The Impact of Productivity Standards on Level II Occupational Therapy Student Supervision

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Melissa S. Kimmerling

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We hereby certify that this Dissertation, submitted by your name, conforms to acceptable standards and fully fulfills the Dissertation requirements for the degree of Doctor of Education from College of Saint Mary

Vicky Morgan, Ph.D.
Chair

Karla Bergen, Ph.D.
Committee member

Ashley Fecht, OTD, OTR/L
Committee member

This dissertation is dedicated to my late mother, Susan Tobin. While I only had the opportunity and pleasure to know her for eleven years, the values, ethics, and hard work she taught me have helped me to overcome the challenges and to achieve the successes I have encountered in my life. I am forever grateful to have been able to call her my mother.

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Abstract

The purpose of this research study was to address the role of productivity standards on the success of occupational therapy students on Level II fieldwork from the perspective of the fieldwork educator and direct manager. This research study utilized a fixed, sequential, mixed methods approach to answer the research questions. Results of this pilot study indicate that productivity is a concept all clinicians and managers are familiar with, however its effect on student success is unknown. Participants reported ways in which they are able to manage their worksite expectations and also meet the expectations of the work environment and the expectations of their roles as fieldwork educators. Further research should include a larger sample size, and also further explore the direct manager perspective. This research will help inform fieldwork educators, direct managers, and academic fieldwork coordinators by providing insight into this present-day challenge.

CHAPTER I: INTRODUCTION

Purpose of the Study

The purpose of this mixed methods research study was to explore the perceived impact of productivity standards of occupational therapists on the supervision of Level II occupational therapy fieldwork students from the perspective of occupational therapy fieldwork educators and their direct managers at occupational therapy practice sites in the Midwest. For the purpose of this study, the Midwest was defined as North Dakota, South Dakota, Nebraska, Minnesota, and Iowa and practice sites were defined as that of either physical rehabilitation, mental health, pediatrics, school-based pediatrics, and combination practice area sites. The researcher focused on the fieldwork education of occupational therapists and not that of occupational therapy assistants. The researcher focused solely on Level II fieldwork due to the consistency in fieldwork requirements between academic programs based on the accreditation standards for occupational therapy education (ACOTE, 2011). Level I fieldwork will be excluded from this research study due to the more flexible nature of the accreditation standard on amount, type, style, and supervision of Level I fieldwork (ACOTE, 2011).

Background and Rationale

Healthcare in the United States is in evolution, and occupational therapists and occupational therapy programs must also evolve to support those changes with updated service delivery and improved outcomes. Krebs, Volpe, Aisen, & Hogan (2000) posed that "upheavals within the present healthcare system strongly suggest that it is moribund and may be the next "old industry" to undergo massive restructuring" (para 2). We have found this prediction to be true with the many changes in healthcare reimbursement since the time of this article's

publication in 2000. In recent history, changes in healthcare policy have led to changes in reimbursement from payer sources including Medicare (AOTA, 2012; Bennett, 1998; Brayford, Buscarini, Dunbar, Frank, Nguyen, & Fisher, 2003; Kennedy, Maddock, Sporrer, & Greene, 2002; Kornblau, 1999; McConnell, 2012; Roberts & Gainer, 2001; Shi & Singh, 2013; Thomsen, 1996; Slater & Kyler, 1999; Wodchis, 2004). In order to make up for potential decreases in overall revenue, facilities often choose to implement cost-cutting measures to remain viable as a business entity. The term 'productivity standards' is often used to describe the expectation by a place of employment on their employees, in this case occupational therapy practitioners who are fieldwork educators, of how much should be completed in a given timeframe. This may or may not include how many client evaluations/ treatment sessions to complete, how many minutes of evaluation/ treatment to complete, a certain amount of managerial duties to complete, etc. Productivity standards vary by individual practice site and are often in relation to the payer source for occupational therapy services at that site (i.e. private pay, Medicare, etc.) (McConnell, 2012).

A review of United States healthcare literature posits that these cost-cutting measures may include decreased time for non-patient care activities and increases in productivity expectations for ancillary services such as occupational therapy (Bennett, 1998; Casares, Bradley, Jaffe & Lee, 2003; Jensen & Daniel, 2010; Kennedy et al, 2002; Slater & Kyler, 1999). In addition, reimbursement guidelines may restrict the ability of the student to treat clients without direct practitioner supervision in many practice settings in the United States (AOTA, 2010). Decreased flexibility in the daily schedules of practitioners, as well as a limit on the scope of services students may be able to provide are just two of the issues related to the research question.

Fieldwork is requirement in the educational experience of all occupational therapy students. Fieldwork in occupational therapy is unique in the fact that academic institutions must contract with various clinical practice sites that will accept students for the duration of their fieldwork experiences. Many, if not all, occupational therapy programs are facing a challenge in the ability to obtain and maintain adequate fieldwork site relationships in order to support their growing number of students enrolled in these programs (Thomas, Dickson, Broadbridge, Hopper, Hawkins, Edwards, & McBryde, 2007). Some factors influencing a fieldwork site's decision to accept occupational therapy students, particularly for Level II fieldwork, have been addressed in the research (Brayford et al., 2002; Casares et al., 2003; Hanson, 2011; Jensen & Daniel, 2010). Within this research, the issue of workload of fieldwork educators has been mentioned as having influence in the frequency of and number of students a fieldwork site agrees to accept from an academic institution (Brayford et al., 2002; Casares et al., 2003: Jensen & Daniel, 2010). However, the research related to productivity specifically in occupational therapy is limited (Rodger, Stephens, Clark. et al, 2011; Meyers, 1995; Shalik, 1987) and no study was found to address the impact of managerial perspectives on this issue. The ever-changing healthcare environment has resulted in changes in occupational therapy service delivery and student supervision in the past, and it is anticipated that current and future changes in healthcare, such as the Patient Protection and Affordable Care Act of 2010 (Health Care Reform) has resulted in current and will result in future changes as well. This implicates the need for the current research which will help provide fieldwork educators, their direct managers, academic programs, and other occupational therapy practitioner's information on the management of productivity during times of Level II fieldwork student supervision. The results of the study have the potential to impact the ability of fieldwork students to be successful on their fieldwork

experiences through better preparation and supervision, and ultimately, preparation for the demands of entry-level clinical practice. Academic institutions of occupational therapy education, especially academic fieldwork coordinators, may have greater insight into the experiences of fieldwork educators and their managers and therefore be better prepared to support them through the duration of the relationship.

Problem Statement

Throughout the years, changes in health care policy in the United States have affected how health care services, such as occupational therapy, are reimbursed. When overall reimbursement declines, cost cutting measures may be implemented including increasing the outcome expectancy or productivity standards of clinical practitioners in attempt to lessen the financial gap. This increase in productivity standards can lead to practitioners having less time in their day available for non-patient care activities. The ability of a clinician to take the necessary time for student preparation, questions, and reflective feedback may be decreased if the amount of non-patient care time overall is limited. This is one of many challenges occupational therapy practitioners report when describing challenges to supervising occupational therapy students (Brayford et al., 2002; Casares et al., 2003; Jensen & Daniel, 2010). Existing research on productivity and its effect on student supervision is limited and, in some cases, dated (Meyers, 1995; Rodger et al., 2011; Shalik, 1987). The Patient Protection and Affordable Care Act (PPACA) of 2010 has and undoubtedly will continue to change the healthcare environment in the United States, including the profession of occupational therapy (Fisher & Friesema, 2014). Academic institutions of occupational therapy must be prepared to support their fieldwork sites and fieldwork educators and to prepare students for such changes. This problem statement has

led to the development of the following research questions and this research study. A review of the literature further supporting this study is found in Chapter II.

Research Questions

The overarching research questions were:

1. How, if at all, do productivity standards affect the supervision of occupational therapy students while on Level II fieldwork?
2. Do productivity standards affect the number of fieldwork placements offered to an academic institution?

For the quantitative component of data collection, the research questions were:

1. How do productivity standards influence the supervision of Level II occupational therapy fieldwork students in the Midwest from the perspective of the occupational therapy fieldwork educator?
2. How do productivity standards influence the supervision of Level II occupational therapy fieldwork students in the Midwest from the perspective of the therapist's direct manager?
3. Have occupational therapy practice sites reduced the number of fieldwork placements offered to an academic institution due to concerns related to productivity?

For the qualitative component of data collection, the research questions were:

1. How do participants in the sample explain the concept of productivity?
2. How do occupational therapy fieldwork educators describe their experience of managing productivity standards with Level II occupational therapy student fieldwork supervision?

3. How do occupational therapy fieldwork educators perceive the impact of productivity standards during Level II occupational therapy student fieldwork supervision?
4. How do direct managers perceive the impact of productivity standards on Level II occupational therapy student fieldwork supervision?

For the data integration, the research question was:

1. How do occupational therapy fieldwork educators and direct managers compare in their perceptions of productivity standards and the supervision of Level II occupational therapy fieldwork students?

Operational Definitions

For the purpose of this study, the following definitions were used:

Direct Manager of Occupational Therapy Fieldwork Educators. The person in charge of monitoring and enforcing productivity policies for occupational therapy practice sites. This may or may not include senior or lead therapists, supervisors, site-based managers, and regional managers that are present at the same site as the practitioner on a regular basis.

Entry-level Occupational Therapist. A therapist functioning at the capacity one would expect of a newly graduated occupational therapist with limited clinical experience. This level of performance is expected by the end of each of the Level II fieldwork experiences.

Fieldwork. 'Fieldwork' is the term used by the profession of occupational therapy to describe the student experiences that occur in both during the semesters and after completion of didactic coursework. Fieldwork is described as crucial in the preparation of students for entry-

level practice (AOTA, 2009). It is considered part of the curriculum and is required before completion of an occupational therapy program.

Level II Fieldwork. According to the Accreditation Council for Occupational Therapy Education (ACOTE) (2011), "The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services" (p. 34). At the researcher's institution, both of the Level II fieldwork experiences are completed after the successful completion of all didactic coursework.

Fieldwork Educator. In accordance with ACOTE requirements, academic institutions must ensure that a Level I fieldwork student is supervised by a qualified professional (AOTA, 2011). This may include those outside of the profession of occupational therapy including "psychologists, physician assistants, teachers, social workers, nurses, and physical therapists" (AOTA, 2011, p. 33). For Level II fieldwork, the student must be supervised by "a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator" (AOTA, 2011, p. 35). For the purposes of this study, this term will refer to Level II fieldwork educators.

Fieldwork Sites. 'Fieldwork sites' is the term used by the profession of occupational therapy to describe any practice setting, traditional or non-traditional, in which a student may complete their fieldwork experience. In accordance with ACOTE standards (AOTA, 2011), the academic institution must have a current contract with these sites.

Occupation. The term 'occupation' refers to any activity an individual completes through the course of their everyday lives. Occupations are given meaning by the individual. They include anything one might do to occupy their time including but not limited to cooking, cleaning, dressing, attending work, attending school, participating in social events, and caring for others (AOTA, 2011).

Occupational Therapy. Occupational therapy is defined as **"**the art and science of applying occupation as a means to effect positive, measurable change in the health status and functional outcomes of a client by a qualified occupational therapist and/or occupational therapy assistant (as appropriate)" (AOTA, 2011, p. 41).

Occupational Therapy Practitioner. An occupational therapy practitioner is defined by ACOTE (AOTA, 2011) as "an individual who is initially credentialed as an occupational therapist or an occupational therapy assistant" (p. 41).

Productivity Standards. Productivity standards is a term often used to describe the expectation by a place of employment on their employees, in this case occupational therapy practitioners who are fieldwork educators, of how much work should be completed in a given timeframe. This may or may not include how many client evaluations/ treatment sessions to complete, how many minutes of evaluation/ treatment to complete, a certain amount of managerial duties to complete, etc. Productivity standards vary by individual practice site and are often in relation to the payer source for occupational therapy services at that site (i.e. private pay, Medicare, etc.) (McConnell, 2012).

Direct Supervision. Direct supervision is defined by ACOTE as "supervision that occurs in real time and offers both audio and visual capabilities to ensure opportunities for timely

feedback" (2011, p. 42). This is required by many payer sources of occupational therapy its requirement may impact the results of the study (AOTA, 2011).

Assumptions. In this study, assumptions included that the research questions will produce answers with appropriate depth and breadth in order to produce useable information. It was assumed that some participants would desire to participate in an in-depth interview in addition to the electronic questionnaire. It was assumed that all practice sites have some sort of expected workload standard for their practicing occupational therapists and that the issue of the impact of these expectations on student supervision in occupational therapy is one of interest to the profession.

Limitations

Electronic questionnaire. The electronic questionnaire arrived to each potential participant via email link. Limitations to this method included that the participant had access to email and had the desire and time to complete the questionnaire. The timing of the arrival of the questionnaire via email may have limited the feasibility of it being completed and returned in a timely manner (Leedy & Ormrod, 2013). The potential that participants may have chosen which questionnaire to take (based on a dual hat-type role) may have been a limitation of the study. The focus of the study solely on Midwest practice sites may be considered a limitation, however is of significance to the researcher's academic institution at the time of the research proposal.

Direct interview. If the interviews were conducted are completed over a media such as Skype, limitations may have occurred with the technology of the participant and the researcher. If the interview was face to face, the phrasing of questions, time allotted for the interview, and researcher experience may all have been limitations.

Delimitations

Delimitations of the study included that participants were only solicited from the Midwest and that there was no guarantee respondents were from varying practice areas. It was also a delimitation that one facility in one particular practice area also did not necessarily represent all similar facilities in that practice area. Facilities also were likely to have policy and procedure differences, payer source differences, and differences in expected workload or productivity. There may also have been variability in the job responsibilities of the direct managers.

Summary

Healthcare is constantly changing, and with it, occupational therapy education and service delivery. These changes, including changes related to increased workload demands may affect the ability of an occupational therapy practitioner to supervise a Level II occupational therapy student. The following chapter will provide a review of relevant literature that supported the need for this research.

CHAPTER II: LITERATURE REVIEW

In this chapter, this researcher will provide an overview of the literature that supported the need for this research study will be discussed. The issues that support the need for this research are wide and variable. An overview of changes in and the current status of occupational therapy education, occupational therapy fieldwork, student supervision, and the United States healthcare environment will be discussed in a review of recent literature, all of which will support the need for the proposed research study.

Occupational Therapy Education

Educational requirements for occupational therapists have evolved dramatically to present-day mandates on entry-level Master's programs for occupational therapists. An entry-level doctorate degree is also offered in the United States and an associate's degree is required for occupational therapy assistants (Harvison, 2011). In 2014, the American Occupational Therapy Association (AOTA) published a position statement on moving the profession to a "single point of entry" of doctoral education, starting in 2025 (para 2). The supporting evidence discusses the "changing demands of higher education, the health care environment, and occupational therapy" (AOTA, 2014) as rationale for this decision. Fieldwork requirements for occupational therapy are a key component of the educational process.

