice which is far more nebulous than is perhaps the case in settings which have more of a focus towards dealing with physical dysfunction. Fieldwork placements in psychosocial settings need to be longer so as to be of sufficient duration to allow the clients and students to become accustomed to each other and to facilitate the development of a therapeutic relationship. In addition, students and therapists need to become more explicit about what is and is not being accomplished (a point that will be discussed in more detail in the section relating to the implicit nature of professional socialization). In settings where students can see visible signs of their accomplishment, this may not be so important. However, in a setting where accomplishment may take the form of preventing a decline in social functioning rather than any positive improvement, then therapists need to help students appreciate the effects of their interventions.

**Implicit Nature of Professional Socialization**

As was shown in chapter two, professional socialization has been described in a variety of ways. The findings of this study show that it is a process which is marked by its implicitness rather than its explicitness. This reflects Olesen and Whittaker's (1968) work entitled "The Silent Dialogue", and their comment that "embedded in the frequently banal, sometimes dreary, often
uninteresting world of everyday living, professional socialization was of the commonplace" (p. 297).

In this study, it was noticeable that therapists spent only a small portion of their time discussing the significance of their role as therapists or their own feelings and experiences of being a professional. As one student commented: "I don't remember us talking about very much", and another who said: "She didn't really teach me about what she was doing, it was more like learning from watching rather than learning from talking." This lack of story-telling contrasts with a study by Mattingly (1989) which described in detail how occupational therapists use narrative in their interactions with each other. These different findings in regards to story-telling were explored in more depth at the end of the study when students were asked what prompted therapists to talk about the profession:

STU: I think I was prompting it, yes, 'cos you know they [the therapists] don't just come out and talk about it [the profession]. It seems, like my experiences, I think I was always having to ask questions about it or . . . . .

RES: What would they talk about, if they weren't talking about the profession then, more focused on?

STU: Like, on direct patient care, or something like that. When we would talk about it, it was about roles and like OT's roles and stuff like that and probably yes, our roles and in relating to other team members. If I think about it, as I moved a long, the more experience I had, the more I was questioning roles and stuff, so I think I was bringing it up more. FINAL

As this student had commented, there did seem to be more of this story-telling as the placements progressed in the intermediate placements. It was as though there needed to be reciprocal story-telling, and students, in the early days, did not have the repertoire of stories at their disposal. This premise of the students' increasing ability to exchange stories with therapists was mirrored for me in my experiences being around the students. I found I had no trouble
in refraining from telling stories to students in the basic placements but had to frequently keep reminding myself not to interact in that way with them during the intermediate placements.

Interactions that did occur between therapist and student, as illustrated by the students' comments in the preceding segment, were very much focused on the here and now, and also, as we have seen, on the technicalities of therapeutic interventions. In the majority of cases neither therapists or students were in the position of taking time out to explicitly reflect on and discuss in any great detail what they were doing or why they were doing it, a point that has been discussed earlier in the section relating to the temporal dimension. This state of affairs arose in part because therapists were under considerable pressure to cope with their own case-loads, while at the same time providing an educational experience for students. This led to professional socialization through "a process of osmosis", a phrase I used in chapter six. In other words, interaction between therapists and students was limited, by time constraints, to dealing only with those aspects of the placement which were directly related to matters at hand. Other aspects, such as the underlying beliefs and values of the profession frequently went unaddressed and were left for the student to unconsciously absorb without questioning. Harris and Naylor (1992) had similar findings in their study of student physical therapists where they found "there was little, if any, time available for critical reflection" (p 125).

When therapists did take time to sit and talk with their students, it was appreciated and students felt they gained much: "When [my therapist] and I just have some time to just sit and talk, we both get very excited about the profession"; "I'm able to organise myself when I can talk to [my therapist]." Unfortunately, in many settings, these opportunities were too limited.

The importance of therapists taking time to talk with students has been pointed out in the literature. Cohn (1989) explained how "through stories, fieldwork educators begin to share their reasoning process and the belief system that guides their practice. Students cannot learn clinical reasoning by
watching our actions, because the thought behind the action is not self-evident" (p. 243).

Taking the time to discuss explicitly the meaning of the profession for both student and therapist is a crucial part of the on-going development of any professional:

A student's learning is enhanced when she can voice her confusions, describe elements of what she already knows, or say what she makes of a coach's showing or telling. And a coach's artistry is enhanced when he builds his capacity to negotiate the ladder of reflection . . . . When coach and student are able to risk publicly testing private attributions, surfacing negative judgements, and revealing confusions or dilemmas, they are more likely to expand their capacities for reflection in and on action and thus more likely to get evidence of the changing understanding on which reciprocal reflection depends. (Schon, 1987, p. 302)

The importance of reflection on occupational therapy, both as a profession and as an approach, was re-inforced by comments made at the end of the study by students who felt that they had gained by their participation in the study (see Appendix D). Instead of just experiencing their placements, they were able, through their conversations with me and in their daily journals, to have the opportunity to reflect explicitly on what was happening within their fieldwork experiences:

The questions really make you think, actually helps put things into some sort of a perspective. You know I never really thought, if I do this, this would be more beneficial . . . . Unless you ask that question to really pinpoint it, you don't think about it. FINAL-223

It seemed from the findings of the study that therapists need to consider making the professional socialization process of fieldwork much more explicit by taking time to describe to students in much greater depth what they do, why

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29 Schon uses the term "coach" to describe the role of the master professional who is working with the student.
they do it, and their beliefs and values as professionals. Therapists need to realise that talking with their students fulfils a valuable educational role. However, this time needs to be built into the placement and protected from the clinical demands on students’ and therapists’ time. As one student pointed out:

If you were just reading all the time and your therapist wasn’t discussing things with you, I think that would be really useless because you get so much from them, just from personal experiences and from their experience of and knowledge from the field. EXIT-B

The use of daily journals for students in their basic and intermediate placements might be a useful mechanism to use to enhance this reflection. In fact one student expressed the view that:

I think even after I finish your study, I think I should still be writing things down . . . . You read the situation and you think "Oh yeah" and it kind of brings back what you thought about, what you learned, 'cos there’s so much. EXIT-B

Such journal entries could be used for discussions when students met with their therapists (an approach recommended by Finlayson, 1993), or when they returned to the academic setting. Journal writing not only promotes reflection but also provides students with a written record that could help them identify any changes that may have occurred in themselves. This was demonstrated when I asked students to review their journals for Placement A, and a student expressed surprise when she realised how she had found something difficult in those early days of her placement, which she now did without thinking. In addition, it might help students to identify patterns of behaviour that might obstruct their learning.
The Importance of Professional Discourse for Occupational Therapists

The findings of this study have shown that an important component of the professional socialization of students involved learning how to communicate within the health-care setting. Such a communication process is not without difficulties. Mathews (1983) in a review of the literature relating to communication between physicians and nurses and physicians and patients reports that:

Clearly, communication in clinical settings presents some critical problems. This paper describes a number of reasons communication in clinical settings is problematic despite the professed goals of practitioners and patients. Gaps in shared frames of knowledge and ideological references exist between practitioners and patients and among professional groups. Communication problems may be enhanced or hindered by the organizational and hierarchical structure of the hospital. (p. 137)

These students' experiences were similar to other health-care professionals, as Haas and Shaffir (1987) commented on the education of medical students:

One of the first difficult tasks that faces students is to begin to learn and communicate within the symbolic system that serves to define medical work and workers. Learning to use the "correct" language is a part of this. From the beginning, in tutorials, readings, demonstrations, and rounds, students are exposed to a language in which they are expected to become facile. (p. 71)

In this study, one aspect of professional communication seemed to create particular problems and that was of charting: "Getting things concise, precise and in the terminology, that's accepted and understandable and professional." The students were not alone in expressing their difficulties with this type of communication. One student in response to a question about the weaknesses of the profession made the comment:
Almost all the OT’s I’ve talked to say one of their main weaknesses is charting. I don’t know if it’s a weakness. It might just be that they don’t like to do it, but that’s a common one that I always hear. BASE-C

The difficulty these participating students had with charting is not surprising given that they had no preparation in charting skills because their educational program considered they could learn it as part of their fieldwork experiences. However, Frisch & Coscarelli (1986) warn that this approach might be inappropriate because they have found that in the case of nursing:

Charting is such a fundamental skill, and deficiencies in performance seemed to keep students from getting full benefit of their clinical rotation (and, incidentally, seemed to reinforce nurses’ basic dislike of the task). (p. 29)

It is clear that students need to be better prepared in the area of professional discourse before they start their fieldwork placements, if they are to maximise their fieldwork experiences. Part of the problem, in the case of charting, is that students have to learn what is significant and what is not. They have to learn to be concise. Hunter (1991) in her book on medical narrative describes charting in these terms:

In most other respects, the qualities of the chart write-up are qualities shared by medical narrative as a whole: its economy and immediacy, the effacement of the narrator with the consequent cool objectivity of tone, its claim to scientific status and its use of a special language. (p. 91)

However, despite the obvious importance of professional discourse within the clinical setting, I have been unable to locate studies which focused on this aspect of an occupational therapists’ activities. This situation is similar to the field of nursing where Sorrell (1991) reported that:

The nursing literature contains little information about how nurses learn to write nurses’ notes, even though nursing instructors spend many hours in the classroom, campus lab, and health agencies teaching students how to compose these documents.
The assessment and decision-making processes involved in learning work-related writing have received little systematic study. (p. 162)

The uniqueness of any profession is reflected to some extent by the language it uses. The findings of this study show that students would benefit from more preparation in written communication prior to their fieldwork experiences. This finding may not be unique to these students as Fearing (1993) expressed concern at the current method of charting that many occupational therapists use and pointed out that "the absence of clear and practical guidelines for documenting on the health record often makes charting a disorganized and unsatisfying experience for occupational therapists" (p. 232). She urged the use of a charting model which she had developed which was based on the "Occupational Therapy Guidelines for Client-Centred Practice" (CAOT, 1991) and which could readily be used with the SOAP approach to charting.

**Issues of Power**

Haas and Shaffir (1987) in their study of medical students concluded that the professional socialization process was "rooted in symbolic-ideological legitimation, control and identification" (p. 4). In this study, I too found that the professional socialization of students involved establishing the boundaries of their identity (see chapter six). Part of that identity involved their status within the health-care institution. Gutterman (1984) in her study points out that "students in professional schools tend to be marginal persons in the health care setting. They do not have a defined function in the hierarchy of a health-care agency" (p. 146).

The students in this study were aware of their natural lowly position as neophyte professionals, but this position was compounded by their awareness of the low profile of the profession and its apparent invisibility. As one student
commented: "I'm always struggling with our significance on the team because wherever you go, that's always an issue", or as another student said: "I don't think nurses understand how important our role is . . . . They had no second thoughts about coming and interrupting the groups."

Part of the struggle for students was in dealing with the embedded hierarchy of the traditional health-care institution of the physician as the key decision-maker. For example, I observed a situation when a physician walked into the department and proceeded to have a conversation with a client thereby interrupting a student who was working on a treatment program. After talking for about five minutes with the client the physician left. At no time did the physician ask for permission to interrupt. There was the institutionalised assumption that occupational therapy was of secondary importance to the concerns of any physician.

Students come into placements with the layperson's concept of the overriding power of the physician. Their fieldwork experiences did nothing very much to change this concept. A student told me about a comment her therapist had made about charting:

How important it was to be careful of what we're saying so as not to make it sound like we were medical doctors. Like in our assessments that we weren't saying this is it for sure. We had to say it could be, and the terminology, that we were using different terms so that people wouldn't be getting mad at us for possibly stepping on other people's toes. EXIT-A

However, students sometimes received mixed messages about the power of physicians. There was another incident with the same student in the same placement, when a client had been scheduled to come for occupational therapy at a specific time. She did not arrive and the student went to look for her. The student returned alone and reported to the therapist that the woman was talking with a medical student and the student occupational therapist was in a quandary because she did not feel she should interrupt; on the other hand it was important that the client receive her treatment. In the ensuing discussion
the therapist reinforced the students' opinion of the importance of occupational therapy and challenged her to rethink the primacy of her role in this situation.

The constant interchange and interactions between various members of the team working within the clinical setting reinforce the hierarchial nature of the health-care field. One student expressed her concern about this aspect of becoming a health-care professional:

At the beginning OT was a big light at the end of this tunnel and there was all good to it. But now there's not always good in it. You have to learn that there's boundaries that you don't cross. There's politics involved between other professionals as well as professionals in your own team. EXIT-D

As can be seen, it would appear that far from empowering students, as educators from the critical-theorist paradigm would hope would happen, fieldwork experiences ensures instead that students are socialised into knowing their place within the hierarchy of the health-care team. Students in this study were aware of this issue of power and the importance of attempting to promote the profession. As one student explained to me: "You should be working towards bettering it [your profession] all the time . . . . To be a professional you have to be working towards making your profession a real profession in everyone else's mind."

Relationships

As I was in the process of developing themes during data analysis, certain aspects of fieldwork seemed to continually be in juxtaposition with each other. This was particularly evident in the relationship of the student with the therapist and fieldwork with coursework. In the case of the student and therapist, I was drawn to examining the relationship between the two individuals and was struck by the problems that might exist if no therapist was working on-site with the student. In the situation of coursework, the comparison between
these two components of the curriculum helped to highlight certain important aspects of fieldwork.

**Student - Therapist**

In this study it emerged that the relationship of students with their therapists was of key importance, a point which has been expanded on in chapter four (in the section relating to developing a relationship), and in chapter five (in the section relating to the influence of therapists). Concerns of the students in this study about having a good therapist mirrored the concerns that I had observed in my previous study of therapists (Tompson, 1986). In that study, therapists, when they had had a series of good students, became concerned that they would not be so lucky next time and that soon they were sure to receive a bad one.

During Placement A, the relationship between students and therapists was analogous to the imprinting process that occurs between ducklings when they hatch and latch on to the first living thing they see. Students entered their first placements and to them the occupational therapists were "going to be representing the profession." As one explained after her placement: "I would watch their every little thing and listen to every little thing she did."

This pattern of therapists' actions began to weaken when students came to appreciate that there was no one correct way of carrying out their work but rather a variety of approaches. This was well illustrated in a comment one student recorded in her journal after having spent a day with a therapist other than her primary therapist:

> It's good to see there is no "correct" way an OT must function and that personal style can affect your job.  DIARY-C

At the end of the study another student explained how she was now being selective about the elements of practice she wished to absorb from the
various therapists she met: "I know how I want to do things, I'm starting to develop my own OT character."

The findings of this study showed that therapists played multiple roles in their relationships with students. Within the profession, a word in common usage in reference to the therapist-student relationship, is that of supervision. However, I found that a supervising relationship was markedly absent during these early placements, both in the roles students identified for their therapists and in my observation of the approaches taken by therapists in working with students. Therapists in this study focused far more on their role as facilitators and coaches rather than the more controlling evaluative role of a supervisor. This study focused on the early fieldwork experiences of students, and I was not in a position to observe the same therapist with different levels of students. Therefore, it is not known whether therapists' roles change to become more supervisory in the later placements, when students are closer to being junior colleagues and tending to carry out more independent activities.

