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Collaboration to Impact Occupation-Based Practice During Level II Fieldwork

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Collaboration to Impact Occupation-Based Practice during Level II Fieldwork

by

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A Scholarly Project

Submitted to the Occupational Therapy Department

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This Scholarly Project Paper, submitted by Krista Coleman MOT/S and Natalie Senger MOT/S in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Faculty Advisor

Date

PERMISSION

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Department: Occupational Therapy

Degree: Master's of Occupational Therapy

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ABSTRACT

The purpose of the product was to develop a collaborative learning process between the fieldwork educator and the student to promote the use of occupation-based and client-centered practice during level II fieldwork experiences in adult physical rehabilitation settings. The literature review revealed many obstacles that constrain occupation-based and client-centered practice from being utilized by occupational therapists in the medical setting. The product uses the Model of Human Occupation (MOHO) as a catalyst to promote implementation of occupation-based practice throughout the fieldwork experience. A collaborative approach to learning using the social collectivism perspective is used. The product provides opportunity through participation in a series of joint readings, learning activities, and reflection, for the student therapist and fieldwork educator to 1) begin to view the existing practice activities through the lens of an occupational behavior model, 2) reflect on the strengths and weaknesses of the processes in place at the fieldwork setting, and 3) collaboratively develop resources and processes that support client-centered and occupation-based practice at a fieldwork setting.

CHAPTER I

INTRODUCTION

Occupation-based intervention is well known in occupational therapy, yet it is challenging to implement this ideal in medical settings with an emphasis on treatment of physical disabilities. The purpose of the product was to develop a collaborative learning process between the fieldwork educator and the student with a focus on the use of occupation-based and client-centered practice during level II fieldwork experiences in adult physical rehabilitation settings. This product facilitates learning and implementation of the Model of Human Occupation (MOHO) concepts and tools throughout the therapeutic process.

Occupation-based practice aids occupational therapists in gaining a holistic understanding of the client. This information includes activities that are meaningful to a given client, their underlying abilities, and the environments where meaningful activities take place, which is then used to facilitate engagement and participation in meaningful occupations (Gray, 1998; Pierce, 2001). This can only be accomplished through a collaborative process between therapist and client. Occupation-based practice includes preparatory, purposeful, and occupation-based interventions as long as they are directly linked to the client's identified meaningful goals (Hsieh, Nelson, Smith, & Peterson, 1996; Early & Shannon, 2006). These three different types of interventions allow the

therapist to utilize clinical reasoning to choose specific interventions that will uniquely address client's needs and abilities.

Many obstacles have been exemplified in the literature review that constrain the use of occupation-based and client-centered practice from being utilized by occupational therapists in the medical setting. These obstacles act as barriers of quality interactions and best practice care. Lack of time, limitations in physical resources, and limited professional boundaries for occupational therapists, were some barriers identified for applying occupation-based models (Pierce, 2001; Gray, 1998; Rogers, 2007). Related resources supported the consistent use of occupations in intervention as well as individualized approaches to assessment and intervention centered on client concerns and lifestyles (Gray, 1998; Early & Shannon, 2006; Mastos, Miller, Eliasson, & Imms, 2006).

Occupational therapy students often do not see occupation-based practice during their level II fieldwork, especially in medical settings, because use of occupation may not be a central feature of the work of practicing therapists (Earley, D., & Shannon, M., 2006). Yet, there is potential for students to introduce current best practice and change to their internship site, if they are provided adequate support to do so (Rodger, Fitzgerald, Davila, Millar, and Allison (2011). Use of a collaborative learning approach, based on the principles of adult learning, offers a format and tools to support such an exchange (Oxford, 1997; Toal-Sullivan, 2006; Costa, 2007).

The Model of Human Occupation (MOHO) was selected to guide the clinical reasoning process of the product due to practitioner familiarity with the model, and the associated assessment tools available within the model in adult physical rehabilitation settings. The literature review supports the need for more attention to occupation-based

practice, and the project provides opportunity through participation in a series of joint readings, learning activities, and reflection, for the student therapist and the supervision fieldwork educator to 1) begin to view the existing practice activities through the lens of an occupational behavior model, 2) reflect on the strengths and weaknesses of the processes in place at the fieldwork setting, and 3) collaboratively develop resources and processes that support client-centered and occupation-based practice at a fieldwork setting.

CHAPTER II

REVIEW OF LITERATURE

Occupation

There are many different definitions for occupation in the occupational therapy profession. Cole and Tufano (2008) provide the basic explanation of occupation as simply "what humans do"(pg 3). Many have expanded on this definition. For example, Christiansen et al. (2005) provided the definition of occupation as "goal-directed pursuits that typically extend over time, have meaning to the performance, and involve multiple tasks" (pg 548). Hinojosa & Kramer (1997) described occupations as "activities that people engage in throughout their daily lives to fulfill their time and give life meaning (p 865). Occupations involve mental abilities and skills and may or may not have an observable physical dimension.

Definitions differ because of the different types of language used to describe occupation. Pierce (2001) acknowledged that the definitions of occupation and activity are commonly interchanged. The American Occupational Therapy Association (AOTA) (2008) agrees that the two concepts are similar in describing participation in daily pursuits. However, Pierce (2001) provided two separate definitions of occupation and activity. She describes an occupation as "the persons subjective perception of an experience" and an activity as "the objective culturally accepted classification of the experience". Personal meaning and purpose differentiates the two concepts. Because

there is purpose connected to individuals daily activities, it is best to describe these activities as occupations.

Occupational definitions have been built on and expanded by practitioners and occupational scientists to incorporate concepts such as engagement, participation, human needs, tasks, act of doing, being, and becoming (Wilcock, 1999; Hinojosa & Kramer, 1997). All definitions are interrelated in that they all promote occupation as intrinsically meaningful to the individual engaging in the occupation.

Trombly (1995) identified occupation-based practice from the perspective of occupations-as-means, where occupation is the form of therapy used as a change agent to improve individual's ultimate ability to participate in meaningful activities. The intervention must include purpose and meaning for motivation to use occupation as a means. Hsieh, Nelson, Smith, and Peterson (1996) found that meaningful interventions that have a purpose or end product, increase client's participation and benefit therapeutic outcomes more than non-purposeful therapeutic intervention and simple activities or exercises, with people who have hemiplegia.

There are two major perspectives on what constitutes as occupation-based practice. The first perspective emphasizes implementing interventions in the individual's natural context (Pierce, 2001; Gray, 1998; Rogers, 2007). The second perspective indicates that in occupation-based practice, therapists can use many different types of interventions in different contexts to reach occupational goals (Gray, 1998). AOTA (2008) outlines that occupation-based intervention, purposeful activity, and preparatory methods are all acceptable therapeutic uses of occupation or activity for intervention.

Purposeful activities occur when the "client engages in specifically selected activities that allow the client to develop skills that enhance occupational engagement" (AOTA, 2008, p. 653). Rogers (2007) relates this type of activity to practicing a part of an occupation outside of the individual's personal context. A preparatory method of intervention is implemented when "the practitioner selects directed methods and techniques that prepare the client for occupational performance. Preparatory activities are used in preparation for or concurrently with purposeful and occupation-based activities" (AOTA, 2008, p. 653). Rogers (2007) provides an example of performing a small piece of the occupational goal.

Many therapists in the medical-based setting are alienated from the occupation in context perspective because their patients have limited performance abilities and therapist often do not have access to natural contexts in acute and rehabilitative setting. Should professionals in this setting be excluded from this interpretation of occupation-based practice? Nelson (1996) would not agree, and made the great argument that the implementation of occupation as a therapeutic method and goal is the foundation of occupational therapy.

History of Occupation-Based Practice

Historically occupational therapy strongly emphasized occupations as central to practice. When occupational therapy was first derived in 1917, occupational therapists implemented purposeful activities to repair dysfunction or prevent it from occurring. The occupational therapy paradigm shifted to the medical model in the mid-20th century, that viewed people as being made up of different components. The medical model focused on

the individual's underlying dysfunction affecting occupation, the dysfunctional diagnosis, and the prescribed remediation path to restore the person's abilities. This model shifted away from the occupation being the central focus of occupational therapy and shifted toward a component-driven approach to providing care. In the 1970s, occupational therapy began to shift back to occupation in practice. The development of models and frames of references helped broaden the occupational therapy domain and guide practice in a more unified way (Kielhofner & Burke, 1983).

Occupation-based models represent occupational therapy's knowledge of occupation, how occupation influences individual's wellbeing and lifestyle, and how occupations can be used therapeutically (Crepeau, Cohn, & Schell, 2009). These models help explain the relationships among the person, the environment, occupation, and occupational performance. Overarching practice theories include occupational behavior, the model of human occupation, occupational adaptation, ecology of human performance, and the Person-Environment-Occupational performance model (Cole & Tufano, 2009). In contrast, frames of reference address the underlying components that affect occupations. Utilizing frames of references for intervention is useful, but using them while aiming to learn about and address whole occupations is more beneficial.

An identified gap between knowing theoretical knowledge and knowing how to apply these theories to practice can be challenging. However, it is essential to find a way to integrate the use of these research based theories into daily practice. The concept of pragmatism highlights the connection between theory and practice (Encarta, 2009). Occupation-based models help occupational therapists by providing a framework to help organize their thinking, planning, and interpreting for practice.

According to Higgs, Titchen, and Neville (2001) the integration of propositional and personal craft knowledge are equally important when using therapeutic reasoning. Propositional knowledge is formal and is often associated with broad principles that are generalizable, like theory. Professional craft knowledge is the knowledge occupational therapists apply that they have gained through experience in specific practice settings. Knowing theoretical information and knowing how to apply it through the integration of propositional and professional craft knowledge best aids occupational therapists in making best practice clinical decisions. Therefore, occupation-based models best serve occupational therapists by providing formal information, a structural frameworks, and suggestions regarding application. Theories do not discard professional craft knowledge but suggest incorporating both types of knowledge when conducting therapeutic reasoning for application.

Occupation-based models contain occupational therapy's professional core concepts relating to occupations. The occupational model is used as a tool throughout the therapeutic process including evaluation, intervention planning, treatment, re-evaluation, and discharge to move a client towards optimal occupational performance (AOTA, 2008). Using the occupation-based model as a tool allows therapists to be client centered and to follow the AOTA Occupational Therapy Framework: Domain and Process (2nd ed.)(2008) guidelines in all settings, including the physical disability setting. Occupation-based models exist to support the use of occupation-based interventions. Occupation-base models give therapists an outline to collect information regarding aspects of personal occupations. This information helps in developing client centered goals to guide

therapist and client treatment planning resulting in meaningful treatment priorities and use of occupation throughout the intervention process.

Kielhofner, Forsyth, Kramer, Melton, and Dobson (2009), introduced the Model of Human Occupation (MOHO) model to articulate an approach to occupation-based interventions in all areas of practice. In this model, occupational therapists focus on occupational performance as influenced by several concepts. A person's motivation, called volition in this model, includes thoughts and beliefs called personal causation, values and interests. A person's habituation is how they organize their lives including their habits and life roles. Performance capacity refers to individuals abilities and how they use these abilities during experiences. Another concept is the environment in which individuals perform in which can affect their volition, habituation, or performance capacity. This model also describes how occupational performance and contributing factors are altered or maintained through the use of occupations. Optimal interactions between the person, occupation, and environment call for the person's ability to positively adapt resulting in good occupational identity and competence.

MOHO is practical in the way it presents how to use these identified concepts throughout the entire therapy process. MOHO can be implemented in six steps of therapeutic reasoning to understand clients wholly by generating questions about the client, gathering information on and with the client, using the information gathered to create an explanation of the client's situation, generating goals and strategies for therapy, implementing and then monitoring therapy, and determining outcomes of therapy (Crepeau, Cohn, & Schell, 2009).

Challenges to Using Occupation in the Medical Setting

The understanding and use of theory and evidence in occupational therapy practice positively impacts the ability of the occupational therapist to clearly define occupational therapy (Wilding & Whiteford, 2007). When occupational therapists are unable to clearly articulate theoretical sources of knowledge, it may poorly impact the therapists' ability to describe their therapeutic strategy or recommendation that was made during the therapeutic process.

Lee, Taylor, Kielhofner, and Fisher (2008) found in a national survey, that occupational therapists lacked knowledge regarding recently developed models and did not incorporate concepts in the process of treatment planning and intervention. Ideally, therapists who understand developed theories and their derived aspects, tend to use theories when establishing occupation-based treatment plans and interventions. Conversely, therapists who implemented theory into practice identified it supported and allowed for occupation-focused practice and a clearer identity of the profession in the practice setting.

Kielhofner (2005) identified a disconnect between the development of occupation-based models and the application of their concepts in practice. A study by the National Board for Certification in Occupational Therapy (NBCOT) (2003) found that impairment oriented assessments and interventions are applied more commonly in practice to guide intervention. Also, Smallfield and Karges (2009) found preparatory and purposeful musculoskeletal interventions were most commonly used in an in-patient stroke rehabilitative setting. This disregards occupational therapy's shift away from the mechanistic/medical model that focused on personal components instead of the whole

person and their occupation. Kielhofner (2005) suggested that scholar's isolation from practitioners and their assumption that knowledge about their developed theories would directly flow into knowledge of how to apply theory in practice contributes to this application gap. Many practitioners do not view theory as relevant to their practice because it does not aid them in making therapeutic decisions. Creating better researcher and practitioner relationships through collaboration can help to bridge this divide. In doing so, experiential and procedural knowledge would be utilized to solve practical problems through applicable occupation-based models.