Changes in the United States population and health care environment have led to an increase in the number of referrals to occupational therapy practice, therefore making it a high-demand career (U.S. Census Bureau, 2010). Occupational therapy programs are often full to capacity; some with waiting lists. Today's occupational therapy student takes courses in many sciences such as anatomy and physiology, neuroanatomy, and kinesiology. In addition, students

engage in program-specific courses in occupational science, activity analysis, occupational therapy evaluation, and intervention planning, to name a few. The Accreditation Council for Occupational Therapy Education (ACOTE) determines specific standards each educational program must meet in order to graduate students from an accredited institution, which is a key element in the ability to obtain a license in occupational therapy (AOTA, 2011). Key skills a future occupational therapist must learn are those of communication, problem solving, clinical reasoning, and ethical decision making, as well as many others. Students also play a vital role in the profession by reaching the goals of the Centennial Vision, published by the American Occupational Therapy Association (AOTA) which outlines the vision for occupational therapy by its' 100 year anniversary in 2017. Supporting the Centennial Vision was also cited by AOTA as support for the move to the doctorate level educational requirement (AOTA, 2014).

Centennial Vision

Regardless of the increasing educational background of today's practicing therapists, the profession of occupational therapy continues to encounter a challenge that has been inherent in the profession since it first became a recognized discipline; that of public misunderstanding of the role and purpose of occupational therapy intervention (Hussey et al, 2007). Many academics, researchers, and practitioners have theorized the source of this issue, however it continues to remain. In order to push the progress of this issue to one of the past, the American Occupational Therapy Association (AOTA) has published a "Centennial Vision" for the profession, outlining where they envision the profession to be by the 100 year anniversary in 2017. Prior to the creation of the Centennial Vision, in 2004 AOTA launched a strategic initiative to "identify known trends in population demographics, science, technology, and healthcare" (AOTA, 2007, p. 613). The results of this process led to four scenarios that were

used to facilitate discussion regarding future challenges and potential opportunities that the profession's current and future practitioners may face (AOTA, 2007). Many stakeholders contributed their different viewpoints to AOTA during specially sponsored sessions. Drivers of change (AOTA, 2007, p. 613) included:

> …aging and longevity, health care costs and reimbursement, prospective and preventative medicine, assistive technologies, lifestyle values and choices, stress and depression, information access/ learning, universal design for active living, the increasing diversity of the population, and the challenging world of work (AOTA, 2007, p. 613).

The end result is what the profession refers to today as "The Centennial Vision" (AOTA, 2007, p. 613). The Centennial Vision states, "We envision occupational therapy to be a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs" (AOTA, 2007, p. 613). In order to fully achieve these goals, issues related to occupational therapy students and supervision must be addressed.

Fieldwork in Occupational Therapy

A key component in occupational therapy education and in reaching the goals of the Centennial Vision is the inclusion of fieldwork experiences in occupational therapy education (Hanson, 2011; Crist, Scaffa, & Hopper, 2010; Stutz-Tannenbaum, 2009; Musselman, 2007). Fieldwork in occupational therapy has been referred to as integral in providing the student the opportunity to transfer their academic knowledge to practice (Crist, Brown, Fairman, Whelan, & McClure, 2007; Meyers, 1989). ACOTE (AOTA, 2011) suggests that, "Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum

design" (p. 32). The quantity and placement of fieldwork experiences within occupational therapy programs isn't entirely up to the academic institution. ACOTE, which accredits academic programs (a requirement for the licensure examination), provides guidelines and requirements depending on the level of degree a program offers. There is not a specific amount of time a student is required to spend on Level I fieldworks (AOTA, 2011). However, a "minimum of 24 weeks full-time Level II fieldwork" is required at both the Masters' and Doctorate levels (AOTA, 2011, p. 34). According to ACOTE (AOTA, 2011), the goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients" (p. 33). In contrast, the goal of Level II fieldwork "is to develop competent, entry-level, generalist occupational therapists" which is consistent from institution to institution (AOTA, 2011, p. 34). The Academic Fieldwork Coordinator(s) (AFWCs) at each institution are responsible for ensuring that each program complies with requirements for fieldwork education (AOTA, 2011). The AFWCs' job responsibilities include but are not limited to obtaining and maintaining fieldwork site contracts, preparing students for the transition to fieldwork, ensure that fieldwork sites provide the student with variable opportunities, and provide support to the student and fieldwork educator throughout the experience. The AFWC, however, nor the faculty of the occupational therapy program, accompany students on their fieldwork experiences. Rather, they are paired with a qualified clinician, referred to as the fieldwork educator.

Since the fieldwork educator at the clinical practice site is responsible for the on-site supervision of the fieldwork student, there exists variability in the delivery of occupational therapy education at different fieldwork sites. Due to the variety in Level I fieldwork experiences amongst universities, this researcher will focus on Level II fieldwork, which will be

discussed further in chapter three. The fieldwork educator is given the autonomy to provide the fieldwork education in a manner that is safe, suitable, and appropriate for the student and for the practice site. This type, frequency, and amount of supervision may be affected by multiple factors including reimbursement issues, staffing concerns, and reimbursement for student-led services.

Student Supervision in Occupational Therapy Fieldwork. Various supervision models exist in occupational therapy clinical practice and at times affect the success of a particular student on a particular fieldwork placement. Supervision models may be dependent upon the payer source for therapy services and their regulations, institutional policies, and practitioner preference (AOTA, 2013, AOTA, 2011; AOTA, 2010). Researchers have attempted to study the effectiveness of various supervision models in attempts to provide practitioners with guidance in determining the most effective models for their specific practice sites (Rodger, Thomas, Dickson, McBryde, Broadbridge, Hawkins, & Edwards, 2007; Aiken, Menaker, & Barskey, 2001). Rodger et al. (2007) suggest that, "there is also a need for alternate models of supervision…….to ensure that students are prepared for future work roles" and that "there is no one best placement/ supervision model. Different models will suit new and emerging fieldwork opportunities" (p. S96). They go on to suggest that academic institutions must maintain somewhat of an open mind in obtaining these placements (Rodger et al., 2007). Flexibility and creativity in fieldwork education in order to meet the needs of today's student and today's healthcare environment is key (Aiken et al., 2001). A factor affecting the supervision model and at times, the ability and willingness to accept Level II fieldwork students is the support from the place of employment, including that of the fieldwork educator's direct manager.

Managerial Roles

The direct manager of an occupational therapist may wear many hats. They often come from clinical positions themselves, and can serve as a bridge between clinical practice staff and upper management. The job role of any manager is demanding. Adams and Woods (1999) posit that "everyday workplace leaders face situations that call for interpretation, problem solving, decision-making, and action" (p. 1). The nature of these situations will vary by practice site. Albornoz and Silver (2004) discuss the issue of staff supervisors in the middle manager role, suggesting that many are "typically viewed as the ones responsible for the clinical aspects of service delivery, coordination of patient care, and assurance of clinical staff competencies" (p. 1). Depending on practice site, occupational therapists may have a manager on site, or in some cases, their direct manager is not one with whom they have daily contact. Due to the unique nature of the profession, including the prevalence of "traveling" or "casual" positions in which a therapist goes from facility to facility depending on staffing needs, occupational therapists may practice at various clinical sites in the course of a day, week, or month and may not see their manager on a daily or monthly basis, if at all.

Along with typical managerial job duties, a manager may be involved in the decision regarding accepting Level II fieldwork students in occupational therapy. Hatjevich and Miller (2009) state that:

> Managers must accept that assisting in the preparation of future practitioners is the professional responsibility of their setting, and then ensure that all practitioners who engage in fieldwork education are aware of critical links between the site's fieldwork education program and the academic education program" (p. 1).

In addition, a 1998 article by Braveman and Walens suggest that the role of the manager is to support fieldwork educators, stating "managers play a critical role in defining fieldwork education as a practitioner's responsibility" (p.1). Regardless, there exists variability in the amount of institutional support an occupational therapist has during times of student supervision. The amount of institutional support of the fieldwork student has been reported as influencing the students' success on Level II fieldwork (Costa, 2008; Rodger, Fitzgerald, Davila, Millar, & Allison, 2011). Braveman and Walens (1998) agree that "the manager can be a needed advocate for staff members….by ensuring support from administration and facilitating a positive experience that staff members will want to repeat" (p. 1). It is reasonable to think that the financial and strategic goals of the institution may at times overshadow this responsibility (Slater & Kyler, 1999). These concerns related to an institution's fiscal situation have at times resulted in a shift in the occupational therapy workforce. The recent "boom" in the market for traveling and/ or per diem therapists is a direct reflection of that trend. In the back of many practice magazines, these jobs are advertised on nearly every page. Many practice sites feel that they are unable to be "overstaffed," however they have responsibility to the institution and the payer source to deliver occupational therapy services in a timely manner can be a challenge to occupational therapy managers. Hence, the flexibility of these positions fits nicely to meet each of these challenges.

The challenge in occupational therapy fieldwork education is that the overall nature of positions such as that of the traveling or per diem therapist does not lend themselves well to the clinical education of an occupational therapy student (Hanson, 2011). It is often more cost-effective for a practice site to have less full time institutional employees and supplement with casual or traveling therapists in order to ensure their ability to vary the number of therapists in

relation to the number of clients at any particular time, rather than not have enough work for the full time staff. These additional therapists may be present one day and not the next day due to census. This phenomenon has led to a challenge in being able to anticipate the number of therapists capable of supervising a Level II student in advance, as typically required by the academic institution. Jensen and Daniel (2010) found that multiple factors led to the ability of a fieldwork site to accept Level II fieldwork students, with facility constraints noted to be the primary reason a practice site would not accept occupational therapy students. Although facilities, policies, and procedures all differ, the common thread is the connection to the ever-changing US healthcare system.

US Healthcare System

The United States healthcare system is complex in nature. In fact, that is one of the defining characteristics of the US healthcare system. Merryman, Weinstein, & Buchbinder (1999) suggest that "….. (the) nature of healthcare practice is rather like a moving target- given the current climate of rapid change" (p. 1). Although 1999 has been many years ago, this fact has not changed. Merryman et al. also suggest that cost-containment issues will continue healthcare organizations to continue to be on an "evolutionary cycle" (p. 1). Recipients of healthcare, both insured and uninsured, in the United States are often not able to explain the process by which their healthcare providers receive payment for services. The United States healthcare system is one of the only systems in the world in which the government plays a minimal role. "Almost all other developed countries have universal health insurance programs in which the government plays a dominant role" (Shi & Singh, 2013, p. 1). The many subsystems of healthcare delivery make for many different sets of rules for service provision, access, and reimbursement, including for occupational therapy services.

What Americans know today as health insurance was a concept that emerged out of an idea by a hospital in Texas to collect money from a local group of teachers and put it aside in exchange for the provision of health care (Bravemen & Metzler, 2012; Shi & Singh, 2013). Since its conception at that time, many challenges have arisen (Bravemen & Metzler, 2012; Shi and Singh, 2013) including adequacy, access, and cost. In a field such as occupational therapy, where most recipients of services do not have direct access to OT (the majority of the time services require an order from a physician), a client's healthcare access and ability to finance their healthcare needs is a significant concern.

Healthcare Costs and Reimbursement. In a healthcare system such as this, reimbursement from a financier is typically necessary in order for the average American to access healthcare services, including occupational therapy. Most Americans would not be able to afford to pay for services out of pocket without the support of a financier. In fact, "access to health care services selectively based on insurance coverage" is referred to by Shi and Singh (2013, p. 10) as a main characteristic of the US healthcare system. This brings a challenging reality to the forefront. That of one in which reimbursement for occupational therapy services is of utmost concern to the client, the service provider, and their place of work. It is necessary for occupational therapy managers and occupational therapists alike to be mindful of the issue of reimbursement when working with clients.

Managed Care. Managed care was born out of the need to control rising healthcare costs after the costs of healthcare began to rise rapidly following the creation of Medicare and Medicaid (Shi & Singh, 2013). "The Health Maintenance Organization Act of 1973 was passed out of concern for escalating health care expenditures" (Shi & Singh, 2013, p. 215) with a goal to stimulate the growth of health management organizations (HMOs) by providing incentives such

as federal funding for the establishment of new HMO organizations (Shi & Singh, 2013). By the end of the 1970s, however, HMOs had less than 10 million members (Shi & Singh, 2013). In the 1980s, healthcare costs continued their uncontrollable and rapid rise, and employers became faced with the challenge of affording healthcare coverage for their employees, therefore turning to managed care as a more viable and affordable option. Since this time, "managed care has become the primary vehicle for delivering health insurance to the vast majority of American's and is now a mature industry within the United States" (Shi & Singh, 2013, p. 217). The authors go on to state that, "…private health insurance can now be equated with managed care…" (Shi & Singh, 2013, p. 217). The previous method of healthcare reimbursement, referred to as "fragmented, fee-for-service, provider dominated healthcare" (Walker, 2001, p. 129) was replaced with the managed health care system. Managed care is defined as "a mechanism of providing health care services in which a single organization takes on the management of financing, insurance, delivery, and payment" (Shi & Singh, 2013, p. 212). Payment under capitation and discounted fees was created in attempt to control the rising healthcare costs (Shi & Singh, 2013) and the environment shifted to one of payer dominance (Walker, 2001).

The effect of managed care on occupational therapy services was and continues to be far-reaching. In fact, Bennet (1998) suggested that managed care "set the stage for limiting therapy" (p. 3). Walker (2001)discussed the results of her qualitative study on the effects of managed health care on occupational therapy practice. This qualitative research resulted in three themes; those who 'push against it', those who 'go with it', and those who 'make the best of it' (Walker, 2001). In discussing those who 'push against it', the responses "reflected the feelings and emotions that were 'stirred up' by the widespread, pervasive, rapid-paced changes that affected participants on personal and professional levels" (Walker, 2001, p. 131). These participants

discussed reimbursement issues such as "professional opinion and experience were not honored in a system of reimbursement that seemed remote from therapy goals" (Walker, 2001, p. 132) and "managers or insurance workers now make reimbursement and referral decisions that are based on criteria developed by payers motivated by cost-containment" (Walker, 2001, p. 132). In regards to productivity, these respondents discussed how they "had to let go of some types of therapy expertise and practice in order to meet productivity imperatives and their treatment goals before funding is depleted" (Walker, 2001, p. 132). The second perspective discussed, the 'getting on with it' group, approached the change very business-like, and seemed to reflect the belief that occupational therapists needed to "be flexible and adaptable to remain competitive in a health care marketplace" (Walker, 2001, p. 133). They seemed to relate to the viewpoint of the health care business world by "noting how health care corporations can socialize the adaptable therapist into corporate rehabilitation by providing explicit productivity guidelines and linking the therapist's marketability with product lines and customers to productivity" (Walker, 2001, p. 133). Those who fell into the 'making the best of it' group seemed to focus on the potential opportunities for occupational therapy and to discuss the benefits of this, at the time, new approach (Walker, 2010). With the United States' continued financial struggles, reducing healthcare costs, in relationship to the overall budgetary deficit, this subject continued to be debated by politicians and lawmakers alike, and continued to result in changes to health policy, such as the Balance Budget Act of 1997 (McConnell, 2012).