The importance of the relationship between therapist and student confirms the existing literature on this aspect of fieldwork (Brust, 1990; Christie et al., 1985a, 1985b; Emery, 1984; Gutterman, 1984; Jacobson, 1974; Neville & French, 1991; O'Shea, 1977; Ramsden & Dervitz, 1972; Swinehart & Meyers, 1993). Christie et al. (1985a) stated that: "The predominant influences present in each stage of the professional development centred on attitudinal and interpersonal variables" (p. 674). Swinehart & Meyers (1993) reported that: "Students attributed their success or lack of success within the clinical setting to their relationships and communication with clinicians" (p. 72). The crucial nature of the therapist-student relationship has certain implications for the profession in terms of models of fieldwork supervision, and "no-on-site-therapist" approach.
Impact of Different Models of Fieldwork Education

In recent years there has been discussion and experimentation with a variety of fieldwork implementation models. Variants include: two students working with one therapist (Ladyshewsky, 1993); one student working with two therapists (Gaitz & Forma, 1991); one therapist working with a group of students (Picard-Greffe, 1992); and in the absence of an on-site occupational therapist, a model of fieldwork supervision where supervision is carried out by other members of the health-care team.

In this study, the majority of placements were the traditional one-to-one model of fieldwork implementation. In two situations, students worked on the basis of one student with two therapists. Sometimes students worked in pairs with one therapist, but this was on a temporary basis, either because a therapist was absent or because two students were working with the same client or on the same activity. As a result of the participating students' experiences and my observations, I felt that these various models of fieldwork implementation were viable options.

The two students to one therapist model (Ladyshewsky, 1993) would, I think, be particularly effective in the basic placements. It is during these placements that students are learning to be students within the clinical setting. Having peer support at this time could lead to useful discussions between students which might lessen the number of questions being addressed to busy therapists, as the following students' comments illustrate:

I think it's better having other students there. It makes it more relaxing, I think to see another face that you know. EXIT-D

What I liked about the other one [placement] was the peer contact. You know I was there with another group of students and we were able to feed ideas off [each other]. EXIT-B

That was nice to do it [project] together and then there wasn't as much pressure, I don't think, when you're working with someone
... It's easier to carry out the treatment sessions when there's someone else there. If it's another student, then you're both benefiting at the same time. You can both make observations and then it's not like you're being told by the therapists. If you miss things and another student tells you then it's better than having your therapist tell you because it's like you're kind of working together. VISIT-4B

The two therapists to one student is a model which also has its possibilities. However, as Gaiptman & Forma (1991) have said, advanced planning and effective on-going communication between the two therapists is crucial in order to prevent students receiving mixed messages. Care needs to be given, too, as to how the change-over between therapists takes place. In this study the student found it somewhat disruptive to change in the middle of the day. Although this may have been due to the type of case-load she was carrying, it did point out the importance of considering such aspects when adopting this model of fieldwork implementation.

No "on-site" Occupational Therapist

There has been much informal discussion over the years within the profession, exacerbated by the shortage of fieldwork placements, as to the advantages and disadvantages of using placements where no on-site occupational therapists exist. For instance, it is thought by some Canadian occupational therapy educational programs that fieldwork placements without on-site occupational therapists can provide certain experiences, which students cannot obtain in placements where there are existing occupational therapy services. For example, students can learn to define the profession to others...

30 In such placements, the supervision of the student is provided by other health-care workers and a therapist is available from outside the facility and makes the occasional visit. Formal evaluation of the student is carried out by this visiting therapist in conjunction with the health-care workers who have been working with the student.
and develop a role for occupational therapy within a setting which has not had access to occupational therapy services. However, there have been very few studies that have explored the reality of the no on-site occupational therapist model of fieldwork supervision to determine the benefits and drawbacks of such an approach. Those studies that have been done have showed mixed results.

Labovitz (1979) sent senior students into placements where there were no existing occupational therapy services and felt these kind of placements were effective. However, her satisfaction contrasts with Swinehart & Meyers (1993) who reported problems because students had "difficulty relating what they were doing to occupational therapy practice because there were no occupational therapists in these sites" (p. 71), and O'Shea (1977) who reported that with no existing occupational therapy services students had "the difficult task of simultaneously establishing identity for the profession of occupational therapy, as well as his own individual identity as occupational therapist" (p. 107).

When I started this study I believed that therapists were important in the fieldwork experience of students. My observations of students left on their own without their therapists, even though only on a temporary basis, has made me even more aware of the crucial role that they play within the fieldwork experience, and some of the potential disadvantages created by their absence. There was the obvious disadvantage of the lack of opportunities for spontaneous interactions between therapists and students so as to be able to capitalize on the student’s readiness to learn, the teachable moment (Knowles, 1980). However, in addition there is the problem of the lack of feedback framed within an occupational therapy perspective and the lack of an occupational therapy role model.

**Lack of feedback from an occupational therapy perspective.** The findings of this study indicated that therapists’ feedback plays an important role in the fieldwork experience: "She offered me constructive criticism for things I
was doing which was good"; "When you’re thrown into something and there’s no feedback, how do you know if you’re doing it right." This finding supports the findings of other studies which have shown that: "Throughout the diaries, questionnaires and interviews there was the underlying need of the students to know how well they were doing" (Harris & Naylor, 1992, p. 126). Feedback relating to professional competence needs to be framed from the perspective of an occupational therapist rather than from some other professional if students are to develop a strong identity within their own profession. As Schon (1986) explained:

When representatives of different professions take conflicting views of the same situation . . . . They are unlikely to resolve their dispute by reference to facts or judgments of the relative effectiveness of actions. With their different ways of framing the situation, they tend to pay attention to different sets of facts, see the "same facts" in different ways, and make judgements of effectiveness based on different kinds of criteria. (p. 218)

**Lack of an occupational therapy role model.** Students in the study defined the parameters of their role, in part, by observing the interaction of their occupational therapists with other members of the health-care team (see chapter six, on the section relating to establishing external boundaries).

The literature (Barris, 1984; Botkin, 1979; Kielhofner, 1992; Tompson, 1989), discussions with my colleagues, and comments from students in the study highlighted the difficulties the profession experiences with defining its role within the health-care setting. It has been pointed out how sometimes graduate therapists lose the focus of occupational therapy interventions when they move into new areas:

Occupational therapists have penetrated community aftercare programs, acute or long-term partial hospitalization settings, short-term acute care units in general hospitals, private psychiatric hospitals, single-room occupancy programs, substance abuse units, industry, and correctional institutions, along with their more traditional domains. Within these settings, however, it is not uncommon to find these occupational therapists discarding their
own more familiar and traditional forms of treatment and replacing them with techniques borrowed from physical therapy, gestalt psychology, and social work, among others. (Barris, 1984, p. 7)

If graduate therapists have this problem, then students, without a firm grasp of their professional identity, will find it even more difficult to develop, let alone retain their role, if they are working in isolation from an occupational therapist. In addition, if students have no therapist to use as a role model, they will tend to look to other professions as their role model which could cause problems because:

Professional identity has consequences that go well beyond how professionals view themselves. It influences what problems the therapist addresses, how those problems are conceived, and what methods the therapist employs to resolve the problems. (Kielhofner, 1992, p. 246)

Coursework - Fieldwork

The second relationship to provide insight in this study was the one between fieldwork and coursework. In my discussions with students I asked them to compare fieldwork with their coursework as I felt the comparison would help draw out the salient features of each of these components of the curriculum, some of which have been outlined by Cohn (1993). This strategy showed very clearly that the two types of learning were, in the minds of these students, quite different: "There's a whole area of knowledge that you can't get in the classroom"; "In class we do treatment, they'll give us case studies and we have to do treatment, but it's so hard, it doesn't seem like the same thing." Fieldwork is "trial and error and in school it's by the book." These findings were similar to Burnard (1992) who reported that nursing students saw learning in the clinical setting as being different. They saw it as "personal learning, learning by doing and learning by being involved in what is happening, as opposed to 'traditional' textbook, school or 'remembering things' learning" (p. 172). Sabari
(1985) highlighted the difference by explaining that "clinical training usually takes place in a different social context" (p. 97). In other words, it is individual learning versus the collective learning of the classroom, disjunctive versus serial and usually takes place in the absence of peers.

In this study, coursework\(^\text{31}\) was seen by students very much as a transmission type of learning from the traditional approach to curriculum: "Your role is to learn because you've got to pass the test." Another student explained:

They [the faculty] have a kind of a philosophy that they're going to teach us as much as they can cram into us and hope that some of it stays there. So that if something pops up in the chart, then you know kind of where to look for it, at least you remember, oh yes, I took something like that, and I took it in this class and I took it and it's in that area of the brain, so I guess I know where to look. (laughs) FINAL-184

Fieldwork, on the other hand, although very much focused on doing, did provide the meaning making that is the foundation of the conceptual-empiricists' view of learning. It illustrated Schon's (1987) point:

[A] general paradox attendant on the teaching and learning of any really new competence or understanding; for the student seeks to learn things whose meaning and importance she cannot grasp ahead of time. (p. 83)

Students made comments that reflected this when they discussed how in fieldwork

You learn more of what is this thing [disease/dysfunction] it is that you've learned. You learn what it feels like, and what it looks like, and how these people really do act and all those things, that until you see, you can't understand.

\(^{31}\) It was beyond the scope of this study for me to analyze students' coursework, so my comments are based entirely on students' perspectives of their coursework.
You can have the process of treatment planning taught to you in academics but you don’t really understand what it is until you actually see the person.

The differences between fieldwork and coursework which were highlighted by the comparisons between these two components of the curriculum provided me with two important insights. The first concerned the positivity to which students felt towards fieldwork and the second, related to the process of integrating such different learning experiences.

**Positivity Towards Fieldwork**

Comparisons that students made between coursework and fieldwork were inevitably positively skewed towards their fieldwork placements: "I enjoyed learning, I didn’t feel pressured." Fieldwork seemed to act as a priming pump to the fountain of knowledge: "I have this large desire to learn now, like I’m excited to go back to class." These positive feelings towards fieldwork by students might have been lessened if any of them had had a poor relationship with their therapists, but this was not the case with any of the students in this study.

The very positive attitude of these students towards their fieldwork placements tended to refute the literature that has been emerging concerning the stress experienced by students in fieldwork placements and their coping mechanisms (Mitchell & Kampfe, 1993; Yuen, 1990). I was reminded of this concern about stress in fieldwork during Placement A, when some of the students told me about surveys they and some of their classmates had received as part of a study on students’ attitudes towards stress in fieldwork, and their coping mechanisms.

Up to this point in the study, stress was not something these students had thought sufficiently important to mention, nor had it been something I had observed. In fact, I had had to change my question "What has been your
biggest adjustment?", to "Have you had to make any adjustments." It seemed in my study that it was almost a relief for students to begin their clinical placements. Finally, after all the didactic learning they had had to absorb, they were going to be with clients, the raison d'etre of their studying. As one student commented:

It [fieldwork] meant classes were over and we finally got to do something that wasn't just reading a book. VISIT-1B

When these students mentioned the study on stress, I decided to discuss this area with those students who were completing the stress surveys, but as can be seen with one of the students, even when I probed, I found no evidence that students found fieldwork stressful:

STU: They [the survey instrument] had all the different ways you coped with this stress, and they made it sound like I was having a major life change or something, like it wasn't, and they had a weird ways to cope with stress. I didn't know what kind of stress thing we're talking about, how was it so stressful. So I had a lot of "never used" for coping strategies.

RES: Because you hadn't had any stress?

STU: Well not big stress that I needed to take alcohol or whatever. (laughs)

RES: Was that one of the suggestions? (laughs)

STU: That was one of the things for coping or whatever it was like, this is no big stress you know. EXIT-A.

The question that came to mind was whether stress was something that needed to be "coped with" or whether it was a natural part of learning. Students did not appear to be aware of stress, or if aware of it, did not feel they needed to make any major conscious steps to cope with it.
Problems of Integration

The marked differences between learning in fieldwork and learning in coursework made integration of these two components of the curriculum problematic. The process of integration has been described as: "the most difficult task in the educational experience, that is, assisting a student in applying theory to practice" (Presseller, 1983, p. 164), a comment echoed by Cohn and Frum (1988) who found that the lack of integration of knowledge and skills was a major problem facing clinical educators.

In my study, the majority of the participating therapists (75%) were educated in the same program as the students, which would have given them an enhanced understanding of these students' academic background. Even so, the application of students' theoretical knowledge in practice was very much a process of self-direction. Rarely did therapists make reference to students' coursework, an observation that was reflected in two students' responses to an enquiry as to whether they were helped by anyone in the process of integrating the theory with the practice:

You're not really helped, you just have to do it on your own. EXIT-B

You kind of have to do it on your own. Like the experiences are provided there for you, but to tie it in to what you've learned in school, most of your therapists don't know exactly what you've learned in school. What I think is the best, is if you've learned something in school and you see it in the placement and if you have questions about things, like you know other things don't jive or there's more things that you learned in school or there's less that you learned in school, to ask questions about it. EXIT-D

Therapists in the study focused very much on the concrete situations facing the students (as has been described in the earlier section relating to the technical focus of fieldwork). There was little effort to explicitly link theory to practice. Students might be asked what they would do with a client but rarely why they would do it, or the theoretical framework from which they were
operating. However, as a broad generalization, therapists who were more recent graduates seemed more likely to refer to the academic setting than more experienced therapists. It was as if students were travelling on two trains on parallel tracks with little or no connecting links. They jumped back and forth between the two trains of theory and practice, bringing an implicit awareness of the knowledge and experience gained from one situation to the other but with no obvious mechanism to integrate these different experiences.

Another difficulty that has been mentioned in the literature, which can affect students' integration of coursework and fieldwork, is "a discrepancy between theory and practice [which] was a repeated theme throughout the survey" (Cohn & Frum, 1988, p. 326). Those differences that did surface in my study seemed to lie more in the realm of the difference between the "ideal" and "reality" rather than any actual differences in content. This finding corresponded with Brust's (1990) findings where students saw the learning in each of the academic and clinical settings as being different, but where "students reconciled the differences in treatment by developing the perspective that school teaches the ideal, but the clinic is of the real world, where there is little time to do things the way they were taught" (p. 91).