Wilding and Whiteford (2007) assert that occupational therapists in physical disability settings tend to focus on rehabilitating the condition or injury of the person rather than focusing on the occupation of the person. As a result, therapists may not explore the information needed to help individual's complete meaningful occupation. In addition, individuals who are getting occupational therapy services in physical disability settings receive referrals for the medical diagnosis which in return influences the occupational therapist to center their care on the diagnosis of the referral. Due to the medical needs of the person, many occupational therapists have limited ability to implement interventions using occupation in individual's personal context. These limitations make it difficult for occupational therapists to use occupation as both a means and an end in the therapy process.

The use of occupation has declined since occupational therapy shifted towards the medical model in the early 1930s (Gray, 1998). Currently in practice, occupational therapists often use purposeful and preparatory activities to improve the underlining factors of a person's injury or diagnosis rather than implementing occupation-based

interventions to improve their occupational performance. They tend to use the “activities” that have been supplied to them by the facility. Having to utilize activities that are not client-centered creates limitations and possible barriers for occupational therapists. Many materials purchased by facilities are items that can be used for repetitive movements and structure.

Many barriers have been identified by clinicians and scholars that have the potential to limit the use of occupation-based interventions in physical disability practice settings. The differing definitions and perceptions of using occupations in intervention is one barrier identified (Price & Miner, 2007). Occupation used in natural contexts has been considered as the best intervention approach leading to best occupational outcomes and client satisfaction (Pierce, 2001; Gray, 1998; Rogers, 2007). However, in the physical disability setting, client's natural contexts are not always available or may not support client's mastery at their current functional level. In these circumstances, occupational therapists make skilled judgments to use preparatory and purposeful intervention approaches to support clients in least restrictive contexts to aid in achieving the client centered occupational goals (AOTA, 2010).

Supports for Use of Occupation in Medical Settings

Broadening the definition of occupation-based intervention will help to strike a balanced understanding of occupation-based practice across all settings. Each individual is unique requiring therapists to tailor their approaches to accommodate individual needs in therapy. Earley and Shannon (2006) state that purposeful, preparatory, and compensatory interventions have their place in occupation-based interventions and can

help in establishing, restoring, and modifying client factors and skills that prevent individuals from engaging in their desired occupations. These interventions are appropriate as long as clients understand how these activities relate directly to their self identified goals (Gray, 1998; Early & Shannon, 2006).

It is equally important that occupation is utilized whenever possible in client's natural contexts. Mastos, Miller, Eliasson, and Imms (2006) describe how goal directed training was successfully used in teaching two individuals motor planning skills through using occupation as a means to an end. The authors found that determining barriers through task analysis, making environmental adaptation, using appropriate cuing, and allowing time for repetitive practice are all strategies that can be used when implementing treatments in natural contexts. Rogers (2007) similarly identified simple strategies for using occupation-based activities in rehabilitation settings. Asking family members to provide clients personal items and objects for use in therapy like clothing for laundering and folding or flower pots from home for simple gardening tasks bring meaning and purpose to the intervention.

Forsyth, Mann, and Kielhofner (2002) suggested some strategies that can be implemented by practitioners to support the use of occupation-based theories and research in practice. They suggested strategic planning in the professional setting as a means to bridge government, local, and professional priorities to guide evidence-based change. Management structures can influence change through developing job descriptions that specify a job responsibility of providing evidence based clinical service. Identifying a research leader will also increase the likelihood that use of research in practice will be modeled. Constructing work research groups can help in motivating

practitioners in a supportive manner as practitioners work together to develop problem based research that enhances the use of clinical occupation and research based interventions. Each of the steps identified can help to bridge the gap between occupation-based theory and practice.

The Impact of Fieldwork Experiences on Student Learning

The purpose of fieldwork is for occupational therapy students to attain competence to meet the occupational needs of a diverse client population across the life span by applying the occupational therapy process and using evidence-based practice (AOTA, 2012). According to ACOTE standards of 2012, fieldwork is described as a significant part of the occupational therapy student's education for professional preparedness. Fieldwork experiences allow occupational therapy students to deliver occupational therapy services to clients, while demonstrating and using the application of purposeful and meaningful occupations throughout the learning experience. To enhance the students' knowledge, educators provide opportunities for students complete assignments and partake in administrative, staff, and team meetings to enhance professional growth and interdisciplinary communication skills.

Quality fieldwork experiences are prime opportunities for optimal student learning. Rodger, Fitzgerald, Davila, Millar, and Allison (2011) conducted focus groups to determine what practice educators and students perceive to make quality fieldwork experiences. Several indicators for quality experiences were identified. Collaboration, honesty, and openness were identified among these indicators by student and fieldwork educators as important factors in facilitating quality fieldwork experiences. Students

expressed their appreciation for the educator's openness in facilitating education and their willingness to take into consideration the student's preferred learning styles.

Opportunities for active learning are also common in quality learning experiences. Knowles (1990) described the adult learning theory as a process that includes adults gaining knowledge through active, situated, shared, and problem centered learning. This allows individuals to build upon their prior knowledge and experience relevant to the focused subject. Students' learning through practice and demonstration allows them to reflect and gain knowledge and skills in unfamiliar clinical situations. It is of significant importance that occupational therapy students the ability to practice their academic knowledge and skill set to learn to work with an array of client populations. A collaborative relationship between the student and fieldwork educators open to discussion regarding active learning opportunities allows the student to poses needed skills to become a competent practitioner.

Adjusting the learning experience to the learning style of the student may be another key to student learning success (Hanson, 2011; Jensen & Daniel, 2010; Sloggett, Kim, & Cameron, 2003). Several learning style inventories were found and are illustrated in the following section. These instruments help learners and educators identify learners preferred style of approaching learning experiences.

Although several learning inventories and questionnaires are available for use, the Learning Style Inventory (LSI) and VARK questionnaire are two of the most popular and accessible methods to evaluate learning styles. Kolb's Experiential Learning model is a valuable tool in assessing individuals preferred ways of learning. The Kolb's Learning Style Inventory (LSI) is a self-report questionnaire where individuals respond to 12

different items. The scores then classify learners into four perceptual modes: abstract conceptualization (AC) "thinking", reflective observation (RO) "watching", concrete experience (CE) "feeling, and active experimentation (AE) "doing". A comparison between preference abstractness and concreteness is conducted and the learning styles are indicated. Divergent learners prefer feeling and watching, assimilators learns best through watching and thinking, converger prefer doing and thinking, and accommodators learns best through doing and feeling (Kolb, 1984).

The VARK learning style model is based on the concept that unique individuals learn most efficiently and comfortably through one learning style. There are visual learners who like graphics and symbols, aural learners who learn through verbal communication, read/write learners who learn through written work, and kinesthetic learners who work best with doing and hands on work. The VARK questionnaire consists of 16 questions and is easy to use (Fleming & Mills, 1992). Fieldwork educators and students for best teaching-learning fit can use this learning indicator.

Friedman and Alley (1984) suggested that educators also have individualized teaching style preferences just as learners have learning style preferences and sometimes they do not match. Therefore, it is important that fieldwork educators become aware of their own preferred teaching style and their fieldwork students learning styles so they can make the effort to use different teaching methods with different learners.

Brown, Cosgriff, and French (2008) conducted a study to compare learning styles of occupational therapists, physical therapist, and speech language pathologist. By using the LSI and VARK instruments, they found that occupational therapist are convergers who primarily prefer learning through the development and understanding of concepts

through theory and are kinesthetic learner who prefer to learn by doing. Each field of study was found to attract students with a variety of learning styles; therefore, a range of different teaching styles are required for accommodation.

Bagate, Lawrence, Schwartz, and Vuernick (2013) found that through fieldwork experiences, students gain increased occupational and occupation-based practice understanding through their transformative experiences. Transformative learning is a theory of adult learning where individuals actively learn through reassessment of a meaningful experience like a disorienting dilemma. Learning occurs when students are challenged by dilemmas. Increased understanding of transformative learning has the potential to influence supervision styles and promote student's active learning throughout their fieldwork experiences. The reflective component of the transformative learning process can also facilitate fieldwork educator and student collaboration. When both the supervisor and student discuss details of this dilemma oriented process, brainstorming can occur offering the supervisor an opportunity to make suggestions, which can help the student look at various treatment choices.

Three basic models of supervision are identified by McCormack, Jaffe, and Goodman-Lavey (2003) that are typically used in the supervision of students. The first type of supervision is called formal, which involves structural components of contact with the students such as learning contracts and formal evaluation instruments. The second type of supervision is informal, which involves casual conversation and the sharing of thoughts and ideas during sessions. The third type of supervision is function, which involves specific tasks and is focused on competence. The type of supervision

model the supervisor selects acts as a guide to mentor students while completing fieldwork.

Edwards et. al (2005) conducted a research to find factors that may influence the effectiveness of clinical supervision consisting of two hundred and eighty participants. The information was collected using the Manchester Clinical Supervision Scale (MCSS) and a demographic questionnaire. The MCSS measured the supervisee's perception of their professional development, improvement in skills, time for reflection, and the quality of their supervisory relationship. The researchers found that clinical supervision is most effective when learning sessions lasted longer than sixty minutes, occurred at least once a month and when sessions took place away from the workplace.

Fieldwork Educator Perspectives of Student Learning During Fieldwork

Many therapists find that there are many benefits and barriers associated with supervising level II fieldwork students. Involvement in student fieldwork experiences was perceived by many occupational therapists as an obligation to the profession, a contribution to the overall growth of the profession, and a potential for professional growth (Sloggett, Kim, Cameron, 2003; Jensen & Daniel 2010). Hanson (2011) found that therapists experience with good students helped enrich their knowledge of changes and new developments in the occupational therapy profession and motivated them for continued professional development. Sloggett, Kim, and Cameron (2003) identified that students knowledge of recent theories and research add to the supervisor and facility's information resources. The assessment of students for future recruitment and the

development of staff supervision and clinical reasoning skills were also found as beneficial (Thomas et al., 2007; Hanson, 2011; Sloggett, Kim, Cameron, 2003).

There are many benefits to supervising occupational therapy students; however, many barriers have also been identified that may detract clinicians from supervising students and affect students' quality experiences. Thomas et al. (2007) identified the lack of staffing of full-time occupational therapists, limited resources, and workload pressures as barriers. Lack of management support, time commitments, need for formal supervision training, legal and ethical issues, student characteristics and academic readiness were all perceived as additional barriers influencing effectiveness (Hanson, 2011; Sloggett, Kim & Cameron, 2003; Jensen & Daniel, 2010).

Occupational therapists have identified their needs and provided suggestions to help remedy these fieldwork barriers. Increased university involvement throughout the fieldwork experience was suggested by practicing therapists. Communication between sites could include newsletters about academic changes, documentation regarding entry-level expectations, teaching tips, and communication regarding student performance every two weeks (Hanson, 2011; Jensen & Daniel, 2010; Sloggett, Kim, & Cameron, 2003).

The need for students' adequate academic fieldwork preparation is a common desire among many level I and II fieldwork clinicians (Mulholland & Derald, 2007). Many feel that occupational therapy academic curriculum is "too abstract", where theory and occupational therapy history is too focused upon. It is felt that students are lacking basic clinical skills for contemporary practice, especially in the physical disability setting (Hanson, 2011; Jensen & Daniel, 2010; Sloggett, Kim, & Cameron, 2003). Hanson (2011)

suggests providing more opportunities for students to practice necessary skills throughout their academic training and pre-testing student competencies prior to their fieldwork experience.

Therapists expressed the desire to receive necessary training through faculty fieldwork orientation sessions and student evaluation workshops to improve their supervision skills. Improved facility management support was also suggested due to time shortage and productivity demands affects on fieldwork educators ability to teach student. Formal facility objectives and explicit schedules guiding student fieldwork experiences were also desired (Hanson, 2011; Jensen & Daniel, 2010; Sloggett, Kim, & Cameron, 2003; Thomas et. al, 2007).

Therapists requested additional information regarding their prospective occupational therapy students than what is provided on the Personal Data Sheet for Student Fieldwork Experience edited by the Commission of Education (COE) (1999). Additional information on students, background information, student's expectations and needs, academic curricula, comfort and competence level with diagnoses or techniques, special interests, learning styles, and communication styles were identified as helpful tools for fieldwork educators. Provision of a fieldwork educator profile to prospective students was also suggested. This information can be used to facilitate a good therapist and student match with learning styles and supervision styles as well as provide students with an overview of the fieldwork educators' experiences and therapeutic style (Hanson, 2011; Jensen & Daniel, 2010; Sloggett, Kim, & Cameron, 2003).

Collaborative Learning during Fieldwork

Costa (2007) stated that collaboration is a frequently used term in health care and educational settings. The occupational therapy profession has been known for collaborating with support personnel and a variety of other professionals in health care. It is important occupational therapy students collaborate with supervisors, occupational therapy assistants, and other professionals while completing level II fieldwork. Jung, Sainsbury, Grum, Wilkins, Tryssenaar (2002) highlighted the value of students working together in a collaborative and sharing climate during fieldwork placements and promote this as an effective and beneficial way of learning.

An understanding of the social constructivist perspective is crucial to an understanding of the collaborative learning process. Oxford (1997) illustrated three communicative strands that are commonly used within a learning setting. The three strands are: cooperative learning, collaborative learning, and interaction. The aspects of the communicative strands differ from one another, as well as the purpose, degree of structure, relationship between individuals, prescriptiveness of activities, and the terms used within the learning process. Collaborative learning is described as an assimilation process that supports students to become members of the knowledge communities that they do not already belong to by allowing the student to engage in learning with variable assistance and guidance (Oxford, 1997).

The collaborative learning process allows an individual to learn through scaffolding, zone of proximal development, reflective inquiry etc. These types of collaborative learning methods support the student to learn by being a part of the

community rather than in isolation. Three concepts that form the triangular relationship of the collaborative learning process are the individual, community, and the world (Oxford, 1997). Other concepts within collaborative learning include context and situated cognition. All of the concepts that form this communicative strand ensure there is an emphasis on the learning process, rather than just the completion of the project.