The Balanced Budget Act of 1997 and the Medicare Prospective Payment System (PPS). Prior to the passing of the Balanced Budget Act of 1997 (BBA), reimbursement for healthcare services such as occupational therapy were much different than they are today. The BBA was passed in order to attempt to control "the growth of Medicare payments, concerns over

Medicare over-payments, the desire for more rational payment methods, and a stated wish to offer beneficiaries a greater choice" (McConnell, 2012, p. 10). Through the mandate, the federal budget was required to be balanced each year (McConnell, 2012) and was positive in its intention, however it led to "forced disproportionate reductions in healthcare reimbursement" (McConnell, 2012, p. 10). In fact, the BBA has been referred to as "the most significant piece of legislation since Medicare and Medicaid were established in 1965" (McConnell, 2012, p.10). Kornblau (1999) suggests that "The BBA of 1997 amendments, the proliferation of managed care, and the resulting changes in the healthcare system all place pressure on occupational therapy managers to provide care in the most cost-effective manner possible" (p. 1) hence, keeping a close eye on departmental finances by doing things such as keeping occupational therapists highly productive to enhance or increase reimbursement for services.

Reimbursement for occupational therapy services under Medicare Part A in skilled nursing facilities changed from a system in which payment was based on cost of services rendered after the fact (retrospective) to a predetermined amount of reimbursement in the 1990s (Shi & Singh, 2013; Kennedy et al., 2002). It became increasingly necessary for therapy to not only be directed toward good patient outcomes, but also to good "bottom-line results" (Bennett, 1998). Slater and Kyler (1999) discussed in length the rise of managed care and subsequent changes in the structure of Medicare and Medicaid reimbursement, positing that, "Before the rise of managed care, clinicians, with input from managers defined the clinical plan of care, set the goals, and determined the timeline to meet those goals. Now with Medicare and Medicaid programs revising their reimbursement methodology to a managed care model, many of those professional decisions are made by nonclinical personnel…."(p. 1). The issue of productivity began to take center stage, with an emphasis being placed on the billable and non-billable

therapy times. That is, a focus on the amount of time a therapist was spending with a client, due to the minute-based reimbursement, rather than the outcomes, necessarily. This fact was supported by the research of Kennedy et al. (2002), who found that the therapists in their study felt that quality of occupational therapy service delivery was "threatened" (p. 7) after these changes, also indicating a challenge in being client-centered, and having an increase "burden of pressure to be productive" (p. 7) at their place of employment.

Brayford et al. (2002) also looked to determine the perceptions of the Medicare Prospective Payment System (PPS) on occupational therapy in long term care shortly after the implementation of the Balanced Budget Act of 1997. In their study of 250 randomly selected occupational therapists working in skilled nursing facilities, they found that the PPS implementation increased the number of clients on a therapists caseload, increased expectations by facilities on the amount of time clients received treatment, decreased budgets for continuing education, and a reduction in the number of Level II fieldwork students accepted (Brayford et al, 2002). Also in 2002, Kennedy, Maddock, Sporrer, and Greene studied the impact of these changes on occupational therapy practice. Through the completion of interviews with occupational therapy practitioners and a billing record audit, they found that therapists perceived that client-centered care and overall change in the quality of intervention had been a result of the implementation of PPS (Kennedy et al., 2002).

Hutt, Ecord, Eilertsen, Fredrickson, Kowalsky, and Kramer (2001) again studied the impact of PPS on discharges from skilled nursing facilities to community. The authors used a quasi-experimental study to look at "pre-demonstration (1994) to demonstration (1997) change in the amount of therapy provided, and in community discharge rates at PPS participating and nonparticipating facilities" (p. 1071). The authors discussed how PPS is set up to pay for an

"amount of therapy *provided*, not amount *required* for restoration of function" (Hutt et al, 2001, p. 1071). The authors discussed a recognition of the impact of this reimbursement on decisions made within the skilled nursing facilities, suggesting that "because increased PT and OT minutes are reimbursed at increased rates, participating facilities appear to have had an incentive to increase the amount of therapy received, thereby increasing the number of patients reimbursed at higher rates" (Hutt et al, 2001, p. 1076). The unfortunate component was that their study did not conclude that increased therapy provision resulted in increased community discharge rates (Hutt et al, 2001) suggesting that "it is difficult to understand why community discharge could not be achieved" (Hutt et al, 2001, p. 1076). It is posited by this author that therapists were and in some cases still are continuing to provide increased therapy minutes to their clients, regardless of 'true' need, in order to meet the productivity standards they are held accountable to by their manager and overall employer.

Wodchis (2004) completed a study on physical rehabilitation in Medicare SNFs post PPS implementation as well, and suggested that "the delivery of rehabilitation therapy for nursing home residents may be driven by economic incentives as well as resident need for therapy" (p. 9). Wodchis also discussed the conclusion that the payer source affects the treatment amount provided to a client which is also supported by an earlier study by Thomsen, in which the results of the study indicated the need for therapists to have increased awareness of the "impact of government legislation and reimbursement on clinical practice in the nursing home setting" (1996, p. 796). The relatively early publication of this study is timely with the evolution and growth of managed care, further demonstrating the impact of health policy changes on occupational therapy practice.

The BBA of 1997 also resulted in changes to the acute hospital environment and the inpatient rehabilitation settings, now with increased focus on the use of the Functional Independence Measure (FIM) to classify patients and group them into payment groups based on similar resource utilization needs, referred to as the FIM-CMG RIC system (Roberts & Gainer, 2001, p. 1). There are 97 case mix groups (CMGs) that determine reimbursement for services (Roberts & Gainer, 2001). Again, the relationship to workload was discussed, the authors suggesting that "the implementation of PPS will require rehabilitation hospitals and units to implement new systems in addition to improving the efficiency and efficacy of existing systems" (p. 3). Many suggestions, most of which have become reality, were provided by the authors in preparation for PPS implementation. The authors concluded that "occupational therapists will have a critical role in this new era of reimbursement" (Roberts & Gainer, 2001, p. 4).

Many of these changes affected the way fieldwork educators were able to utilize occupational therapy students in their place of employment, as changes in reimbursement guidelines have historically affected student supervision requirements (AOTA, 2011).

Student-led Service Provision. In certain situations with certain payer sources, services rendered by a student are not billable by the healthcare organization, therefore not profitable to the facility and discouraged. AOTA, for example, advises practitioners to "be aware of both new and existing Medicare payment policies" (AOTA, 2011, p. 1) in regards to student supervision requirements. Braveman and Walens (1998) suggested that although the reimbursement systems have changed, the "cost effectiveness" of student supervision was a recurring theme throughout the years in managerial literature. The present research add to the body of this literature, taking the current healthcare environment into perspective.

Future of Healthcare

Ever since the conception of the aforementioned modern-day healthcare, attempts have been made to change the way Americans access their services (Bravemen & Metzler, 2012; Shi & Singh, 2013). In 2010, the Patient Protection and Affordable Care Act was signed into law. Despite many challenges, the law is set to roll out in a series of requirements over the next few years. Although the law is complex in nature, it has eight main areas, some of which are posited by Braveman and Metzler (2012) to make an impact on the delivery of occupational therapy services.

Those main areas include:

1. Individual mandates for health insurance.

2. Health insurance exchanges.

3. New mandates for employers.

4. Changes to insurance regulation.

5. Medicaid expansion.

6. Post-acute care bundling.

7. Accountable care organizations.

8. Medical home models (Braveman & Metzler, 2012).

These main characteristics pose both a potential benefit and challenge to the profession of OT, including the provision of education to future occupational therapy students. It is not yet

fully known how these changes will affect occupational therapy, but it has been established that cost, access, and quality are of utmost concern to the continued service provision of occupational therapy (Fisher & Friesema, 2014), and will therefore likely present a trickle-down effect into occupational therapy education as service providers adjust.

As the evolution of managed care in the 1990's and the Balanced Budget Act of 1997 led to changes in occupational therapy service delivery, it is likely that the implementation of the Patient Protection and Affordable Care Act will do the same. This legislation is lengthy, and includes requirements for all employers to provide health care insurance to their full time employees, insurance companies to provide coverage of outlined services, and the lack of ability to deny one from insurance based on pre-existing conditions. Health plans must also offer comprehensive services, in which rehabilitative and habilitative services are outlined as well as mental health services (AOTA, 2014; Braveman & Metzler, 2012; Fisher & Friesema, 2014; Shi & Singh, 2013). It is likely that as with any change, opportunities and challenges exist, and should be further explored (Braveman & Metzler, 2012). It is often the managers in occupational therapy practice sites that are required to make institutional adjustments to reflect the new changes to service delivery and policy/ procedure. Therefore, the institution itself, including managerial support is of interest to the academic institution and fieldwork educator when considering issues related to student supervision.

Healthcare Management in the United States

McConnell (2012) describes healthcare management as a "composite person" (p. 42) responsible for running an organization. There are typically many managers responsible for the oversight of certain healthcare operations and the supervision of certain employees. The

manager's responsibilities are great, and often result in ethical dilemmas (McConnell, 2012). Patient care is always to be the first priority, however many other factors come into play in regards to how that care is actually provided. Managers are also responsible for the employees through "recognizing their reasonable needs for security, approval, a sense of accomplishment, assurance of their reasons for being there, and fair treatment and fair compensation for their efforts (McConnell, 2012, p. 42). Another challenge exists in healthcare management that "health care includes a relatively high proportion of partially self-directed professional and paraprofessional workers' (McConnell, 2012, p. 43). Ensuring the appropriate use of the employees' time, therefore maximizing the departmental budget, is a concern on the minds of many managers. Time can be considered "an unrenewable resource that influences all supervisory activity" (McConnell, 2012, p. 89). Many people are familiar with the phrase "time is money," and in many occupational therapy practice sites, the method of reimbursement reflects that greatly. Productivity, therefore, or a certain amount of expected work to be accomplished in a given timeframe, is of utmost concern to occupational therapy managers. It wasn't until the 1960s that productivity became a 'buzzword' in healthcare reflecting the recent rise in national healthcare costs (McConnell, 2012). Medicare and Medicaid were established in 1965 along with rapid advances in technology and treatment options (McConnell, 2012; Shi & Singh, 2013). In today's healthcare environment, it is of utmost importance for the managerial staff of healthcare organizations to do their part in curtailing the rapid rise in the cost of healthcare in the United States through the assurance that healthcare resources are being utilized in the most appropriate manner, including ancillary services such as occupational therapy (McConnell, 2012). However, as Slater (2006) points out, "But in the hands of overly aggressive administrators or supervisors, they sometimes are used as a tool to push the reimbursement

envelope and supersede the professional judgment about how clients receive occupational therapy services" (p. 17). McConnell (2012) refers to principal factors influencing productivity as:

> …capital investment, technological change, economies of scale, work methods, procedures, and systems, knowledge and skill of the workforce, and the willingness of the workforce to excel at what they do, and in all instances do the right thing in the best possible way (p. 374).

In that the occupational therapy workplace is the delivery method for Level II occupational therapy fieldwork, issues such as this are pertinent to academic institutions looking to find fieldwork placements for their students.

Challenge for Academic Institutions

Academic institutions as well as clinical practitioners have been historically interested in the benefits and challenges to student supervision. Previous studies have attempted to gather information on this subject from both within the United States as well as in other countries (Casares et al, 2003; Hanson, 2011; Jensen & Daniel, 2010; Thomas et al, 2007). Benefits reported in the Australian study by Thomas et al., (2007) included

> Students conducting evidence-based practice, quality improvement and in-service activities, a reduction in employee workloads, an improved ability to 'stay connected' with tertiary institutions, the tendency for students to indirectly promote the occupational therapy role within supervisors' work settings, and improved opportunities for running larger client group programs (p. S5).

It is important to remember, however, the unique nature of the Australian healthcare system in comparison to the current United States healthcare system. The same study reported challenges in the supervision of fieldwork students to include 79% of responses that workload pressures/ lack of time was a moderately or very challenging barrier (p. S7). Additional reported challenges were lack of physical space/ resources, concern for student capability, costs in staff downtime, learning style clashes, and potential difficulties with clients/ consumers (p. S7). Insurance and indemnity issues were reported to be not challenging or slightly challenging (p. S7).

In 2007, Lew, Cara, and Richardson discussed fieldwork 'detours' looking to gain the perspectives of the fieldwork student. Their study resulted in many common themes, including the effect of the fieldwork infrastructure. The authors suggested, "The environment encasing the experience frequently affected the student as well" (p. 113) going on to state, "The fieldwork supervisor was often unavailable and most participants believed that changes in health care policies negatively influenced the fieldwork site and the occupational therapy fieldwork educator" (p. 113). The authors indicated that the students perceived that lack of support from the academic institution only further complicated the matter, and continuing to research issues such as this will help academic institutions prevent negative situations from occurring and help the fieldwork student navigate the changing health care environment (Lew et al., 2007).

Research within the United States on fieldwork success is limited. Within the body of United States research, Hanson (2007) pointed out that increased research is needed to gain the perspectives of fieldwork educators due to the potential fieldwork shortages, changes in occupational therapy education, and the changing healthcare environment. In addition, Hanson's 2011 study confirmed the need for this type of research. In discussing the fieldwork educator

perspective on the factors considered by fieldwork educators when contemplating student placement, learning experiences available at the facility, relationship with the academic institution, and time available to support student supervision were all noted to be factors (2011, p. 169). Casares et al. noted that the perspective of the AFWC and of the fieldwork educator varied when asked about factors affecting student fieldwork education. The authors noted that academic institutions, specifically fieldwork coordinators, perceived that reimbursement issues had negatively affected the ability of fieldwork sites to accept students (Casares et al., 2003). However, fieldwork educators did not believe this to be the case. Both parties agreed that "productivity expectations, number of hours worked, and time spent in documentation have increased, while job security, time for continuing education, and quality of patient care under the current healthcare system have decreased" (p. 246).

As fieldwork is a requirement for graduation from an accredited occupational therapy program, issues related to student success on fieldwork are of utmost interest to academic institutions. The need to support and maintain fieldwork sites with ever-growing student numbers is also of concern. Research related to occupational therapy fieldwork, student success, and the support of clinical practitioners will add to the body of existing literature and is necessary due to the ever-changing nature of healthcare.

Conclusion

Occupational therapy has grown as a profession since its formal beginning in 1917. With this growth have been changes in educational requirements for occupational therapy students. It has been established that fieldwork education is a vital component of occupational therapy education and is key to the profession reaching the Centennial Vision (Hanson, 2011; Stutz-

Tannenbaum & Hopper, 2009; Musselman, 2007). Student supervision in occupational therapy has both benefits and challenges including the ever-changing healthcare environment. The healthcare climate in the United States and in many places around the world is in a state of constant evolution (Aiken et al, 2001; Merryman et al, 1999). In fact, health care costs and issues related to reimbursement were considered in the top ten important trends and change drivers in society when developing the Centennial Vision (AOTA, 2007). The demands of the occupational therapist are increasing (Thomas et al., 2007; Slater & Cohn, 1995). Practitioners have many 'role demands' including the effect of reimbursement on clinical decision making (Crist et al., 2007). This often includes greater workload expectations for clinicians (Casares et al., 2003; Kyler, 1999; Baron, 1998; Bennet, 1998). Additional facility constraints have been found to affect acceptance of Level II fieldwork students (Jensen & Daniel, 2010). Expectations continue to evolve with the changes in healthcare. Rodgers et al, (2007) stated, "Predictions about the future can never be absolutely certain, so emphasis must be placed on ensuring that the profession reacts as rapidly as possible to society's changing health-care needs" (p. S96).