Schon (1987) has pointed out that the traditional view of professional practicums in medicine, for example, as being a time for the application of theory to practice, was not accurate:

There is at least an implicit recognition that research-based models of diagnosis and treatment cannot be made to work until the students acquire an art that falls outside the models; and on this view, widely held by practicing physicians, the medical practicum is as much concerned with acquiring a quasi-autonomous art of clinical practice as with learning to apply research-based theory. (p. 16)

This point of Schon's is reflected in my study. Prior to their placements students placed heavy emphasis on applying theory to practice as the prime purpose of fieldwork. As the placements progressed this focus became
dissipated by other purposes which have been described in chapter four, under the section relating to purposes of fieldwork. As I have stated, I did not observe or analyze students' coursework, so I am unable to comment on how academic educators helped students to link their fieldwork experiences to the coursework they were studying. It would seem that more work needs to be carried out in looking at ways that faculty and therapists can help students make the links between the theory learned in the academic setting and students' experiences in the fieldwork setting. Perhaps approaches similar to the STAR-TAR (Early, 1984) program (which was described in chapter two) need to be explored.

Summary

In this chapter I highlighted and interpreted the insights gained from this study of students' meanings of their fieldwork experiences and pointed out implications for those involved in the implementation of fieldwork programs. I focused on four aspects of the study.

The first related to the way students framed and named their placements. The second aspect of the study, to provide insight to the fieldwork process was the impact of the temporal dimension. I showed how pace, timing, and duration of placements affected students' learning and has implications for developing educational standards for fieldwork practice.

The third aspect of the study represented the insights I gained relating to the professional socialization of students during fieldwork and highlighted some important contributions that this study makes to the literature relating to the socialisation of student occupational therapists during their fieldwork placements. The final aspect of the study focused on comparing two key relationships: the student-therapist and coursework-fieldwork. This chapter acted as a mechanism to pull the various components of the dissertation...
together. In the following chapter I reflect on the process of the study, and identify areas where further studies are needed.
CHAPTER EIGHT - PAST REFLECTIONS AND FUTURE DIRECTIONS

This chapter represents the end of a journey, a journey made to uncover meanings students made of their fieldwork experiences. It also became a voyage of discovery in order to uncover the art and science of conducting a naturalistic enquiry. It is an end, but it is also a beginning as I came to appreciate the many areas of fieldwork that still need to be studied.

Reflections on a Neophyte Researcher’s Voyage of Discovery

As I reflected on the last two years by reviewing my field notes, I realised there was a common thread running throughout this period that I had not fully appreciated during the study. It was that my experiences as a neophyte researcher closely resembled those of the students’ experiences during their fieldwork placements. In addition, I came to appreciate that the research process itself did not run smoothly and continuously.

Similarities to the Participating Students’ Experiences

There were several factors mentioned by students or observed by myself, to which I could relate as I felt that I, too, had had similar experiences. These included reliance on the expert, image making, right to privacy, keeping a professional distance, and learning the professional discourse. These similarities in experiences should not be unexpected when one considers that the students and I were both learning new roles, they as occupational therapists and I as a researcher.
"Reliance on the Expert"

In the early days I was very much focused on my performance as a researcher and the "doing", that is, ensuring that I was doing everything "correctly." As with the students who turned to their therapists, my field notes throughout Placements A and B were scattered with references to "Must ask Advisor." These reminders to myself were virtually absent in the later intermediate placements of Placements C and D. This was similar to the situation of the students, where, by the time they reached the intermediate placements, they had the confidence and experience to be more independent in their decision-making and they were less likely to turn to their therapists for everything.

"Image making"

One student had commented in the study on how: "You put a tag on yourself, write occupational therapy student . . . . [and the clients] automatically think you have a certain amount of knowledge." I found myself in a similar situation with my colleagues when I appeared among them with tape recorder and steno pad in hand, the accoutrements of a researcher. They saw me no longer as a clinical colleague, but rather as a researcher whom they perceived as having the knowledge and ability to conduct a study which would resolve the problems of fieldwork for them! These expectations made it easier to understand the student who had commented about clients who automatically believed that she had the necessary professional knowledge, and her conclusion that: "That's a responsibility right there."
"Right to Privacy"

Another striking similarity between my learning and that of the students was in the area of probing for personal information. My study showed how students found it difficult to probe into the personal lives of their clients, but that they ultimately realised that it was for the benefit of the client, and were therefore able to do so. I, too, sometimes found the probing into these students' personal thoughts somewhat intrusive. The long-term benefits of the findings of the study seemed a somewhat remote rationale on such occasions for my actions.

"Maintaining a Professional Distance"

In the study students had identified the difficulty of maintaining a professional relationship with their clients or, as one student called it: "Keeping a professional distance." As this same student went on to say: "I'm a friendly person . . . . It's really hard not to become friendly with them [the clients]." This was a situation to which I could relate. The literature in the use of qualitative methodology makes frequent references to the dangers of "going native." Lincoln and Guba (1985) state:

[A]ny tendencies to "go native" will be abetted by prolonged engagement . . . . There are no techniques that will provide a guarantee against such influence either unconsciously or consciously; awareness is however a great step towards prevention. (p. 304)

Unfortunately, awareness is not always enough. "Going native" can be too vague a concept to understand until it is experienced, at which point it is almost too late. As the students found out: "We kept being told to keep a professional distance . . . . [but] there's no defined line."

During the study, I started out as an outsider. I was very conscious of the gap between the students and me, in both age and professional
experience. However, as the study progressed, I found myself being drawn more and more into the world of the students and leaving behind the world of the therapists. During their first placement, as I watched and heard them talking about their experiences, it made me recall the time when I was their age, and my experiences during my first placements. The kindness of these students to me, knowing of my isolation away from my family and friends, did not help in keeping a professional distance.

As I reflected on my relationship with these four students, I realised that I had probably verged towards "over-relating." I remember sometimes feeling very protective towards the students and somewhat frustrated in situations where I felt students were not being given an optimal learning experience. However, in my position as an observer, I could only stand by and do nothing to facilitate the students in their efforts to improve these situations. As the data collection phase drew to a close, I became more and more conscious of the difficulty there would be in writing the study and maintaining an ethical balance of separating knowledge and information I had gained through our friendship, and that which I had obtained in my role as a researcher.

"Learning the Professional Discourse"

Finally, there was the struggle students had in their development of professional discourse. I have described the significant amount of time that was spent by students in learning the process of charting. So too in my journey of learning to become a researcher, I had to learn to identify the significant, to be concise, and to learn not to use words which would imply more than was warranted by the evidence. In my observation notes, I had to learn what was relevant and what was not. Similarly to the students, the "doing" was the easy part, but describing to others what I had discovered during the study was so much more difficult.
Reflections on the Process of a Naturalistic Enquiry

My field notes showed that my progress through the study was marked by various changes in my feelings. These changes seemed to reflect a definite rhythm to the research process, prompted by three perennial questions: "What am I seeing of interest?"; "Where do I go from here?"; and "How do I tell the tale?" In addition, at sporadic periods, usually after some intensive period of activity such as data collection, data analysis or writing, I would experience what I came to term my "black holes." These were periods when I could not bear to think, see, talk or read about anything related to the study. It seemed as though these were periods when after intensive cognitive activity, my body and brain needed "time out." These black holes forced me to take time away to recuperate, so that I came back with a fresher perspective, and so somewhat surprisingly they became an important part of the rhythm of the research process.

What Am I Seeing of Interest?

My notes during the pilot study and Placement A showed how my concerns focused on what I was observing, and whether in fact I was seeing anything of any significance. In a fieldnote I made at the time of the pilot study I said:

I feel that I'm feeling my way through thick, thick fog and that I don't have the right approach to clearing it away and seeing what I need to see at the moment. (Fieldnote, November 26, 1990)

Then again, during the first placement, I made the note after a visit to one of the students: "I saw nothing" (Fieldnotes, May, 6, 1991).

Another time I was faced with this question was during the writing of the dissertation. I had become so immersed in my data, that upon reading it, I could see nothing of value. From my perspective, it seemed to be very
mundane, that is, it was all information about which any educator or clinician would be knowledgeable.

**Where Do I Need to Go from Here?**

As I started to become aware of the various elements that made up the meanings of fieldwork for the students, I started to become anxious about where it was all leading. This occurred during both data collection and analysis, as I realised there were so many different facets and avenues that could be explored. It was at times like these that the research question and guiding questions helped provide some direction.

**How Do I Tell the Tale?**

At the close of data collection, I was faced with numerous binders of transcripts, observational and reflective notes. During the process of analysis away from the field, I had developed clusters of overlapping themes but there was no obvious beginning or end. There was no framework. I had difficulty writing about my findings. Part of the problem may have been because my style of writing was still embedded in the reductionistic mode of clearly delineated segments, a technical-rational approach to viewing the world, where one reality is clearly outlined in terms of neat categories or boxes. However, at the same time my thinking had changed and had shifted to a more conceptual level and one where there were no firm boundaries. There was no one reality. Instead, phenomena overlapped, shifted, and changed depending on how they were viewed as I focused on "making meaning" of the data.

These two different paradigms of my old writing style and new thinking created dissonance and acted as a writer's block. Only when I turned my attention away from trying to create a framework, and focused on identifying a core theme, did I resolve the problem. Once I had this core, then I was able to
build outwards and let the data lead me to an eventual framework. Thus the core theme, "the purpose of fieldwork", provided the kernel around which this dissertation was written. In February 1993, I experienced my own "eureka" as the various themes finally all fell into place into a coherent whole, thus creating their own framework.

**Future Directions for Fieldwork Research**

As was stated in chapter three, this study was an exploratory one which set out to uncover meanings fieldwork had for student occupational therapists and the influences which shaped these meanings. As it was an exploratory study it raised almost more questions than it answered, particularly in the areas of planning, the fieldwork process, and types of placements within the implementation of the fieldwork component of the curriculum.

**Future Studies in the Areas of Planning**

**Analysis of Learning**

This study showed that there was a great variety of activities in which students were involved during their fieldwork placements. Far more needs to be known about how students actually spend their time within their placements. These studies should have a pedagogical perspective rather than the more typical approach of focusing on an analysis of the costs and benefits. Studies could also determine if there are specific patterns of activities according to different types of clinical settings.
Pace

This study showed that the pace of activity in a department affected a student’s fieldwork experiences. Comparative studies need to be conducted to investigate the effect of different levels of pace on students’ learning experiences. Advantages and disadvantages of different levels of activity need to be identified.

Sequencing of placements

This study showed that students found consecutive fieldwork placements usually had a disjointed effect on them. Also, some of the comments indicated there were both advantages and disadvantages of having fieldwork experiences prior to the relevant coursework. Consequently, much more needs to be known about the effect of consecutive placements or alternating ones on students where each fieldwork placement is separated by a block of coursework. In addition, the benefits and drawbacks of students being exposed to settings for which they do not have the requisite theoretical knowledge need to be explored in more depth.

Future Studies on the Process of Fieldwork Experiences

Integration

This study showed that the integration of coursework and fieldwork was one in which students received very little assistance. In addition, it was clear that students saw coursework and fieldwork as two very different experiences. Studies need to be conducted to determine the methods that should be used by both academic and fieldwork educators to help students integrate their theoretical and practical experiences. Innovative approaches to facilitating this
process of integration need to be developed and evaluated. In addition, there need to be studies to analyze the way students integrate learning from their various fieldwork placements, because of the great diversity between them.

**Impact of the Philosophical Framework of the Curriculum**

The students involved in this study were exposed to a traditional curriculum framed within a medical model. Other studies need to be carried out to compare student perspectives of their fieldwork placements from a variety of different curriculum philosophies to determine the extent to which the philosophy of the curriculum affects students' perspectives of their fieldwork experiences.

**Student-Therapist Relationship**

The student-therapist relationship has been identified in this study as a crucial component of the fieldwork process. Studies that have been done to date have focused broadly on what constituted an effective fieldwork educator. The findings of these studies showed that the student-therapist relationship was very important. However, to the best of my knowledge, the variables which affect this crucial relationship have not been thoroughly investigated using research methods such as observational studies and interviews. Learning styles have been identified as one possible factor (Gaiptman, 1986) but there are many other factors such as age, gender and educational background which need to be given closer scrutiny.

**Professional Discourse**

The development of skills in professional discourse was found to be an important component in this study of students' professional development.
However, there have been no studies that I am aware of, which have focused on this aspect of the professional socialisation of occupational therapists. More needs to be known about factors that effect the development of professional discourse within the individual. In addition, more needs to be known of the impact of professional discourse on the position of the profession within the hierarchy of the health-care field.

**Future Studies which Focus on Types of Placements**

**No On-Site Occupational Therapist**

This study showed that in the early and intermediate stages of fieldwork experiences, the occupational therapist as a clinical educator, plays an important role in the learning experiences of students. The issue of the effectiveness of placements where there is no on-site therapist arises frequently within the profession, yet there have been virtually no studies done in this area in either occupational or physical therapy. Before this model of fieldwork implementation is adopted in any significant way, far more needs to be known about this approach in order to determine the level at which it can be safely implemented, and the kind of safeguards that need to be put into place when using this model. Comparative studies between placements with and without an on-site occupational therapist could also show the types of learning that occur in the implementation of these different models of fieldwork experiences.

**Psychosocial Settings**

In this study, placements in psychosocial settings proved somewhat problematic. Very few studies have been conducted concerning the effect of different settings on students. More studies need to be conducted to look at how therapists interact with students in such settings as compared to those
with a focus on physical dysfunction. Therapists’ experiences of working with students in these settings need to be documented in order to determine if there are some approaches which have been found to be more effective than others.

**Conclusion**

Prior to the study my concept of fieldwork was based on my memories of fieldwork as a student, stories from other therapists about their experiences both as students and as clinical educators and the literature. The resulting image was probably similar to other people’s in that when I thought of fieldwork I thought of some generic experience. However, as I gained insight into these students’ meanings of fieldwork, I became increasingly aware of the complexity and uniqueness of each student’s fieldwork placement. The way the changes in the various elements of the fieldwork experience produced very different pictures reminded me of a kaleidoscope; hence the title of this dissertation.

In particular, this study brought the practicum component of the curriculum to life for me. The effect of conducting this research was somewhat analogous to the way fieldwork provided a three-dimensional understanding to students of their coursework. So, too, these students’ perspectives provided the depth of comprehension that was missing in my previous understanding of fieldwork.

These four students’ experiences helped open my eyes to the realities of the practicum component of the curriculum. It is hoped that this dissertation will provide a similar service to the reader by capturing the immediacy of such experiences, and providing a glimpse into the world of student occupational therapists’ early fieldwork experiences and the influences which affect them. Other students will have different experiences yet the key aspects that affected these participating students’ meanings of fieldwork, which have been highlighted in this dissertation, may help guide curriculum planners and clinical educators in making fieldwork more effective. In addition, awareness of the
experiences of other students may provide some useful advance information to students about to embark on their first fieldwork placements.
REFERENCES


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Curriculum guide. (no date) (Available from Faculty of Health Sciences, McMaster University, Hamilton, Ontario.


Greenstein, L. R. (1975). Changes in beliefs held by occupational therapy students before and after the first fieldwork experience. The American Journal of Occupational Therapy, 29 (3), 137-142.