Jung et al. (2002) examined the effectiveness of occupational therapy students and occupational therapy assistant students working together in a collaborative partnership while completing a six week fieldwork rotation under one supervisor. The collaborative partnership gave the students the responsibility to learn and implement occupational therapy services by working as a team, allowing students to learn about one another's professional roles, areas of knowledge, and skills to enhance future partnership and collaboration. The results of the study highlight challenges and benefits when using a collaborative learning model during fieldwork. A recognized challenge was student reported concern regarding the relationship between the student and supervisor regarding collaboration. Conversely, an identified strength was that students felt their learning was enhanced by learning as a team to provide client care while on fieldwork placement. It is important that the student(s) and fieldwork educator meet to review the theory applied in the specified therapeutic setting and the practice of collaboration prior to beginning a collaborative fieldwork learning experience (Costa, 2007).

Mackenzie (2002) found briefing and debriefing to be important for occupational therapy students while on fieldwork. Students' learning was enhanced by using the steps of briefing to address expectations and feelings related to new and unfamiliar experiences students might encounter while on fieldwork. Briefing may allow students to minimize

any anxieties, concerns, or confusions they may have regarding certain aspects of fieldwork or to receive clarification from the supervisor.

Debriefing includes the following: to step back, critique and reflect on experiences, to ventilate feelings about experiences, to develop appropriate ways of communicating issues of personal importance, to develop new strategies as a result of experience, to review personal progress against objectives for the experience, to incorporate newly learned information to a personal conceptual system, and to evaluate experiences and move forward. For example, debriefing was evident when students learned by reviewing their fieldwork experience and evaluating the objectives of fieldwork that were successfully achieved. Since fieldwork is believed to have a large influence on shaping the student's professional development as an occupational therapist practitioner, it is important students incorporate briefing and debriefing in the fieldwork experience with the supervisor (Mackenzie, 2002).

Copley et al. (2011) similarly described the value of individualizing the student's learning experience by grading student participation. The authors described a sequenced program of learning which incorporates Dynamic Performance Analysis (DPA), Perceive, Recall, Plan, and Perform (PRPP), and Cognitive Orientation to Occupational Performance (CO-OP) in the assessment process, intervention planning, and approach for providing occupation-centered practice when working with a client. They suggest incorporating positive learning experiences by allowing students to build and integrate academic knowledge and practice skills in a supportive learning environment.

Copley et al. (2011) conducted a study with nine student occupational therapists and two practice educators to identify factors that enable mastery of occupation-centered

practice. The first finding of the study indicated both the students' and educators' described a point during the students' fieldwork experience where the students felt they had established an understanding and development of practice skills during the learning experience. The second finding of the study identified factors enabling the students to understand and implement occupation-centered approaches. Salient factors included modeling occupation-centered practice, debriefing, performance-specific feedback, adopting successful learning and teaching styles, structuring learning, observation, reporting, and creating opportunities for practice.

Vogel, Grice, Hill and Moody (2004) illustrated supervisors having higher expectations of student's skill level for entering level II fieldwork placements. Students are responsible for applying classroom learning to develop skills and achieve competency while supervisors have the responsibility of guiding and training occupational therapy students to become professional clinicians. It is essential for occupational therapy students and fieldwork educators to communicate and collaborate with one another prior to beginning the fieldwork experience to ensure both individuals have the same level of expectations. If communication and collaboration are not performed, conflict between the student and supervisor may occur which in return will interfere with the students learning process.

Collaboration during the fieldwork experience will set the stage for learning of the types of professional skills needed by practitioners in their early years of practice. Toal-Sullivan (2006) explored the professional transition of six occupational therapists from student to their first year of being a practicing practitioner. Within the study, it was noted that educational requirements of occupational therapists are changing with advanced

knowledge and skills required for practice. Occupational therapists are accountable for lifelong learning to facilitate the knowledge of professional decision making, fulfilling autonomous practice in varied contexts, and utilizing evidence-based practice and occupational-focused services with multicultural populations. First year occupational therapy practitioners felt inadequate to communicate with other health care professionals, manage stress, apply theory, plan treatments, and use equipment available at facilities. Guile and Young (2003, p.3) illustrated learning is essentially "a social process involving participation by learners in new contexts." Academic learning and clinical environmental learning was found to be different learning processes. Applying theoretical and practical experiences are determined to be difficult due to the different learning processes.

Toal-Sullivan (2006) determined first year occupational therapy practitioners need supervision or support from senior occupational therapists or peers during their transition from a student to a practitioner as participants perceived a gap between the skills taught at their university and the skills required by them in occupational therapy practice. First year occupational therapists struggled with understanding their professional identity in their work context, identified incongruence between their perception of the occupational therapist role and the reality of occupational practice, and difficulty in social interactions and participation in the practice context. Apparently strategies for education are needed to involve collaboration among occupational therapy educators, practitioners, students, and clients to help integrate academic and work contexts.

Collaboration during Fieldwork as a Means to Occupation-Based Practice

Many barriers exist in the physical disability fieldwork setting that inhibit the use of client-centered and occupation-based practice including the fieldwork educator's understanding and use of theory and occupation-based models and intervention in practice.

However, fieldwork educators have a great deal of practice knowledge that they effectively use in their work with clients, and students often struggle to obtain and demonstrate practice knowledge, particularly in the first few weeks of the fieldwork placement. Conversely, fieldwork students often come to the fieldwork placement with an advanced understanding and updates of theoretical knowledge and evidence-based practice. Establishing a collaborative relationship between the fieldwork educator and student will facilitate learning experiences that can be informed by both by the practical knowledge of the fieldwork educator and the theoretical knowledge of the student. Fieldwork educators view learning from their students as a benefit to their volunteer work with students. They desire more connection with the academic site and want to stay current with practice ideals. Use of a collaborative learning structure can promote student ownership for learning and reciprocal exchange between fieldwork educator and student and stronger ties between the academic and fieldwork settings. The fieldwork context provides the perfect setting for application of theoretical concepts to practical problems and sets the stage for the focus of the learning exchange. Since there currently is not a tool available to fieldwork educators and students to enhance collaboration for occupations based intervention during Level II fieldwork, a product will be developed to address this need.

CHAPTER III

METHODOLOGY

The Harley E. French Library database derived from the University of North Dakota was utilized in the search for information regarding the topic of occupational therapy, occupation-based practice, student fieldwork, student fieldwork educator role, the model of human occupation, and social constructivism. The American Occupational Therapy Association (AOTA) database was utilized as a search file for information regarding the AOTA guidelines pertaining to occupational therapy students on level II fieldwork, as well as other related literature and research. Textbooks obtained throughout the occupational therapy program were also used in the gathering of needed information pertaining to the occupation-based model chosen to support the product.

Throughout the literature review, several challenges were identified in implementing occupation-based practice in a medical setting. For example, occupational therapists in physical rehabilitative settings tend to focus on rehabilitating the condition or injury of the person rather than focusing on the occupation of the person (Wilding & Whiteford, 2007). Purposeful and preparatory techniques are commonly utilized during interventions with clients (Gray, 1998). These techniques are important to incorporate during intervention planning; however, it is also important for the occupational therapist to establish occupation-based treatment plans and interventions to enhance the individual's ability to perform occupations. Conversely, therapists who implement theory

into practice identified that it supported and allowed for occupation-focused practice and an identity of the profession in practice settings (Forsyth, Mann, & Kielhofner, 2002).

There is literature to support the idea that the fieldwork experience has an impact on student learning (Rodger, Fitzgerald, Davila, Millar, and Allison, 2011). According to the Accreditation Council for Occupational Therapy Education (ACOTE) Standards (2012), fieldwork is described as a significant part of the occupational therapy student's education for professional preparation. The professional preparation includes the student's ability to deliver occupational therapy services to clients, while demonstrating and using the application of purposeful and meaningful occupations throughout the learning experience.

Fieldwork educators have a great deal of practice knowledge that they effectively use in their work with clients, and students often struggle to obtain and demonstrate practice knowledge, particularly in the first few weeks of the fieldwork placement (Copley et al., 2011). Conversely, fieldwork students often come to the fieldwork placement with an advanced understanding and updates of theoretical knowledge and evidence-based practice (Sloggett, Kim, and Cameron, 2003). Use of a collaborative learning approach provides opportunity for the fieldwork educator and student to complete learning tasks and activities together that will increase the knowledge retained by both the student and fieldwork educator during the course of the learning experience (Knowles, 1990). A collaborative learning approach would enable student ownership for learning and reciprocal exchange between fieldwork educator and student. This type of approach would also promote a stronger tie between academic and fieldwork settings in order to facilitate enhanced learning.

The developed product focuses on the utilization of the collaborative learning approach when implementing theory and occupation-based driven practice in a physical disability setting. With this product, fieldwork educators and students will have the opportunity to apply theoretical concepts and foundational information within the fieldwork setting. This process applies to practical problem based learning tasks and activities during the fieldwork experience. With this information, fieldwork educators and students will have the ability to enhance collaboration for occupation-based practice during the Level II fieldwork, as well as gain foundational knowledge needed in the medical setting.

Active learning plays an important role in quality learning experiences. Knowles (1990) speaks to the value of learning as active, situated, shared, and problem centered to allow individuals to build upon their prior knowledge and relevant experiences. Learning through practice and demonstration allows students to reflect and gain knowledge and skills in unfamiliar clinical situations. It is also important for students to collaborate with their fieldwork educators to facilitate a learning process that will allow him or her to retain needed skills in order to be a competent practitioner. With these findings in mind, a manual including worksheets was developed in order to facilitate the student's and educator's learning process by merging academic and practical knowledge through application.

Worksheets and tasks produced in phase I of the product involve the preparatory phase which occurs prior to the student arriving at the fieldwork placement. The preparatory phase allows an introduction of the product to both the fieldwork educator

and student. This continued use of this foundational knowledge will be utilized throughout the fieldwork II experience.

The importance of the ability to recognize different learning and teaching styles prior to initiating the collaborative learning approach prompted the development of worksheets to be completed by the educator and student. Friedman and Alley (1984) suggested that educators also have teaching style preferences just as learners have learning style preferences and sometimes they do not match. Therefore, information was provided to help fieldwork supervisors become aware of their own preferred teaching style and their fieldwork student's learning styles so they can make the effort to use different teaching methods with different learners. It is also important that the student recognize different learning strategies they may need to be utilized when different teaching styles are used that are not within their comfort zone.

Worksheets and tasks produced in phase II of the product involve the orientation phase, which occurs during weeks 1-3. The orientation phase ensures the collaboration process transpires between the fieldwork educator and student. Price and Miner (2007) suggest that practicing therapists may not be aware of or be fully implementing the concepts of client-centered or occupation-based practice in their work. Therefore, the focus of this phase is for the fieldwork educator and the student to learn together about client-centered and occupation-based practice. A weekly meeting sheet will be introduced within this phase. A specific weekly meeting sheet will be completed weekly until the learning process is complete at week 12.

Further, the literature suggests that practicing therapists are often not aware of occupational behavior models, also known as occupation-based models, nor do they

actively use the concepts in their work (Kielhofner, 2005). Therefore, worksheets and tasks produced in phase III of the product help orient the practicing therapist and the student to the use of occupations and specifically the model of human occupation (MOHO) in practice. This phase occurs during weeks 4-6. The orientation to occupations and MOHO phase consists of the fieldwork educator and student collaborating to begin the learning process about MOHO and its potential to address client-centered and occupation-based needs within the facility's physical rehabilitation setting. A midterm evaluation of the student and therapist's collaborative process has been created to be completed by the fieldwork educator and student to reflect on the progress made during the learning process.

Worksheets and tasks produced in phase IV of the product involve the implementation of occupation and MOHO concepts during weeks 7-10. Learning contracts have been identified in the literature as helpful to students taking ownership for their learning and for facilitating communication between the fieldwork educator and student (Vogel, Grice, Hill & Moody, 2004). This phase includes the learning contract, which will be developed by the fieldwork educator and student. This learning contract will consist of the collaborative team mapping out the four to six week implementation process, with specific strategies and outcomes identified.

It is important in any project to provide opportunity for closure at the conclusion of the learning experience. Worksheets and tasks produced in phase V of the product involve measuring outcomes of implementing occupation and MOHO concepts during weeks 11-12. This phase involves the fieldwork educator and student to collaboratively complete a final reflection sheet and a final evaluation of the student and therapist

collaboration process. This phase encapsulates and promotes reflection upon the experiences that occurred throughout the learning process between the fieldwork educator and student.

CHAPTER IV

PRODUCT

Overview

At the center of occupational therapy lies occupation-based practice. However, it is challenging to implement this ideal in medical settings with an emphasis on treatment of physical disabilities. A lack of knowledge of occupation-based theories and lack of knowledge of how to apply these theories to practice are barriers to occupation-based practice. Experiencing occupation-based practice as a student and educating clinician may have an impact on future practice. This product was developed to facilitate collaboration between the fieldwork educator and the student with a focus on the use of occupation-based practice during level II fieldworks in adult physical rehabilitation settings.

Occupation-based practice is an approach that aids occupational therapists in gaining a holistic understanding of the activities that are meaningful to a given client, their underlying abilities, and the environments where meaningful activities take place in order to facilitate engagement and participation in meaningful occupations upon discharge from the hospital. This can only be accomplished through a collaborative process between the therapist and client. Occupation-based practice includes preparatory, purposeful, and occupation-based interventions as long as they are directly linked to client identified meaningful goals. Through using these different intervention approaches,

therapists in a physical disability setting use their clinical reasoning in identifying the best approach for their client's unique needs and abilities.