The issue of changes in the healthcare climate is not one to be taken lightly. Hanson (2011) posited "The quality of the student's learning experience may also be compromised by healthcare challenges" (p. 165). These challenges may include that of increased workload expectations on occupational therapy practitioners. This may affect the ability of a potential fieldwork site to accept Level II occupational therapy students. Regulations and productivity issues are just some of these challenges (Hatjevich & Miller, 2009). It is imperative to the profession of occupational therapy that further research is completed on the perspectives of students, fieldwork educators, and fieldwork coordinators to ensure that all stakeholders are represented in the literature on occupational therapy fieldwork as confirmed by the study by

Thomas et al, (2007), "Further research to investigate previous, current, or potential future supervisors' experiences and perceptions of the benefits and challenges of supervising student placements, and to identify how the benefits can be maximised(sic) and conversely the challenges minimized(sic), is needed." Chapter three will discuss the format of the research study, which was completed in attempt to provide the field of occupational therapy and occupational therapy education with useful knowledge as we adjust to the changes of the new healthcare environment.

CHAPTER III: METHODS AND PROCEDURES

Introduction

The aforementioned problem statement and comprehensive review of the literature led to the development of the following research questions.

The overarching research questions were:

1. How, if at all, do productivity standards affect the supervision of occupational therapy students while on Level II fieldwork?
2. How, if at all, do productivity standards affect the number of fieldwork placements offered to an academic institution?

For the quantitative component of data collection, the research questions were:

1. How do productivity standards influence the supervision of Level II occupational therapy fieldwork students in the Midwest from the perspective of the occupational therapy fieldwork educator?
2. How do productivity standards influence the supervision of Level II occupational therapy fieldwork students in the Midwest from the perspective of the therapist's direct manager?
3. Have occupational therapy practice sites reduced the number of fieldwork placements offered to an academic institution due to concerns related to productivity?

For the qualitative component of data collection, the research questions were:

1. How do participants in the sample explain the concept of productivity?

2. How do occupational therapy fieldwork educators describe their experience of managing productivity standards with Level II occupational therapy student fieldwork supervision?
3. How do occupational therapy fieldwork educators perceive the impact of productivity standards during Level II occupational therapy student fieldwork supervision?
4. How do direct managers perceive the impact of productivity standards on Level II occupational therapy student fieldwork supervision?

For the data integration, the research question was:

1. How do occupational therapy fieldwork educators and direct managers compare in their perceptions of productivity standards and the supervision of Level II occupational therapy fieldwork students?

Research Design

This research study used a fixed, explanatory, sequential, mixed-methods approach to answer the research questions (Creswell & Plano-Clark, 2010; Leedy & Ormrod, 2013). This was appropriate as an explanatory mixed-methods study is described by Leedy and Ormrod (2013) as a two-phase process in which the collection of quantitative data comes first, then the solicitation of qualitative data in follow up format to give "greater substance to the meaning of the numbers" (p. 260). The design of the study was considered fixed as "the use of quantitative and qualitative methods is predetermined and planned at the start of the research process, and the procedures are implemented as planned" (Creswell & Plano Clark, 2010, p. 54). The two sets of data had an independent interaction, therefore one in which the quantitative data strand and the qualitative data strand were implemented independently from one another in the research questions, data collection, and data analysis. The two strands of data were only brought together

when "drawing conclusions during the overall interpretation at the end of the study" (Creswell & Plano Clark, 2010, p. 64). Both the quantitative and qualitative data sets were be given equal priority, or equal weight in answering the research questions (Creswell & Plano Clark, 2010). Multi-phase combination timing was used in the collection of the data. In this type of timing, the quantitative data collection and qualitative data collection may be occurring simultaneously (Creswell & Plano Clark, 2010). However, the design was also be considered to be sequential, as the qualitative data collection occurred after the researcher had collected quantitative data from the participant (Creswell & Plano Clark, 2010). In other words, the researcher would not complete an interview with a participant unless they had completed the electronic questionnaire. It was possible that only quantitative data may be collected from some participants, as some participants may not have agreed to be contacted for the qualitative data component.

For the quantitative data collection, a descriptive approach was used. This approach is appropriate when one is attempting to "identify the characteristics of an observed phenomenon or exploring possible associations among two or more phenomena" (Leedy & Ormrod, 2013, p. 184). The specific type of descriptive research used was the survey method. The goal of a descriptive survey is to "learn about a large population by surveying a sample of that population" (Leedy & Ormrod, 2013, p. 189). A written questionnaire was the form of survey research used in this study. In the questionnaire format, participants "can respond to questions with some assurance that their responses won't come back to hurt them" (Leedy & Ormrod, 2013, p. 191) which was appropriate for this study due to the potential sensitive nature of the topic of productivity in the workplace as well as the solicitation of information from the direct manager as well as from the occupational therapist. Nominal data in the form of demographic questions was asked in order to be able to describe the participants (Sue & Ritter, 2012). This data included

relevant information such as discipline, age, years of experience, and practice site. Ordinal data was collected through Likert-type scale questions (Sue & Ritter, 2012) which asked participants to rate their agreement with statements on a continuum from strongly disagree to strongly agree.

For the qualitative data collection, a phenomenological approach was used. A phenomenological approach is referred to as one that aspires to gain insight into the perceptions, understandings, and experiences of a particular population in a particular setting (Leedy & Ormrod, 2013). Phenomenology has also been described as being appropriate when the researcher has personal experience and is attempting to enhance understanding of the phenomenon from the perspectives of others (Leedy & Ormrod, 2013). This is what is commonly referred to as the "lived experience" (Creswell, 2013). The direct interview method was used to collect the qualitative data through face to face interviews with participants. Participants were asked questions related to the overall research questions and to give greater insight into the reason for the Likert-scale responses (Appendix A).

Sample Population

The sample population consisted of licensed, practicing occupational therapists in the Midwest who had experience as Level II fieldwork educators and also that of direct managers of said therapists. The occupational therapists must have had at least one year of clinical experience and the direct managers must have been in their position for at least one year. After one year of practice after initial certification,you are considered by AOTA to be qualified to supervise a Level II fieldwork student (AOTA, 2011). Also, AOTA posits that:

> Contribution to the knowledge base and growth of the profession results in being considered an expert, resource person, or consultant within a role. This expertise is

recognized by others inside and outside the profession through leadership, mentoring, research, education, and volunteerism" (AOTA, 1993, p. 1087).

If a potential participant considered themselves both a fieldwork educator and a direct manager, they were asked to choose the role in which they spend greater than 51% of their time and respond from that perspective.

The researcher utilized a method of non-random sampling in order to gain access to potential research participants. Non-random samples, or 'purposive' samples, are used when a researcher is attempting to gain information from particular sources which are likely to have 'insider knowledge' on the subject in which the researcher is researching (O'Leary, 2010). The researcher utilized key informants to "attempt to gather some insider or expert knowledge that goes beyond the private experiences, beliefs, and knowledge base of the individual you are talking to" (O'Leary, 2010, p. 169).

Sample Size

According to Sue and Ritter (2013), there are no formulas that exist to determine the appropriate sample size for non-random sampling. However, they do suggest that research indicates that 10% of a total number between 30 and 500 in the parent population should be studied. At the time of this research proposal, the researcher's institution had 198 contracts with site contact information. Of these, 145 were located in the Midwest. The target number, therefore, would be 14. The researcher attempted to use stratified purposeful sampling in attempt to target one to two participants in each of the areas of physical rehabilitation, pediatrics, school-based pediatrics, mental health, community health, nontraditional practice, and combination practice sites, who completed the electronic questionnaire (either fieldwork educator or direct

manager) from each practice site, in each state (See Table 1). Therefore, twelve to twenty-four total were sought. Of those who completed the electronic questionnaire, Creswell (2013) recommends five to 25 interviews when completing a phenomenological study (See Table 2). The researcher planned to choose those to contact for interview based on depth/ breadth of answers, information presented and geographical/ practice site representation in order to increase the generalizability of the information presented. The researcher also planned to look for typical and atypical responses from various levels of hierarchy (Leedy & Ormrod, 2013).

Table I

Quantitative Data Collection: Electronic Questionnaire Goals

Type of Site	The Midwest: Nebraska, Iowa, North Dakota, South Dakota, Minnesota
Physical Rehabilitation	1-2 responses OT 1-2 responses direct managers
Pediatrics	1-2 responses OT 1-2 responses direct managers
School-based Pediatrics	1-2 responses OT 1-2 responses direct managers
Mental Health	1-2 responses OT 1-2 responses direct managers
Community health	1-2 responses OT 1-2 responses direct managers
Nontraditional	1-2 responses OT 1-2 responses direct managers
Combination	1-2 responses OT 1-2 responses direct managers
Total	**12-24 total**

Table 2

Qualitative Data Collection: Interview Goals

Type of Site	The Midwest: Nebraska, Iowa, North Dakota, South Dakota, Minnesota
Physical Rehabilitation	5-25 interviews from fieldwork educators 5-25 interviews from direct managers Representing multiple states and multiple practice areas
Pediatrics	
School-based Pediatrics	
Mental Health	
Community health	
Nontraditional	
Combination	
Total	**10-50 Interviews**

Setting

Electronic questionnaire. The data collection for the quantitative component of this study was completed via e-mail questionnaire. The study participants were able to complete this questionnaire anywhere they had internet access within the given timeframe. The participants were able to complete the questionnaire at a location and time of their choosing prior to the deadline. The last question of the questionnaire asked the participant if they would give permission for the researcher to contact them to set up a direct interview (Appendix A).

Interviews. Interviews were arranged on a case by case basis and were completed at a location chosen to be convenient by the participant and the researcher. The setting was both comfortable and private. The researcher arrived first in order to have adequate time to prepare the area for the interview. The researcher first greeted the participant and thanked them for their participation. Care was used in order to develop rapport with the participant through ensuring

the participants comfort and exchanging pleasantries. The researcher used a semi-structured set of interview questions (Appendix A) with guiding questions in between that were used if necessary. Audio recording was used at all times, and video recording was used when distance was a limiting factor.

Data Gathering Tools/ Instruments

Electronic questionnaire. For the proposed study, a researcher-designed instrument was used (Appendix A). Questions related to the overall research questions were asked electronically using a form of descriptive quantitative survey research (Leedy & Ormrod, 2013). Yes/no questions, open-ended questions, and Likert scale questions were accessed by the participants through an email link provided in the letter to the clinical site coordinator which was forwarded to the participant (Appendix B). This method was chosen due to the desire to reach a larger geographic area, concerns for clinician and managerial time, and concern for reaching a wide variety of practice areas. Rating scales such as the Likert-type scale are appropriate when "a behavior, attitude, or other phenomenon of interest needs to be evaluated on a continuum…" (Leedy & Ormrod, 2013). However, some questions lend themselves better to be asked in a purely yes/ no fashion or to provide the participant with the ability to answer as an open-ended question. These decisions were made after input from the quantitative data expert.

Qualtrics was used to generate the questionnaires (Appendix A) and the questionnaire was reviewed multiple times by a quantitative research expert. The tool was also reviewed by occupational therapy educators with knowledge of occupational therapy fieldwork. There were two separate questionnaires; one for the fieldwork educator, and one for the direct manager (Appendix A). In each questionnaire, the first questions related to demographic information

including age, gender, years of experience, degree level, and if applicable number of Level II students supervised (Appendix A), followed by questions for the fieldwork educator or direct manager. The last question was an open-ended question asking the participant to provide their preferred method of contact if they would consent to participation in a direct interview if contacted by the researcher (Appendix A). If they chose to participate in the interview component, they were informed that they would give up their initial anonymity, however responses would remain anonymous and no one other than the researcher would have access to the participant's information.

Direct interview. The intent of the interview questions was to obtain more information and give "greater substance and meaning to the numbers" (Leedy & Ormrod, 2013, p. 260). Interview questions were asked with the intent of receiving additional information on the subject matter, and asked on an individual basis. The researcher planned to look for questionnaire responses that were both typical and nontypical responses and samples from various levels of hierarchy in order to determine who was contacted for an interview (Leedy & Ormrod, 2013). See Appendix E for a list of potential interview questions.

Data Gathering Procedures

Electronic questionnaire. For purposes of this study, the researcher obtained permission to access a list of clinical site coordinators' email addresses from institutional software (Appendix C). The researcher contacted the clinical site coordinator listed for those sites in the Midwest who had an active clinical affiliation agreement with the researcher's institution at the time of this study. The email contained instructions for the clinical site coordinator (Appendix D) and three attachments including directions and criteria for

participation, the link to the tool for the direct manager participant, and the link to the tool for the occupational therapy participant (Appendix B). The clinical site coordinator was asked to forward the email to those who work at their facility who fit the outlined criteria. The letters contained all of the information necessary for the potential participant to determine their desire to participate in the research study including determining whether they qualify. The links to the questionnaire tools are located in the additional attachments (Appendix A). This was an appropriate sampling technique as there is no list of fieldwork educators in the Midwest nor their direct managers that was accessible to this researcher. In addition, the clinical site coordinator was an appropriate person to determine which employees meet the study criteria as the role of the clinical site coordinator is to coordinate student placements and assign students to fieldwork educators from a facility perspective. It was also likely that this person has knowledge of facility-specifics regarding the supervisory process.

Direct interview. If the participant provided their contact information, they were added to a database of potential direct interview contacts. Direct interview contacts were chosen by the researcher once access to the questionnaire was closed. Interviews were arranged on a case by case basis and always occurred one-on-one. When necessary due to limitations in geographic location or scheduling, an electronic medium was used to audio and video record the interviews. Interviews were audio recorded and field notes were taken for all interviews (Leedy & Ormrod, 2013). Five audio recordings were transcribed verbatim with assistance from an external transcriptionist.

Data Analysis Procedures

Electronic questionnaire. The electronic data received via electronic questionnaire was entered into the Statistical Package for the Social Sciences version 7 (SPSS v. 7) for data analysis. Descriptive analyses were completed in order for the researcher to determine general trends within the data including identification of the mean, standard deviation, and variance of responses for each questionnaire item. These analyses helped the researcher determine whether the data distribution was normal or non-normal, and assisted the researcher in determining which statistical analyses to run in the SPSS program (Creswell & Plano-Clark, 2011). This researcher will describe trends in the data, compare groups if the number of participants is sufficient, and determine relationship among variables in Chapters four and five (Creswell & Plano-Clark, 2011).

Direct interview. Audio recordings and verbatim transcription data were hand coded and analyzed by the researcher. Data analysis began by organizing the data onto a secure computer database. The data set as a whole was reviewed several times to get an overall idea of the totality of the data (Leedy & Ormrod, 2013). The researcher then identified statements that had direct relevance to the research questions, as well as those that appeared to have meaning for the participants, and then grouped the statements into units, therefore coding the data into themes and subthemes (Leedy & Ormrod, 2013). The process of interpreting the data occurred through "developing a textural description" of what the participant experienced (Creswell, 2013, p. 82), followed by a "structural description" (Creswell, 2013, p. 82) of how it was experienced, and then developing the overall "essence" (Creswell, 2013, p. 82) of the lived experience. Written policies on productivity were solicited from interview participants to be used as artifacts. The

researcher planned to use these artifacts to determine if written policies supported participant perceptions.