APPENDIX A

The CAOT Educational Standard for Fieldwork

The following section is an extract from the "Accreditation Manual for Occupational Therapy Educational Programs" (CAOT, 1986) for Standard XI. It will be noted that after each element there is the letter E, P, or R. These letters denote the status, or level of importance of the element as an Essential (E), a Priority (P), or a Recommended (R) item. A formula for the ratio of the existence or otherwise of these various elements based on their level of importance, determines whether this standard has been met. Information concerning the evolution of these standards has been documented in the literature (Tompson & Tompson, 1987a).

A minimum of 1200 hours of fieldwork experience under the supervision of a qualified occupational therapist shall take place in hospitals, clinics, workshops, home care and community programs. These fieldwork experience hours must reflect a variety of practice approaches. At least 600 hours shall be completed in the form of full time experience. Specific fieldwork shall follow appropriate preparation in the basic and professional content courses. (p.B19)

.1 There should be a statement of goals of the fieldwork experience. (P)

.2 Fieldwork experience shall be obtained only in facilities accredited by the CAOT Fieldwork Accreditation Committee or approved by the academic program. (E)

.3 The fieldwork hours spent by students in accredited facilities shall exceed the hours spent in approved facilities. (E)

.4 There shall be a clear statement of the criteria used by the academic program to grant approved status to a fieldwork facility. (E)

.5 Each student fieldwork record should include a minimum of 150 hours in acute physical dysfunction and 150 hours in acute psychosocial dysfunction. (P)

.6 Fieldwork performance should be evaluated using the Fieldwork Performance form or its equivalent. (P)
Fieldwork performance should be supervised and evaluated by qualified occupational therapists. In those facilities without an established occupational therapy service, student supervision and evaluation must be provided by an off-site qualified occupational therapist in conjunction with the facility supervisor. (P)

An occupational therapy faculty member should be designated as fieldwork coordinator. (P)

It is recommended that occupational therapists responsible for the planning, organizing and directing of the student fieldwork program in the facility (facility fieldwork coordinator) be appointed, when appropriate to the faculty of the occupational therapy educational program. (R)

It is recommended that occupational therapists supervising students in fieldwork placements have established eligibility in CAOT and have had at least one year of clinical experience prior to assuming full responsibility for student supervision. (R)

The recommended student to supervisor ratio is 2:1. Other ratios are acceptable when mutually arranged between the university fieldwork coordinator and the facility. (R)

The university fieldwork coordinator should provide all fieldwork supervisors with a summary of the content of the occupational therapy curriculum, the program fieldwork objectives and a previous experience profile for each student. (P)

It is recommended that the university fieldwork co-ordinator maintain an outline of the general fieldwork experiences available in the program catchment area. (R)

The university fieldwork coordinator should assist facility fieldwork supervisors to develop performance objectives specific to the facility, and these should be kept on file at the university. (P)

The university fieldwork coordinator should keep a record of all the facility fieldwork coordinators and supervisors within the catchment area, including their qualifications. (P)

There should be a time-specific formal agreement or contract of affiliation between the educational program and each facility in the catchment area accepting occupational therapy students. (P)
APPENDIX B

CAOT Fieldwork Philosophy*

We believe that fieldwork is an essential component of the education of an occupational therapist, and that the following principles comprise the philosophy of fieldwork in Canada:

1. We believe that fieldwork is a shared responsibility requiring commitment from all involved with occupational therapy education and practice.
2. We believe in the integration of academic and fieldwork education.
3. We believe in a theoretical base for education and practice.
4. We believe that there is a core of knowledge, skills and attitudes common to all areas of practice.
5. We believe that fieldwork can occur anywhere the roles and functions of an occupational therapist can be developed and integrated.
6. We believe there are a variety of paces and styles of learning.
7. We believe in offering a variety of progressively challenging and interactive learning experiences to students.
8. We believe in the ongoing training, support, and recognition of clinical educators.
9. We believe that ongoing evaluation promotes growth and ensures quality.

* Extracted from:
APPENDIX C

Audit Trail

An important part of any study, is to outline the key points in the progress of that study. This appendix gives a chronological account of the activities of the study in two parts. Part A gives the key data of all research activities and Part B gives the specific dates of the main data collection activities during students' fieldwork placements.

Regular contact with my advisor was maintained throughout this study either in person, by telephone, through memorandum or (when out of province) through E-mail. I have included below only those meetings with my advisor at which major decisions of the direction of the study were made.

EE = External event to the study which may have had an effect on how the study was structured

Part A - Dates of Key Research Activities/Decisions

PRE-PILOT PHASE

March 16, 1990  First observation of a student and therapist working together in a clinical setting to get an understanding of the problems that I might encounter in doing a study on fieldwork

May 15 - 19, 1990  Visit to proposed data collection site

May 15, 1990  Meeting with Academic Fieldwork Co-ordinator

May 16, 1990  Meeting with Academic Fieldwork Co-ordinator and Head of the occupational therapy program

May 18, 1990  Meeting with Director of Faculty

May 18, 1990  Meeting with the director of a local occupational therapy department

May 25, 1990  Informal discussion with three therapists and two students in my home city about the best way to gain participation from therapists and students
May 29, 1990 Meeting with advisor re: potential problems in pilot methodology and results of meeting with five key gatekeepers

July 31, 1990 Meeting with advisor re: change in focus from therapist/student dyads to focus on student; development of research question and guiding questions; duration of study over four placements instead of two.

September 5, 1990 Request sent to Head of Faculty for permission to approach students about the study, which was then forwarded to the Faculty's Ethics Committee

September 10, 1990 Meeting with advisor re: information material to be circulated for pilot study

October 7, 1990 Research Committee members provided with outline of intended pilot study

October 8, 1990 Request made to Chair, Senior Occupational Therapists Group, at site of data collection, to address their members at one of their monthly meetings

October 9, 1990 Piloted department heads’ access letters to department heads in home city

Oct 16, 1990 Letters sent to student representative and Head of the occupational therapy educational program requesting permission to conduct pilot study prior to the main study

October 22 - 25, 1990 Visit to data collection site

October 22, 1990 Approval granted by Faculty Ethics Committee for the pilot study

Meeting with Academic Fieldwork Co-ordinator
Contacted all occupational therapy departments that might provide placements and identified the approaches required for access
October 24, 1990 Made presentation to third-year students and acquired five volunteers for pilot study. Three selected

November 1-3, 1990 EE - Attended workshop run by Cheryl Mattingly (a doctoral student of Donald Schon) in Halifax, Nova Scotia on clinical reasoning in occupational therapy. Provided many ideas for the type of questions needing to be explored in the study

Meeting with occupational therapist educator/researcher doing qualitative studies of the psychosocial practice of occupational therapists

November 5, 1990 Approached heads of occupational therapy departments who were providing placements for the pilot students for agreement to allow me access to their facilities

November 7, 1990 Received permission from Head of occupational therapy educational program and Director of Faculty to contact first-year students and inform them of the proposed study

November 7, 1990 Representative of first-year students approached about setting up information meeting for the students

November 8, 1990 Meeting with advisor re: information packages for participating therapists and students in the pilot study

November 14, 1990 Meeting with advisor re: interview guide for the pilot study

November 16, 1990 Representative of first-year students contacted concerning final arrangements for meeting with these students
PILOT STUDY PHASE

**November 20-December 14, 1990** Visit to data collection site

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Description</th>
</tr>
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<tbody>
<tr>
<td>November 20, 1991</td>
<td></td>
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<tr>
<td>November 27, 1990</td>
<td>Attended classes with first-year students</td>
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<tr>
<td>December 5, 1990</td>
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<tr>
<td>December 11, 1990</td>
<td></td>
</tr>
<tr>
<td>November 27, 1990</td>
<td>Addressed first-year students and gave them initial notice about the study and the purpose of the current pilot study being done with third-year students</td>
</tr>
<tr>
<td>November 30, 1990</td>
<td>Meeting with the administrator of one health-care institution who wanted to meet and discuss the study before granting approval for access to his facility</td>
</tr>
<tr>
<td>December, 1990</td>
<td>Article published in student newsletter about my presence on campus and the purpose of my visit</td>
</tr>
<tr>
<td>December 3, 1990</td>
<td>Presentation to directors of occupational therapy departments and senior members of the profession in the province where the study was located. Television link provided to a location in another city so as to ensure all therapists in the province were aware of the study.</td>
</tr>
<tr>
<td>December 3, 1990</td>
<td>Meeting with Head of Faculty to provide an update on the progress of the pilot study</td>
</tr>
<tr>
<td>December 3, 1990</td>
<td>Meeting with Head of occupational therapy educational program to provide an update on the progress of the pilot study</td>
</tr>
<tr>
<td>December 4, 1990</td>
<td>Meeting with the Academic Fieldwork Co-ordinator to provide an update on the progress of the pilot study</td>
</tr>
<tr>
<td>December 10, 1990</td>
<td>Meeting with nurse educator/researcher with special interest in clinical education and qualitative research. Reviewed her master's and doctoral work in clinical education</td>
</tr>
</tbody>
</table>
Meeting with Academic Fieldwork Co-ordinator and head of occupational therapy education program to discuss the logistics of the main study and timetabling of students’ placements

POST PILOT STUDY PHASE

Meeting with advisor re: results of the pilot study

Letter sent to thank students in the pilot study for their participation

Applied for approval for main study from Faculty Ethics Committee

Faculty Ethics Committee approved main study

Meeting with advisor re: research proposal document and information package for participants of the study

Contacted first-year students’ representative to determine the best date for a formal presentation to the students for a request for volunteers and details about the main study

Successful defense of proposal for my study

Visit to data collection site

Five minute presentation to all first-year students to give out outline of study (2 pages), consent form and notice of a meeting about the study the following day

Ten students attended a one hour meeting to describe the study and call for volunteers

Contacted all Basic I (Placement A) department heads and obtained names of prospective clinical educators and made contact with these therapists
March 20, 1991  Group meeting (2 hours) with the three students from the pilot study to give report on my findings relating to the methodology and content of the pilot study

March 22, 1991  Attended student-faculty "Beer and Skit" night with first year-students

March 26, 1991  Meeting with advisor re: visit to data collection site, selection of students, and review of the baseline interviews

March 27, 1991  Letters sent to each participating student with a copy of the information package sent to their therapists

March 27, 1991  Letters sent to all department heads and therapists for Placement A including information packages, consent forms, and schedule of intended visits for observation

March 27, 1991  Letter sent to Head of occupational therapy educational program concerning students’ placements (see Appendix K)

PLACEMENT A

April 13, 1991 - May 19, 1992  Visit to data collection site

April 15, 1991  Attended CPR and First aid sessions with first years and became qualified in CPR

April 17 - 18, 1991  Attended orientation sessions to fieldwork placements for first-year students

April 18, 1991  Group meeting with participating students to review the student information package and answer questions about the study

April 25, 1991  Student#2 announces a delay in his next three fieldwork placements which means he will not be doing them at the same time as the other students
BETWEEN PLACEMENTS A AND B

June 3, 1991  Meeting with advisor re: results of Placement A visit

June 5, 1991  Students asked to verify the transcribed journals of Placement A against the original documents

Tapes transcribed from Placement A

EE = Attended national conference of occupational therapists and presented workshop on qualitative research methods, combined with four week holiday

July 17, 1991  Meeting with advisor re: review of two transcripts from Placement A

July 23, 1991  Letter sent to department heads concerning Placement B

August 7, 1991  Informed that a therapist who will be working with a student in Placement B is concerned about her involvement. Therapist phoned and study discussed and agreement made that I would do on-site observations for one week and then the situation would be reviewed.

August 7, 1991  Information packages mailed out to all Placement B occupational therapy department heads, and therapists

August 7, 1991  All students sent provisional schedule of observational visits

PLACEMENT B

August 26, - October 1st, 1991 Visit to data collection site

September 27, 1991  Gave in-service on qualitative methodology with one of the participating students and therapists present.
**BETWEEN PLACEMENTS B AND C**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1, 1991</td>
<td>Student#2 started Placement B but decision made not to collect data on this placement</td>
</tr>
<tr>
<td>October 9, 1991</td>
<td>All students thanked for their participation in Placements A and B</td>
</tr>
<tr>
<td>October 9, 1991</td>
<td>All department heads and therapists from Placement B thanked for their participation</td>
</tr>
<tr>
<td>November 11, 1991</td>
<td>EE: Attended national meeting of Canadian fieldwork co-ordinators to discuss fieldwork standards</td>
</tr>
<tr>
<td>November 26, 1991</td>
<td>Decision made to do provisional analysis of data from student#2 for Placement A but wait to make final decision as to whether there is a need for this extra data</td>
</tr>
<tr>
<td>November 26, 1991</td>
<td>Transcribing of tapes relating to Placement A completed</td>
</tr>
<tr>
<td></td>
<td>All transcripts, fieldnotes, students' journals prepared for sorting by computer (using Ethnograph) and first round of coding completed</td>
</tr>
<tr>
<td>January 18, 1992</td>
<td>Letters sent to departments heads and therapists for requests about Placements C and D</td>
</tr>
<tr>
<td>January 22, 1992</td>
<td>All facilities that had agreed to allow observation visits but who had not had any of the participating students for any of their placements, sent letters to thank them for their willingness to participate</td>
</tr>
<tr>
<td>January 29, 1992</td>
<td>Meeting with advisor re: coding process of data; interview guide for Placements C and D; and proposed methodological changes for placements C and D, (included the decision to visit each place only three times instead of four)</td>
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<tr>
<td>Date</td>
<td>Event</td>
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<tr>
<td>February 5, 1992</td>
<td>Confirmation letters sent to department heads and therapists for Placements C and D, including information package</td>
</tr>
<tr>
<td>February 7, 1992</td>
<td>Students sent schedule of observation visits for Placements C and D</td>
</tr>
<tr>
<td></td>
<td><strong>PLACEMENTS C AND D</strong></td>
</tr>
<tr>
<td>February 20 - April 20, 1992</td>
<td>Visit to data collection Site</td>
</tr>
<tr>
<td>March 23, 1992</td>
<td>Meeting with nurse educator/researcher to discuss my research and hers and the similarities and differences between nursing and occupational therapy</td>
</tr>
<tr>
<td>April 10, 1992</td>
<td>Meeting with nurse educator/researcher to discuss data analysis and coding</td>
</tr>
<tr>
<td>April 10, 1992</td>
<td>Meeting with physical therapist researcher to discuss qualitative research</td>
</tr>
<tr>
<td></td>
<td><strong>POST PLACEMENT C AND D - BRINGING CLOSURE</strong></td>
</tr>
<tr>
<td>May 1, 1992</td>
<td>Letters of thanks sent to all department heads and therapists who participated in Placements C and D</td>
</tr>
<tr>
<td>May 4, 1992</td>
<td>Returned to my consulting work as provincial fieldwork co-ordinator. Found the insight gained from the study useful in my meetings with first year students in their basic placements</td>
</tr>
<tr>
<td>By end June, 1992</td>
<td>Finished first round of coding transcripts, students’ journals and fieldwork notes generated from Placements C and D</td>
</tr>
<tr>
<td>July 1, 1992</td>
<td>EE: presented paper at national conference of Canadian occupational therapists on methodology of my study in the presence of one of the participating students</td>
</tr>
</tbody>
</table>
July 17, 1992  Meeting with advisor re: decision made that data from therapists was very peripheral and would not be analyzed in depth