Yet, there are many obstacles in the medical setting that get in the way of this kind of quality interaction. Lack of time, limitations of physical resources, and limited professional boundaries for occupational therapy are some barriers to occupation-based models. Associated resources support the consistent use of occupations as intervention and an individualized approach to assessment and intervention that is centered on client concerns and lifestyle.

A collaborative learning process is most beneficial, as both fieldwork educators and students have opportunities to teach as well as to learn during the course of the fieldwork experience. Fieldwork educators may not be familiar with occupational behavior models and associated concepts, but students are familiar with these concepts from their education. The fieldwork educator has a wealth of clinical knowledge to share with the student who does not have the background or experience in working with clients.

This product provides tools for the fieldwork educator to communicate practice knowledge to the student, and tools for the student and fieldwork educator together to discuss the ideals of occupation-based practice through the lens of an occupational behavior model. Through both party's collaborative efforts, each will contribute their knowledge and skills in providing best practice care throughout the level II fieldwork experience.

This product is specifically directed to use the occupation-based model of the Model of Human Occupation (MOHO) in adult physical disabilities settings. Tools and resources are provided throughout the phases for fieldwork educators to review MOHO

concepts throughout the student placement. The templates and resources provided in this product will support collaborative and interactive learning experiences throughout the level II fieldwork experience. Other occupational-based models could be equally as beneficial in the adult physical disability setting and this product could be adapted in future use to accommodate other models used in occupational therapy practice. MOHO can also be used in different occupational therapy settings, although this product is developed for adults in physical disability setting.

This product consists of five phases. Each phase is designed to support the collaborative and interactive learning experiences throughout the level II fieldwork experience. Phase I is the preparation phase, where fieldwork students and educators prepare for this fieldwork experience using this product. Introduction to this product's process and collaborative emphasis is presented to the student, educator(s), and facility administration. Communication during this phase also occurs regarding student learning style and educator(s) expectations and supervising style. Resources are also provided for the students to assess their competencies prior to the placement and familiarize themselves with relevant frames of reference, clinical skills, and assessments.

Phase II is the orientation phase which is designed to collaboratively provide the student and the educator with foundational knowledge. This knowledge includes understanding client's underlying components and current evidence regarding client-centeredness and occupation-based practice.

Phase III includes an orientation to occupations and is designed to provide the collaborative team with knowledge of MOHO concepts and how to apply them in a physical disability setting. At this time, the student and educator can begin to view the

existing practice activities through the lens of an occupational behavior model and reflect on the strengths and weaknesses of the processes in place at the fieldwork setting. During this phase, an area of practice will be identified where MOHO concepts will be applied during the fieldwork experience.

In Phase IV, the student and fieldwork educator will collaboratively construct and follow a learning contract. This learning contract will consist of mapping out the four to six week implementation process of MOHO concepts and knowledge into practice, with specific strategies and outcomes identified.

Worksheets and tasks produced in phase V of the product involve the outcomes of occupation and MOHO phase which occurs during weeks 11-12. This phase is comprised of the fieldwork educator and student collaboratively completing a final reflection sheet and a final evaluation of the student and therapist collaboration process. Both sheets were created to encapsulate and reflect upon the experience, develop resources, and future processes that support client-centered and occupation-based practice at the facility.

Please refer to Appendix for the finished product.

CHAPTER V

SUMMARY

Current best practice in occupational therapy includes a focus on occupation throughout treatment and client centeredness. It has been found that many barriers exist in the physical disability setting that limit the delivery of these specified services (Rogers, 2007; Lee, Taylor, Kielhofner, & Fisher, 2008; Kielhofner, 2005; Wilding and Whiteford, 2007). Two barriers include the lack of knowledge and application of occupation-based models (Rogers, 2007; Kielhofner, 2005). To address these barriers, this product has been developed in order to introduce a learning process between the fieldwork educator and the student. Learning occurs in five phases, focused on the use of occupation-based and client-centered practice during level II fieldwork in adult physical rehabilitation settings with the use of an occupation-based model to guide practice.

This product helps to strengthen the occupational therapy profession in several ways. Primarily, this product will enhance the learning and application of occupation-based models during a level II fieldwork experience. Through this process, both student and practitioner will gain the tools necessary to increase the use of occupation throughout treatment. Incorporating occupations into daily practice during the fieldwork experience will influence the student and fieldwork educator's future use of occupations and occupation-based models in their daily practice.

This collaborative progressive learning experience allows the student and educators to bring forth acquired knowledge thus enhancing the learning process. Students are able to take responsibility for their own learning by contributing to the teaching process, which creates a positive interactive relationship between themselves and their supervisors. Using this positive educational tool will promote its reuse by the educator and students in future practices.

This product was designed to be utilized in a level II fieldwork setting by fieldwork educators and master's level occupational therapy students in physical rehabilitation settings. Tools and resources are provided within the product that promotes the learning of MOHO concepts and the collaborative process throughout the educational experience. With modification, this product could be implemented in all other fieldwork settings including geriatric, pediatric, and mental health. Other occupation-based models could be equally as beneficial in the adult physical disability setting. Therefore, this product could be adapted to include models like the Ecological Model, Occupational Adaptation (OA), Person-Environment-Occupation (PEO), or Canadian Model of Occupation (CMOP). This product can also be used with different types of supervision at fieldwork placements including settings where there is more than one student or supervisor. This product could be used beyond the fieldwork phase of learning to promote ongoing continuing education among facility professionals.

The overall effectiveness of this product will be measured through formal instruments included in the product design, and through informal support for the value of the product to strengthen client programming. Some limitations are associated with this product. The product never has been implemented in practice; therefore, its effectiveness

is unknown. Although the product has potential to meet several needs identified in the literature, a formal assessment has not been conducted. In addition, the level of interest among occupational therapists and future fieldwork students in implementing this learning process is unknown.

A foreseeable roadblock for implementation includes facility administrator's willingness to allow the supervising therapist the time and flexibility to use the product. This roadblock was addressed through a component of the product, which educates the facility administrators of its benefits and potential for positive facility impact.

This project's key purpose is to facilitate collaboration and highlight the use of best practice in the physical dysfunction practice setting. This project will be published upon completion. The authors and fieldwork coordinator at the University of North Dakota have shared their interest in piloting this project for future research. After the piloting of this study, the authors will utilize the feedback from collaborative teams implementing the use of this educational product during physical dysfunction level II fieldwork experiences. This will help guide the authors to make needed improvements to the product. In addition, presenting at the American Occupational Therapy Association's national conference in the future is anticipated by the product's developers as well as patenting this model.

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Appendix

Product: Collaboration to Impact Occupation-Based Practice during Level II Fieldwork

Collaboration to Impact Occupation-Based Practice during Level II Fieldwork

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University of North Dakota

Product Outline

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Phase I: Preparation

Phase I documents and descriptions for use are listed below.

1. The **Phases** instruction sheet will be distributed to the fieldwork educator(s) and student in order to inform participants of the program's educational process and timeline.
2. The **Letter to Administration** will be sent by the fieldwork coordinator to gain permission to implement this program and receive appropriate accommodations for this fieldwork guideline.
3. The **Letter of Introduction** will be distributed to the participating facility's occupational therapy student supervisor and prospective fieldwork student.
4. The student and the fieldwork educator will read the assigned literature identified on the **Principles of Collaborative Learning Process** worksheet. Upon reading the literature, both individuals will answer the reflective questions to aid in the comprehension of how the approach may have an effect on the learning process.
5. The student and the fieldwork educator will identify their primary teaching or learning traits by completing the **Student Learning Style** and **Fieldwork Supervisor Leadership** worksheets.
6. The fieldwork educator will use the **Competency Checklist and Student Study Guide** worksheet to identify which frames of reference and specific treatment techniques the student should be familiar with at this setting by checking the specified boxes provided and filling in the blanks.
7. The student will complete a self-evaluation of their abilities and skills in relation to the **Competency Checklist and Student Study Guide** worksheet and send the results to the fieldwork educator.
8. The educator will plan the student's orientation and learning activities through the use of the student's self-evaluation.

Phases

Each bolded word represents forms that have been developed to support the occupation-based learning process. Phase documents and descriptions for use are listed below.

Phase I: Preparatory Phase

1. The **Phases** instruction sheet will be distributed to the fieldwork educator and student in order to inform participants of the program's educational process and timeline.
2. The **Letter to Administration** will be sent by the fieldwork coordinator to gain permission to implement this program and receive appropriate accommodations for this fieldwork guideline.
3. The **Letter of Introduction** will be distributed to the participating facility's occupational therapy student supervisor and prospective fieldwork student.
4. The student and the fieldwork educator will read the assigned literature identified on the **Principles of Collaborative Learning Process** worksheet. Upon reading the literature, both individuals will answer the reflective questions to aid in the comprehension of how the approach may have an effect on the learning process.
5. The student and the fieldwork educator will identify their primary teaching or learning traits by completing the **Student Learning Style** and **Fieldwork Supervisor Leadership** worksheets.
6. The fieldwork educator will use the **Competency Checklist and Student Study Guide** worksheet to identify which frames of reference and specific treatment techniques the student should be familiar with at this setting by checking the specified boxes provided and filling in the blanks.
7. The student will complete a self-evaluation of their abilities and skills in relation to the **Competency Checklist and Student Study Guide** worksheet and send the results to the fieldwork educator.
8. The educator will plan the student's orientation and learning activities through the use of the student's self-evaluation.

Phase II: Orientation Phase: Weeks 1-3

1. Within the first week, to ensure the student is introduced to all necessary material and knowledge for fieldwork success, the supervisor will utilize the **Orientation Checklist**.
2. The student and fieldwork supervisor will commit to a designated time to meet weekly. The **Weeks 1-3 Weekly Meeting Sheet** will be utilized in the orientation phase guiding each weekly meeting.
3. Prior to beginning the collaborative process, the student and fieldwork supervisor will access their completed **Student Learning Style** and **Fieldwork Supervisor Leadership** worksheets. During their first meeting, the student and fieldwork supervisor will evaluate and discuss their perceived strengths and weaknesses regarding collaboration.
4. Throughout weeks 2 and 3, the student will critically observe their clients. They will use the **Observation Log: Performance Components** worksheet to expand their therapeutic use of self, by critically observing themselves and their supervisor in regard to therapeutic strategies used in interactions with clients and others.
5. In week 2, the student and fieldwork educator will read a suggested literature piece regarding client-centeredness and reflect upon the facility's processes. They will apply the literature's concepts to their site in relation to client-centeredness using the **Client-Centered** worksheet.
6. In week 3, the student and fieldwork educator will read a suggested literature piece regarding occupation-based practice and reflect upon the facility's processes. They will apply the literature's concepts to their site in relation to occupation-based practice using the **Occupation-based** worksheet.

Phase III: Orientation to Occupations and MOHO Phase: Week 4 - 6

1. The student and fieldwork educator will collaboratively begin to learn about the Model of Human Occupation (MOHO) model and its potential to address client-centered and occupation-based needs.
2. In week 4, the student and fieldwork educator will read and study the **Model of Human Occupation (MOHO): An Occupation-based model** worksheet.
3. In week 5, the collaborative team will complete the **Client Application** worksheet by utilizing their understanding of MOHO gained through using the MOHO worksheets. These worksheets include: **How to Apply MOHO to the Therapeutic Process, Therapeutic Strategies**, and the **MOHO case study**.
4. During the weekly meetings in the Orientation to Occupations and MOHO Phase, the **Week 4-6 Weekly Meeting Sheet** will be completed to identify and discuss MOHO in relation to current practice at the fieldwork facility.
5. In weeks 5 and 6, the therapist and student will start using the **Occupation-Based Observation Log** and the **Intervention Planning Sheet** with their patients to facilitate understanding and use of MOHO concepts in their own practice.
6. By week 6, the student and fieldwork educator will collaboratively complete **The Collaborative MOHO Reflection** worksheet to identify the specific area(s) they would like to address when implementing MOHO into practice.
7. A **Midterm Evaluation of the Student and Therapist Collaboration Process** will be implemented at the end of week 6 to document the student and fieldwork supervisor's progress throughout the collaborative learning process.

Phase IV: Implementation of Occupation and MOHO: Weeks 7-10

1. The **Learning Contract** will be used by the collaborative team during the Week 7 to identify the therapeutic focus that will be reflective of the student's learning interests. The identified focus also should benefit the facility. The learning contract will be used to map out the four to six week implementation process, with specific strategies and outcomes identified.

Phase V: Outcomes of Occupation and MOHO phase: Weeks 11-12

1. In week 11, the collaborative team will complete the **Final Reflection Sheet** reflecting upon their experiences throughout the collaborative and occupation based learning process.
2. The **Final Evaluation of the Student and Therapist Collaboration Process** will be implemented at the end of week 12 documenting the student and fieldwork supervisor's learning experience and facilitation throughout their collaboration.

Letter to Administration

Date

Sender's Address

Inside Address

Salutation

Thank you for providing an opportunity for (University Name) occupational therapy students to complete their Level II Fieldwork placement at (Facility Name). Recently, our program has introduced the use of a specific fieldwork guideline to facilitate collaboration between the fieldwork student and fieldwork supervisor to encourage occupation-based therapeutic practice in a physical disability setting.

There are several benefits to incorporating this guideline into fieldwork. Fieldwork supervisors will gain the opportunity to learn about contemporary and traditional occupation-based models that guide current practice. Through obtaining this knowledge, clinicians will be well equipped to provide evidence-based interventions that meet gold standards and client centered needs to increase client satisfaction. (Facility Name) will build an innovative reputation by implementing the fieldwork guideline, which will influence the employees' abilities to provide current occupational therapy best practice. Continuing Educational Units (CEU) will be provided to fieldwork supervisors for utilizing this guideline and gaining knowledge regarding occupation-based interventions and models. This guideline will also benefit students in becoming competent entry-level occupational therapy practitioners who are confident in their ability to provide occupation-based practice. These students therefore will be optimal therapists for recruitment and future employment.