Integration of data. After the collection and analysis of the quantitative data and qualitative data sets independently, the researcher "analyzed and interpreted" (Leedy & Ormrod, 2013, p. 264) the data as a whole. The number of times themes occurred were counted, and then compared to the quantitative data set (Leedy & Ormrod, 2013). Those themes that occurred in both the electronic questionnaire responses and again in the direct interview responses were considered the essence of the lived experience (Creswell, 2012). The mixing of the data, therefore, was completed during the data analysis procedures through this process of merging the data (Creswell & Plano Clark, 2010). Analysis of the artifacts (written policies on productivity) had planned to be incorporated as a method of data triangulation, however no participants could locate a written policy on productivity to provide this researcher. The lack of artifacts will be discussed in chapter four.

Data Quality Measures

In consideration of the multiple types of mixed methods designs that may have been suitable for this research study, it was determined appropriate to use the explanatory mixed method design. The explanatory design has been referred to as "the most straightforward of the mixed methods designs" (Creswell & Plano Clark, 2010, p. 83) with many advantages, including the two-phase structure which is possible for a single researcher to implement, the writing of the final report can be straightforward in discussing the quantitative data, then the qualitative data, then the data integration therefore making it easier for the reader to understand (Creswell & Plano Clark, 2010).

Internal validity was controlled for through the use of the explanatory mixed-methods design as both quantitative and qualitative data sets were analyzed and compared. Internal validity is described by Leedy and Ormrod (2013) as "the extent to which its design and the data it yields allow the researcher to draw accurate conclusions about cause-and-effect and other relationships within theW data' (p. 101). External validity was addressed through the attempt to reach participants in a five-state area, therefore attempting to increase the generalizability to a larger population. External validity is also described by Leedy and Ormrod (2013) as "the extent to which its results apply to situations beyond the study itself" (p. 103). Creswell and Plano Clark (2011, p. 240-241) discuss the additional potential threats to validity that may occur in a mixed-methods study. These include ensuring comparability in both quantitative and qualitative data comparisons, the relevancy of the quantitative and qualitative data to the research questions, the weighting of the data sets, the supportive use of artifacts, and the resolution of apparent discrepancies (Creswell & Plano Clark, 2011). These will be discussed further in chapter five.

The survey questions were piloted with occupational therapy faculty with clinical experience relevant to the study in order to increase the expert validity of the tool. Prior to this pilot test, the survey questions had been reviewed by an experienced quantitative researcher. Credibility and trustworthiness were addressed in the design of the research through the proposed data triangulation methods and the inherent nature of mixed methods research. The trustworthiness of the data was assessed through the triangulation strategy of attempting to gain participants with both fieldwork educator and direct manager of fieldwork educator experience as well as the gathering of information from both electronic and face-to-face formats. Policies on productivity were solicited to be used as artifacts. All transcribed data was transcribed by an

external transcriptionist or the researcher and was then sent to the participant for member checking.

Ethical Considerations

The researcher obtained permission from the Institutional Review Board (IRB) at the college prior to contacting potential participants (Appendix F). Participants were recruited on a strictly voluntary basis. All participants provided their consent through the voluntary nature of the participation and for the voluntary provision of contact information to the researcher. The researcher protected the anonymity of the electronic survey participants through assigning aliases to their data (Creswell, 2013). Those who choose to contact the researcher to participate in an additional interview agreed to give up their initial anonymity. However, pseudonyms were used in all written forms of data collection including the transcription of the interviews. The researcher did not deceive potential participants about the study and participants were not at risk for any harm through their participation. The researcher attempted to "suspend(ed) any preconceived notions or personal experience that may unduly influence what the researcher 'heard' the participants say," (Leedy & Ormrod, 2013, p. 146), therefore bracketing the data. Data was stored electronically using the Dropbox online cloud storage system which is highly secure (Dropbox, 2014). Neither user name nor password of the researcher was shared with any individual nor written down. Audiotapes were destroyed once the data had been transcribed and the member-check confirmations were received. The complete data set will be destroyed after seven years.

Summary

In summary, this study used a fixed, explanatory, sequential mixed-methods approach to attempt to answer the research questions. Electronic questionnaires were sent to fieldwork sites in the Midwest whom have accepted a Level II fieldwork student from the researcher's academic institution at the time of this study and whose contact information was available to the researcher. Participants include both licensed, practicing occupational therapists with at least one year of experience supervising Level II fieldwork students and their direct managers. Direct managers were also be required to have at least one year experience in their position. For those in dual roles, the participant were asked to fill out the questionnaire for the job role in which they spend at least 51% of their time. Participants were also be invited to participate in a direct interview and provided their information to be contacted if they agreed, thus voiding their initial anonymity. A researcher-designed instrument was used for the electronic questionnaire, and questions based on exceptionally rich questionnaire data were asked during the direct interviews. The researcher attempted to include typical and non-typical examples as well as examples from various levels of hierarchy and representing multiple practice sites and states. SPSS was used to analyze the quantitative data, and hand coding and analyzing was utilized to analyze the qualitative data. Data was manually transcribed and preliminary themes were analyzed. Data was then be organized into categories. All appropriate steps were taken to ensure the ethics of the study including IRB approval, informed consents, and voluntary participation. In what follows, chapter four presents the results of the study, and chapter five is the discussion.

CHAPTER IV: RESULTS

In this chapter, this researcher will discuss the analysis of the data that resulted from the research study. The research questions are reviewed. The sample size and responses are discussed. Data from the quantitative set and the qualitative set are discussed separately, then together. Any limitations that became apparent through the course of the research study as well as an exploratory analysis are discussed.

Initially, the researcher sent emails to 120 clinical site contacts representing a total of 146 practice sites in the Midwest that had active site contracts with this researchers' institution at the time of this study. Potential participants were given a two week timeframe in which to follow the instructions presented in the attached letter, located in Appendix D. Care was taken to avoid the busy holiday season, with the emails being sent in the middle of January. Of the 120 initial email contacts, 15 emails were returned as invalid addresses. Therefore, the total number of persons to receive the initial email was 105. After two weeks, this researcher sent a reminder email to the same 105 contacts extending the timeframe three additional days. There is no way for this researcher to know how many people the initial email reached, therefore a complete return rate is unknown.

This researcher received electronic questionnaire responses from 11 direct managers and 28 occupational therapists that identified themselves as having been fieldwork educators. Of the 11 direct managers, only one provided their contact information to participate in the interview. This participant did not respond to requests to arrange an interview time within the study's timeframe. Twenty-eight fieldwork educators responded to the electronic questionnaire. Of the twenty-eight, nine participants provided their contact information to arrange an interview. Of the

nine, five participants arranged and completed the interview component. Demographic information for the sample is located in Appendix G.

Data Analysis

To facilitate a clear presentation of the results, the data analysis is presented in relationship to each component of the study, quantitative and qualitative, then in regards to the overarching research questions..

The overarching research questions were:

1. How, if at all, do productivity standards affect the supervision of occupational therapy students while on Level II fieldwork?
2. Do productivity standards affect the number of fieldwork placements offered to an academic institution?

For the quantitative component of data collection, the research questions were:

1. How do productivity standards influence the supervision of Level II occupational therapy fieldwork students in the Midwest from the perspective of the occupational therapy fieldwork educator?
2. How do productivity standards influence the supervision of Level II occupational therapy students in the Midwest from the perspective of the therapists' direct manager?
3. Have occupational therapy practice sites reduced the number of fieldwork placements offered to an academic institution due to concerns related to productivity?

Quantitative Data Analysis. Quantitative data was transferred by this researcher into the Statistical Package for the Social Sciences (SPSS) v. 7 for analysis and is presented first. If a data set was incomplete, SPSS v. 7 excluded the data from appropriate analyses. Statistically significant differences were found in regards to how participants in different practice areas responded to the questions, indicating that in some cases, practice area and related reimbursement requirements affected the responses to the questions. Statistically significant differences were found related to whether participants had productivity standards at their place of employment, whether those were clearly communicated to them, and whether they were held accountable to the same standard at times of student supervision. In relationship to research question 1:

> *How do productivity standards influence the supervision of Level II occupational therapy fieldwork students in the Midwest from the perspective of the occupational therapy fieldwork educator?*

A one-way analysis of variance (ANOVA) between research subjects was completed using the participants' practice area as a categorical variable. For the practice areas of pediatrics, physical rehabilitation, mental health, combination practice area, and nontraditional practice, statistically significant differences between groups were found for the questionnaire items, "My place of employment has productivity standards for their occupational therapists, " $F(4, 23)=7.11$, $p=.001$; "The productivity standards at my place of employment are clearly communicated to me," $F(4, 23)=3.59$, $p=.020$; "I am held accountable to the same productivity standards during times of Level II OT fieldwork student supervision," $F(4, 23)=3.58$, $p=.021$, and "My productivity standards are more lenient during times of Level II OT fieldwork student supervision," $F(4, 22)=2.78$, $p=.054$. The practice areas of school-based pediatrics and

community-based practice had 0 persons in their response groups, hence were not included in the analysis. Scheffe post-hoc comparisons were chosen to be completed to compare differences between all pairs of means. This test is appropriate for multiple-type tests as they claim to help control for type-I error, or the change that the differences between two means were wrongly accepted to be significant. SPSS v.7 indicated that Post-hoc comparisons were not able to be analyzed due to at least one group having only one case within. Therefore, it is necessary to look at the mean differences both within and between groups. Descriptive statistics for the fieldwork educator data set are located in Appendix H.

In the following table, the results of the one-way analysis of variance (ANOVA) are presented with significant responses indicated with an asterisk. For the purposes of this research study, significance is indicated at the < 0.05 level. Only the data with significant results is indicated below. The complete ANOVA is located in Appendix I for review.

Table 3

Fieldwork Educators ANOVA Table

		Sum of Squares	df	Mean Square	F	Sig.
My place of employment has productivity standards for their occupational therapists.	Between Groups	16.167	4	4.042	7.105	.001*
	Within Groups	13.083	23	.569		
	Total	29.250	27			
The productivity standards at my place of employment are clearly communicated to me.	Between Groups	7.581	4	1.895	3.593	.020*
	Within Groups	12.133	24	.528		
	Total	19.714	27			
I am held accountable to the same productivity standards during times of Level II OT fieldwork student supervision.	Between Groups	6.395	4	1.599	3.576	.021*
	Within Groups	10.283	23	.447		
	Total	16.679	27			
My productivity standards are more lenient during times of Level II OT fieldwork student supervision.	Between Groups	10.852	4	2.713	2.755	.054*
	Within Groups	21.667	23	.985		
	Total	32.519	27			

Note: Significant at the $p<0.05$ level.

Participants in different groups differed significantly in the way they responded to these specific research questions, indicating that practice area may have an effect on productivity in general as well as productivity during times of student supervision for certain practice areas versus others. This is consistent with the purpose of the study and the hypothesis that productivity is reimbursement driven and that different practice areas often have different primary reimbursement sources.

Consistent with the study design, this researcher was interested in the perspective of the direct manager in relation to this concept as well. For consistency, a one-way analysis of variance (ANOVA) between research subjects was again completed using the participants' practice area as a categorical variable for research question two which asked:

> *How do productivity standards influence the supervision of Level II occupational therapy fieldwork students from the perspective of the occupational therapy fieldwork educator and the therapists' direct manager?*

For the practice areas of physical rehabilitation and combination practice areas, statistically significant differences between groups were found for the questionnaire items "There are consequences for those I supervise if they do not meet their productivity standard," $F(3, 7)=4.46$, $p=.047$; "I continue to hold my OTs accountable to the same productivity standards during times of Level II fieldwork student supervision," $F(3, 7)=7.485$, $p=.014$, and "I fully support my OTs during times of Level II fieldwork student supervision" $F(3.7)=5.621$, $p=.028$. For the practice areas of pediatrics, school-based pediatrics, mental health, and community-based practice, participant groups had one or less participants and were therefore not included in the ANOVA. Since there are only two groups in this data set that are comparable, it is not possible to do a post hoc test. In this case, a look at the descriptive means is appropriate. Descriptive statistics for the direct manager data set are as indicated in Appendix J. The following table outlines the ANOVA with the statistically significant results at the $p<0.05$ level being indicated with an asterisks.

Table 4

Direct Managers ANOVA Table

		Sum of Squares	df	Mean Square	F	Sig
There are consequences for those I supervise if they do not meet my productivity standard.	Between Groups	7.636	3	2.545	4.455	.047*
	Within Groups	4.000	7	.571		
	Total	11.636	10			
I continue to hold my OTs accountable to the same productivity standards during times of Level II OT fieldwork student supervision.	Between Groups	11.227	3	3.742	7.485	.014 *
	Within Groups	3.500	7	.500		
	Total	14.727	10			
I fully support my OTs during times of Level II OT fieldwork student supervision.	Between Groups	3.212	3	1.071	5.621	.028*
	Within Groups	1.333	7	.190		
	Total	4.545	10			

Note: Significant at the $p<0.05$ level.

It again appears that practice area affects the response to this set of questions. However, the demographic characteristics of the direct managers as well as their involvement with the student fieldwork process was more diverse than that of the fieldwork educator group, which may account for some of these differences. This will be discussed in greater detail in chapter five.

As discussed in both chapter one and chapter two, obtaining and maintaining adequate fieldwork site placements is a common concern for academic institutions of occupational therapy and research has been completed on common issues fieldwork educators face when supervising

Level II students (Hanson, 2011; Jensen & Daniel, 2010). Research question number three addressed this by asking:

> *Have occupational therapy practice sites reduced the number of fieldwork placements offered to an academic institution due to concerns related to productivity?*

The following table illustrates the mean responses to the survey question related to this research question for both the fieldwork educator and the direct manager. The Likert scale was a scale from one to five with one indicating strongly disagree, two indicating disagree, three indicating neither agree nor disagree, four indicating agree, and five indicating strongly agree. A look at the mean responses from respondents provides insight into the scores.

Table 5

Effect of Productivity on Decision to Accept Students

Participant and Survey Question	N	Minimum	Maximum	Mean	Std. Deviation
Fieldwork educator: My productivity standards have affected my decision to accept Level II OT fieldwork students.	28	1	4	2.21	1.013
Direct Manager: My productivity standards have affected my facilities decision to accept Level II OT fieldwork students.	11	1	4	1.75	.965

For the fieldwork educator data set, the mean response was 2.21, indicating ‘disagree’ on the Likert scale. This negates the idea that the presence or lack thereof of productivity standards does not affect the decision of the fieldwork educator to accept a Level II fieldwork student. The mean for the direct manager data set was 1.75, falling between ‘strongly disagree’ and ‘disagree’ on the Likert scale. This also negates the statement that productivity standards affect the decision

on the part of the direct manager to accept a Level II fieldwork student. This researcher will discuss limitations in survey tool as a whole in chapter five, as the phrasing of the questions related to this concept, as well as all question phrasing may have had an impact on the results.