End of July, 1992  Completed second round of coding of all data

August  EE: Took four week holiday

September 9, 1992  Contacted students about the delay in the final interview which was switched from September till November

October 2, 1992  Meeting with advisor re: discussion of transcripts from Placements C and D, and framework for writing dissertation

Sept. - Nov. 1992  Spent writing up the findings chapters four, five and six

November 4 - 9, 1991  Visit to data collection site

November 5, 1992  Gave student#1 a copy of all her transcribed interviews (except their final interview) for review and permission to release (see Appendix K)

November 6, 1992  Gave students#3,4 and 5 copies of all their transcribed interviews (except their final interview) for review and permission to release

January 14, 1993  Interview transcripts for final interviews sent out to participating students for their review and permission to release

February 13, 1993  Overall framework for the findings chapters four, five and six developed

February 19, 1993  Completion of analysis of content of each of the individual coding segments and the development of four areas of findings
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 16, 1993</td>
<td>Meeting with advisor re: review of the initial draft of the study findings and discussion on decisions relating to the areas to be covered in the review of the literature and in the interpretations chapter</td>
</tr>
<tr>
<td>March 24, 1993</td>
<td>Received all transcripts signed off with a few requests for minor deletions where anonymity might be breached</td>
</tr>
<tr>
<td>March 24, 1993</td>
<td>Telephone conversation with advisor relating to the review of the literature</td>
</tr>
<tr>
<td>March 25, 1993</td>
<td>Modified (based on meeting with advisor) draft of findings sent to all participating students</td>
</tr>
</tbody>
</table>

**April 14 -19, 1991** Visit to data collection site

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 16, 1993</td>
<td>Receive comments from student#5 on findings of study</td>
</tr>
<tr>
<td>April 18, 1993</td>
<td>Receive comments from student#3 on findings of study</td>
</tr>
<tr>
<td>April 18, 1993</td>
<td>Give draft findings to educated lay person with an interest in research</td>
</tr>
<tr>
<td>April 18, 1993</td>
<td>Wind up study with a celebration dinner with participating students</td>
</tr>
<tr>
<td>April-May, 1993</td>
<td>Review relevant literature, especially dissertations in the area, and make revisions to chapter two (review of the literature)</td>
</tr>
<tr>
<td>June 3, 1993</td>
<td>Receive comments from Student#4 on findings of study</td>
</tr>
<tr>
<td>June 3, 1993</td>
<td>Had meeting with Saskatoon clinician to discuss the findings of the study</td>
</tr>
<tr>
<td>June 11, 1993</td>
<td>Received comments from Student#1 and lay reader on findings of study</td>
</tr>
</tbody>
</table>

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June 16, 1993  Start writing interpretations chapter
July 8, 1993  Meeting with advisor re: developing a framework for the interpretations and methodology chapters.
July 28, 1993  Start writing methodology chapter
August 4, 1993  Meeting with advisor re: interpretations chapter
August 17, 1993  First complete draft of dissertation (except for references and appendices) submitted to advisor.
September 24, 1993  Revised draft of complete dissertation circulated to all committee members
October 14, 1993  Committee meeting to grant approval for dissertation to be sent to external examiner

Part B - Dates of Specific Data Collection Activities

Student#1

March 19, 1991  Baseline interview for the study
April 17, 1991  Base interview for Placement A
April 22, 1991  First Day telephone interview - Placement A
April 24, 1991  Visit#1 Debriefing Sessions - Placement A
May 3, 1991  Visit#2 Debriefing Sessions - Placement A
May 9, 1991  Visit#3 Debriefing Sessions - Placement A
May 14, 1991  Visit#4 Debriefing Sessions - Placement A
May 16, 1991  Exit interview - Placement A
August 27, 1991  Base interview for Placement B
September 3, 1991  First Day telephone interview - Placement B
September 6, 1991  Visit#1 Debriefing Sessions - Placement B
September 12, 1991  Visit#2 Debriefing Sessions - Placement B
September 17, 1991  Debriefing Session but visit rescheduled
September 19, 1991  Visit#3 Debriefing Sessions - Placement B
September 23, 1991  Visit#4 Debriefing Sessions - Placement B
September 27, 1991  Exit interview - Placement B
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 23, 1992</td>
<td>Base interview for Placement C</td>
</tr>
<tr>
<td>February 24, 1992</td>
<td>First Day telephone interview - Placement C</td>
</tr>
<tr>
<td>February 26, 1992</td>
<td>Visit#1 Debriefing Sessions Placement C</td>
</tr>
<tr>
<td>March 5, 1992</td>
<td>Visit#2 Debriefing Sessions Placement C</td>
</tr>
<tr>
<td>March 17, 1992</td>
<td>Visit#3 Debriefing Sessions Placement C</td>
</tr>
<tr>
<td>March 21, 1992</td>
<td>Combined Exit interview for Placement C and Base interview for Placement D</td>
</tr>
<tr>
<td>March 23, 1992</td>
<td>First Day telephone interview - Placement D</td>
</tr>
<tr>
<td>March 28, 1992</td>
<td>Visit#1 Debriefing Sessions - Placement D</td>
</tr>
<tr>
<td>April 6, 1992</td>
<td>Visit#2 Debriefing Sessions - Placement D</td>
</tr>
<tr>
<td>April 14, 1992</td>
<td>Visit#3 Debriefing Sessions - Placement D</td>
</tr>
<tr>
<td>April 18, 1992</td>
<td>Exit interview - Placement D</td>
</tr>
<tr>
<td>November 5, 1992</td>
<td>Final interview for the study</td>
</tr>
<tr>
<td>Student #3:</td>
<td></td>
</tr>
<tr>
<td>March 22, 1991</td>
<td>Baseline interview for the study</td>
</tr>
<tr>
<td>April 16, 1991</td>
<td>Base interview for Placement A</td>
</tr>
<tr>
<td>April 22, 1991</td>
<td>First Day telephone interview - Placement A</td>
</tr>
<tr>
<td>April 23, 1991</td>
<td>Visit#1 Debriefing Sessions - Placement A</td>
</tr>
<tr>
<td>April 29, 1991</td>
<td>Visit#2 Debriefing Sessions - Placement A</td>
</tr>
<tr>
<td>May 8, 1991</td>
<td>Visit#3 Debriefing Sessions - Placement A</td>
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<tr>
<td>May 17, 1991</td>
<td>Visit#4 Debriefing Sessions - Placement A</td>
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<tr>
<td>May 18, 1991</td>
<td>Exit interview - Placement A</td>
</tr>
<tr>
<td>August 27, 1991</td>
<td>Base interview for Placement B</td>
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<tr>
<td>September 3, 1991</td>
<td>First Day telephone interview - Placement B</td>
</tr>
<tr>
<td>September 5, 1991</td>
<td>Visit#1 Debriefing Sessions - Placement B</td>
</tr>
<tr>
<td>September 13, 1991</td>
<td>Visit#2 Debriefing Sessions - Placement B</td>
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<tr>
<td>September 18, 1991</td>
<td>Visit#3 Debriefing Sessions - Placement B</td>
</tr>
<tr>
<td>September 24, 1991</td>
<td>Visit#4 Debriefing Sessions - Placement B</td>
</tr>
<tr>
<td>September 27, 1991</td>
<td>Exit interview - Placement B</td>
</tr>
<tr>
<td>February 22, 1992</td>
<td>Base interview for Placement C</td>
</tr>
<tr>
<td>February 24, 1991</td>
<td>Taped self-interview - First day Placement C</td>
</tr>
<tr>
<td>February 27, 1991</td>
<td>Taped self-interview - Placement C</td>
</tr>
<tr>
<td>March 9, 1991</td>
<td>Taped self-interview - Placement C</td>
</tr>
<tr>
<td>March 18, 1991</td>
<td>Taped self-interview - Placement C</td>
</tr>
<tr>
<td>March 22, 1991</td>
<td>Combined Exit and Debriefing interviews - Placement C &amp; Base interview for Placement D</td>
</tr>
<tr>
<td>March 24, 1992</td>
<td>Second Day telephone interview - Placement D</td>
</tr>
<tr>
<td>March 31, 1992</td>
<td>Visit#1 Debriefing Sessions - Placement D</td>
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<td>Event Description</td>
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<td>---------------------</td>
<td>--------------------------------------------------------</td>
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<tr>
<td>April 8, 1992</td>
<td>Visit#2 Debriefing Sessions - Placement D</td>
</tr>
<tr>
<td>April 16, 1992</td>
<td>Visit#3 Debriefing Sessions - Placement D</td>
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<tr>
<td>April 20, 1992</td>
<td>Exit interview - Placement D</td>
</tr>
<tr>
<td>November 6, 1992</td>
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<tr>
<td>Student #4:</td>
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<tr>
<td>March 22, 1991</td>
<td>Baseline interview for the study</td>
</tr>
<tr>
<td>April 18, 1991</td>
<td>Base interview for Placement A</td>
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<tr>
<td>April 22, 1991</td>
<td>First Day telephone interview - Placement A</td>
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<tr>
<td>April 26, 1991</td>
<td>Visit#1 Debriefing Sessions - Placement A</td>
</tr>
<tr>
<td>May 2, 1991</td>
<td>Visit#2 Debriefing Sessions - Placement A</td>
</tr>
<tr>
<td>May 7, 1991</td>
<td>Visit#3 Debriefing Sessions - Placement A</td>
</tr>
<tr>
<td>May 13, 1991</td>
<td>Visit#4 Debriefing Sessions - Placement A</td>
</tr>
<tr>
<td>May 17, 1991</td>
<td>Exit interview - Placement A</td>
</tr>
<tr>
<td>August 28, 1991</td>
<td>Base interview for Placement B</td>
</tr>
<tr>
<td>September 3, 1991</td>
<td>First Day telephone interview - Placement B</td>
</tr>
<tr>
<td>September 4, 1991</td>
<td>Visit#1 Debriefing Sessions - Placement B</td>
</tr>
<tr>
<td>September 10, 1991</td>
<td>Visit#2 Debriefing Sessions - Placement B</td>
</tr>
<tr>
<td>September 16, 1991</td>
<td>Visit#3 Debriefing Sessions - Placement B</td>
</tr>
<tr>
<td>September 26, 1991</td>
<td>Visit#4 Debriefing Sessions - Placement B</td>
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<tr>
<td>September 28, 1991</td>
<td>Exit interview - Placement B</td>
</tr>
<tr>
<td>February 23, 1992</td>
<td>Base interview for Placement C</td>
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<tr>
<td>February 24, 1992</td>
<td>First Day telephone interview - Placement C</td>
</tr>
<tr>
<td>March 2, 1992</td>
<td>Visit#1 Debriefing Sessions Placement C</td>
</tr>
<tr>
<td>March 12, 1992</td>
<td>Visit#2 Debriefing Sessions Placement C</td>
</tr>
<tr>
<td>March 22, 1992</td>
<td>Combined Exit interview for Placement C and Base interview for Placement D</td>
</tr>
<tr>
<td>March 23, 1992</td>
<td>First Day telephone interview - Placement D</td>
</tr>
<tr>
<td>March 30, 1992</td>
<td>Visit#1 Debriefing Sessions - Placement D</td>
</tr>
<tr>
<td>April 7, 1992</td>
<td>Visit#2 Debriefing Sessions - Placement D</td>
</tr>
<tr>
<td>April 15, 1992</td>
<td>Visit#3 Debriefing Sessions - Placement D</td>
</tr>
<tr>
<td>April 17, 1992</td>
<td>Exit interview - Placement D</td>
</tr>
<tr>
<td>November 6, 1992</td>
<td>Final interview for the study</td>
</tr>
</tbody>
</table>

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Student #5:

March 23, 1991  Baseline interview for the study
April 17, 1991  Base interview for Placement A
April 22, 1991  First Day telephone interview - Placement A
April 23, 1991  Visit#1 Debriefing Sessions - Placement A
May 1, 1991    Visit#2 Debriefing Sessions - Placement A
May 10, 1991   Visit#3 Debriefing Sessions - Placement A
May 16, 1991   Visit#4 Debriefing Sessions - Placement A
May 17, 1991   Exit interview - Placement A
August 27, 1991 Base interview for Placement B
September 3, 1991 Taped self-interview - First day Placement B
September 6, 1991 Taped self-interview - Placement B
September 12, 1991 Taped self-interview - Placement B
September 18, 1991 Taped self-interview - Placement B
September 24, 1991 Taped self-interview - Placement B
September 30, 1991 Exit and Debriefing interviews - Placement B
February 23, 1992 Base interview for Placement C
February 24, 1992 First Day telephone interview - Placement C
February 27, 1992 Visit#1 Debriefing Sessions Placement C
March 10, 1992   Visit#2 Debriefing Sessions Placement C
March 19, 1992   Visit#3 Debriefing Sessions Placement C
March 21, 1992   Combined Exit interview for Placement C and Base interview for Placement D
March 23, 1992   First Day telephone interview - Placement D
March 25, 1992   Visit#1 Debriefing Sessions - Placement D
April 3, 1992    Visit#2 Debriefing Sessions - Placement D
April 13, 1992   Visit#3 Debriefing Sessions - Placement D
April 17, 1992   Exit interview - Placement D
November 6, 1992 Final interview for the study
APPENDIX D

Information Package for Participating Therapists

A STUDY OF

OCCUPATIONAL THERAPY STUDENTS’

PERCEPTIONS OF FIELDWORK

INFORMATION PACKAGE

FOR

PARTICIPATING THERAPISTS

AND

HEADS OF DEPARTMENT

The following information provides an overview of a study which will be carried out in [insert location] during the 1991 Basic level fieldwork placements and the 1992 Intermediate level fieldwork placements. This information package is divided into the following sections:
- outline of the study
- general questions and answers
- specific information for participating therapists
- therapist consent form

For more information contact Margaret Tompson at:

736 University Drive, Saskatoon, Sask. S7N 0J4
(Tel: (306) 652-3743)
OUTLINE OF A STUDY OF STUDENTS' PERCEPTIONS OF THE FIELDWORK EXPERIENCE

Fieldwork is an integral part of the professionalization process of the occupational therapist, representing one-third of the total curriculum. Despite the importance of this portion of the curriculum, there has been a paucity of research in the area. This study will seek to remedy this deficiency by focusing on the students' perspective of fieldwork and the impact this component of the curriculum has on the professionalization of a student in occupational therapy.