A level of commitment is necessary from the facility and supervising therapist to implement the fieldwork guideline. This guideline requires one hour per week that is consistently designated for weekly meetings that consist of collaboration and learning activities for the supervising therapist and student. The fieldwork supervisor is asked to participate in learning activities with the student and complete necessary materials located under each phase of the guideline. Thank you for taking time to read this letter and for considering applying this proposed fieldwork guideline to (Facility Name).

It would be appreciated if (Facility Name) notifies the (University Name) academic fieldwork coordinator (Academic Fieldwork Coordinator Name) at (Contact Information) to verify the desire to implement this fieldwork guideline with students who are completing their Level II Fieldwork at (Facility Name).

Sincerely,

(Signature Block)

(Typed Signature)

Letter of Introduction

Occupation-based intervention is at the heart of occupational therapy, yet it is challenging to implement this ideal in medical settings with an emphasis on treatment of physical disabilities. This product was developed to facilitate collaboration between the fieldwork educator and the student with a focus on the use of occupation-based practice during level II fieldworks in adult physical rehabilitation settings.

Occupation-based practice is an approach that aids occupational therapists in gaining a holistic understanding of the activities that are meaningful to a given client, their underlying abilities, and the environments where meaningful activities take place in order to facilitate engagement and participation in meaningful occupations upon discharge from the hospital. This can only be accomplished through a collaborative process between therapist and client. Occupation-based practice includes preparatory, purposeful, and occupation-based interventions as long as they are directly linked to client identified meaningful goals. Through using these different intervention approaches, therapists in a physical disability setting are allowed to use their clinical reasoning in identifying the best approach for their client's unique needs and abilities.

Yet, there are many obstacles in the medical setting that get in the way of this kind of quality interaction. Lack of time, limitations in physical resources, and limited professional boundaries for occupational therapy are some barriers to occupation-based practice. Associated resources support the consistent use of occupations as intervention and an individualized approach to assessment and intervention centered on client concerns and lifestyle. Through participation in a series of joint readings, learning activities, and reflection, the student therapist and the fieldwork educator can 1) begin to view the existing practice activities through the lens of an occupational behavior model, 2) reflect on the strengths and weaknesses of the processes in place at the fieldwork setting, and 3) collaboratively develop resources and processes that support client-centered and occupation-based practice at the facility.

A collaborative learning process is most beneficial, as both fieldwork educators and students have something to teach and something to learn during the course of the fieldwork experience. Fieldwork educators may not be familiar with occupational behavior models and associated concepts, but students are familiar with these concepts from their education. The fieldwork educator has a wealth of clinical knowledge to share with the student who does not have the background or experience in working with clients. This product provides tools for the fieldwork educator to communicate practice knowledge to the student, and tools for the student and fieldwork educator together to discuss the ideals of occupation-based practice through the lens of an occupational behavior model. Both parties will reflect on learning and teaching styles and through their collaborative efforts, each will contribute their knowledge and skills in providing best practice care throughout the level II fieldwork experience.

This product is specifically directed to the use of the Model of Human Occupation (MOHO) in adult physical disabilities settings. Tools and resources are provided for fieldwork educators to review MOHO concepts in advance of the student placement and throughout the student placement. Resources are also provided for the students to test their competencies prior to the placement and familiarize themselves with relevant frames of reference, clinical skills, and assessments. The templates and resources provided in this product will support collaborative and interactive learning experiences throughout the level II fieldwork experience. Other occupational-based models could be equally as beneficial in the adult physical disability setting

and this product could be adapted in future use to accommodate other models used in occupational therapy practice. MOHO can also be used in different occupational therapy settings, although this product is developed for adults in physical disability setting.

Principles of Collaborative Learning Process Directions

The Principle of Collaborative Learning Process Worksheet is to be completed by the supervisor and student. This worksheet will allow each individual to read an article pertaining to the collaborative learning approach and reflect on how the approach may have an effect on the learning process during the duration of the fieldwork experience.

Principles of Collaborative Learning Process

Step 1: Please read the assigned literature regarding the principles of a collaborative learning process:

Oxford, R. (1997). Cooperative learning, collaborative learning, and interaction: Three communicative strands in the language classroom. *The Modern Language Journal*, 81, 443-456.

Step 2: Answer the reflective questions below regarding the collaborative learning process

What are the main elements of the collaborative learning approach?
What will be the strengths of using the collaborative learning approach?
What will be the challenges of using the collaborative learning approach?
What steps do you need to take to better prepare yourself to participate in this type of learning experience?

Competency Checklist and Student Study Guide Format

Fieldwork Educator:

- To begin this collaborative effort, this study guide has been constructed to communicate to your future fieldwork student the frames of references, clinical skills, and assessments they need to be knowledgeable of to help in the efforts of planning and performing occupation-based interventions.
- Please check each area that applies to your physical disability setting and utilize the provided space to identify additional areas of knowledge.
- Since this tool will be helpful to your student in preparing for their experience with you, please fill out and send the attached document to your prospective student three weeks prior the beginning of level II fieldwork via email, fax, or mail.
- After receiving the study guide back from your prospective student, use the areas of unfamiliarity information your student provided in conjunction with the Student Learning Style worksheet to develop orientation and initial teaching session addressing the student's needs.

Fieldwork Student:

- Upon receiving this competency checklist and study guide, please review the frames of reference, clinical skills, and assessments identifies by your fieldwork supervisor.
- Circle the areas that you are least familiar with or desire more assistance with once you arrive at the fieldwork site.
- Send a copy of the Study Guide to your fieldwork supervisor two weeks prior to the beginning of your level II fieldwork via email, fax, or mail. The information concerning areas of unfamiliarity and areas for further growth you identified will help your fieldwork educator to set up the orientation and initial teaching sessions.
- Use the information provided on the study guide to design a study plan.

Competency Checklist and Student Study Guide

The frame of references (FOR), clinical skills and assessments that are marked below are widely utilized for your level II fieldwork at this facility. This worksheet is to be utilized to guide your studies in preparation for fieldwork.

General Skills Needed:

- Review of SOAP notes and RHUMBA goals
- Ability to observe and critically select information to write or communicate through documentation

FOR with Clinical Skills:

Biomechanical: Physical Disabilities and Pain

- Muscle Grading
- Typical Ranges of Motion
- Transfers
- Precautions of diagnosis and surgery
- Contraindications
- Modalities (Ultrasound, E-Stem)
- Working with Hospital Devices and knowing what they are/do
- Pain Scales

Assessment Examples

- Box and Block
- Nine-Hole Peg Test
- Manual Muscle Test
- Sensory Tests
- Pinch and Grip Tests
- Range of Motion Measurements
- Edema Measurements
- Minnesota Rate of Manipulation Test

Additional Skills Necessary:

Rehabilitation: Physical Disabilities and Pain

- Calculating and defining METS
- Ability to Grade and Adapt Activities
- Assistive Devices
- How to Create Safe Environments
- Increased Independence in ADLS (Techniques)
Example: One Handed Dressing
- Working with Hospital Devices and knowing what they are/do

Assessment Examples

- Assessment of Motor and Process Skills
- Executive Function Performance Test
- Canadian Occupation Performance Measure
- Upper Extremity Functional Scale
- Functional of Independence Measure
- Independent Living Skills
- Outcome and Assessment Information Set

Additional Skills Necessary:

Motor Learning/Motor Control: Relearning

Skilled Voluntary Movement

1. Neurodevelopmental Therapy

- Use of Facilitation
- Inhibition Techniques
- Placing Hands at Key Points of Control
- Using Reflex Inhibiting Patterns of Posture
- Weight Bearing
- Neurological Disorders

Assessment Examples

- Functional Reach
- Tinetti's Balance and Gait Evaluation
- Limits of Stability Test
- Fugl-Meyer Sensori-motor Assessment
- Ashworth Scale of Spasticity

Additional Skills Necessary:

Cognitive Frames of Reference

1. Allen's Cognitive Levels (ACL)

- Allen's Cognitive Levels
- Different Types of Memory (Sensory-Perceptual, Long-term and Short-term)
- Executive Functioning
- Assistance
- Observing
- Cueing
- Probing
- Rescue

- "Just Right Challenge"
 - How to Create Safe Environments
 - Communication Methods with Barriers
 - Interaction skills with Cognitive Deficits
- 2. Ranchos Los Amigos*
- Ranchos Levels
 - "Just Right Challenge"

Assessment Examples

- Montreal Cognitive Assessment
- Executive Function Performance Test
- Trail Making Test, Parts A & B
- Allen's Cognitive Level Screen Five
- Mini Mental Exam
- Brief Kingston Assessment
- Kohlman Evaluation of Living Skills

Additional Skills Necessary:

Student Learning Style

Obtaining insight into one's learning style can aid in the collaborative efforts required for this product. Standardized surveys can aid you in gaining a better understanding about your personal style and can be used to inform your fieldwork supervisor.

Level II Students: Follow the link provided to determine how you learn best.

- Complete the VARK questionnaire by following this provided link
 - <http://www.vark-learn.com/documents/the%20vark%20questionnaire.pdf>
- Follow this link for a description of your learning style
 - <http://www.vark-learn.com/english/page.asp?p=categories>

What is your preferred learning style according to the VARK questionnaire? Please describe the learning style in your own words.

Were you surprised or in agreement with this questionnaires results? Why or why not?

Look at the activities required in the 12 week outline. Do you perceive difficulty with any of the activities listed in light of your learning style? Why or why not? What learning modification might enhance your ability to perform?

How can your understanding and your supervisors understanding of your preferred learning styles help in the collaborative learning process?

What else would you like your fieldwork supervisor to know about you?

After completion of this worksheet, please send this to your Fieldwork Supervisor two weeks prior to beginning your Level II Fieldwork experience

Fieldwork Supervisor Leadership Style

Obtaining insight into your supervision style can aid in the collaborative efforts required for this product. Standardized surveys aid in gaining a better understanding about your personal style and can be used to inform your occupational therapy fieldwork student

Level II Fieldwork supervisors: Follow the link provided to determine your leadership style.

- Complete the Leadership Style Questionnaire by following this provided link. Please read the descriptions of the different styles of leadership.
 - http://ofd.ncsu.edu/wp-content/uploads/2013/01/Leadership_Style_Questionnaire_Reading.pdf

What is your preferred leadership style according to this questionnaire? Please describe the leadership style in your own words.

Were you surprised or in agreement with this questionnaires results? Why or why not?

Look at the activities required in the 12 week outline. Do you perceive difficulty with any of the activities listed in light of your leadership style? Why or why not? What learning modification do you suggest that will enhance your student's ability to perform?

How can your understanding and your student's understanding of your preferred leadership styles help in the collaborative learning process?

What else would you like your fieldwork student to know about you?

After completion of this worksheet, please send this to your Fieldwork Supervisor two weeks prior to beginning your Level II Fieldwork experience

Phase II: Orientation Phase: Weeks 1-3

1. Within the first week, to ensure the student is introduced to all necessary material and knowledge for fieldwork success, the supervisor will utilize the **Orientation Checklist**.
2. The student and fieldwork supervisor will commit to a designated time to meet weekly. The **Weeks 1-3 Weekly Meeting Sheet** will be utilized in the orientation phase guiding each weekly meeting.
3. Prior to beginning the collaborative process, the student and fieldwork supervisor will access their completed **Student Learning Style** and **Fieldwork Supervisor Leadership** worksheets. During their first meeting, the student and fieldwork supervisor will evaluate and discuss their perceived strengths and weaknesses regarding collaboration.
4. Throughout weeks 2 and 3, the student will critically observe their clients. They will use the **Observation Log: Performance Components** worksheet to expand their therapeutic use of self, by critically observing themselves and their supervisor in regard to therapeutic strategies used in interactions with clients and others.
5. In week 2, the student and fieldwork educator will read a suggested literature piece regarding client-centeredness and reflect upon the facility's processes. They will apply the literature's concepts to their site in relation to client-centeredness using the **Client-Centered** worksheet.
6. In week 3, the student and fieldwork educator will read a suggested literature piece regarding occupation-based practice and reflect upon the facility's processes. They will apply the literature's concepts to their site in relation to occupation-based practice using the **Occupation-based** worksheet.

Orientation Checklist

Please check the following boxes under each section once completed.

Facility

- Mission and vision statement of facility
- Client census (diagnoses/age/cultures)
- Policies of facility (work hours/absences/dress code/safety precautions/infection control/reporting accidents or emergencies/fire plan)
- Mapping/tour of locations and units within facility
- Location and procedures for accessing and using student charts
- Other: _____

Occupational Therapy Department

- Physical layout (location of records/supplies/equipment)
- Departmental organization of structure
- Services provided by OT
- Documentation methods
- Orientation to computer programs
- Discussion of equipment and materials are used in intervention
- Orientation to referral system
- Discussion of evaluation
- Orientation of assessment tools used
- Orientation to daily/weekly schedule
- Schedule of team meetings/in-service training
- Other: _____

Level II Fieldwork

- Orientation to Fieldwork Objectives
- Discussion of amount and type of supervision given
- Schedule day and time of weekly supervision meeting
- Review student assignments/materials and week-by-week schedule
- Other: _____

Weeks 1-3 Weekly Meeting Format

This tool is intended to be used and filled out collaboratively during weekly meetings to guide discussion and track fieldwork experiences. It will help in tracking what exposures the fieldwork student has had to different diagnoses, occupations, interventions, and assessments. Open discussion of the week's events will provide time for students questions, concerns, and requests to be addressed. Through collaboration, the fieldwork supervisor is able to identify what learning opportunities to incorporate in the weeks to follow in order to provide a quality educational experience.