Qualitative Data Analysis. The survey participants were invited to also participate in a direct interview to further explain and provide greater insight into the survey results. Five total interviews were completed, all with fieldwork educators. Consistent with the study design, this researcher arranged interviews with the participants at a time and location of their choosing. Skype was used to complete one interview where distance was a limiting factor. Another interview was completed via phone due to distance being a limiting factor and not having access to Skype. This researcher reviewed informed consent, received signatures, and exchanged pleasantries with the participants before the study began. Permission to record was obtained before any electronic medium was turned on. Research questions were asked in the same order with each participant. Probing questions were used as needed in order to encourage the participant to expand on the information they had provided. Great care was taken to ensure the researcher bracketed her own personal opinion and to ensure that body language, facial expression, etc. did not 'sway' the participant. A complete list of research questions and probing questions is located in Appendix E.

For the qualitative component of data collection, the research questions were:

1. How do participants in the sample explain the concept of productivity?
2. How do occupational therapy fieldwork educators describe their experience of managing productivity standards with Level II occupational therapy student fieldwork supervision?

3. How do occupational therapy fieldwork educators perceive the impact of productivity standards during Level II occupational therapy fieldwork student supervision?
4. How do direct managers perceive the impact of productivity standards on level II occupational therapy student fieldwork supervision?

Direct Interviews and Open-ended Survey Questions. This researcher analyzed and coded the interview responses for themes as indicated in chapter three. This task was done in a traditional, 'by hand' manner. This researcher also analyzed and coded an open-ended survey question which is also considered in this qualitative data set. Research question one for the qualitative data collection component was:

How do participants in the sample explain the concept of productivity?

Theme I: Revenue production. Of the five participants in this component of the study who were all fieldwork educators, all five spoke of issues related to revenue production. Different terms were used by these participants to describe this concept, such as 'direct contact', 'billable units', and 'revenue for the company." This researcher grouped these comments together into one theme due to their interrelated nature. In the field of occupational therapy, direct patient contact time is required for billable units, and billable units are how revenue is produced for the company from traditional occupational therapy service delivery. While none of these participants were in managerial roles at their place of employment, all five discussed the concept of being conscious of and required to produce revenue for the company in some form when discussing what the concept of productivity meant to them. Four of the five participants also mentioned the productivity requirement is a daily expectation. A participant stated, "When we come to work each day everyone knows what their productivity standards are…So for

example, ours is 24 units if you work an eight hour day that means six of eight hours are productive, um, with patient care…." One survey respondent provided this information to further support this theme, stating, "I expect to spend one unit (or 15 minutes) on student education and feedback for every unit of treatment for the majority of clinical rotation…" This researcher believes this data is vital in regards to understanding the concerns of fieldwork sites as all respondents indicated they were aware of their responsibility to create revenue for the companies they worked for, in addition to the typical daily pressures of working with clientele and in today's healthcare environment.

Managing these productivity standards was of particular interest to this researcher. Research question two for the qualitative data collection addressed this question asking:

> *How do occupational therapy fieldwork educators describe their experience of managing productivity standards with Level II occupational therapy fieldwork student supervision?*

Theme II: Individualized fieldwork educator approach. The participants in this component of the research study were from five different sites and three different practice areas, all in Nebraska. Four of five respondents worked in the physical rehabilitation practice area, and one in neonatal intensive care. Each therapist described a unique approach to the task of managing student supervision with productivity expectations. These individualized approaches included seeing patients while a student completes required daily documentation such as daily charting, creation of weekly reports, communication to other disciplines, etc. (continuing to produce revenue while student is not producing revenue), completing work-related tasks off the clock, and blocking out designated time for student teaching/ training with managerial support to help ensure student success. Two of five therapists mentioned the role the support of their

management had on the flexibility of their productivity during times of student supervision. A participant stated, "I may work longer with a student or I may sacrifice, make sacrifices on my own and clock out and continue supervising so it doesn't affect my productivity cause it is my choice to take a student." Another participant indicated, "…I make it work, so if I have to see a patient and they are documenting like writing an evaluation, then I'm going to have to do that, because I want them to have the time to write the eval, um but I still have to be productive. So, would I like to sit there and discuss it more and help them through it sometimes? I would, but I make it work." The results to this question seem to indicate that fieldwork educators who agree to take students all have created a system for managing the student, fostering their success, and maintaining their ability to meet their productivity requirements. It is possible that practitioners who would not be successful at these tasks are not asked or do not agree to be fieldwork educators. For this reason, this study may be limited as these practitioners may not be represented.

In order to address the effect of productivity standards on student supervision, it was necessary to give the fieldwork educators the opportunity to address this topic. Research question three for the qualitative component of this research study was:

> *How do occupational therapy fieldwork educators perceive the impact of productivity standards during Level II occupational therapy student fieldwork supervision?*

Theme III: Skill set of the student. Three of five respondents indicated that the student-specific skill set impacts how much of an effect productivity standards have on the student. Issues such as amount/ number of questions asked and ability to document effectively were

mentioned. The ease of use of documentation systems was mentioned by two of five participants, with one participant stating,

> It really depends on the student……there are times it has where I would have to leave while the student is still documenting and I would have to check their notes the next day over lunch with them and go over it I mean because I can't sit around for an hour and wait for them to document if there is nothing to do to keep me.

Another participant indicated,

> I have to block out at least initially in the first two to three weeks I have to block out at least a couple hours a day for teaching and training the student, primarily our documentation system. We are on (specific name given) right now and it is not user friendly, and um so it's really difficult you have to sit one on one with the student while they learn it to help them through all the little idiosyncrasies of it.

A participant also indicated in the survey response that their current documentation is not user friendly, and that there is a learning curve for students. It is important to acknowledge that this may have been the same participant. Another survey respondent discussed the ability of students to be self-directed, indicating:

> I feel that when a student comes to our site they need to be ready for both a very busy day and a slow day. The slow days are when the students need to be ready for independent learning and take more of a self-directed approach to keep them busy.

These results support the purpose of the research study by affirming that academic institutions of occupational therapy must consider student skills and abilities and how they might fit with different site specific requirements in order to foster student success.

In addition to the skill set of the student, the nature and skill of the fieldwork educator themselves arose as a factor in theme four.

Theme IV: Fieldwork educators do what is necessary. Four of five respondents indicated that they did not believe productivity standards ultimately impacted the Level II fieldwork students' success on their fieldwork placement, as all five respondents discussed techniques they have devised, both site-specific and individually, that have reduced this as being an issue. Two of five participants mentioned that therapists who have difficulty managing productivity do not usually supervise students, which also may play an impact on the responses to this question. One participant indicated, "…I'm going to clock out and give my extra time because I know that's what comes with students and I'm willing to do that, not everyone is willing to do that…" These results again support the idea that occupational therapy practitioners who do not agree to take students or are not assigned students may be the ones who would have a harder time managing the requirements of their place of employment as well as the success of the student. It is plausible that these practitioners are not represented in this sample as they may not have identified themselves as fieldwork educators.

In essence, the lived experience of the fieldwork educator is that the concept of and effects of productivity standards are unique and can vary by practice site. The successful individual fieldwork educator has developed unique strategies in order to meet the requirements

of their worksite and to deliver fieldwork education in a manner in which they see appropriate, even if at times, they are required to make sacrifices.

No direct managers participated in the interview, however some provided responses to the open-ended survey question. Question number four for the qualitative data analysis asked:

How do direct managers perceive the impact of productivity standards on Level II occupational therapy fieldwork student supervision?

None of the eleven respondents discussed this topic in the open-ended question. It is plausible that the lack of response indicates that either the direct managers have no personal knowledge of this within their specific facility. Additional exploratory analyses of remaining responses is included in chapter five.

Data Integration. As indicated in chapter three, it is important in a mixed-methods study such as this to look at how the data sets compare. For the data integration component of this mixed-methods study, the research question was:

How do occupational therapy fieldwork educators and direct managers compare in their perceptions of productivity standards and the supervision of Level II occupational therapy fieldwork students?

As there were no direct manager participants in the interview and no open-ended responses addressed this topic, this question will be discussed in relationship to the quantitative data set. A comparison between direct managers and fieldwork educators was analyzed using SPSS v. 7. For the purposes of this specific research question, practice areas were collapsed and data was analyzed looking at direct managers vs. fieldwork educators. An independent samples t-

test was used to compare the responses of fieldwork educators as a whole versus direct managers for the survey questions. There was a significant difference in the scores for the fieldwork educator survey question, "The productivity standards at my place of employment are clearly communicated to me," (M=3.54, SD= 1.69) and related direct manager survey question, "The productivity standards at my place of employment are clearly communicated to those I supervise," (M=4.05, SD=.94); fieldwork educator survey question, "There are consequences if I do not meet my productivity standard," (M=3.72, SD= 1.49) and related direct manager survey question, "There are consequences for those I supervise if they do not meet their productivity standard," (M=2.56, SD=.86); fieldwork educator survey question "I am able to meet my productivity standards on a typical workday," (M=3.18, SD=1.08) and related direct manager survey question, "Those I supervise are able to meet their productivity standard on a typical workday," (M=4.0, SD=.59); and fieldwork educator survey question, "I am held accountable to the same productivity standards during times of Level II OT fieldwork student supervision," (M= 3.18, SD= 1.33) and related direct manager survey question, "I continue to hold my OTs accountable to the same productivity standards during times of Level II OT fieldwork student supervision," (M=3.83, SD=.79). These differences indicate that direct managers who identified in different practice areas answered differently to these questions versus others. The significance of this will be discussed in chapter five.

Table 6

Response Differences Between Fieldwork Educators (FWEds) and Direct Managers

Question	M	SD
FWEd The productivity standards at my place of employment are clearly communicated to me.	3.54	1.69
Direct Manager: The productivity standards at my place of employment are clearly communicated to those I supervise.	4.05	.94
FWEd: There are consequences if I do not meet my productivity standard.	3.72	1.49
Direct Manager: There are consequences for those I supervise if they do not meet their productivity standard.	2.56	.86
FWEd: I am able to meet my productivity standards on a typical workday.	3.18	1.08
Direct Manager: Those I supervise are able to meet their productivity standard on a typical workday,"	4.0	.59
FWEd: I am held accountable to the same productivity standards during times of Level II OT fieldwork student supervision.	3.18	1.33
Direct Manager: I continue to hold my OTs accountable to the same productivity standards during times of Level II OT fieldwork student supervision	3.83	.79

These results suggest that the perspective of the fieldwork educator does not always align with that of the direct manager. For example, a fieldwork educator may not feel supported by their direct manager, but the manager believes they are supporting their fieldwork educators. There is no guarantee that the fieldwork educators and direct managers who answered differently to these questions were from the same practice areas as practice areas were collapsed for this

data set. An in-depth discussion of these results and their potential implications will be included in chapter five.

Summary of Analyses

Quantitative data from the survey collected using Qualtrics was analyzed by this researcher using SPSS, version 7. This researcher also analyzed and coded responses to open-ended questions for themes and compared them to the qualitative data set. Statistically significant results have been presented in this chapter. Many practice area groups did not have enough participants for which to complete statistical analyses, therefore descriptive statistics have also been included in Appendices H and J. Of the participants who responded to the initial survey request, five fieldwork educators agreed to an interview. Four were from the practice area of physical rehabilitation, and one from pediatrics. The themes that emerged from the interviews have been discussed, and included revenue production, individualized fieldwork educator approach, skill set of the student, and fieldwork educators doing 'what is necessary' to manage productivity. As no respondents were direct managers themselves, this researcher was unable to compare the fieldwork educator perspective to that of the direct manager for the qualitative data set. This researcher used SPSS v. 7 to analyze the responses of the fieldwork educators in comparison to the responses from direct managers for the survey. In chapter five, this researcher will discuss how the results of this research study compare to the current body of research on this subject. Interesting, unexpected, and/ or contradictory results will also be discussed.

CHAPTER V: DISCUSSION

In this chapter, this researcher will review the problem statement, purpose, and research questions for this research study. Then, this researcher will review the findings of the research study, discuss relationships between research questions, and relate the findings to the body of literature discussed in chapter two. The researcher will also discuss limitations and implications for further research.

Research Questions and Interpretation

The purpose of this research study was to explore the perceived impact of productivity standards on the supervision of occupational therapy students and their ultimate success from the perspective of both the occupational therapy fieldwork educator and their direct manager. This researcher attempted to gain responses from varying occupational therapy practice sites in the Midwest from the practice sites of physical rehabilitation, mental health, pediatrics, school-based pediatrics, and combination sites. The education of both pre-licensure occupational therapists and occupational therapy assistants was addressed.

The overarching research questions were:

1. How, if at all, do productivity standards affect the supervision of occupational therapy students while on Level II fieldwork?
2. Do productivity standards affect the number of fieldwork placements offered to an academic institution?

For the quantitative component of data collection, the research questions were:

1. How do productivity standards influence the supervision of Level II occupational therapy fieldwork students in the Midwest from the perspective of the occupational therapy fieldwork educator?
2. How do productivity standards influence the supervision of Level II occupational therapy fieldwork students in the Midwest from the perspective of the therapist's direct manager?
3. Have occupational therapy practice sites reduced the number of fieldwork placements offered to an academic institution due to concerns related to productivity?

For the qualitative component of data collection, the research questions were:

1. How do participants in the sample explain the concept of productivity?
2. How do occupational therapy fieldwork educators describe their experience of managing productivity standards with Level II occupational therapy student fieldwork supervision?
3. How do occupational therapy fieldwork educators perceive the impact of productivity standards during Level II occupational therapy student fieldwork supervision?
4. How do direct managers perceive the impact of productivity standards on Level II occupational therapy student fieldwork supervision?

For the data integration, the research question was:

1. How do occupational therapy fieldwork educators and direct managers compare in their perceptions of productivity standards and the supervision of Level II occupational therapy fieldwork students?

Survey responses were received from 11 direct managers and 28 fieldwork educators. No direct managers agreed to participate in the qualitative interview. Five fieldwork educators participated in the interview. Demographic information for the sample is available in Appendix G.

Interpretation

Quantitative data analysis. Research question one for the quantitative component of data collection was "How do productivity standards influence the supervision of Level II occupational therapy fieldwork students in the Midwest from the perspective of the occupational therapy fieldwork educator?" This researcher compared result between fieldwork educators grouping their responses based on practice areas. This researcher separated pediatrics and school based pediatrics due to the unique nature of each practice, and neither group had enough participants to make the results comparable to the other practice area groups. Responses between practice groups for the remaining groups were significantly different for four of eleven questionnaire items. These items included whether productivity standards were present, clearly communicated from management, present during Level II student supervision, and more lenient during student supervision. These responses indicate that it is possible that practitioners from different practice sites, all with potentially different payer sources driving productivity requirements, experience productivity differently from one another and subsequently manage it differently. This is important for academic institutions to consider as the appropriate way to mentor students to and prepare them for fieldwork and ultimately clinical practice is not necessarily the same from one practice area to another. It also confirms that there is variability related to productivity between practice site types, which may assist academic fieldwork coordinators in helping to guide students into fieldwork experiences in which they will be

successful, therefore meeting the needs of the student and preserving the relationship between the academic institution and the practice site.