The research question to be addressed will be:

What meaning does the student make of the practicum portion of the curriculum and what are the influences which shape this meaning?

This research will focus on such areas as students' perceptions relating to: the purpose of fieldwork; connections made between the academic and practicum components of the curriculum; influences affecting the fieldwork process; and the way students' image of the profession is affected by the fieldwork process.

This study will involve five volunteers, drawn from the first year class of occupational therapy students, and will focus on these students' experiences of their first four fieldwork placements. A pilot study conducted in November 1990 has helped ensure that any data collection processes are as unobtrusive as possible. At all times the needs of the client and the student and the effective functioning of the occupational therapy department will be given the highest priority.

During the study, the following data collection methods will be used, though it should be noted that only those marked with an asterisk will come to the attention of the participating therapist:

- In-depth interviews with the student participants prior to and following each fieldwork placement.
- *In-depth interviews with the supervising therapists
- *Visits by the researcher to each participating student's fieldwork placement, one day a week.
- *Debriefing sessions of the participating student at the beginning, middle and end of the day on which the researcher visits the placement.
- Group meetings with the other participating students prior to the first and third fieldwork placement and after the second and fourth fieldwork placement.
- Review of the students' daily journals of their fieldwork experiences
- *Review of their written work in the fieldwork placement.

1
SOME GENERAL QUESTIONS AND ANSWERS

The following questions are some of the ones that are usually on the minds of people when they first hear about this study.

Will all facilities be involved in the study?

It is unlikely that this will occur. The research is focused on the student, so the involvement of a department is dependent on whether one of the participating students is assigned to your facility. For this reason, it is not possible to predict if a facility will be involved or how often it might be involved.

What involvement is required of departments if they are assigned one of the participating students?

I need access to the department to observe the student in your facility for one day a week during the four week placement. In addition, I will need to conduct two short interviews with the supervising therapist during the fieldwork period. At all times the needs of the patient and the student and the effective functioning of the department will be given the highest priority.

When would facilities be notified that one of the participating students has been assigned to them?

As soon as the students are informed of their placements, I will be contacting the affected facilities and asking for their approval for weekly observation visits to the department. At that time I will also include an information package for the supervising therapist, which will outline the details of my visits.

What effect does your presence have on the functioning of the department?

A pilot study was undertaken during the Advanced level fieldwork placement in November-December 1990 in [Blank]. Three facilities were chosen which would provide a wide variety of environments in order to assess the impact I had on services. One facility was medium-sized, one was within a large teaching centre, and one was a small predominantly out-patient facility. One placement involved the treatment of physical disabilities, one focused on psychiatric disorders and the third involved children. In none of these facilities were any difficulties experienced because of my presence.

What will be the extent of your involvement with patients?

My role in the clinic will be one of observer. In the pilot study it was found that engaging in the normal type of casual conversation (the type any therapist might have with someone else's patient) facilitated the process of allowing me to blend into the background. All patients I came into contact with were clearly informed of my role and that the focus of my study was on how students learned in the clinical setting. If I am approached by patients for information they will be referred to the therapist or student.
How do you collect your data?

I take notes on a small writing pad while sitting or standing to one side of the room. For private interviews with the student or therapist, I request permission to use a tape recorder to supplement my notes.

Will you require access to patient information?

No access will be required to general medical records. However, with the therapist and student’s agreement, I would like to review any written material the student produces, such as chart notes. Any information relating to patients that I learn through observation or casual comments I would treat as confidential.

What consideration has been given to ethical issues in this study?

I am a member of CAOT and subject to the Ethics and Code of Practice of that organization. In addition, I am a registered member of the Saskatchewan Society of Occupational Therapists and hold a license with [blank]. I have been in practice since 1967.

All participants in the study will be clearly informed of the parameters of their involvement and provided with consent forms which outline these rights. The Ethics committee of the Faculty of Medicine at the University of [blank] has reviewed and approved this study.

Do you stay with the student at all times?

My focus is on the student. However, there are times when the student or therapist may decide that it is not appropriate for an observer to be present, or I may decide in my professional judgement that it would be better if I was not present. At such times I would leave the area and return later.

What happens if the supervising therapist is sick or absent on the day of your scheduled visit?

As my focus is on the impact that fieldwork has on the student it does not matter if the supervising therapist is not present during my visit. If however the student is away because of sickness then I would cancel my visit to your facility or attempt to reschedule it.

How much time will the therapist and student have to give up during your weekly observational visit?

I will need a total of approximately 30 minutes of the therapist's time, split between the first and last day of my facility visits. In the case of the students, I will be trying to meet with them before the day starts and at the end of the day. However, I would also like to meet with students in the middle of the day. Therefore, if a student is available and not otherwise engaged in some activity, I would like to use 10 minutes of their time at the end of the morning to obtain information about the activities that I have observed.
INFORMATION OF PARTICULAR INTEREST TO PARTICIPATING THERAPISTS

Communication process:

1. Messages can be left for me in the following places:

   During the day: -  in the general office at the School of (Tel: )
   -  at the OT department of the facility I am scheduled to be at (see provisional timetable attached to letter)

   During the evening:

   April 14th - May 21st, 1991:  (Tel: )
   August 26th - October 2nd, 1991  (Room #504 - Tel: )
   February 16th - April 15th, 1992  (Room #512 - Tel: )

2. When leaving a message, please leave a number where I can reach you during the evening. My activities during the day may make it difficult for me to contact you during normal working hours.

3. Please feel free to "ignore" me during my visit to your facility. In the pilot study, both therapists and students commented on how rude they felt when they ignored me. My expectation is that you and the student will get on with your various activities and if I want to know something I will ask. When you and the student have paperwork or reading to do, I too have work that I can sit and do. So please ignore me, I promise I won't take it personally!

Introductions:

1. When introducing me to others in the facility, please explain that I am a researcher who also happens to be an occupational therapist, rather than an occupational therapist who is doing research.

2. It should be emphasised to others (e.g. other staff, patients and their families) that the study is focused on the student and how learning takes place in the fieldwork. This approach will help reassure those not involved in the study that they are not being studied and perhaps evaluated.

3. In the event that a patient is confused and unlikely to understand the concept of research or the role of a researcher, it is suggested that I am introduced as an occupational therapist or a colleague who is watching the student work.
Data collection:

1. The focus of the study is on the student, and their evolving understanding of the profession. Therefore, during my visits I will be focusing my attention primarily on their perceptions of the fieldwork experience. However, there will be times when I need to talk to others, such as yourself, about your plans and reactions to the fieldwork experience. Therefore, please build in a 15 minute period of time during my first and last visit, when I can speak to your privately about your role in the fieldwork experience.

2. The only individual who will have access to any of the raw data that I collect will be my advisor in Saskatoon but at that point of review, all identifying features will have been removed. At no point during my discussions with others involved in the fieldwork experience, will any of the material you have shared with me be revealed.

3. I shall spend much of my time writing in my steno-pad. My notes are related to what the student does and any questions that I might want to ask the therapist or student. I am looking for patterns in activities and interactions.

4. I shall be asking permission from you and the student to review the written work done by the student on the day of my visit.

Student program:

1. Please do not alter your intended program for the student because of my visits. I am attempting to get at the student's perspective of the experience so anything they do is of interest. For example, don't worry if I happen to visit on a day when you are low on patients, or the student is going to spend the day visiting.

2. Please remember not to assign the student to do an activity on their own which you would not normally have assigned to the student. i.e. treat my presence as a "figment of your imagination" rather than a monitoring resource for the student!

3. There may be times during my visit to your facility when you would rather I was not present. At these times do not hesitate to indicate this to me and I will withdraw from the situation for the required period of time. In addition, there may be times when I feel I am being obtrusive, in which case I will leave and explain my reasons for leaving on my return.

4. All aspects of the students' fieldwork experiences are of interest to me. Student evaluation is an integral part of the fieldwork process. Subject to the agreement of both the student and therapist, the School of has no problem with my being present during meetings at which the student is given feedback as to their performance.
I am an occupational therapist employed at _______________ and volunteer to be involved in a study of students' perspectives on fieldwork. I understand that my participation is entirely voluntary and that I may withdraw from the study at any time, at which point all data relating to my participation may be destroyed.

The researcher, Margaret Tompson, has explained her intended approach to the study and clearly outlined the extent of my involvement which will include two formal interviews, and a weekly observational visit. In addition, I have read the material attached to this consent form which gives an overview of the details of the study. I understand that given the evolving nature of naturalistic research methods, I may be asked to be involved in additional activities which I can agree to or decline at my pleasure.

I have also been informed that I can contact the researcher through the contact address or telephone number listed below at any time during the period of the study.

I understand that all data will be collected, handled, and reported in such a way as to respect the confidentiality of all participating in the study. I understand that I will be shown those parts of the report relating to any statements I have made.

I understand that there is no financial remuneration available for participants of this study but other possible benefits of the study to myself are insight into my own personal and professional growth, together with the experience of being involved as a participant in a naturalistic inquiry.

I understand that if the researcher witnesses events which may have ethical implications, it will be discussed with me and then, if the matter requires further resolution, the researcher will inform me of the action she intends to take.

Date: __________________________ Signed: __________________________

Researcher: Mrs. Margaret Tompson, M.C.Ed., O.T.Reg.(Sask.)

For contact in ________________

For contact in Saskatoon: 736 University Drive, Saskatoon, S7N 0J4
Tel: (306) 652-3743
APPENDIX E

Students' Comments Relating to the Study

This appendix focuses on students' comments directly relating to the study and cover such aspects as

I. Students' comments about their relationship with myself

II. Students' comments on the impact of the study on their fieldwork experiences

III. Students' reactions to the first draft copy of the findings chapters

I. My Relationship with the Participating Students

Students were asked at the end of Placement B and Placement D, to describe their relationship with me. This was done in order to monitor my role as a researcher. The following are some of their comments:

Student#1

At the end of Placement B said:

I think we've got a good relationship. It's not just researcher and student. We like to talk about things and I think that's really important because I think if you were just some distant person following me around, I would start to resent you but because you're like my friend, then it makes it better. EXIT-B

At the end of Placement D said:

I think it's almost like a friendship because we talk about a lot of the stuff besides all of this. So yes, but different in a way because there's a real purpose to us being together, so I think it's sort of developed into a friendship. EXIT-D
Student#3

At the end of Placement B said:

STU: Well certainly a researcher, researchee. (laughs) Is that what you would call me? I think it's certainly more than that. You're a resource for me. (laughs) You are full of information

RES: What kind of information?

STU: Oh you share a lot of stories with me about your fieldwork when you were going through. Giving me good hints and advice

RES: Has that affected how you view fieldwork?

STU: I don't think so, no. EXIT-B

At the end of Placement D said:

We were friends and I mean you were there to observe me, and I didn't really, it didn't affect my learning at all, in that respect, what I learned in my placement. EXIT-D

Student#4:

At the end of Placement B said:

It's really quite easy going. It's easy to tell you, you know describe things to you because you've been very receptive to our answers. You've been with us in classes and we've talked about things other than the fieldwork study so it's not just like you're a big researcher come down upon us. EXIT-B

At the end of Placement D said:

Like two students, but two therapists in a way, and then we talk about a lot of things about the profession and everything like that, you know at other times, I don't know it's just a real exchange . . . . It's just a real friendly interaction, and professional interaction, at the same time and student interaction and all these concerns. EXIT-D
Student#5

At the end of Placement B said:

I was "a supporter and friend". EXIT-B

At the end of Placement D said:

As an observer. You know while you were on placement I never talked to you really too much about the placement. My impression was to just do and you would watch. Then too, the more anybody gets to know each other, the more you get along better. I mean I hope this isn't bad for you, but I mean a friendship kind of thing too came out of it, because travelling together before and after and stuff like that. EXIT-D

II. Students' Comments about the Impact of the Study on their Fieldwork Experiences

Student#1:

Well I notice more when I'm learning and what I'm learning and what's taking place. You ask me, probe questions and so I have to think about it. I know you'll ask me if I have a discussion with my therapist, you'll say, so "what did you get out of that?" or whatever, and then I realise how important that is. VISIT-2D

Student#3:

Our day wasn't scheduled any differently because you were coming. If this was planned on this day, then we were going to do it, whether you were there or not. EXIT-D

The questions really make you think, actually helps put things into some sort of perspective. You know I never really thought if I did this, this would be more beneficial, like in terms of relationships, you know which I mean, asking which was more enjoyable or least enjoyable and why. Unless you really ask that question, to really pinpoint it, you don't think about it . . . . I think it helped put a lot of things into perspective, in terms of thinking about things
that I wouldn't have normally thought that would have affected my learning or something, but may be in fact it did. FINAL

Student #4:

STU: Your study has had an effect on my fieldwork placement. Our journals for one thing. You're looking at it every day and you're writing down and when you interview us we think about how things have affected us, when otherwise I probably wouldn't have been thinking about it as much.

RES: So what happens when you rethink about it? How does that affect the experience?

STU: It just kind of helps to cement it in, you know, you kind of think about your day and review what kind of happened and what you actually learned about it and may be you can even think of things you hadn't thought you'd learned but may be you did. EXIT-B

Being in the study, you think about things, you know at the end of the day, you think about things, of how you felt about them and going to the interviews, you think about a lot of things . . . . I don't think it affects the way the placement is run or the way it works, I think it just affects the way I think and the way my therapist thinks. EXIT-D

Student #5:

Well the only effect of you researching us is the journals that we have to do. It's a good thing because you can sort of look back through the day and it's a good way to sort out my thoughts. EXIT-A

I just kind of ignore the fact that you're there. No I don't think it's affected it at all. EXIT-D
III. Students' Reactions to the First Rough Draft of the Findings Chapters

Students were given a copy of the first draft of the findings chapters. This draft stayed substantially unchanged in content, in the final dissertation. Changes that were made related to readability, the reorganisation of some sections, the addition of some more examples of students’ comments and, where relevant, students’ reactions to the draft chapters.

This first rough draft was presented to students in the form of two sections. The first section contained the material relating to context (now in chapter three) and to the framework of the study (chapter four). The second section contained the current chapters five and six.

Student #1

Written comments after reading the first section:

"Excellent so far! I couldn't put it down!!"

Written comments after reading the second section:

Were we really like that?! Boy, have things changed! It’s great, Margaret! I started reading and I couldn’t put it down. It’s interesting that I don’t remember how I felt in my first placements. This is really good info. for reminding therapists how they felt when they were students, and how their students feel now.

Student #3

(During a recorded conversation with me in April, 1993)

Oh I think it’s good. There were a couple of places that I thought you really got the idea that I was thinking . . . . I agreed with it [the rough draft copy of the findings], what quite a bit of it. I certainly think that having other students around can certainly give a placement a different flavour than when you’re by yourself, like just in terms of having the support of somebody whose at your level. Certainly the personality of the therapist is very important in the whole placement, and I agree with that and I think that came out in your paper.
Student #4

Written comments after reading the two sections:

I must say when I did pick up these chapters and begin reading, it was only sheer exhaustion that forced me to turn out the lights! They were quite easy to read because the flow of ideas was very smooth and really did summarize my thoughts - even with the quotes of the other girls!