Section Instructions

1. To help the educator track the student's familiarity with each diagnosis, consider what ten diagnoses are most commonly seen at the specified facility prior to the meeting and write these diagnosis' in the blank space provided. The therapist and student then will discuss and check off each diagnosis seen that week.
2. To help the student to see the connection between the client's underlying abilities and their actual occupational performance, discuss and check each occupational area that was assessed throughout the week. Review and discuss how underlying concepts identified on the completed **Observation Log: Performance Components** influence client's occupational performance.
3. To help ensure the student understands materials used to collect data, review the assessments used throughout the week and how they helped guide interventions. Identify what format was used to obtain information and list the assessment title on the provided blank line. These assessments are not limited to occupation-based assessments and should include assessments used with frames of reference used at the facility. Please refer to the **Competency Checklist and Student Study Guide Directions** to identify assessments of interest for future use.
4. To help the student analyze interventions conducted, discuss and explain different intervention types that were conducted throughout the week. Address student questions, concerns, and valuable learning experiences gained through conducting the interventions.
5. To connect the learning process with practice for you and the student, discuss and list strengths and challenges encountered while independently or collaboratively planning interventions. Identify how to improve the planning process or how to remediate challenges.
6. To help you and the student organize the collaborative learning process, write attainable goals and objectives for the following week. Use the weekly meeting sheet as a guide when setting goals regarding diagnosis, occupations, interventions types, and implementing assessments.

Weeks 1-3 Weekly Meeting Sheet

Supervisor Name: _____ Student Name: _____

Week (*please circle*): 1 2 3 4 5 6 7 8 9 10 11 12

Date of Completion: _____

1. What diagnoses were seen this week?			
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
2. What areas of occupations were assessed this week?	What assessments instrument were used to address:		What underlying components were assessed this week?
	Occupational Areas	Underlying Components	
<input type="checkbox"/> ADL	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Physical <input type="checkbox"/> Psychosocial <input type="checkbox"/> Cognitive
<input type="checkbox"/> IADL	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Play	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Education	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Leisure	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Work	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Social Participation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Rest & Sleep	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
3. What style of assessments were used?			
<input type="checkbox"/> Observations <input type="checkbox"/> Interview-based <input type="checkbox"/> Questionnaires <input type="checkbox"/> Rating Scale <input type="checkbox"/> Measurement <input type="checkbox"/> Self-report			
4. Explain strengths or challenges noticed while planning and implementing assessments throughout the past week.			
<u>Strengths:</u>		<u>Challenges:</u>	

5. Explain strengths or challenges noticed while planning and implementing interventions throughout the past week.

<u>Strengths:</u>	<u>Challenges:</u>
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6. Explain strengths or challenges noticed while planning and writing documentation throughout the past week.

<u>Strengths:</u>	<u>Challenges:</u>
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7. What are the student's and fieldwork educator's goal for the upcoming week?

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Observation Log: Performance Components

Reason for referral: _____ Diagnosis _____

What goal(s) are being addressed:

Intervention Description:

Describe the client observed in light of these underlying components

Physical	
-Balance	-Posture
-Movement	-Compensatory strategies
- Fine/Gross motor coordination	
- Sensory (visual, proprioception, hearing, touch, pain)	
Cognitive	
-Memory	-Communication
-Sequencing	-Visual perception
-Problem solving	- Impulsivity
Psychosocial	
-Emotional expression	
<input type="checkbox"/> Depressed <input type="checkbox"/> Manic <input type="checkbox"/> Hopeful <input type="checkbox"/> Hopeless <input type="checkbox"/> Masking emotions <input type="checkbox"/> Apathetic <input type="checkbox"/> Overly anxious	
<input type="checkbox"/> Aggressive <input type="checkbox"/> Impulsive <input type="checkbox"/> Fearful <input type="checkbox"/> Angry <input type="checkbox"/> Overwhelmed <input type="checkbox"/> Indifferent <input type="checkbox"/> Inappropriate	
How are these emotions affecting their occupational performance or engagement?	

What therapeutic strategies did you observe?

Advocating Collaborating Empathizing Encouraging Instructing Problem

What type of intervention(s) did you observe?

Preparatory Purposeful Occupation-based

What Frames of Reference(s) supports this intervention(s)?

Biomechanical Rehabilitation Motor Learning/Motor Control

Cognitive Frame of Reference Others _____

Additional Observation Notes:

Client-Centered Worksheet

Step 1: The student is encouraged to locate an article on client centered practice to share with the fieldwork educator. A suggested literature piece is illustrated below:

Maitra, K. K. & Erway, F. (2006). Perception of client-centered practice in occupational therapists and their clients. *American Journal of Occupational Therapy*, 60, 298–310.

Step 2: Answer the reflective questions below

What aspects of client-centered practice stood out as valuable to you in this article?
Which aspects illustrated above are evident at this fieldwork site?
What aspects are not evident at this fieldwork site?
What changes would you make based on the information gathered from the article?

Occupation-Based Worksheet

Step 1: The student is encouraged to locate an article on occupation-based practice to share with the fieldwork educator. A suggested literature piece is illustrated below:

DeGrace, B. W. (2003). Occupation-based and family-centered care: A challenge for current practice. *The American Journal of Occupational Therapy*, 57(3), 347-350.

Step 2: Answer the reflective questions below

What is important to consider in occupation-based practice?
What are important elements of occupation-based practice and benefits of being occupation-based?
What are the challenges of being occupation-based at this site?
What changes would you make based on the information gathered from the article?

Phase III: Orientation to Occupations and MOHO Phase: Weeks 4 - 6

1. The student and fieldwork educator will collaboratively begin to learn about the Model of Human Occupation (MOHO) model and its potential to address client-centered and occupation-based needs.
2. In week 4, the student and fieldwork educator will read and study the **Model of Human Occupation (MOHO): An Occupation-based model** worksheet.
3. In week 5, the collaborative team will complete the **Client Application** worksheet by utilizing their understanding of MOHO gained through using the MOHO worksheets. These worksheets include: **How to Apply MOHO to the Therapeutic Process, Therapeutic Strategies**, and the **MOHO case study**.
4. During the weekly meetings in the Orientation to Occupations and MOHO Phase, the **Week 4-6 Weekly Meeting Sheet** will be completed to identify and discuss MOHO in relation to current practice at the fieldwork facility.
5. In weeks 5 and 6, the therapist and student will start using the **Occupation-Based Observation Log** and the **Intervention Planning Sheet** with their patients to facilitate understanding and use of MOHO concepts in their own practice.
6. By week 6, the student and fieldwork educator will collaboratively complete **The Collaborative MOHO Reflection** worksheet to identify the specific area(s) they would like to address when implementing MOHO into practice.
7. A **Midterm Evaluation of the Student and Therapist Collaboration Process** will be implemented at the end of week 6 to document the student and fieldwork supervisor's progress throughout the collaborative learning process.

Overview of Model of Human Occupation Learning Process

Utilizing an occupation-based model in conjunction with supporting frames of reference enhances client's level of care and allows therapists to provide best practice care. Occupation-based models encourage occupational therapists to remain client-centered and occupation based throughout the therapeutic process by allowing conceptualization of client's needs through the models' lens.

The Model of Human Occupation worksheet describes the main concepts associated with MOHO. These concepts form the foundation of what the occupational therapist and student needs to know or understand about their client and their surrounding situations in order to elicit change and adaptation. Proceeding through the suggested learning process will provide the occupational therapist and student with knowledge, experimentation, experience, and a product that can be utilized by either therapist in the future. At certain points throughout this learning process, the student or fieldwork educator may take the lead or equally share responsibly which will be determined through collaborative negotiation when developing the learning contract in Phase IV.

Suggested Learning Process:

- The supervisor and student will review the concepts and definitions of MOHO identified on the **Model of Human Occupation (MOHO): An Occupation-Based Model** sheet to help familiarize them with this model's terminology.
- After gaining an initial understanding, review the following worksheets to gain further understanding of how to apply this model in practice.
 - **How to Apply MOHO to the Therapeutic Process** worksheet
 - **Therapeutic Strategies** worksheet
 - **MOHO Cases Study** and **MOHO Cases Study Worksheet**
- Utilize the **Client Application Worksheet** to apply the MOHO approach with a current client.
- The **Occupation-based Observation Log** will then be used to analyze the MOHO concepts in practice.
- Use the **Intervention Planning Sheet** to develop interventions that are guided by MOHO and an appropriate frame of reference.
- Utilizing the **Collaborative MOHO Reflection**, evaluate with your student or fieldwork educator when, where, how, and why the MOHO concepts would benefit practice at the fieldwork site.
 - Collaboratively create a process and resources to support occupation-based practice using MOHO.

**Model of Human Occupation (MOHO)
An Occupation-Based Model**

Person	
Composed of interacting elements; volition, habituation, and performance capacity	
1. Volition	Process by which people are motivated toward and choose what activities they do
a. Personal Causation	Thoughts and feelings about one's capacities and their effectiveness in doing those things
b. Values	Beliefs and commitments about what is good, right, and important to do
c. Interests	Generated through the experience of pleasure and satisfaction of occupation
2. Habituation	Process of how people organize their actions into patterns and routines are governed by habits and roles
a. Habits	A learned way of doing things that unfolds automatically
b. Roles	Gives the people an identity and sense of obligation that goes with their identity
3. Performance Capacity	Underlining mental and physical abilities and how they are used and experienced during performance
Environment	
The particular social, physical, cultural, economic, and political features within a person's context that influence the motivation, organization, and performance of occupation.	
Aspect of Completing an Occupation	
1. Occupational Participation	Engaging in work, play, or activities of daily living that are apart of one's sociocultural context regarding to one's overall well being
2. Occupational Performance	Doing a task related to participation in a major life area; carry out purposeful action to sequence steps necessary to complete the occupation.
3. Occupational Skills	Goal directed actions a person uses while performing: motor, processes, and communication and interactions skills
Outcomes of Interaction between Person, environment, and occupation	
1. Occupational Identity	Created over time by what a person does; cumulative sense of what a person is and what they want to be
2. Occupational Competence	Stage of change when persons begin to solidify new ways of doing that were discovered through exploration
3. Occupational Adaptation	Construction of a positive occupational identity and achieving occupational competence overtime in one's environment

Kielhofner, G., Forsyth, K., Kramer, J., Melton, J., & Dobson, E. (2009). The model of human occupation. Crepeu, E., Cohn, E., & Schell, B. (Eds.), *Willad & Spackman's Occupational Therapy*. (pp. 446-46). Baltimore, MD: Lippincott Williams & Wilkings.

How to Apply MOHO to the Therapeutic Process?

Using these steps of therapeutic reasoning helps to focus on understanding your clients in terms of their own values, interest, sense of capacity and efficacy, roles, habits, and performance-related experiences within the relevant environment

Evaluation	
1. Generate and use questions to guide the reasoning process.	Develop questions that will help you get to know your client in light of MOHO concepts. Refer to the <i>Client Application Worksheet</i> .
2. Gather information on/with the client using structured and unstructured means.	<ul style="list-style-type: none"> - Use questions generated in the first step. - Therapist needs to determine what information is needed and the best method to gather it. - MOHO-based assessments can be used along with other conceptual assessments and performance based assessments compatible with MOHO and its concepts.
3. Create a conceptualization of the client's situation that includes client strengths and problems/challenges	<ul style="list-style-type: none"> -Helps to create an accurate theory-based understanding of the client. -The aim of this step is to generate new insights into strengths and challenges to pull from when developing an action plan for change.
Intervention	
4. Identify goals and plans for client engagement and therapeutic strategies	<p>To plan the therapeutic process:</p> <ul style="list-style-type: none"> - Collaborate with the client to develop meaningful goals - Determine what type of therapeutic approach will enable the client to change - Determine best therapeutic strategies that will support change. <p style="text-align: center;">Refer to <i>Therapeutic Strategies</i> handout</p>
5. Implementing and reviewing therapy	<p>During this step the therapist:</p> <ul style="list-style-type: none"> - Follows the plan of action - Facilitates open communication and provides feedback - Continuously monitors how therapy is unfolding - Is receptive to new information as it emerges - Modifies goals, plans, and strategies as necessary
Outcomes	
6. Collect information to assess outcomes	<ul style="list-style-type: none"> - Document outcomes determined through observation and structured assessments. -Structured assessment provides statistical evidence that change occurred. -These include MOHO-based assessments and other conceptual assessments and performance based assessments compatible with MOHO and its concepts.

Kielhofner, G. (2008). Therapeutic reasoning: Planning, implementing, and evaluation the outcomes of therapy . *Model of human occupation: Theory and application (4th ed.)*. 143-154. Baltimore, MD: Lippincott Williams & Wilkins.

Therapeutic Strategies

Therapist's action that influences a client's doing, feeling, and or thinking that facilitates desired change.