Research question two for the quantitative component of data collection asked the same question of the direct manager. Only two groups in this data had enough participants to compare; that of physical rehabilitation and combination practice areas. Pediatrics, school-based pediatrics, mental health, and community based practice did not have enough participants in their groups to be included in the data analysis. Direct managers were also grouped by their identified practice area. Significant differences were found for three of the questionnaire items. These items included questions related to whether the direct manager held their OTs accountable to the same productivity standards when they had a Level II student, whether there are consequences at that site for not meeting productivity standards, and their support of their OTs during times of Level II fieldwork supervision. These results indicate that there are differences in the way that direct managers view their role in the student supervision process. Previous research has indicated that the managerial role is important in ensuring student success. Hatjevich and Miller (2009) suggested that,

> Managers must accept that assisting in the preparation of future practitioners is the professional responsibility of their setting, and then ensure that all practitioners who engage in fieldwork education are aware of critical links between the site's fieldwork education program and the academic education program (p.1).

The results of this research study suggest that not all managers share this perspective. Both fieldwork educators and academic institutions will find this information valuable. Fieldwork educators have further information to support the need to get their managers 'on

board' in order for a fieldwork program to be successful. Academic institutions may consider changing their approach to 'selling' their fieldwork programs by increasing the amount of involvement of the direct managers in the fieldwork site development and fieldwork student reservation process. It may be of benefit to academic institutions to educate the direct managers regarding the importance of their support of the fieldwork program, as it appears this is key in cultivating a fieldwork program and environment that will foster student success.

Research question three for the quantitative component of data collection asked whether productivity standards affect the number of fieldwork placements, (i.e., individual student assignments,) to a particular institution. The mean response from the fieldwork educator was 2.21, which was 'disagree' on the Likert scale. Results ranged from a 1-4, with no responses indicating strongly agree. The opinion of the direct manager was stronger, with their mean score at 1.75, between 'disagree' and 'strongly disagree.' Responses from direct managers also ranged from 1-4. It may be that student placements are not necessarily lowered, rather students are placed with stronger clinicians whom are willing to 'do what is necessary' in order to meet all demands of their job and of their role as fieldwork educator. This data supports previous research in which the fieldwork educators did not believe that reimbursement issues had negative impacts on the ability of fieldwork sites to accept students, although academic fieldwork coordinators perceived this to be true (Caesares et al., 2003).

Qualitative data analysis. Research question one asked interview participants how they explained the concept of productivity. The theme that arose from the responses to this question was revenue production. While zero of the five interview participants could produce a written policy on productivity, they could all define it respective to their site. All five participants spoke about some component of producing revenue for their company. It is interesting to this

researcher that practitioners would have such great concern for the fiscal concerns of their respective companies. It is the experience of this clinical practitioner that while the rules are often unwritten, weekly and monthly staffing meetings in today's healthcare arena often include discussions related to the fiscal status of an organization. Fieldwork educators become keenly aware of the needs and wants of their employers, and often feel the pressure to 'produce.' The rising cost of occupational therapy education has also made some practitioners concerned for maintaining their clinical positions in order to repay student loans. Occupational therapists in these positions may have heightened awareness and desire to be as desirable of an employee as possible for their respective companies. As no direct managers participated in the interview, it is unknown the perspective of the manager in relationship to how they communicate productivity requirements to their staff. An ethnographic study in which key players such as direct managers may yield interesting information regarding this communication.

Research question two asked participants how they describe the way they manage their productivity standards when they are supervising Level II students. The theme that arose from this question was that fieldwork educators have unique approaches in addressing this concern. They all appeared to be keenly aware that the methods that they were describing to me were unique to themselves, and not necessarily something that would work for everyone. These participants all demonstrated flexibility in approach in order to best accommodate a student. This response mirrors the responses to the question regarding whether productivity requirements decreased the number of student placements offered to an institution, which found that numbers are not necessarily decreased, but students may be placed with specific practitioners who have demonstrate the ability to be successful during times of Level II fieldwork student supervision.

In addition to the individual approach of the fieldwork educator, fieldwork educators also spoke of the skill set of the student being key in regards to managing productivity and fostering student success. Aiken et al. (2001) discussed how flexibility and creativity in fieldwork education is necessary to meet the needs of both the student and account for the demands of today's healthcare environment. This research study supports this. The individual approach of the fieldwork educator often mirrored the needs of the specific student, when the needs were consistent with the stage of the fieldwork process and appropriate for the institution and their clientele. This finding supports previous research by Lew, Cara, and Richardson (2007) in which they discuss the many common 'detours' fieldwork can take. Their research discussed the role of the environment affecting the students success, including the effect of "changes in healthcare policy" (p.113) impacting the fieldwork site and ultimately the student. This research was completed from the perspective of the student and is consistent with the findings from this research study, which support that the environment (productivity or lack thereof, staff, managerial support, et.) effects student success on Level II fieldwork.

As discussed in the literature review, occupational therapy fieldwork experiences are key components in the profession reaching the goals of the Centennial Vision (Hanson, 2011; Crist, Scaffa, & Hopper, 2010; Stutz-Tannenbaum, 2009; Musselman, 2007). The Centennial Vision for occupational therapy practice is well established within the profession as a source for direction for occupational therapists and occupational therapy programs moving forward. The 'drivers of change' identified by AOTA in the development of the Centennial Vision (2011) included reimbursement and the challenging world of work, both supported by the current research. The themes emerging from the qualitative data set further support these findings including the theme 'revenue production' and 'the challenging world of work.' Therapists who

participated in the study appeared to have a heightened awareness of the cost of the services they provide, and the personal revenue production necessary in order to maintain their practice positions.

Data Integration

This study was unique in nature in that it attempted to compare the perspectives of the fieldwork educator and the direct manager. The value of the occupational therapy fieldwork experience was discussed in previous research, even being referred to as "integral in providing the student the opportunity to transfer their academic knowledge into practice (Crist, Brown, Whelan, & McClure, 2007; Meyers, 1989). The fieldwork educator is on the forefront during the students' Level II fieldwork experiences, with the academic institutions playing a supporting role. Even among different practice sites, their responsibilities as fieldwork educators have much in common. For the data integration component, participants were not grouped by practice site, rather by grouping all fieldwork educator responses in one group, and all direct manager responses in another. Fieldwork educator responses differed significantly from direct manager responses to the questionnaire item "The productivity standards at my place of employment are clearly communicated to me," indicating that it is possible direct managers do not communicate these policies as effectively as they perceive to their occupational therapists. Fieldwork educators and direct managers also differed in their perspective of the consequences related to productivity, indicating that it is possible that fieldwork educators perceive the standard and potential resulting punishment as less severe than it truly may be. Responses also differed significantly in relation to whether fieldwork educators and direct managers felt that the occupational therapists meet their productivity standard on given workdays. This researcher hypothesizes that fieldwork educators may perceive the amount of work they have completed in

a day, due to the physically and mentally demanding work, to be of greater reimbursable quantity than it truly may be. As no previous research was located in which fieldwork educator and direct manager perceptions were compared, it is not possible to compare these results to the existing body of research, thus suggesting the need for continued research in this area.

Limitations of this Study

While valuable to the field of occupational therapy and occupational therapy education, this research had several limitations. The identified limitations include the researcher being a novice researcher and having limited prior research experience. This limitation in experience may have affected the research design including but not limited to the method of participant recruitment and the way the research questions were written. It appears from the number of responses that the method of participant recruitment was not sufficient to provide a representative sample applicable to a larger geographic area, due to both sample size and geographic/ practice areas of participants thus limiting external validity. One electronic questionnaire response was excluded from some of the data analyses due to having incomplete data, which may have affected the quantitative data analyses. This researcher did not include a survey question on state of residence of the participants, which would have provided valuable information regarding geographic location. The questionnaire and interview questions were also compiled by this researcher, and thus had unknown reliability and validity.

Regardless of the offer to complete interviews via Skype or related video media, only fieldwork educators whom practiced in the same city as the researcher agreed to participate in the interview component. It is also a limitation that no direct managers agreed to participate in the direct interview, limiting this researcher's ability to further explore the results of the survey.

Some practice area groups did not have enough participants to be included in the statistical analyses, which limit the representation of these populations to their respective practice areas.

Internal validity is also a limitation of this study. As this study was not a 'true experiment' (nor was it designed to be) and this researcher cannot confirm that the independent variable (practice area or fieldwork educator vs. direct manager) caused the changes in the dependent variable, or question responses.

Implications for Future Research

This research study was unique in that it attempted to explore and compare the perspective of the fieldwork educator and the direct manager. The complex nature of the topic being addressed became apparent throughout the completion of the research. This researcher supported and acknowledged the current healthcare climate in the United States and the likelihood that reimbursement concerns drive practice site requirements. It is possible that sites with higher productivity standards are not well represented in this study due to the amount of time required to complete the study. It would be beneficial to consider the amount of time required to complete a study of this nature in regards to this topic.

It is the academic experience of this researcher that students perceive productivity to be a limiting factor in their fieldwork experiences, which was not supported by this research. It would be beneficial to explore the perspective of the fieldwork student post fieldwork in relation to this topic. It is important for academic institutions to understand complex issues such as this from the perspective of all players involved.

The professional background of the direct manager may also have an effect on the support of occupational therapy fieldwork programs. It would be beneficial to analyze the

questionnaire responses in relation to this variable. Additional factors that could be explored are whether years of practice, degree level, and continuing education affect participant responses. It is recommended that further research continue to address the perspective of the direct managers through direct interviews to better solicit their in-depth perspectives.

Future researchers should attempt to capture the perspective of a greater geographic region as well. Healthcare changes often start in coastal areas and move inward, and representing these areas is essential in the application of research such as this to a wider geographical audience.

Summary

In conclusion, in order for students to be successful on Level II fieldwork, many factors need to be considered. It is beneficial to the student if the academic institution, including academic fieldwork educators and respective faculty, have a basic understanding of the practice environment in which their students will enter for Level II fieldwork and as entry level practitioners. The better understanding academic institutions can have, the better prepared they can be to prepare their student for success. The results of this pilot study indicate that it would be beneficial for more research to be completed relating to this topic, in addition to including a comparison of the student perspective. A larger number of participants would increase the applicability of the findings to larger populations. Research such as this will help the profession of occupational therapy meet the goals of the Centennial Vision, and continue to grow and thrive.

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Appendix A: Electronic Questionnaires

Fieldwork Educator Questionnaire

Welcome! Please answer the following survey items honestly. Remember, your responses are completely anonymous.

Q2

What is your age?

Q4

Are you male or female?

- Male
- Female
- Prefer not to answer

Q5

How many years of experience do you have in occupational therapy practice?

Q6

What is the highest degree you currently hold?

- Bachelor's degree
- Master's degree
- Doctoral degree
- Other

Q7

Please select which of the following best describes your primary practice area.

- Pediatrics
- School-based Pediatrics
- Physical Rehabilitation
- Mental Health
- Combination (rural health, contract company, etc.)
- Community-based
- Nontraditional

Q11

Do you believe that the productivity standards (or lack thereof) affect Level II occupational therapy student fieldwork supervision at your place of employment?

- Yes
- No

Q12

Have you received any of the following continuing education on the topic of occupational therapy student supervision? Please mark all that apply.

- AOTA Fieldwork Educator Certificate Workshop
- Other continuing education course on student supervision
- Mentorship on student supervision from an experienced fieldwork educator
- Documented reading of articles on student supervision
- Completion of online training modules
- × None of the above

How many Level II occupational therapy students do you supervise in a given year?

- 1
- 2
- 3 or more

Please rate the following statements:

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My place of employment has productivity standards for their occupational therapists.					
The productivity standards at my place of employment are clearly communicated to me.					
There are consequences if I do not meet my productivity standard.					
I am able to meet my productivity standards on a typical workday.					
I am able to meet my productivity standards when supervising a Level II OT fieldwork student without difficulty.					
I am held accountable to the					

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
same productivity standards during times of Level II OT fieldwork student supervision.					
My productivity standards have adversely affected my ability to supervise Level II OT fieldwork students.					
My productivity standards have affected my decision to accept Level II OT fieldwork students.					
My productivity standards are more lenient during times of Level II OT fieldwork student supervision.					
My direct manager supports me during times of Level II OT fieldwork student supervision.					
The productivity standards at my place of employment have affected Level II OT fieldwork student success at my facility.					

Q12

Please describe your typical workday when supervising students including how you manage your caseload during times of Level II fieldwork student supervision.

Q13

Is there anything else you would like to share about this subject?

Q9

If you would like to have your name added to list of participants who will be potentially contacted to arrange a short interview about your experiences with Level II fieldwork student supervision, please put your name and preferred contact information here. This interview will take place at the time and location of your choosing and may be completed via Skype if you choose. This interview will take no more than 15 minutes. By doing so, you agree that you will give up your initial anonymity. Your interview responses, however, will at all times remain anonymous to anyone other than the researcher.

Q10

Thank you for taking the time to complete this survey. Thank you, also, for your continued support of occupational therapy fieldwork students.

Direct Manager Questionnaire

Welcome! Please answer the following survey items honestly. Remember, your responses are completely anonymous.

Q2

What is your age?

Q4

Are you male or female?

- Male
- Female

Q5

How many years of experience do you have as a direct manager?

Q14

Are you an occupational therapist?

- Yes
- No

Q6

What is the highest degree you currently hold?

- Bachelor's degree
- Master's degree

- Doctoral degree
- Other

Q7

Please select which of the following best describes the primary practice area you supervise.

- Pediatrics
- School-based Pediatrics
- Physical Rehabilitation
- Mental Health
- Combination (rural health, contract company, etc.)
- Community-based

Q11

Do you believe that the productivity standards (or lack thereof) affect Level II occupational therapy student fieldwork supervision at your place of employment?

- Yes
- No

Have you received any of the following continuing education on the topic of occupational therapy student supervision? Please mark all that apply.

- AOTA Fieldwork Educator Certificate Workshop
- Other continuing education course on student supervision
- Mentorship on student supervision from an experienced fieldwork educator
- Documented reading of articles on student supervision
- Completion of online training modules
- × None of the above

How many Level II occupational therapy students does your site accept in a given year?

- 0
- 1
- 2
- 3
- 4
- 5 or more

Please rate the following statements:

	Click to write Label 1				
	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My place of employment has productivity standards for their occupational therapists.					
The productivity standards at my place of employment are clearly communicated to those I supervise.					
There are consequences for those I supervise if they do not meet my productivity standard.					
Those I supervise are able to meet their productivity standards on a typical workday the majority of the time.					

	Click to write Label 1				
	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The OTs I supervise have more difficulty meeting their productivity standard when they are supervising a Level II fieldwork student.					
I continue to hold my OTs accountable to the same productivity standards during times of Level II OT fieldwork student supervision.					
My productivity standards have affected the ability of the OTs I supervise to supervise Level II OT fieldwork students.					
My productivity standards have affected my facilities decision to accept Level II OT fieldwork students.					
I am more lenient with enforcing productivity standards during times of Level II OT fieldwork student supervision.					

	Click to write Label 1				
	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I fully support my OTs during times of Level II OT fieldwork student supervision.					
The productivity standards at my place of employment have adversely affected Level II OT fieldwork student success at my facility.					

Q12

Please describe your level of involvement with the decision to accept Level II occupational therapy fieldwork students.

Q13

Is there anything else you would like to share about this subject?

Q9

If you would like to have your name added to list of participants who will be potentially contacted to arrange a short interview about your experiences with Level II fieldwork student supervision, please put your name and preferred contact information here. This interview will take place at the time and location of your choosing and may be completed via Skype if you choose. This interview will take no more than 15 minutes. By doing so, you agree that you will give up your initial anonymity. Your interview responses, however, will at all times remain anonymous to anyone other than the researcher.