I found it very helpful to read these chapters as I am into my final clinical placement. It really summarizes the key areas of learning I experienced in fieldwork in the past and reminded me of my goals for the next few weeks. The importance of what I received from fieldwork experience is well-described and the quotes from the other students are so similar to my own thoughts it's uncanny! I found our thoughts well-organised by you and I'm looking forward to reading the rest!

During a recorded conversation with me in April, 1993:

I thought it really summed up what I was feeling. I could say yeah and you'd see some quotes and you knew that wasn't your own quote, or you couldn't remember it as being yours. So you'd think, well you know everybody felt the same way. It was actually I think it would be very comforting for a student to hear, in the beginning and right now, it's like, well it's O.K because we're done and I don't really have anywhere to go with it.

Student#5

Written comments after reading the two sections:

"Margaret, they were both really good. For me reading this, it was like reading a good novel. I couldn't put it down, it was so interesting. You really seemed to bring together and organise what we were going through. I never had any idea that things were so similar for all of us. Often I thought I was the only one experiencing these things. Lots of hard work! Good stuff!

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APPENDIX F

Information Package for Participating Students

A STUDY OF

OCCUPATIONAL THERAPY STUDENTS' PERCEPTIONS OF FIELDWORK

INFORMATION PACKAGE

FOR

PARTICIPATING STUDENTS

The following information provides an overview of the study which will be carried out in 1991 during the 1991 Basic level fieldwork placements and the 1992 Intermediate level fieldwork placements. This information package is divided into the following sections:
- outline of the study which was already given to you
- specific information for participating students
- copy of the student consent form which you signed

For more information contact Margaret Tompson at:

736 University Drive, Saskatoon, Sask. S7N 0J4
(Tel: (306) 652-3743)
OUTLINE OF A STUDY OF STUDENTS' PERCEPTIONS OF THE FIELDWORK EXPERIENCE

Fieldwork is an integral part of the professionalization process of the occupational therapist, representing one-third of the total curriculum. Despite the importance of this portion of the curriculum, there has been a paucity of research in the area. This study will seek to remedy this deficiency by focusing on the students' perspective of fieldwork and the impact this component of the curriculum has on the professionalization of a student in occupational therapy.

The research question to be addressed will be:

What meaning does the student make of the practicum portion of the curriculum and what are the influences which shape this meaning?

This research will focus on such areas as students' perceptions relating to: the purpose of fieldwork; connections made between the academic and practicum components of the curriculum; influences affecting the fieldwork process; and the way students' image of the profession is affected by the fieldwork process.

This study will involve five volunteers, drawn from the first year class of occupational therapy students, and will focus on these students' experiences of their first four fieldwork placements. A pilot study conducted in November 1990 has helped ensure that any data collection processes are as unobtrusive as possible. At all times the needs of the client and the student and the effective functioning of the occupational therapy department will be given the highest priority.

During the study, the following data collection methods will be used:

- In-depth interviews with the student participants prior to and following each fieldwork placement.

- In-depth interviews with the supervising therapists.

- Visits by the researcher to each participating student's fieldwork placement, one day a week.

- Debriefing sessions of the participating student at the beginning, middle and end of the day on which the researcher visits the placement.

- Group meetings with the other participating students prior to the first and third fieldwork placement and after the second and fourth fieldwork placement.

- Review of the students' daily journals of their fieldwork experiences and their written work in the fieldwork placement.

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INFORMATION FOR PARTICIPATING STUDENTS

Arrangements with facilities:

1. All facilities have been formally approached for their consent to allow research to be conducted on their premises.

2. The Director of the OT department (or the Senior Therapist of the Unit) and your supervising therapist have been contacted regarding permission for my presence in the facility for this specific fieldwork placement. The supervising therapist has been informed that because several methods of data collection are being used, the data from the observation visit, while important, is not crucial so that her participation is entirely voluntary.

3. Each Occupational Therapy department has on file the information package for participating therapists and heads of department. In addition, your supervising therapist has been sent her own personal copy.

4. Communication within departments can sometimes be slow, don't be surprised if some staff are unaware of why I am there, and be prepared to explain the study to them (see 'introductions' section)

Communication process:

1. Messages can be left for me in the following places:
   - During the day: in the general office at the School of
   - during the evening: at the OT department of the facility I am
     scheduled to be at (see provisional timetable attached to letter)

   During the evening:
   - April 14th - May 21st, 1991: (Tel: )
   - August 26th - October 2nd, 1991 (Room #504 - Tel: )
   - February 16th - April 15th, 1992 (Room #512 - Tel: )

2. When leaving a message, please leave a number where I can reach you during the evening. My activities during the day may make it difficult for me to contact you during normal working hours.

3. During the day there will be times when you need to sit and read, or just sit and think! Please feel free to "ignore" me at these times, as I too have plenty of things to do during these quiet periods - such as catching up with my own notes!
4. It is important you let me know immediately if at anytime you feel my presence, or what I am doing, is affecting your fieldwork experience. There are many ways to approach my research problem, and together we can work out a way that best fits your needs and mine.

5. If I need to contact all of you when I am in Saskatoon, I will use (or if she is not available, somebody else), to circulate the message. This approach will help keep my telephone bills to a reasonable level!

6. If any of you need to contact me when I am in Saskatoon, please call me collect, and tell anybody who answers the phone that you are one of the students in the study.

Introducing me to others:

1. When introducing me to others in the facility, please explain that I am a researcher who also happens to be an occupational therapist, rather than an occupational therapist who is doing research.

2. It should be emphasised to others (e.g. other staff, patients and their families) that the study is focused on yourself and how you learn in the fieldwork placement. This approach will help reassure those not involved in the study that they are not being studied and perhaps evaluated.

3. In the event that a patient is confused and unlikely to understand the concept of research or the role of a researcher, I suggest you introduce me as an occupational therapist or a colleague who is watching you work.

Data collection processes:

A. DATA FROM FIRST DAY'S EXPERIENCE

1. I need your immediate reaction to the first day's experience. So when you finish the day and have returned home please call me at once at . If I have not heard from you by suppertime, I will try and contact you.

2. If possible, try and avoid talking to the 'significant others' in your life about the experience until you have contacted me, as it will dilute what you end up telling me. (Note: The methodology books in my area of research warn you to run straight to a typewriter rather than talking to anybody because of this problem of dilution of data once you have talked to somebody about your experiences)

3. Be prepared to spend about 10 - 15 minutes answering some short, quick questions.
B. DATA FROM OBSERVATIONAL VISITS

1. I shall phone you the night before my first day's visit to your facility to check with you when and where I should meet you.

2. I shall be talking to others, such as your supervising therapist, concerning their views on what their roles are in the fieldwork placement. Please remind your therapist that I need approximately 15 minutes of her time on the first and last days that I visit you.

3. The only individual who will have access to any of the raw data that I collect will be my advisor in Saskatoon but at that point of review, all identifying features will have been removed. At no point during my discussions with others involved in the fieldwork experience, will any of the material you have shared with me be revealed.

4. I shall spend much of my time during my visit to your placement writing in my steno-pad. My notes are related to what you are doing so that I can remember what to ask you during our debriefing sessions.

5. I shall be requesting permission from you and your therapist to review the written work you have done on the day of my visit.

C. DATA FROM JOURNAL WRITING

1. I will supply each of you with material for use in the journal writing.

2. Please try and make a daily entry in your journal. It can be as brief or as long as you like, but it is important to get your thoughts of the day on a regular basis.

3. Try and write your experiences down in the journal before your talk about them to your friends (see note about calling me on your return from the first day).

4. I will collect up journal entries from you on the day I visit and return them to you the next time I visit you.

5. Feel free to use names for the staff but use initials for patients. Then when I transcribe the material I can make sure that I use the same code number for each therapist.

D. MISCELLANEOUS POINTS RELATING TO DATA COLLECTION PROCEDURES

1. During orientation weeks prior to the first, second, and third fieldwork placements, I would like to try and meet with you all together during one of the breaks to review the research process with you and answer any questions you might have.
2. During orientation week I will set up times for interviews prior to the placement (this has been completed for the first placement except for a 5 minute chat with each of you towards the end of the week). I will also make provisional appointments with you for the interviews at the end of the placement.

3. Once I have done an initial analysis of all the data, I will be wanting to meet with you individually and as a group to get your reaction to my findings.

Your fieldwork program:

1. If your therapist expresses concern about your program on the day that I am scheduled to visit, please remind her that all aspects of your program are of interest to me and she should not alter anything just because I am coming to visit.

2. Please remember that though I will be with you physically, I am really a "figment of your imagination" when it comes to having somebody around who can give you advice and suggestions! If you wouldn't tackle something on your own, tell your therapist, and don't do it just because I'm there.

3. There may be times during my visit to your facility when you would rather I was not present. At these times do not hesitate to indicate this to me and I will withdraw from the situation for the required period of time. In addition, there may be times when I feel I am being obtrusive, in which case I will leave and explain my reasons for leaving on my return.

4. Student evaluation is an integral part of the fieldwork process. Subject to the approval of yourself and the therapist, the School has no problems with me being present during meetings at which you are given feedback as to your performance.

5. If you are responsible for scheduling your own time, try and remember to schedule 10 minutes in the middle of the day to talk to me. If possible, I would also like you to try and arrive ten minutes early and be prepared to stay a bit late at the end of that day (10 - 15 minutes). If this is not possible because of prior commitments, let me know and we can discuss alternative ways of obtaining the data. For example, if I have my car I am happy to provide rides to where you need to get to (as long as it is within the city limits!).
STUDENT CONSENT FORM
FOR INVOLVEMENT IN A STUDY OF OCCUPATIONAL THERAPY
STUDENTS' PERSPECTIVES ON FIELDWORK

I, ___________ a student enrolled in the Occupational Therapy educational program at the University __________, volunteer to be involved in a study of students' perspectives on fieldwork. I understand that my participation is entirely voluntary and that I may withdraw from the study at any time, at which point all data relating to my participation may be destroyed and that such withdrawal will have no effect on my standing.

The researcher, Margaret Tompson, has explained her intended approach to the study and clearly outlined the extent of my involvement which will include, formal and informal interviews, group meetings, observational visits and review of my daily journal and clinical writing. In addition, I have read the material attached to this consent form which gives an overview of the details of the study. I understand that given the evolving nature of naturalistic research methods, I may be asked to be involved in additional activities which I can agree to or decline at my pleasure.

I have been informed that I can contact the researcher through the contact address or telephone number listed below at any time during the period of the study.

I understand that at no time will any information be communicated to the faculty or the supervising therapist or other members of the facility where I am carrying out my placement that would effect my standing and that all data will be collected, handled, and reported in such a way as to respect the confidentiality of all participating in the study. I understand that I will be shown those parts of the report relating to any statements I have made. I understand that the results of this study may be published but my name will not be associated with the research.

I understand that there is no financial remuneration available for participants of this study but other possible benefits of the study to myself are insight into my own personal and professional growth, together with the experience of being involved as a participant in a naturalistic inquiry.

I understand that if the researcher witnesses events which may have ethical implications, it will be discussed with me and then, if the matter requires further resolution, the researcher will inform me of the action she intends to take.

Date: _______________ Signed: __________________

Researcher: Mrs Margaret Tompson, M.C.Ed., O.T.Reg.(Sask.)

For contact in __________: c/o ________________

For contact in Saskatoon: 736 University Drive,
Saskatoon, S7N 0J4 (Tel: 306-652-3743)
APPENDIX G

Copy of the Ethical Approval for the Study

UNIVERSITY OF [REDACTED]
FACULTY COMMITTEE ON THE USE OF HUMAN SUBJECTS IN RESEARCH

NAME: Ms. Margaret Tompson

YOUR PROJECT ENTITLED:
Study of Occupational Therapy Students' Perspectives on Fieldwork.

DATE: January 16, 1991

HAS BEEN APPROVED BY THE COMMITTEE AT THEIR MEETING OF:


COMMITTEE PROVISOS OR LIMITATIONS:

Approved as per your letter dated January 4, 1991.

You will be asked at intervals for a status report. Any significant changes of the protocol should be reported to the Chairman for the Committee's consideration, in advance of implementation of such changes.

** This is for the ethics of human use only. For the logistics of performing the study, approval should be sought from the relevant institution, if required.

Sincerely yours,

J. P. Maclean, M.D.,
Chairman,
Faculty Committee on the Use of Human Subjects in Research
APPENDIX H

Approval for Release of Transcripts and Journals

APPROVAL FOR USE OF MATERIAL CONTAINED
WITHIN INTERVIEW TRANSCRIPTS AND JOURNAL ENTRIES

I have been given the opportunity to review the transcripts of interviews between myself and Margaret Tompson during her study of basic and intermediate fieldwork placements and have in my possession my original journal entries. I agree that except where indicated below, I have no objections to any or all parts of the interview transcripts or my daily journal being used under the conditions set out in the "student consent form" I signed at the beginning of the study.

Date: Signed:

(Reference the segments to be excluded as follows:
Interview transcripts: Indicate the file name and page number below and stroke out the relevant segment in the actual transcript
Journal entry: Indicate the date of the journal entry and the first and last sentence of the segment you wish excluded)
Letter to Head of Occupational Therapy Educational Program

736 University Drive,
Saskatoon, Saskatchewan.
S7N 0J4

March 27, 1991

Prof. *****,
Head, Division of Occupational Therapy,
University of ***,
*****,
****,
**

Dear Prof. ***,

I enclose the information package that is being sent out to the supervising therapists involved with the participating students in my study. I thought you might like to have this information on file in case anybody asked you about the study. I also enclose a copy of the information package that is being given to the students, so that you are aware of the extent of their involvement.

When I was looking for volunteers from the first year students, I was asked if their participation would affect where they would be assigned fieldwork placements. I assured them that it would not be affected. For this reason I am not broadcasting the identity of the students to the school, though I realise (as they do), that their identity will gradually become known.

I have designed my study knowing that I will not be able to follow every student through each placement because a number of placements are outside ****. Therefore, I would request that fieldwork assignments are made in the usual way with no attention given as to whether a student is or is not in my study.

Yours sincerely,

(Mrs.) M.A.M. Tompson, M.C.Ed.,
O.T.Reg.(Sask.)

c.c. Prof. ****, Fieldwork Co-ordinator
Students participating in the fieldwork study
APPENDIX J

Autobiographical Sketch of the Researcher

I graduated from the London School of Occupational Therapy in England in 1967, and came to Canada for a short holiday but decided to stay and make it my home. Over the years I have worked in hospitals, community clinics, nursing homes, and in my own private practice. I married and started raising a family in the 1970's. During the past fifteen years I have been active in my profession at both the provincial and national levels.