1. Validating	Convey respect for and acknowledge the client's experience or perspective.
2. Identifying	Identify for the client a range of personal procedures and/or environmental factors that can facilitate occupational performance and participation.
3. Giving feedback	When therapists share their overall understanding of the client's situation or their understanding of the client's ongoing action. Feedback helps clients: <ul style="list-style-type: none"> • Have a more accurate sense of capacity or understand a performance problem • Letting a client know the value of a behavior • Reframing a client's interpretation of something
4. Advising	Therapists advise clients with recommended intervention goals and strategies. <ul style="list-style-type: none"> • Provides rationale to influence a client to make an informed decisions.
5. Negotiating	Therapists negotiate when they engage in give-and-take with a client to achieve a common perspective or agreement about something that the client will or should do in the future. <ul style="list-style-type: none"> • Begins with a respectfully listening and understanding client's thoughts and feelings throughout the therapy process.
6. Structuring	Refers to establishing parameters for choice and performance by offering clients alternatives, setting limits, and establishing ground rules
7. Coaching	Therapists coach when they instruct demonstrate, guide, verbally prompt, and/or physically prompt clients. <ul style="list-style-type: none"> • Can aide in developing performance capacity and enhancing skills as well as addressing MOHO related concepts like role performance and personal causation about an occupation.
8. Encouraging	Therapists provide emotional support and reassurance to clients to enable clients to engage in the therapeutic process. <ul style="list-style-type: none"> • It serves to elicit positive thoughts and feelings about performance
9. Providing physical support	Used when therapists use his or her body to provide support for a client to complete all or part of an occupational form/task when the client cannot or will not use his or her own motor skills.

Kielhofner, G. (2008). Therapeutic Strategies for Enabling Change. *Model of human occupation: Theory and application (4th ed.)*. 185-203. Baltimore, MD: Lippincott Williams & Wilkins.

MOHO Case Study

Delores: An illustration of Therapeutic Reasoning

Delores was a client in an inpatient physical disability setting. She was 43 years of age and had sustained a left CVA two weeks earlier. She currently has performance problems in the areas of self-care and mobility and is showing some signs of CVA depression. Currently, she experiences short term memory loss and has difficulty completing tasks involving fine motor coordination. She appears reasonably pleasant when approached about therapy sessions, but obviously does not give a great deal of effort to the process and sometimes seems to be having difficulty in following the conversation. She had lived alone prior to the CVA, and her goal was to return home with the help of her children. She also had a history of substance abuse. The concept of volition naturally led the therapist to wonder about several things about Delores.

- What are Delores's thoughts and feelings about her capacity and efficacy, and do they account for her depressed demeanor?
- Does Delores have interests and act on them, and does she enjoy the things she does?
- What are Delores's values, and is she able to realize them in what she does?
- What kinds of decisions does Delores make about doing things, and how do her personal causation, values, and interests influence these decisions?

These related questions arose as the therapist came to know Delores. Moreover, they guided the collection of information about her.

The therapist observed Delores in several situations. The therapist also interviewed her about the things she did in her life, her experiences at home, in school, and with friends. She engaged Delores in a discussion of her interests and values by completing a paper/pencil assessment with her. At this point in Delores's life, her personal causation was dominated by a sense of incapacity and inefficacy. She felt very little control over most aspects of her life. She showed little interest in most of the options for therapy in the clinic, and particularly for self-care activities or basic kitchen tasks. Her overall depression appeared to worsen when her children visited. Her children did not get along well with one another and fought over what would happen next to their mother. Delores was divorced from her husband, who was an alcoholic and a very controlling spouse. She was not accustomed to being asked what she would like to do as this was not part of her experience either growing up, or in her marriage relationship. She had worked most of her life as a librarian and had reasonably loved her work, but this also reinforced a solitary living pattern. She did not feel that she was capable at doing things before her CVA, and she felt less so afterwards.

According to MOHO theory, volition-in combination with environmental conditions- influences activity choices. The therapist observed the following characteristics of Delores's choices that emanated from her volition and environment. She consistently resisted using adaptive equipment like a walker or modified strategies that were suggested to improve her occupational performance of tasks. When allowed to make her own choices, she always chose to do things that were familiar, safe, and solitary. She was not interested in interacting with other patients and isolated in her room when she was not engaged in therapy. If other patients were present in the grocery store module during her 1:1 therapy, Delores would become anxious and overly critical of her performance which led to her giving up and asking to return to her room. Privately, she

would admit her lack of confidence about performance to the therapist and said she was nervous to mess up in front of her children because they might put her in a nursing home. She stated she wants to be independent enough to do her own shopping and self-care activities, but not so much that her family doesn't come by to help her.

With this additional information, the therapist could recognize how Delores's volition, along with corresponding environmental conditions and habituation was sustaining her maladaptive pattern. That is, her choices to do things were designed to avoid failure and judgment of others, but these choices also ensured that she would neither learn new skills nor develop a stronger sense of capacity and efficacy.

Using lay terms that Delores could understand, the therapist shared her understanding of Delores's situation with Delores to determine whether she agreed. This served not only to make sure that the therapist had accurately comprehended Delores but also to inform Delores in terms she could understand of the theoretical ideas the therapist was using. Delores reluctantly agreed with what the therapist proposed and added some of her own concerns and interpretations. This discussion gave the therapist further insights into Delores and helped Delores learn more about herself. As they came to a shared understanding of Delores's situation, they discussed some ideas for goals for therapy. This discussion informed Delores of how the therapist was conceptualizing her therapy and what it was designed to achieve for her.

Using the MOHO theory to make sense of Delores's situation and sharing the therapist's formulation with Delores helped them arrive at mutually agreeable goals for this therapy. Delores's long-term goals associated with MOHO concepts included:

- Increasing Delores's belief in skill and sense of efficacy so that she could make choices to do things she valued leading to improving her performance.
- Enabling her to gain confidence and competence in utilizing a walker for functional mobility to complete morning ADLs such as showering, toileting, dressing, and grooming.
- Ability to demonstrate initiation and completion ADLs with minimal to modified assistance.
- Increasing Delores's fine motor coordination for small meal preparation.

Next, the therapist and Delores had to decide how to go about achieving these goals. MOHO theory indicates that these changes require the following process. First, environmental conditions outside Delores needed to change to allow a new dynamic out of which new volitional thoughts, feelings, and actions could emerge for Delores. Second, the therapist needed to repeat this situation sufficiently so that Delores's volition could begin to reorganize around a sense of capacity, a desire and enjoyment of doing things, and a positive evaluation of her.

Consequently, the therapist began with the therapeutic strategy of advising and supporting Delores to choose activities in which she could readily succeed at and that she saw as valuable. Delores decided she that working to using her walker to do morning activities, using unilateral dressing techniques, and preparing a small meal would be her focus for her independence. Delores found these tasks interesting and important to her. The ability to dress herself with the use of visual cues provided on a handout-symbolized competence to her. Moreover, dressing and preparing food allowed Delores to create products that would tangibly affirm her competence.

The therapist also taught Delores memory compensation strategies to address memory deficits throughout tasks. During therapy, the therapist gave her constant feedback on her successes and invited Delores to review each session, identifying what she had enjoyed, accomplished, and learned. They dealt with problems and challenges that arose by working together to see how she could achieve good outcomes by problem solving and/or asking for help. This meant redefining her need for help from being a sign of failure to being yet another method Delores could choose and use to accomplish what she wanted. Delores's therapy began with individual sessions in which she could be free of the worry about what others would think about her performance. She progressed to inviting her family members to participate in therapy with her when she had developed sufficient capacity and belief in her own abilities to demonstrate her newfound competence in front of her children.

The therapist's understanding of Delores's volition also guided the therapist in the details of her intervention. The therapist knew that when Delores was reluctant to engage in activities, it was because they were too threatening. The therapist observed Delores carefully for signs of anxiety in performance or disinterest and consistently reoriented her to simply enjoy the activity and use the opportunity to develop some skills (exploration stage of change).

Later, when she had gained some increased sense of capacity and efficacy, Delores was able to identify her desire to return to a working or volunteering role. Delores loved books and identified an interest in working as a part time librarian again or desk clerk through vocational interest exploration. The desire to return to her old professional role as a librarian or new role as a desk clerk served as motivation to improve her ability to independently perform her self-care tasks.

As they began to plan for Delores's discharge from therapy, the therapist also knew that maintaining the volitional and habitual changes she had gained in therapy would require consistent, supportive environmental conditions to allow her to continue her new pattern of thinking, feeling, and acting. Consequently, the therapist made recommendations for Delores's children who took on the role as Delores's caregivers. Recommendations were shared with them by the case worker who managed Delores's case.

This case example illustrated how:

- MOHO theory can be used to construct a particular conceptualization of a client's situation.
- The unique characteristics of the client are combined with MOHO theory to arrive at this conceptualization.
- The conceptualization guides selection of therapy goals and the therapy process.
- The use of MOHO not only addresses the physical aspects of dysfunction but also the cognitive and psychosocial aspects, which can also be impacted by the person's disability.

The case also illustrated that the therapeutic reasoning process can be shared actively with the client, who becomes a partner in each step. To the extent that they are capable and willing, clients should always be given an opportunity to participate in the process of thinking with theory. When this happens, the theory not only enriches the therapist's view but enhances the client's self understanding.

MOHO Case Study Worksheet

Step 1: Please read the attached case study illustrating Dan and the therapeutic process utilized by the therapist that was adapted from MOHO.

Step 2: Complete the following questions

What MOHO concepts do you see being utilized in the case scenario?
What concepts do you view as being beneficial for the client and therapist throughout the therapeutic process?
How is the process utilized in the case study similar or different from what is presently being utilized at the site?
Does the case scenario give you any ideas to what can be done differently at the site?

Client Application Worksheet

Utilize this worksheet to apply the MOHO approach with a current client.

MOHO Concept	Corresponding Questions
Person	
Volition	<ol style="list-style-type: none"> 1. Does this adult have appropriate confidence in his or her abilities? 2. What is the set of driving principles this adult lives by? 3. What is important to him or her and how does this effect choice in engaging in daily activities? 4. Does the adult do activities that they find enjoyable or satisfying?
<ol style="list-style-type: none"> 1. 2. 3. 4. 	
Habituation	<ol style="list-style-type: none"> 1. What is the daily routine of this adult and how do routines influence what he or she does? 2. How does the adult feel about the routine? 3. What are the responsibilities the adult holds and how do they affect daily routines?
<ol style="list-style-type: none"> 1. 2. 3. 	
Performance Capacity	<ol style="list-style-type: none"> 1. Is the client able to demonstrate occupation-based task? 2. What underlying factors inhibit the client's performance levels? 3. How does the client perceive their abilities?
<ol style="list-style-type: none"> 1. 2. 3. 	
Environment	
Environment	<ol style="list-style-type: none"> 1. What daily activities does the family consider to be desirable and or necessary for the well-being of this adult? 2. Does the family support the adult in efforts to engage in daily activities ? 3. What impact does the opportunities, resources, constraints, and

	<p>demands (or lack of demands) if the environments have on how this adult views him or herself of his or her abilities?</p> <p>4. How do the opportunities, recourses, constraints, or demands provided by spaces, objects, occupational forms/tasks, and social groups affect the adult's participation in daily life?</p>
1.	
2.	
3.	
4.	
Occupation	
Occupational Participation	<p>1. Does the adult currently routinely engage in productive activities, leisure, and self-care activities that he or she needs and or wants to be able to do?</p>
1.	
Occupational Performance	<p>1. Can this adult do the self-care productivity and leisure that make up his or her life?</p> <p>2. Can the adult perform daily activities to a standard he or she is happy with?</p>
1.	
2.	
Occupational Skill	<p>1. Does the adult exhibit the necessary communication/interaction, motor, and process skills to perform what he or she needs or wants to do?</p>
1.	
Outcomes	
Occupational Identity	<p>1. How does this adult view him or herself?</p> <p>a. Do they perceive themselves to be a grandparent, parent, worker, volunteer, group member?</p>

	<ul style="list-style-type: none"> b. Does the person view themselves as not contributing to society, friends, or family? As failing to remain active in engaging in life. 2. What is the family's sense of who the adult is? <ul style="list-style-type: none"> a. How does this affect the adult's view of him or herself?
<ul style="list-style-type: none"> 1. 2. 	
Occupational Competence	<ul style="list-style-type: none"> 1. Has the adult been able to meet their responsibilities over time? 2. Does the adult perceive himself or herself to be able to do the occupations that they need and or want to be able to do? 3. Does the older adult feel competent within their occupational life?
<ul style="list-style-type: none"> 1. 2. 3. 	
Occupational Adaptation	<ul style="list-style-type: none"> 1. What changes are necessary to the person, environment and occupation that will promote change and enhance performance in functional and meaningful tasks?
<ul style="list-style-type: none"> 1. 	

Occupation-based Observation Log

Reason for referral: _____ Diagnosis _____

What occupation-based goal/s is being addressed:

Intervention Description:

Describe the client observed in light of the MOHO concepts.

Person		
1. Volition	2. Habituation	
a. Personal Causation-	a. Habits-	b. Roles-
b. Values-		
c. Interests-		
3. Performance Capacity		
a. Cognitive-	b. Physical-	c. Psychosocial-
Environmental Features Impacting Occupation		
Social, Physical, Cultural, Economic, Political features:		

What MOHO therapeutic strategies did you observe?

- Validating
 Identifying
 Giving feedback
 Advising
 Negotiating
 Structuring
 Coaching
 Encouraging
 Providing physical support

What type of intervention(s) did you observe?
 Preparatory
 Purposeful
 Occupation-based

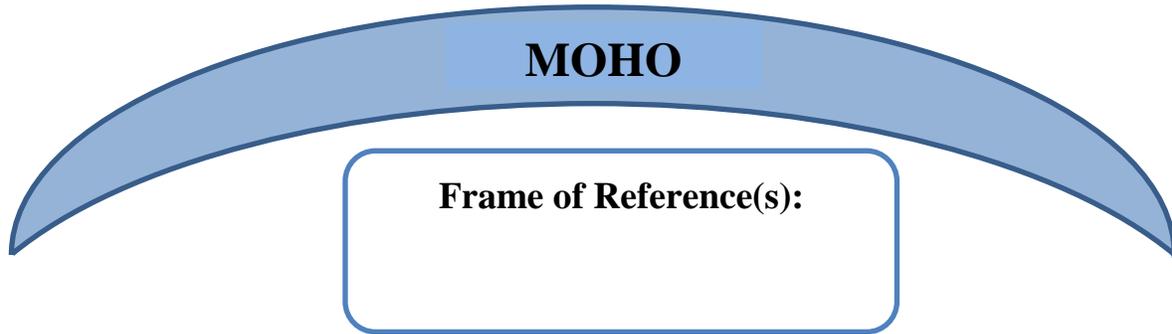
What Frames of Reference(s) supports this intervention(s)?