Q10

Thank you for taking the time to complete this survey. Thank you, also, for your continued support of occupational therapy fieldwork students.

Appendix B: Letters to Fieldwork Educators and Direct Managers

I am writing you today to invite you to participate in a questionnaire regarding the effects of productivity on occupational therapy student supervision. You have been forwarded this letter as an attachment from the occupational therapist at your facility who serves as your clinical site coordinator for occupational therapy students. This person believes you may meet the study criteria. The study criteria are:

If you are an occupational therapist-

- You are licensed
- You are currently practicing
- You have supervised at least two Level II occupational therapy students

If you are a direct manager-

- You are local
- You are responsible for overseeing occupational therapists directly

If you meet the aforementioned criteria, I invite you to participate in my research study on the effects of productivity on Level II student supervision in occupational therapy. Your responses will be anonymous. If you choose to participate, here are the links to the questionnaires:

For Occupational Therapy Fieldwork Educators:

https://co1.qualtrics.com/ControlPanel/?ClientAction=EditSurvey&Section=SV_0MVHbyeZnNHaREx&SubSection=&SubSubSection=&PageActionOptions=&TransactionID=2&Repeatable=0&T=3ltyKG&requiresApproval=

For Direct Managers:

https://co1.qualtrics.com/ControlPanel/?ClientAction=EditSurvey&Section=SV_6y919Rhn5uEjts1&SubSection=&SubSubSection=&PageActionOptions=&TransactionID=3&Repeatable=0&T=3ltyKG&requiresApproval=

Thank you for your consideration! Please feel free to contact me if you have any questions.

Melissa S. Kimmerling, MOT, OTR/L

Appendix C: Permissions

November 18, 2013

I give permission for Professor Melissa Kimmerling, EdD(c), MOT, OTR/L to access the Fieldwork Manager database hosted through mycsm in order to complete her Dissertation research. She has permission to have unrestricted access.

Sincerely,

Dr. Yolanda Griffiths, FAOTA, OTD, OTR/L

Program Director

Occupational Therapy

Appendix D: Email to Clinical Site Coordinator

Dear _____,

I am writing to you today to ask for your assistance in recruiting participants for my doctoral research study on the effect of productivity standards on student supervision. I am contacting you as the clinical site coordinator, as I believe you will have knowledge of the people at your facility that fit the study criteria. The criteria include:

Occupational therapists:

- Who are licensed
- Who are currently practicing
- Who have supervised two or more Level II occupational therapy students

Direct managers:

- Local- same general geographic area as employees
- Responsible for overseeing occupational therapists directly

If you or anyone at your facility fit these criteria, I invite you to participate in my study. Please pass the appropriate attached letter to those who qualify. The letter will provide the participants with the information they need to determine their desire to participate as well as the link to the questionnaire.

Thank you, in advance, for your assistance with this task! Again, we appreciate the continued support of our occupational therapy students

Melissa S. Kimmerling MOT, OTR/L

mkimmerling@csm.edu

(402) 399-2314

Appendix E: Potential Interview Questions

Semi-structured interview questions and guiding questions:

1. What does the term ‘productivity standards’ mean to you?
    - How do you feel about this concept?
2. Describe an average day for you at work.
    - How many hours per day do you work?
    - How many days per week?
    - Do you always work at the same site?
3. How is an average day different when you are supervising a Level II occupational therapy student?
    - For direct managers: Do you see the average day being different for your occupational therapists when they are supervising a student? If so, can you describe this?
    - Can you give any examples?
4. Have the productivity standards at your site ever impacted Level II occupational therapy student success?
    - Can you tell me more about this?
5. How is it determined whether your site will accept Level II occupational therapy students?
6. Do you anticipate current changes in healthcare to affect your (or your therapists) ability to supervise a student?
    - If so, can you explain?
    - If not, tell me why.

7. Do you anticipate decreasing the number of student placements you offer for Level II fieldwork to academic institutions in the future?
    - If so, can you tell me more about why?
8. Is there anything else you would like to tell me about this topic?

Appendix F: IRB Approval

December 10, 2013

Dear Ms. Kimmerling,

Congratulations! The Institutional Review Board at College of Saint Mary has granted approval of your study titled *The Impact of Productivity Standards on Level II Occupational Therapy Student Supervision* pending changes.

Following are the changes that must be addressed:

- The committee strongly felt the number of research questions should be reduced.
- Clarification is needed about the minimum number of participants as fourteen sites as opposed to fourteen individuals.
- Information must be stored in a place other than the Google Cloud.

Once you have resubmitted the updated proposal to me for final approval, you may begin your research.

Your CSM research approval number is **CSM 1312**. It is important that you include this research number on all correspondence regarding your study. Your study is in effective through January 1, 2015. If your research extends beyond that date, please submit a "Change of Protocol/Extension" form which can be found in Appendix B at the end of the College of Saint Mary Application Guidelines posted on the IRB Community site.

Please submit a closing the study form (Appendix C of the IRB Guidebook) when you have completed your study.

Good luck with your research! If you have any questions or I can assist in any way, please feel free to contact me.

Sincerely,

Vicky Morgan

Dr. Vicky Morgan
Director of Teaching and Learning Center
Chair, Institutional Review Board * irb@csm.edu

7000 Mercy Road • Omaha, NE 68106-2606 • 402.399.2400 • FAX 402.399.2341 • www.csm.edu

Appendix G: Demographic Information from Sample

Demographic Characteristics: Electronic Questionnaire	N (%)
Direct Manager Age	
30-35	3 (27)
36-40	1 (9)
41-45	3 (27)
46-50	1 (9)
51-55	2 (18)
56-60	1 (9)
Fieldwork Educator Age	
25-29	7 (25)
30-35	6 (21)
36-40	7 (25)
41-45	3 (11)
46-50	1 (4)
51-55	1 (4)
56-60	
Direct Manager Gender	
Male	2 (18)
Female	9 (82)
Fieldwork Educator Gender	
Male	2 (7)
Female	26 (93)
Direct Manager Years of Experience	
<1-5	3 (27)
6-10	5 (45)
11-15	1 (9)
16-20	1 (9)
21-25	1 (9)
Fieldwork Educator Years of Experience	
1-5	9 (32)
6-10	6 (21)
11-15	4 (14)
16-20	6 (21)
21-25	1 (4)
>25	2 (7)
Direct Manager Discipline	
OT	7 (64)
Not OT	4 (36)

Direct Manager Highest Degree	
Bachelor's	4 (36)
Master's	4 (36)
Doctorate	2 (18)
Other	1 (9)
Fieldwork Educator Highest Degree	10 (36)
Bachelor's	9 (32)
Master's	8 (29)
Doctorate	0 (0)
Other	
Direct Manager Practice Area	
Pediatrics	1 (9)
School-based Pediatrics	1 (9)
Physical Rehabilitation	6 (54)
Mental Health	0 (0)
Combination Practice Areas	3 (27)
Community-based/ Nontraditional	0 (0)
Fieldwork Educator Practice Area	1 (4)
Pediatrics	0 (0)
School-based Pediatrics	16 (57)
Physical Rehabilitation	3 (11)
Mental Health	5 (18)
Combination Practice Areas	3 (11)
Community-based/ Nontraditional	

Appendix H: Descriptive Statistics for Fieldwork Educator Data Set

	N	Minimum	Maximum	Mean	Std. Deviation
Please rate the following statements:-My place of employment has productivity standards for their occupational therapists.	28	1	5	4.25	1.041
Please rate the following statements:-The productivity standards at my place of employment are clearly communicated to me.	28	2	5	4.29	.854
Please rate the following statements:-There are consequences if I do not meet my productivity standard.	28	1	5	2.86	1.113
Please rate the following statements:-I am able to meet my productivity standards on a typical workday.	28	3	5	4.00	.544
Please rate the following statements:-I am able to meet my productivity standards when supervising a Level II OT fieldwork student without difficulty.	28	1	5	3.21	1.031
Please rate the following statements:-I am held accountable to the same productivity standards during times of Level II OT fieldwork student supervision.	28	2	5	4.11	.786

Please rate the following statements:-My productivity standards have affected my ability to supervise Level II OT fieldwork students.	28	1	5	2.43	1.069
Please rate the following statements:-My productivity standards have affected my decision to accept Level II OT fieldwork students.	28	1	4	2.21	1.031
Please rate the following statements:-My productivity standards are more lenient during times of Level II OT fieldwork student supervision.	27	1	5	2.41	1.118
Please rate the following statements:-My direct manager supports me during times of Level II OT fieldwork student supervision.	28	2	5	3.79	1.067
Please rate the following statements:-The productivity standards at my place of employment have affected Level II OT fieldwork student success at my facility.	28	1	5	2.36	1.026
Valid N (listwise) 27					

Appendix I: Complete Fieldwork Educator ANOVA Table

		Sum of Squares	df	Mean Square	F	Sig.
Please rate the following statements:-My place of employment has productivity standards for their occupational therapists.	Between Groups	21.055	4	5.264	9.656	.000
	Within Groups	13.083	24	.545		
	Total	34.138	28			
Please rate the following statements:-The productivity standards at my place of employment are clearly communicated to me.	Between Groups	12.625	4	3.156	6.243	.001
	Within Groups	12.133	24	.506		
	Total	24.759	28			
Please rate the following statements:-There are consequences if I do not meet my productivity standard.	Between Groups	6.167	4	1.542	1.323	.290
	Within Groups	27.971	24	1.165		
	Total	34.138	28			
Please rate the following statements:-I am able to meet my productivity standards on a typical workday.	Between Groups	2.561	4	.640	2.400	.078
	Within Groups	6.404	24	.267		
	Total	8.966	28			
Please rate the following statements:-I am able to meet my productivity standards when supervising a Level II OT fieldwork student without difficulty.	Between Groups	4.292	4	1.073	1.053	.401
	Within Groups	24.467	24	1.019		
	Total	28.759	28			
Please rate the following statements:-I am held accountable to the same productivity standards	Between Groups	10.182	4	2.546	5.666	.002
	Within Groups	10.783	24	.449		

during times of Level II OT fieldwork student supervision.	Total	20.966	28			
Please rate the following statements:-My productivity standards have affected my ability to supervise Level II OT fieldwork students.	Between Groups	3.318	4	.829	.718	.588
	Within Groups	27.717	24	1.155		
	Total	31.034	28			
Please rate the following statements:-My productivity standards have affected my decision to accept Level II OT fieldwork students.	Between Groups	4.125	4	1.031	1.005	.424
	Within Groups	24.633	24	1.026		
	Total	28.759	28			
Please rate the following statements:-My productivity standards are more lenient during times of Level II OT fieldwork student supervision.	Between Groups	9.190	4	2.298	2.233	.097
	Within Groups	23.667	23	1.029		
	Total	32.857	27			
Please rate the following statements:-My direct manager supports me during times of Level II OT fieldwork student supervision.	Between Groups	4.173	4	1.043	.923	.467
	Within Groups	27.138	24	1.131		
	Total	31.310	28			
Please rate the following statements:-The productivity standards at my place of employment have affected Level II OT fieldwork student success at my facility.	Between Groups	5.148	4	1.287	1.320	.291
	Within Groups	23.404	24	.975		
	Total	28.552	28			

Appendix J: Descriptive Statistics for Direct Manager Data Set

	N	Minimum	Maximum	Mean	Std. Deviation
Please rate the following statements:-My place of employment has productivity standards for their occupational therapists.	11	1	5	3.55	1.695
Please rate the following statements:-The productivity standards at my place of employment are clearly communicated to those I supervise.	11	1	5	3.73	1.489
Please rate the following statements:-There are consequences for those I supervise if they do not meet my productivity standard.	11	1	4	3.18	1.079
Please rate the following statements:-Those I supervise are able to meet their productivity standards on a typical workday the majority of the time.	11	2	5	3.55	.934
Please rate the following statements:-The OTs I supervise have more difficulty meeting their productivity standard when they are supervising a Level II fieldwork student.	11	1	5	3.18	1.328

Please rate the following statements:-I continue to hold my OTs accountable to the same productivity standards during times of Level II OT fieldwork student supervision.	11	1	5	3.45	1.214
Please rate the following statements:-My productivity standards have affected the ability of the OTs I supervise to supervise Level II OT fieldwork students.	11	1	4	2.00	.894
Please rate the following statements:-My productivity standards have affected my facilities decision to accept Level II OT fieldwork students.	11	1	4	1.82	.982
Please rate the following statements:-I am more lenient with enforcing productivity standards during times of Level II OT fieldwork student supervision.	11	2	5	3.27	.905
Please rate the following statements:-I fully support my OTs during times of Level II OT fieldwork student supervision.	11	3	5	4.64	.674
Please rate the following statements:-The productivity standards at my place of employment have affected Level II OT fieldwork student success at my facility.	11	1	5	1.82	1.328
Valid N (listwise)	11				

Appendix K: Direct Manager ANOVA Table

		Sum of Squares	df	Mean Square	F	Sig
My place of employment has productivity standards for their occupational therapists.	Between Groups	11.227	3	3.742	1.497	.297
	Within Groups	17.500	7	2.500		
	Total	28.727	10			
The productivity standards at my place of employment are clearly communicated to those I supervise.	Between Groups	4.682	3	1.561	.624	.622
	Within Groups	17.500	7	2.500		
	Total	22.182	10			
There are consequences for those I supervise if they do not meet my productivity standard.	Between Groups	7.636	3	2.545	4.455	.047
	Within Groups	4.000	7	.571		
	Total	11.636	10			
Those I supervise are able to meet their productivity standards on a typical workday the majority of the time.	Between Groups	.727	3	.242	.212	.885
	Within Groups	8.000	7	1.143		
	Total	8.727	10			
I continue to hold my OTs accountable to the same	Between Groups	11.227	3	3.742	7.485	.014

productivity standards during times of Level II OT fieldwork student supervision.	Within Groups	3.500	7	.500		
	Total	14.727	10			
The OTs I supervise have more difficulty meeting their productivity standard when they are supervising a Level II fieldwork student.	Between Groups	10.970	3	3.657	3.839	.065
	Within Groups	6.667	7	.952		
	Total	17.636	10			
My productivity standards have affected the ability of the OTs I supervise to supervise Level II OT fieldwork students.	Between Groups	2.500	3	.833	1.061	.424
	Within Groups	5.500	7	.786		
	Total	8.000	10			
My productivity standards have affected my facilities decision to accept Level II OT fieldwork students.	Between Groups	2.136	3	.712	.665	.600
	Within Groups	7.500	7	1.071		
	Total	9.636	10			
I am more lenient with enforcing productivity standards during times of Level II OT fieldwork student supervision.	Between Groups	.182	3	.061	.053	.983
	Within Groups	8.000	7	1.143		
	Total	8.182	10			

I fully support my OTs during times of Level II OT fieldwork student supervision.	Between Groups	3.212	3	1.071	5.621	.028
	Within Groups	1.333	7	.190		
	Total	4.545	10			
The productivity standards at my place of employment have affected Level II OT fieldwork student success at my facility.	Between Groups	4.803	3	1.601	.873	.499
	Within Groups	12.833	7	1.833		
	Total	17.636	10			