I have a great interest in the development of the profession which has led to my current employment (on a part-time basis) as an Assistant Fieldwork Co-ordinator (Saskatchewan) for an occupational therapy educational program. In this position I am responsible for developing new fieldwork placements for students, preparing therapists for their role as clinical educators, monitoring the process of fieldwork education which takes place in Saskatchewan, and acting as a liaison between the faculty of the educational program and Saskatchewan occupational therapists.

As a result of this work I became very interested in the fieldwork component of the curriculum. This interest led to my studying the reasons for occupational therapists involvement in the fieldwork process (Tompson, 1986). The focus for this study was very much on the therapist. Now I wish to turn my attention to the student and what happens when the therapist and the student interact in the clinical setting.

Over the years I have developed opinions regarding the future of my profession and how students should be educated. Some of my opinions are based on my readings, some are based on my experiences, and some are based purely on an intuitive feeling of what I feel is the most effective approach to meet the needs of the profession. By making my beliefs explicit in this appendix, I hope to make myself and others aware of what influences I may bring to bear on the emerging data

I believe that:

- Fieldwork is of crucial importance to the education of occupational therapists.
- Insufficient attention is paid to the fieldwork process.
- Clinical educators do not recognise the significant influence they have as role-models in the fieldwork process.

- Students are often confused by the apparent conflicting approaches of the faculty and the clinical educator.

- Clinical educators have insufficient preparation prior to undertaking this role.

- Students (especially senior students) are sometimes viewed by clinical educators as workers rather than learners.

- The way a clinical educator was treated as a student has a strong influence on the way she interacts with the student.

- A student's perception of the fieldwork placement is a major determining factor in deciding the area of occupational therapy in which to practice.

- The fieldwork component derives from a conception of occupational therapy.

- Fieldwork consists primarily of activities involving patient contact.
APPENDIX K

Interview Guidelines for Students and Therapists

The main topics explored with students prior to each fieldwork placement
(*topics marked with an asterisk were only for the first baseline interview)

- background education and work experience*
- reasons for career choice*
- understanding of educational program*
- concept of:
  - occupational therapy
  - fieldwork
  - professional
  - competent occupational therapist
- understanding of the role of the:
  - occupational therapist
  - student
  - clinical educator
- strengths and weaknesses of the profession
- future goals in the profession
- issues facing the profession
- public image of occupational therapy
- purpose of fieldwork
- relationship between fieldwork and coursework
- recollections of the previous fieldwork placements
- gains from previous fieldwork experience
- concerns about upcoming fieldwork placement
- factors that make difference between useful and useless fieldwork placements
- information student has heard about upcoming placement
- objectives for upcoming placement
- anticipated role and activities for upcoming placement

The main topics explored with students during first day interviews
- activities of the day
- first impressions of the placement
- areas that will be challenging and concerns
- summing up day in one word/phrase

The main topics explored with students during debriefing sessions
- experiences during the past week/day
- any new experiences
- surprises
- main influences
- interesting/uninteresting aspects of the week/day
- aspects which created feelings of comfort or being uncomfortable
- relationship between coursework and fieldwork
- aspects making student think about occupational therapy
- elements that have hindered or facilitated a student’s experiences
- memories/highlights of last week/day
- estimates of the passage of time/pace of activities
- estimates of time spent on activities
- summing up last week/day in one word/phrase

The main topics explored with students upon completion of each fieldwork placement

- highlights of the completed placement
- adjustments made and changes student would like to have seen to the placement
- gains from the placement
- stresses present in the fieldwork experience
- comparisons between fieldwork and coursework
- comparisons between recent placement and previous placements
- main influences and things which made student feel encouraged or discouraged at the end of a day
- relationship with the clinical educator and others in the facility
- roles played by student and therapist
- identification of phases/patterns to the fieldwork experience
- highlights and lowpoints of the placement
- activities which prompted thoughts of what it means to be an occupational therapist or about the profession
- estimate of how time was spent
- impressions of the profession and the role of the occupational therapist as it relates to the particular facility
- topics about which the therapist talks
- main message therapist has been giving student
- ideas for areas where student would like to work on graduation
- sum up last placement in one word/phrase
- impact of the researcher on the student's experience
- meanings fieldwork has for student (this topic only explored after Placements B and D)
- advice to give to other students going into fieldwork placements
- the evaluation process
- attributes of a competent occupational therapist
- things that get easier, stay the same, or get more difficult
- the meaning projects have for students
- the differences between being a professional and being a lay person

Main topics explored with students during the final interview in November, 1992
- comparing and contrasting summer placement with basic and intermediate placements
- differences between information gained from coursework and experiences in fieldwork placements
- factors that affect the quality of a placement
- expectations for the different placements
- roles played in the academic and clinical settings
- comparing and contrasting learning in the academic and clinical settings
- comparing and contrasting therapists involved in the students' fieldwork placements
- ways in which the various therapists worked with the student
- topics therapists talked about during the placements
- reflections on the curriculum as a whole
- areas left to learn in future fieldwork placements
- components of fieldwork
- changes that have occurred in the student
- concepts of:
  - being a professional
  - occupational therapy
- strengths and weaknesses of the profession
- public image of occupational therapy
- issues facing the profession
- meaning of fieldwork

Main topics covered in interviews with the clinical educators

(At the beginning of a placement)
- background experience in the profession and with students
- recollections of their experiences as a student in fieldwork
- goals for the fieldwork placement and approaches to the student
- the roles they see the student and themselves playing in the fieldwork experience

(At the end of a placement)
- review of how placement had gone
- gains student made from the placement and the main message therapist was giving to student
- changes in the student
- relationship with the student
- effect student had on therapist's activities and estimated time spent with student
- effect of various preparations on therapist's ability to work with student
- effect of gender differences in taking students of the opposite gender
- impact of researcher's presence on students' fieldwork experience
APPENDIX L

Outline of the Participating Students’ Curriculum

Information concerning the curriculum has been extracted from material produced by the participating students’ educational program.

Pre-Professional Year

Biology
Introduction to Psychology
Introduction to Sociology
Two full course (or four half course) Electives

Year One - Basic Sciences Block

Introductory sciences:
- Anatomy
- Biochemistry and Nutrition
- Basic Physiology
Fundamentals of Psychiatry
Principles of Occupational Therapy
Occupational Therapy in Physical Dysfunction:
  - Functional kinesiology
  - Assessment techniques
  - Interventional techniques
  - Occupational Therapy management of cardiorespiratory conditions
Occupational Therapy in Mental Health
Group therapy theory and practice
Pathology and clinical manifestations
Basic Fieldwork I
Child Development
Development from Adolescence to Old Age

Year Two - Musculoskeletal Block

Basic Fieldwork II
Pathology and clinical manifestations
Occupational Therapy management of musculoskeletal dysfunction:
  - Orthopaedics
  - Rheumatic diseases
  - Splinting
Occupational Therapy management of psychosocial dysfunction I
Occupational Therapy management of special age groups I:
  - Paediatrics
  - Gerontology
Research methodology for medical rehabilitation
Statistics
Intermediate Fieldwork I and II, and Summer Fieldwork

**Year Three - Neurosciences Block**

Neurosciences:
  - Neuroanatomy
  - Neurophysiology
Pathology and Clinical Manifestations of Neurological Conditions
Occupational Therapy management of Neurological Dysfunctions
Occupational Therapy management of special age groups II:
  - Paediatrics
  - Gerontology
Occupational Therapy management of psychosocial dysfunction II
Advanced Fieldwork and Summer Fieldwork
### APPENDIX M

**Timing of Participating Students' Fieldwork Placements**

<table>
<thead>
<tr>
<th>Month</th>
<th>FIRST YEAR</th>
<th>SECOND YEAR</th>
<th>THIRD YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEPTEMBER</td>
<td>Basic II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCTOBER</td>
<td></td>
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<tr>
<td>NOVEMBER</td>
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<tr>
<td>DECEMBER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JANUARY</td>
<td></td>
<td>Advanced I</td>
<td></td>
</tr>
<tr>
<td>FEBRUARY</td>
<td></td>
<td>Advanced II</td>
<td></td>
</tr>
<tr>
<td>MARCH</td>
<td>Intermediate I</td>
<td>Intermediate II</td>
<td></td>
</tr>
<tr>
<td>APRIL</td>
<td></td>
<td>Basic I</td>
<td>Summer Placements (Anytime from now till the end of August)</td>
</tr>
<tr>
<td>MAY</td>
<td>Basic I</td>
<td>Summer Placements (Anytime from now till the end of August)</td>
<td>Summer Placements (Anytime from now till the end of August)</td>
</tr>
<tr>
<td>JUNE</td>
<td></td>
<td>&quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>JULY</td>
<td></td>
<td>&quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>AUGUST</td>
<td></td>
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</tbody>
</table>
APPENDIX N

Objectives of Fieldwork Experiences

The participating students' educational program outlines different expectations for the basic and intermediate fieldwork experiences. The following material has been extracted from documentation given to the facilities and clinical educators:

Basic Fieldwork

Purpose of Experience

- To provide students with their first fieldwork exposure
- To give students the opportunity to become familiar with individuals who are dysfunctional
- To familiarize the students with the ways that occupational therapists assess and treat their clients
- To allow students to begin to develop their interactional skills, assessment, and treatment skills

Intermediate Fieldwork Experiences

Purpose of experience

- To provide students with experience in dealing with individuals with mental disorders
- To familiarize students with the ways that occupational therapists assess and treat clients with psychosocial dysfunctions
- To allow students to develop their interactional, assessment and treatment skills
CONFIRMATION OF APPROVAL OF VISIT BY MARGARET TOMPSON

Dates:
Student:

A provisional outline of dates on which I would like to follow the above student in your facility will be sent to you nearer the time. Each student will be visited on a different day of the week. As there are only four weeks in the placement, one day of the week will be missed. Please specify below if there is any day of the week, when it would be very difficult to accommodate a visitor, and an attempt will be made to avoid this day of the week:

[ ] No day of the week is a problem

[ ] __________ would be a difficult day to visit on

Supervising therapist: ____________________________

Local Telephone # for Supervising Therapist: ________

Signed: ____________________________
APPENDIX P

Key to the Codes Linked to Students’ Comments

The findings of this study have been illustrated by extracts taken from interviews with students or from their daily journal entries. Each extract is tagged with a code which indicates the occasion when the comment was made. For the sake of the anonymity of the student, no indication is given as to which of the four students have made any of the comments contained in the main body of the dissertation.

BASE-A Baseline interview prior to Placement A (Base-B, Base-C, Base-D would indicate interviews prior to these other placements)

DEBRIEF Debriefing session after student had returned from an out-of-province placement

DIARY-A An entry from a students’ diary during Placement A

EXIT-A Exit interviews conducted when the student was leaving Placement A (Exit-B, Exit-C, Exit-D would indicate exit interviews after these other placements)

FINAL The interview conducted on completion of the study

FIRST Comments made about a first day in placement during a telephone conversation at the end of the day

RES: Indicates researcher speaking in extracts of conversations between the researcher and student

STU: Indicates student speaking in extracts of conversations between the researcher and student

VISIT-1A Interviews conducted during the first visit to Placement A (Visit-2A would indicate the second visit to Placement A)
APPENDIX Q

Students' Educational Program Codes for Fieldwork Placements

**SYSTEM OF CODING STUDENT CLINICAL FIELDWORK PROFILES**

**I. Type of Placement**

<table>
<thead>
<tr>
<th>Condition Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Dysfunction</td>
<td>PD</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Psych</td>
</tr>
<tr>
<td>Unspecified (Non-Specific, Not Applicable, Mixture)</td>
<td>U</td>
</tr>
</tbody>
</table>

**II. Age Range Best Describing Patient's/Client's Seen in the Placement.**

<table>
<thead>
<tr>
<th>Condition Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatric</td>
<td>Ger</td>
</tr>
<tr>
<td>Adult</td>
<td>Ad</td>
</tr>
<tr>
<td>Adolescent</td>
<td>Adol</td>
</tr>
<tr>
<td>Pediatric</td>
<td>Ped</td>
</tr>
</tbody>
</table>

**III. Status Best Describing Patient's/Client's Seen in the Placement.**

<table>
<thead>
<tr>
<th>Condition Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Patient</td>
<td>IP</td>
</tr>
<tr>
<td>Out Patient</td>
<td>OP</td>
</tr>
<tr>
<td>Acute</td>
<td>Ac</td>
</tr>
<tr>
<td>Chronic</td>
<td>Ch</td>
</tr>
</tbody>
</table>

**IV. Condition Type Best Describing Patient/Client Population in General**

<table>
<thead>
<tr>
<th>Condition Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various Physical Disabilities</td>
<td>Var PD</td>
</tr>
<tr>
<td>General Neurological</td>
<td>Neuro</td>
</tr>
<tr>
<td>General Musculoskeletal</td>
<td>Musc</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Card</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Resp</td>
</tr>
<tr>
<td>Spinal Cord Injuries</td>
<td>SCI</td>
</tr>
<tr>
<td>Rheumatic Diseases</td>
<td>RD</td>
</tr>
<tr>
<td>Amputations</td>
<td>Amps</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>CP</td>
</tr>
<tr>
<td>Mental Retardation</td>
<td>MR</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>DD</td>
</tr>
<tr>
<td>Adjustment Disorders</td>
<td>AdD</td>
</tr>
<tr>
<td>Personality Disorders</td>
<td>PerD</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>AnD</td>
</tr>
<tr>
<td>Affective Disorders</td>
<td>AfD</td>
</tr>
<tr>
<td>Schizophrenic Disorders</td>
<td>SzD</td>
</tr>
<tr>
<td>Substance Use Disorders</td>
<td>SUD</td>
</tr>
<tr>
<td>Organic Mental Disorders</td>
<td>OMD</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>ED</td>
</tr>
<tr>
<td>Various Mental Disorders</td>
<td>VMD</td>
</tr>
<tr>
<td>Spina Bifida</td>
<td>SB</td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>DD</td>
</tr>
</tbody>
</table>

**V. Special Program or Placement Orientation Descriptors**

<table>
<thead>
<tr>
<th>Condition Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker’s Compensation Board</td>
<td>WCB</td>
</tr>
<tr>
<td>Vocational Rehabilitation</td>
<td>VR</td>
</tr>
<tr>
<td>Psycho/Social Program</td>
<td>P/S</td>
</tr>
<tr>
<td>Home Care</td>
<td>HC</td>
</tr>
<tr>
<td>Personal Care Home</td>
<td>PCH</td>
</tr>
<tr>
<td>Day Treatment</td>
<td>DT</td>
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<tr>
<td>Day Hospital</td>
<td>DH</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>CI</td>
</tr>
</tbody>
</table>

The purpose of code identification is to describe the experience attained by students attending fieldwork placement in the setting. If applicable, more than one description can be used to code a placement but codes chosen should be limited to those that are generally typical of student experience in the setting.