- Biomechanical
 Rehabilitation
 Motor Learning/Motor Control
 Cognitive Frame of Reference

Other: _____ _____ _____

Additional Observation Notes:

Intervention Planning Sheet



Occupational Goal Statement	
Activity/ Intervention	
Intervention Type	
MOHO Concepts Addressed	
Therapeutic Strategies	
Intervention Rational	

Weeks 4-6 Weekly Meeting Format

This tool is intended to be used and filled out collaboratively during weekly meetings to guide discussion and track fieldwork experiences. It will help in tracking what exposures the fieldwork student has had to different diagnoses, occupations, interventions, and assessments. Open discussion of the week's events will provide time for students questions, concerns, and requests to be addressed. Through collaboration, the fieldwork educator is able to identify what learning opportunities to incorporate in the weeks to follow to provide a quality educational experience.

Section Instructions

1. Prior to the meeting the fieldwork educator needs to consider what ten diagnoses are most commonly seen at their facility and write these diagnosis' in the blank space provided. The therapist and student then will discuss and check off each diagnosis seen that week. This discussion may help the therapist to identify the student's familiarity with each diagnosis.
2. Discuss and check each occupational area that was assessed throughout the week. Discuss how MOHO concept identified on the **Occupation-based Observation Log** can be applied to clients observed and their occupational areas addressed. Review and discuss student completed observation log(s).
3. Review the assessments used throughout the week and how they helped guide interventions. Identify what format was used to obtain information and list the assessment title on the provided blank line. These assessments are not limited to occupation-based assessments and should include assessments used with frames of reference used at the facility. Please refer to the **Competency Checklist and Student Study Guide Directions** sheet to identify assessments of interest for future use.
4. Discuss and explain different intervention types that were conducted throughout the week. Address student questions, concerns, and valuable learning experiences gained through conducting the intervention.
5. Discuss and explain different intervention types the student conducted throughout the week. Address student questions, concerns, and valuable learning experiences gained through conducting the interventions.
6. Discuss and list strengths and challenges encountered while independently or collaboratively planning interventions using the **Intervention Planning Sheet**. Identify how to improve the planning process or how to remediate challenges.
7. Write attainable goals and objective for what the fieldwork educator and student want to experience in the following week. Use the meeting sheet as a guide when setting goals regarding diagnosis, occupations, interventions types, and implementing assessments.

Weeks 4-6 Weekly Meeting Sheet

Fieldwork Educator Name: _____ Student Name: _____

Week (*please circle*): 1 2 3 4 5 6 7 8 9 10 11 12

Date of Completion: _____

1. What diagnoses were seen this week?			
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
2. What areas of occupations were assessed this week?	What assessments instrument were used to address:		What style of assessments were used
	Occupational Areas?	Underlying Components?	
<input type="checkbox"/> ADL <input type="checkbox"/> IADL <input type="checkbox"/> Play <input type="checkbox"/> Education <input type="checkbox"/> Leisure <input type="checkbox"/> Work <input type="checkbox"/> Social Participation <input type="checkbox"/> Rest & Sleep	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Physical <input type="checkbox"/> Psychosocial <input type="checkbox"/> Cognitive
3. What style of assessments were used?			
<input type="checkbox"/> Observations <input type="checkbox"/> Interview-based <input type="checkbox"/> Questionnaires <input type="checkbox"/> Rating Scale <input type="checkbox"/> Measurement <input type="checkbox"/> Self-report			
4. Explain strengths or challenges that were noticed while planning and implementing assessments throughout the past week.			
<u>Strengths:</u> 	<u>Challenges:</u> 		

5. Explain strengths or challenges that were noticed while planning and implementing interventions throughout the past week.

Strengths:

Challenges:

6. Explain strengths or challenges that were noticed while planning and writing documentation throughout the past week.

Strengths:

Challenges

7. What are the student's and fieldwork educator's goal for the upcoming week?

Midterm Evaluation of the Student and Therapist Collaboration Process

This worksheet is designed to stimulate discussion among the fieldwork educator and student. Prior to beginning the evaluation sheet, determine how the sheet will be scored in agreement with one another. Fill out the evaluation sheet in a collaborative manner.

Fieldwork Educator Name: _____ Student Name: _____

Level II Fieldwork Placement: 1 2 3 4

Midterm Date Completed: _____ Final Date Completed: _____

Scoring

4- Exceeds Standards

3- Meets Standards

2- Needs Improvement

1- Unsatisfactory

Student and fieldwork educator have identified and understood the frames of reference commonly used at the site and the implications for the intervention process.

Midterm: 1 2 3 4

Evidence to Date and Plans:

Student and fieldwork educator collaboratively chose proper assessments to address underlying components associated with client's physical, psychological, and cognitive abilities.

Midterm: 1 2 3 4

Evidence to Date and Plans:

Student and fieldwork educator worked together to understand how occupation-based and client centeredness would impact the treatment planning and intervention process.

Midterm: 1 2 3 4

Evidence to Date and Plans:

Student and fieldwork educator consistently applied client-centered and occupation-based knowledge to practice.

Midterm: 1 2 3 4

Evidence to Date and Plans:

Student and fieldwork educator worked together to identify a process to efficiently and effectively communicate and collaborate with clients and caregivers during the process of fieldwork.

Midterm: 1 2 3 4

Evidence to Date and Plans:

Additional Comments:

Midterm:

Phase IV: Implementation of Occupation and MOHO: Weeks 7-10

1. The **Learning Contract** will be used by the collaborative team during the Week 7 to identify the therapeutic focus that will be reflective of the student's learning interests. The identified focus also should benefit the facility. The learning contract will be used to map out the four to six week implementation process, with specific strategies and outcomes identified.

The Learning Contract
Deb Hanson, Ph.D.
Academic Fieldwork Coordinator, University of North Dakota

A learning contract is established when the fieldwork educator and the student determine together the skills and knowledge to be learned, methods for achieving the learning, and the criteria for evaluating whether the learning has taken place. Although often used when remediation is required, the learning contract can also be invaluable in situations where the student is progressing as expected, or is achieving beyond the facility expectations (Costa, 2007).

The central feature of the learning contract is the focus that it provides for the fieldwork educator and the student to structure and organize the learning experience. Inherent to the use of a learning contract is the presumption that the learner has the capacity to direct their own learning using the educator as a resource (Matheson, 2003). Through the process of negotiating the contract, the learner takes responsibility for his or her learning, thereby developing a sense of ownership and commitment to the plan.

Matheson (2003) suggests that the structure of a learning contract include:

1. The name and position (student occupational therapist) of the individual undertaking the learning.
2. Identification of the learning objective (ie what will the student be able to do if the plan is achieved? The learning objective will likely reflect one or more of the general objectives for learning established by the facility.
3. For each identified learning objective identify at least two strategies that the student will engage in to accomplish the objective.
4. Identification by the fieldwork educator of at least one supportive strategy that he/she will use to support the student in accomplishing each objective.
5. An established criterion of performance for each objective. The criterion should be measurable and include reference to a deadline for objective achievement.
6. The date the contract was established and/or revised, and the signature of all parties.

Whitcombe (2001) identifies the advantages of using learning contracts:

- Students develop ownership for learning
- Increased quality of student learning experiences
- Opportunity to focus on remediation of problem areas
- Enhanced communication and understanding between students and fieldwork educators

The success of the learning contract approach is closely associated with the role modeling and communication skills of the fieldwork educator. Typically, students will need support and encouragement to develop learning objectives. Although the fieldwork educator guides the process, joint decision making regarding the forming and evaluation of contract objectives will enhance learning outcomes and student investment in the learning process (Whitcombe, 2001). The student is expected to contribute to the process by identifying and attempting to resolve

problems and by making use of all opportunities for learning. Ultimately, learning contracts can be a useful tool in fostering independent learning and self-evaluation skills.

References

Costa, D. (2007). Clinical supervision in occupational therapy: A guide for fieldwork and practice. Bethesda, MD: American Occupational Therapy Association.

Matheson, R. (2003) Promoting the integration of theory and practice by the use of a learning contract. *International Journal of Therapy and rehabilitation*, 10, 264 – 269.

Whitcombe, S. (2001) Using learning contracts in fieldwork education: The views of occupational therapy students and those responsible for their supervision. *British Journal of Occupational Therapy*, 64, 552 – 558.

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Learning Contract

Due to the nature of the collaborative relationship, the learning contract developed by the fieldwork student and the fieldwork educator will incorporate both individuals learning goals collectively. It is suggested that the learning contract is utilized to map out the four weeks in phase III. Before designing the learning contract, it is important to utilize the Collaborative MOHO Reflection Worksheet to identify a focus in order to develop questions in relation to that focus. The collaborative team may choose to focus on referral, screening and assessment, intervention, or the overall process.

Example of a learning contract with the focus on assessments and occupation based interventions.			
	Personal Goals	Resources/Strategies	Evaluation Method
W E E K	Investigate two to three different MOHO assessments that might be used to better screen clients for services	Accessing information provided on scholarly databases. Gathering information on where to obtain the assessments from	Write a summary on what the assessments are and a critique of their value. Bring in a <i>research article</i> showing evidence of the tools efficacy when used with specific populations.
7	Identify what resources they would like to help them implement assessments	Practicing some component of the assessment, critiquing together,	Feedback concerning effectiveness and accuracy of MOHO assessment practice sessions.
W E E K	Complete the assessments on some of the students clients, (3 – 4) and	Fieldwork educator critiques student in the assessment process	Together the student and therapist critique their value and suggest what further MOHO assessments could be used to complement their use
8	Fieldwork educator will choose to use one or more of the assessments with his/her clients	Student and the fieldwork educator compare notes at their weekly meeting	
W E E K	Student will design and carry out a new treatment plan on at least 2 assigned clients using MOHO assessments and the suggested MOHO therapeutic goal-setting process.	Student will utilize the Intervention Planning Sheet to use the information obtained through the assessments to develop goals and plan therapeutic sessions	Student will present research_evidence showing the value of particular interventions for the needs of the client.
9	The student will implement new occupations into treatment because of new info gained using the MOHO assessment or therapeutic reasoning process.	The student makes up an occupational kit for two of the new occupations introduced	The student and fieldwork educator review the occupational kits value at weekly meeting and make changes as necessary.
9	The fieldwork educator might similarly decide to do this and compare to previous process	The fieldwork educator will try out one of the occupational kits with his/her clients	
W E E K	The student uses a MOHO based assessment process on half of their clients, drawing from at least 4 different assessment tools as needed.	Student utilizes research evidence of MOHO tools efficacy with specific populations.	The student writes a reflection comparing the value of a MOHO directed process to the usual facility processes.
10			

Learning Contract Template

(Learning Contract Focus)			
	Personal Goals	Resources/Strategies	Evaluation Method
W E E K 7			
W E E K 8			
W E E K 9			
W E E K 10			
W E E K 11			
W E E K 12			

Phase IV consists of weeks 7-10; however, it is suggested to expand the learning contract into weeks 11-12 in phase V to continue implementing the occupation-based practice learning.

Phase V. Outcomes of Collaboration Process: Weeks 11 - 12

1. In week 11, the collaborative team will complete the **Final Reflection Sheet** reflecting upon their experiences throughout the collaborative and occupation based learning process.
2. The **Final Evaluation of the Student and Therapist Collaboration Process** will be implemented at the end of week 12 documenting the student and fieldwork supervisor's learning experience and facilitation throughout their collaboration.

Final Evaluation of the Student and Therapist Collaboration Process

This worksheet is designed to stimulate discussion between the fieldwork educator and student.

Prior to beginning the evaluation sheet, determine how the sheet will be scored in agreement with one another. Fill out the evaluation sheet in a collaborative manner.

Fieldwork Educator Name: _____ Student Name: _____

Level II Fieldwork Placement: 1 2 3 4

Midterm Date Completed: _____ Final Date Completed: _____

Scoring

4- Exceeds Standards

3- Meets Standards

2- Needs Improvement

1- Unsatisfactory

Student and fieldwork educator identified and understood the frames of reference commonly used at the site and the implications for the intervention process.

Final: 1 2 3 4

Evidence to Date and Plans:

Student and fieldwork educator have understood how the frames of reference can be used together with MOHO.

Final: 1 2 3 4

Evidence to Date and Plans:

Student and fieldwork educator have explored the concept of occupation-based intervention and what that might look like in this setting.

Final: 1 2 3 4
Evidence to Date and Plans:

Student and fieldwork educator have explored the use of the Model of Human Occupation as a tool to understand the occupational performance needs of the clients.

Final: 1 2 3 4
Evidence to Date and Plans:

Student and fieldwork educator worked together to understand how use of a model (MOHO) would impact the treatment planning and intervention process.

Final: 1 2 3 4
Evidence to Date and Plans:

Student and fieldwork educator worked together to understand how use of a model (MOHO) impacts the screening and evaluation process.

Final: 1 2 3 4
Evidence to Date and Plans:

Student and fieldwork educator worked together to identify a process to efficiently and effectively communicate and collaborate with clients and caregivers during the process of fieldwork

Final: 1 2 3 4
Evidence to Date and Plans:

Additional Comments:

Final: