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## Experiential Learning to Advance Student Readiness for Level II Fieldwork

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### Abstract

Occupational therapy (OT) students question their readiness for Level II fieldwork prior to their first placement. Many request more hands-on experiences with clients during their coursework, in preparation for the practice setting. As part of a two year Master of Occupational Therapy program, a fourth semester course was designed to address readiness for fieldwork and engage students in the OT process with actual volunteer clients. This course utilized the primary components of a clinical setting: client interaction, evaluation, intervention and outcomes review, clinical decision making, documentation, and communication, to promote student proficiencies as clinicians in preparation for fieldwork experiences. Weekly student reflections, survey data, and exit interviews identified that the experience was a highly valuable process that aided participants in their readiness to practice as student clinicians. This paper will describe the experiential learning course design, the learning methods used and the outcomes as identified by student perceptions of the impact on their learning and readiness for fieldwork.

### Keywords

Experiential learning, fieldwork education, clinical competence, student preparation, pro bono

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## Experiential Learning to Advance Student Readiness for Level II Fieldwork

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### ABSTRACT

Occupational therapy (OT) students question their readiness for Level II fieldwork prior to their first placement. Many request more hands-on experiences with clients during their coursework, in preparation for the practice setting. As part of a two year Master of Occupational Therapy program, a fourth semester course was designed to address readiness for fieldwork and engage students in the OT process with actual volunteer clients. This course utilized the primary components of a clinical setting: client interaction, evaluation, intervention and outcomes review, clinical decision making, documentation, and communication, to promote student proficiencies as clinicians in preparation for fieldwork experiences. Weekly student reflections, survey data, and exit interviews identified that the experience was a highly valuable process that aided participants in their readiness to practice as student clinicians. This paper will describe the experiential learning course design, the learning methods used and the outcomes as identified by student perceptions of the impact on their learning and readiness for fieldwork.

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### BACKGROUND

Occupational therapy students in the United States must successfully complete the required didactic coursework followed by a minimum of 24 weeks of Level II fieldwork experience at full time equivalence to become a practicing occupational therapist (Accreditation Council for Occupational Therapy Education [ACOTE], 2012). Passing the National Board for Certification in Occupational Therapy (NBCOT) exam enables the candidate to become eligible for licensure within their state or states of choice, and demonstrates preparedness as an entry level practitioner. Adequate academic preparation for fieldwork is essential for the student to meet the requirements of fieldwork education and become a competent entry level practitioner.

Fieldwork experiences are critical in helping the student to build sound communication skills, interdisciplinary behaviors, professional etiquette and work-related psychomotor skills needed for competent patient care and readiness for engagement in work

environments (Williams, Brown, Scholes, French, & Archer, 2010). Clinical exposure promotes problem solving and learning as a result of actual client interaction (Rodger et al., 2007). The role of fieldwork education has been designed to advance students' clinical reasoning, problem solving, professionalism, and competence, according to Farber and Koenig (2008). Fieldwork placements are also able to "strengthen the congruence between the skills of graduating students and the requirements of an ever changing health-care delivery sector" (Rodger et al., 2007, p. S94).

The academic setting is uniquely designed to bring students to a working knowledge of occupational therapy. Occupational therapy programs must prepare students to achieve "entry-level competence through a combination of academic education and fieldwork education" (ACOTE, 2012, p. 1). There are many ways to prepare students to become proficient in entry level occupational therapy skills including, but not limited to, didactic education, problem-based learning, laboratory experiences, case studies and experiential learning. Challenges for academic programs include teaching higher level clinical reasoning skills needed for evaluating the client, preparing intervention plans, and modifying the intervention strategies to meet the needs of the client (Coker, 2010). Preparing students to incorporate these skills into practice will ensure that students are more "fieldwork ready" which can improve their likelihood of success (Hanson, 2011).

The objective of this educational innovation paper is to describe a graduate level occupational therapy experiential learning course that can be a beneficial teaching method for occupational therapy educators to improve students' confidence, as well as communication and documentations skills needed in preparation for Level II fieldwork education.

### **Common Deficiencies in Fieldwork Preparation**

Occupational therapy academic programs across the country attempt to equip students with adequate knowledge, skills and professional behaviors in order to establish fieldwork ready students. The responsibility to educate students prepared for fieldwork rests on the academic setting. Students should be prepared to participate competently as entry level practitioners by completion of their academic program and fieldwork experiences (ACOTE, 2012). Entry level practice requires that the learner develop skills in critical reasoning and decision making, professional communication and interprofessional behaviors (Williams et al., 2010). Five primary categories emerged in the literature related to lack of student preparation for Level II fieldwork. They are fieldwork readiness, communication, documentation, confidence, and clinical reasoning.

**Fieldwork readiness.** Transition from the classroom to the fieldwork environment is not seamless. Academicians believe that students should have more opportunities during their coursework to practice skills needed in clinical practice (James, 2001). This was corroborated by James and Musselman (2005) through interviews with 11 clinical supervisors in the fieldwork setting who reported that students were "academically unprepared for the fieldwork experience" (p. 67). Occupational therapy curricula were believed to contain "insufficient 'hands-on' experience to adequately prepare them for fieldwork and entry-level practice" (Knecht-Sabres, 2013, p. 23). Inadequate

opportunities for practical experience in academic settings were also noted by Williams et al. (2010), making it challenging for students to develop professional proficiencies.

**Communication and documentation.** Clinical educators expressed frustration with the lack of student preparedness for Level II fieldwork, specifically the lack of oral and written communication skills (Hanson, 2011). Students required “long hours of education and training to get the student up to speed on documentation, and feeling comfortable with patient evaluations and direct care” (p. 170). It was concluded that academic programs need to provide additional hands-on opportunities for students to become fieldwork ready, according to these clinical educators.

**Confidence.** Hodgetts et al. (2007) determined that students felt incompetent and anxious regarding their clinical preparedness following academic coursework. In addition, these students wanted more opportunity to utilize intervention strategies, as well as methods for applying the knowledge of theory to practice prior to participating in client interaction in the fieldwork setting; they did not feel confident to apply therapeutic skills to the level in which they were expected by clinical instructors.

**Clinical reasoning.** James and Musselman (2005) determined that a cause of failure on Level II fieldwork placements was found to be a result of deficient problem solving and clinical reasoning skills. Other reasons some students failed their Level II fieldwork was due to difficulty accepting feedback and seeing the global impact of their actions. Seif et al. (2014) reported that hands-on experience with clients was necessary to develop entry-level clinical reasoning skills.

### **Experiential Learning as a Teaching Method**

Experiential learning opportunities allow students to rehearse the skills they have learned prior to engaging in the demands of real life clinical practice, according to Peloquin and Osborne (2003). Knecht-Sabres (2013) stated that “experiential learning is an effective way not only to enhance the understanding and application of course material but also to improve the personal and professional attributes and skills needed to be an effective clinician” (p. 23). Many researchers have found experiential learning methods to be an effective adjunct to conventional academic programming (Benson, Provident, & Szucs, 2013; Falk-Kessler, Benson & Witchger Hansen, 2007; Coker, 2010; Copley, Rodger, Graham, & Hannay, 2011; Knecht-Sabres, 2010; Peloquin & Osborne, 2003; Velde, Lane, & Clay, 2009; Williams et al., 2010).

Hands-on lab opportunities have the potential to engage students in application of theory to practice, while developing professional behaviors and cultural awareness (Falk-Kessler, Benson & Witchger Hansen, 2007). Mitchell and Batorski (2009) discussed the necessity of practical experience by stating that “experiential learning is essential for developing critical reasoning” (p. 136). This hands-on approach to clinical preparation included active learning with simulation of a practice environment to test the students’ understanding of prior learning (Coker, 2010), while promoting application of learning to a real life context (Knecht-Sabres, 2013). Coker (2010) also described this learning method as one that creates a link between theory, practice and professional development.

Experiential learning opportunities described in the literature vary greatly. Although there are many studies to describe the use of this learning method, there is a lack of research that describes courses that are structured as a free community clinic; these clinics connect student therapists with volunteer lab clients for the purposes of learning the occupational therapy process and offering a service to the client. Some examples of other course types using experiential learning have included modified didactic courses, such as a 2-hour lecture, 2-hour lab experience (Peloquin & Osborne, 2003), structured school based group activities (Falk-Kessler, Benson & Witchger Hanson, 2007), and interprofessional simulations with client actors (Williams et al., 2010). Giles, Carson, Breland, Coker-Bolt, and Bowman (2014) used healthy individuals as patient actors in video cases combined with student reflective video analysis. A four-week experiential learning course was described by Boyle, Beardsley, Morgan, and Rodriguez de Bittner (2007) for pharmacy students, using community rotations to focus on professional behavior management. Coker (2010) designed a one-week day camp for children with hemiplegic cerebral palsy to be an experiential learning opportunity for occupational therapy students after completing at least three semesters of occupational therapy graduate school.

**Improved student proficiencies.** Experiential learning has been found to enhance confidence levels of occupational therapy students (Giles et al., 2014; Knecht-Sabres, 2010; Seif et al., 2014). Students showed more competent clinical skills such as assessment and intervention planning, therapeutic use of self and awareness of client resources when provided with an opportunity to deliver occupational therapy services to clients in the community with guided supervision, as determined by Knecht-Sabres (2010). Further, learners who have participated in hands-on client labs demonstrated critical thinking and clinical reasoning through engagement in more challenging client issues, examination of clinical relationships and through processing of experiences with clients (Vogel, Geelheod, Grice, & Murphy, 2009), leading to greater fieldwork readiness (Giles et al., 2014).

Knecht-Sabres (2013) determined that more advanced clinical reasoning was used by students for intervention planning and implementation following the use of “hands-on” experiences with clients. Benson and Hanson (2007) determined that experiential learning as a teaching method could enhance the student’s ability to apply clinical reasoning skills through problem solving and decision making activities, which are necessary to advance client outcomes. Students who participated in an interprofessional experiential learning course developed a greater perception of their clinical reasoning skills compared to their peers (Seif et al., 2014). Coker (2010) concluded that hands-on learning improved critical thinking and clinical reasoning in 25 student participants in a one-week program. Students learned how to create meaning through problem solving and reasoning of knowledge when reflection and articulation of the experience was included in the process (Collins, Seely Brown & Holum, 1991).

Experiential learning was found to be beneficial in the preparation of students for clinical practice as well as in building confidence, clinical reasoning and decision making, written and oral communication, therapeutic use of self, integration of learned materials

and professional behaviors necessary for future practice as an entry level practitioner (Giles et al., 2014; Knecht-Sabres, 2010; Knecht-Sabres, 2013; Palombaro, Dole, & Lattanzi, 2011; Vogel et al., 2009).

**Recommendations for use.** Traditional didactic coursework combined with practical application in academic occupational therapy programs should be used to integrate theory and professional behaviors (Falk-Kessler, Benson & Witchger Hansen, 2007; Williams et al., 2010). Occupational therapy instructors can bridge the gap between academia and the fieldwork setting by designing learning experiences that challenge students to blend academic concepts with the actions and decisions necessary for effective clinical practice (Falk-Kessler, Benson & Witchger Hansen, 2007; Coker, 2010; Peloquin & Osborne, 2003; Williams et al., 2010).

There is a lack of literature describing the use of free occupational therapy community clinics in the academic setting, indicating a gap in the use of this type of experiential learning method. This paper will discuss a 16-week graduate level occupational therapy experiential learning course designed to prepare students for Level II fieldwork by providing an opportunity to apply learned skills in written and oral communication, clinical reasoning and professional and therapeutic skills with volunteer clients in a Pro Bono Clinic setting.

### **COURSE DESIGN**

In response to student requests for more direct contact with clients and in anticipation of addressing the issues described in the literature, Concordia University Wisconsin (CUW) developed an experiential learning course for fourth semester Master of Occupational Therapy (MOT) students. This course, OT 595 CUW Community OT Clinic (i.e. Pro Bono Clinic), was taken immediately before entering Level II fieldwork. It allowed students the opportunity to engage in hands-on experience working with actual clients in a simulated clinic setting with faculty guidance and supervision. This section will describe the design of this course from inception to current implementation, and the model under which it was created. It will conclude with information about the course design, method of assessment, and student perceptions about their readiness for occupational therapy Level II fieldwork.

Students who participated in this weekly 4 hour, 16-week class were supported by faculty during the entire occupational therapy process: evaluation, intervention planning and implementation, and outcomes measurement, as described by the American Occupational Therapy Association (AOTA, 2014). Students prepared and engaged in clinical reasoning for each of 12 client sessions including: weekly documentation, collaboration with family, and communication with other health professionals. Students reflected on their skills as a therapist, including critical assessment of the learning process, through a 1:1 exit interview with the course instructor or weekly reflection questions.

This course was developed with the intention of incorporating the concepts of the Cognitive Apprenticeship model of instruction (Collins, Seely Brown, & Holum, 1991), by

modeling, scaffolding, fading and coaching the students through the occupational therapy process in preparation for fieldwork education and clinical practice. This model was determined to be significant in advancing the students' abilities as they (a) observed experienced faculty clinicians, (b) worked with clients as faculty guided them through performance of evaluations and interventions with close supervision, (c) implemented an intervention plan with observation and feedback by faculty, and finally (d) provided independent implementation of the intervention plan and reevaluation.

For two consecutive years, this course was offered as an elective with openings available for 50% of the class, or 12 total students. In the third year of its inception OT 595 became a required course for all 24 students in each cohort.

### **Early Course Design**

Volunteer clients with multiple diagnoses were sought through word of mouth, contact with area rehab centers and outpatient clinics, campus email, physician letters and phone calls. Clients were selected based on need and ability to commit to volunteering once per week for 12 weeks for the occupational therapy lab. Priority was given to clients who had exhausted their occupational therapy insurance benefits, needed extensive therapy not covered by insurance, or were lacking any insurance at all. After volunteer clients were identified, each completed a client intake form providing demographic information. A written medical release of information was also requested and confidentiality was assured to the clients in writing. Optional photo and video releases were also requested for educational and marketing purposes.

Students were paired together and assigned a client. The semester was divided into two 6-week sections, or rotations, to allow the students an opportunity to work with two different clients during the 16-week semester. The first two and the last two weeks of class were used for preparation, instruction, presentations, and exit interviews. Assignments included research and practice for initial evaluation, intervention planning and implementation, weekly documentation/SOAP note writing, "medical rounds," i.e. an oral presentation of their case, and reflection of their experience through exit interview with the course instructor.

### **Current Course Design**

Two faculty members, one with pediatric expertise and one experienced with adults, co-taught this course. Each instructor was responsible for one of these two sections so that the students had a mentor with expertise in either neurological or orthopedic conditions, or pediatrics during their assigned rotation. Community clinicians were used as needed for additional student supervision and mentoring.

Student teams and their volunteer clients were scheduled for the semester and assigned to students on the first day of class. Syllabus, schedule, confidentiality, safety, professional behavior expectations, documentation assignments, final presentation and reflections were discussed. Students reviewed their client's diagnosis and practiced the assessment tools to be used the subsequent week.



Each week the assignments of the course were submitted and approved by the instructor prior to the subsequent class session. The assignments included:

- Week one: An evaluation plan for the first client session, which included suggested assessment tools and evaluation methods, and documented the students' clinical reasoning about their assessment choices. Specific occupational profile questions (i.e. areas of inquiry about client demographics, history, perceived performance and support) were also submitted.
- Week two: An initial evaluation summary in SOAP note format, and an intervention plan for the first six weeks.
- Following each client lab session: Documentation of each client intervention session, and a progress plan for subsequent intervention sessions.
- Once per semester: Per student, documented evidence of intentional communication with physician, family member, team member, employer, teacher or other person involved with the client's care, as allowed only by client permission.
- Weekly: Reflection notes in response to predetermined questions (see Appendix A) about student confidence, documentation, communication, clinical decision making, rapport building and preparedness for Level II fieldwork.
- End of the course: Presentations by each student team as a summary of the client's progress and the students' clinical reasoning and decision making throughout the process of the final rotation.

All students participated in reorganizing each of two classrooms to create a practice setting atmosphere prior to arrival of clients, and returned the rooms to classroom-style after lab sessions were completed. Preparation and documentation time was completed outside of the client session and students were required to participate in feedback and reflection by meeting with their supervising instructor following each client session.

During the second week of the course, the clients were seen for the initial evaluation by each student team. Outcomes of the evaluation were interpreted and documented electronically in the form of an initial evaluation SOAP note for adults and narrative for pediatrics. Priorities were identified, deficits determined and intervention plans developed by student teams in collaboration with their volunteer client. All documentation and intervention plans were submitted electronically in a Health Insurance Portability and Accountability Act (HIPAA) compliant system. All documentation was corrected, with feedback offered, and each client plan was approved by faculty prior to implementation of the next intervention session. Following the sixth client session, the student pairs rotated to the alternate section of the course, e.g. students in the adult rotation transferred to the pediatric rotation for the next six intervention sessions with their "new" volunteer client. During the final client session, re-evaluations were completed, home exercise programs were given, and

recommendations were made. Discharge reports were then written to summarize the client's improvements in performance or lack thereof.

## **OUTCOME MEASURES**

To assess the course, faculty identified outcome measures to determine program effectiveness. The Institutional Review Board (IRB) at Concordia University Wisconsin determined this project to have exempt status due to the negligible risk to students and/or clients. Student perceptions of their readiness for Level II fieldwork were identified through surveys, both before and after participation in the CUW Pro Bono Clinic, weekly reflections, and exit interviews. Pre- and post-course survey questions specific to fieldwork preparedness, communication, documentation, confidence and clinical decision making, were developed and utilized in 2013. They were replaced with weekly reflections in 2014, and the survey was revised in 2015 to increase the strength of the data collected. Exit interviews, completed with students in week 16, facilitated reflection of course benefits and student competencies in 2009 through 2012. Weekly reflections were collected from 2014 to 2016. Data from these outcome measures were compiled into de-identified documents for analysis.

A student researcher coded and categorized the data. The data from the outcome measures were analyzed based on the five common categories found in the literature that were relevant to student performance and identified success in use of experiential learning within the academic setting; these categories were fieldwork readiness, communication, documentation, confidence, and clinical reasoning. Each category was analyzed for relevant data related to readiness for fieldwork as perceived by the student. Student reflection quotes representative of each category can be found in Tables 1 through 6, outlining students' experiences in this course. Descriptions of each category will be further discussed below as primary outcomes of this method of instruction.

## **Student Performance Outcomes**

**Fieldwork readiness.** Level II fieldwork preparedness is designed to ensure that the student demonstrates professional behaviors, effective communication and beginning competencies in implementation of the occupational therapy process and through clinical reasoning, including the ability to document observations and actions. Students in two cohorts (2013 and 2015; no post-course data was collected in 2014) answered the question, "At this point in the occupational therapy program, I am adequately prepared for my first Level II fieldwork experience." In 2013, a six point Likert scale was used, which was changed to an 11-point Likert scale in 2015 in order to strengthen the data. The results were scaled to reflect the six-point Likert scale used initially and reflected a perceived increase in readiness for Level II fieldwork (see Table 1). Students reported feeling more prepared for fieldwork following exposure to evaluation, intervention planning and implementation, and implementation review.

Table 1

*Summary of Student Perceptions of Level II Fieldwork Readiness*

Cohort year	Pre-course score average	Post-course score average	Difference	n
2013	2.90	4.21	1.31*	21
2015	3.07	4.28	1.21*	13

*Note.* Students in two cohorts answered the question, “At this point in the occupational therapy program, I am adequately prepared for my first Level II fieldwork experience.” In 2013, a six-point Likert scale and in 2015 an 11-point Likert scale (0= strongly disagree, 5= strongly agree) was used. (No post-course data was collected in 2014.)

\* Positive change in perceived beneficial effect on fieldwork preparedness in multiple cohorts of students.

Table 2 provides a list of representative student quotes about their perceptions of preparedness for fieldwork secondary to their experience in the Pro Bono Clinic course as obtained from weekly course reflections and post-course surveys.

Table 2

*Student Reflection Quotes About Perceptions of Readiness for Fieldwork*

Thematic Category	Student quote	Student quote	Student quote	Student quote
Fieldwork Readiness	“I feel much more prepared for going out on Level II fieldwork now that I have more experience treating patients. Thanks to Pro Bono Clinic I think that I will feel more comfortable talking to patients, touching patients, documenting patient’s weekly progress, and planning treatments for	“I think Pro Bono was very helpful and did help prepare me for Level II fieldwork. It required us to review charts, plan for six weeks, develop goals, determine appropriate assessments, implement our plans, write notes and interact with our client. I am glad I was given the opportunity to treat two separate clients	“Pro Bono has prepared me for Level II fieldwork in so many ways! I have learned to simply talk to and establish rapport with both adult and pediatric clients. I have also learned and practice many interventions and therapeutic techniques that I will undoubtedly use again when I am on my fieldwork. Overall, this has	“Pro Bono Clinic has helped prepare me for my Level II fieldwork experiences. Pro Bono provided me with the opportunity to put everything I have been learning together. It allowed me the opportunity to practice assessments and evaluations, different interventions, professional

patients” (week 16, 2014).	for six weeks to see how I developed a good rapport and became more confident over this time. Overall I thought this was a great learning experience” (week 16, 2016).	been a wonderful experience that I think will definitely make me a better therapist!” (week 16, 2016).	communication, and documentation. Without this opportunity, I would not feel confident in my ability to combine what I have learned and apply it to treating a client” (week 16, 2016).
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**Communication.** In the didactic pro bono setting communication can be described as both verbal and nonverbal, written and oral interaction, which occurs between the student therapist and the client, the client’s family, the members of the treatment team, and the advising professor(s). Students frequently indicated through weekly reflections that scheduled interaction with their client and the client’s family was an effective method to assist them in the improvement of communication skills. For example, students reported being better able to explain information about the client’s condition to them and learned to be more directive in their expectations about the intervention process. One student discussed, “I can communicate more clearly in lay terms to my patients, as well as explain the purpose behind each intervention in a more understandable and confident way.” Other student reflection quotes related to improved communication were obtained from weekly course reflections and post-course surveys (see Table 3).

Table 3

*Student Reflection Quotes About Student Perceptions Related to Communication*

Thematic Category	Student quote	Student quote	Student quote	Student quote
Communication	“My communication skills have improved as well. When talking with my client and his wife, I am able to explain what I am doing and why I am doing it so that they	“I feel much more confident in my ability to communicate and interact with different clients. Having experience working with two different clients with very different	“Over the course of the clinic, I think my communication has improved tremendously. I no longer am as nervous as I was when I started the clinic. I find myself asking	“I definitely think my communication skills have improved since week 2 of Pro Bono, especially in being more direct in asking questions. For example, during the initial

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understand and can participate fully in therapy” (week 16, 2014).	diagnoses and personalities allowed me to practice using different communication techniques” (week 16, 2014).	more specific questions, not having to take so long to complete a client interview, and I find myself stumbling over my words less” (week 16, 2014).	evaluation, one of the questions we asked Doris was simply “tell us what happened”. This lead to a very detailed response. Now, however, I have found myself asking more specific questions to get the answer I am looking for, such as “does your arm feel fatigued?” or “do you have pain in your arm?” rather than “how is your arm feeling?” (week 16, 2016).
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**Documentation.** The Pro Bono Clinic at CUW required students to prepare evaluation and reevaluation summary reports, intervention plans, and daily documentation notes and discharge summaries. Students also identified the Current Procedural Terminology (CPT) and International Classification of Diseases (ICD) codes appropriate to each client session. For purposes of this experiential learning course, documentation incorporated written communication as developed by the student therapist for purposes of planning evaluations and interventions, recorded results from evaluations and interventions and recorded outcomes.

It was common to hear comments in week 16 that indicated students were more competent and comfortable with documentation, because they participated in graded written documentation after each session, for a total of 16 weeks. For example, students commented that “I am much more efficient, accurate, concise and effective at documenting now” and “I feel as though I have become much more effective with documentation. My documentation has become more concise, and I have become better at including relevant information.” Additional student reflection quotes related to improved documentation were obtained from weekly course reflections and post-course surveys (see Table 4).

Table 4

*Student Reflection Quotes About Student Perceptions Related to Documentation*

Thematic Category	Student quote	Student quote	Student quote	Student quote
Documentation	“My documentation skills have also improved through getting practice with it each week. I am able to write my weekly notes faster now, and I also feel a lot better about knowing what information to put into my notes and where to put it” (week 16, 2014).	“I decreased the amount of time it took to write a note and also have a better understanding of what to document and what specific questions to ask my patients (pain, where, etc.)” (week 16, 2014).	“I think my documentation skills have improved significantly since beginning the Pro Bono Clinic. I think I am now able to document skilled services more efficiently than I did at the beginning of the semester. I think I also am able to put phrases in the correct sections of the note, and document client performance accurately” (week 16, 2014).	“Over the past 6 weeks, I definitely think my documentation skills have improved. I have learned how to be more concise in my writing, whereas before my notes were rather wordy and long-winded. Additionally, I have realized the importance of documenting to ensure reimbursement from the insurance company” (week 16, 2016).

**Confidence.** Students often questioned their skills and abilities as entry-level therapists prior to beginning Level II fieldwork, however having the opportunity for “hands-on” learning with volunteer clients was found to improve students ability to communicate and interact with clients, as indicated by one student’s reflection: “I am more confident in my skills as a therapist, which carries over to confidence when working with a patient.” Additional student reflection quotes related to growing self-confidence were obtained from weekly course reflections and post-course surveys (see Table 5).

Table 5

*Student Reflection Quotes About Student Perceptions Related to Confidence*

Thematic Category	Student quote	Student quote	Student quote	Student quote
Confidence	“I have gained the clinical experience in order to feel more confident as a therapist. I feel as though I have become more confident interacting and joking around with clients to make them feel more comfortable, as well as feeling better about clinical skills such as manual muscle testing or range of motion” (week 16, 2014).	“I think I have gained more confidence in myself. Before when treating clients, I would feel a little uncomfortable, just because I had little experience. However, repeatedly treating clients each week allowed me to have more confidence in myself when treating and talking with clients and family members” (week 16, 2014).	“Since my first client session, I feel that I have grown as a therapist because I am more confident in myself. I have practiced with planning treatments and carrying them out; I have been able to use my clinical reasoning skills, and feel more comfortable interacting with patients” (week 16, 2014).	“This Pro Bono Clinic has been great for my confidence. I admit I was not always confident throughout the Pro Bono Clinic. At times, I felt on top of the world because I was helping the person, but sometimes therapy didn’t work and then I would feel disheartened like a failure. This is why the Pro Bono Clinic has been so great. I have been able to succeed and fail in a safe environment” (week 16, 2016).

**Clinical decision making.** The Accreditation Council for Occupational Therapy Education (2012) has described clinical decision making as a “complex multifaceted cognitive process used by practitioners to plan, direct, perform, and reflect on intervention” (p. S68). In a practical sense, in the classroom or practice setting it can also be viewed as the student therapist’s ability to make quick, relevant, and evidence-based decisions about treatment that advances the performance of the client and the attainment of goals. It was determined that students’ perceptions of their ability to use clinical decision making was challenged through analyzing evaluation data and preparing and implementing intervention plans. One student comment supported how they were encouraged to make and modify decisions about intervention plans, “I think that Pro Bono is great because it allows us as students to make our own clinical decisions and then the professors provide feedback on those decisions.” Experiential

learning was found to be an effective instructional method that enabled students to develop this important skill needed for fieldwork. Further student reflection quotes related to clinical reasoning were obtained from weekly course reflections and post-course surveys (see Table 6).

Table 6

*Student Reflection Quotes About Student Perceptions Related to Clinical Decision Making*

Thematic Category	Student quote	Student quote	Student quote	Student quote
Clinical Decision Making	"I have better clinical reasoning skills and am more comfortable with thinking up ideas during sessions, instead of planning everything ahead of time" (week 16, 2014).	"I have practice with planning treatments and carrying them out; I have been able to use my clinical reasoning skills, and feel more comfortable interacting with my patients" (week 16, 2014).	"Pro Bono was so helpful to me because it allowed me to put some of the things I learned in the classroom to use. It challenged me to use my clinical decision making skills, be creative, and interact with new people" (week 16, 2014).	"I feel like I have had time to exercise my clinical judgment and reasoning with actual clients and have more hands-on experience. I have learned to be more confident in my decisions and to really use the frame of reference to guide my treatment planning" (week 16).

## DISCUSSION

Participation in experiential learning through the use of a Pro Bono Clinic was found to provide an opportunity for students to apply the concepts learned in didactic coursework through simulated clinical practice experiences. Student perceptions of their preparedness for Level II fieldwork were shown to increase over multiple cohorts. Findings support the work of Knecht-Sabres (2010), who confirmed the use of experiential learning and determined that students were able to integrate academic knowledge with practical application when hands-on opportunities were offered to them.

Preparing fieldwork-ready students is a primary role of the occupational therapy academician. Although few researchers have studied the transition of occupational therapy graduates to clinical practice (Hodgetts et al., 2007; Seah, Mackenzie & Gamble, 2011), there has been even less written about the students' preparedness for Level II fieldwork. Fieldwork sites are getting more difficult to secure because there are



more students vying for placements (Williams et al., 2010). In order to maintain strong partnerships with fieldwork sites it is critical that occupational therapy programs are sending students out who are ready to actively engage in their fieldwork experiences, contribute to the setting by engaging in appropriate clinical reasoning skills, and thus succeed as student therapists and future clinicians.

Traditionally students practice what they have learned from didactic coursework when they enter their fieldwork experiences. Fieldwork opportunities promote development of confidence while mastering skills as a practitioner (Grenier, 2015). Hodgetts et al. (2007) reported that confidence and competence were closely associated, indicating that clinical experience was the key to transitioning from new graduate status to feeling like a competent clinician. Experiential learning, therefore, can provide an opportunity for students to develop skills that they would not otherwise have without practice and client interaction, which may create more competent student therapists prior to entering Level II fieldwork.

In summary, experiential learning in the academic setting can provide students with a valuable opportunity to learn the nuances of being a therapist. This hands-on experience enables them to become more fieldwork ready and prepared for clinical practice as a student therapist than if didactic coursework was the only preparatory method of instruction.

### **Implications**

Students in the CUW occupational therapy program regularly expressed a desire for more direct contact with clients during their occupational therapy coursework. Other authors have also reported that students desire more hands on contact (Seah, MacKenzie, & Gamble, 2011) and “formal learning in real life contexts” (Knecht-Sabres, 2010, p. 322). The OT 595 Community OT Clinic course required students to synthesize their learning through practice with actual client volunteers. This course was successful in improving student perceptions of their abilities to make clinical decisions throughout the occupational therapy process, document their results, communicate with the team, and develop a therapeutic rapport with clients and their family members as student therapists. They also reported feeling more confident in their skills. It is recommended that this teaching method be considered by other occupational therapy programs because doing so has the potential to effectively prepare fieldwork ready students who will be successful entry-level practitioners. Further research is warranted, however, on the beneficial effects of experiential learning in occupational therapy education to better understand the long-term outcomes and overall extent of employing this method of hands-on education.

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## Appendix Weekly Reflection Questions

### Week 1:

Write 1 clinical goal for yourself (in FEAST format) in each of the following areas:

- a. documentation
- b. communication with patient and/or family
- c. confidence in your readiness for Level II Fieldwork
- d. effective therapeutic use of self (to advance client performance)

### Week 2:

Reflect on your feelings about working with the client in your role as student therapist. By answering the following question in your reflection:

- a. What do you feel least confident about, in regards to your role as a therapist?
- b. How will you overcome any apprehension that you have?
- c. What do you feel most confident about, in regards to your role as a therapist?

### Week 3:

Reflect on your feelings about your first intervention session. Answer each of the following questions in your reflection:

- a. What would you change about the first intervention session with your client?
- b. How will you approach the client differently next week?

### Week 4:

Now that you have worked with your client for 2 sessions, reflect on your therapeutic use of self to advance the client's occupational performance. Answer each of the following questions in your reflection:

- a. What strengths do believe you have that will make you a good therapist?
- b. How will you use those gifts through your therapeutic use of self to help the client reach their goals?

### Week 5:

Reflect on your ability to communicate effectively with the client/family. Answer each of the following questions in your reflection:

- a. Have your communication skills improved, stayed the same, or gotten worse since week 2 of the Pro Bono Clinic?
- b. Why do you think your communication skills have improved, stayed the same or gotten worse?
- c. If your approach has changed, *how* has your communication with your client changed since your first session?

**Week 6:**

Reflect on your ability to document client performance effectively. Answer each of the following questions in your reflection:

- a. Have your documentation skills improved, stayed the same, or gotten worse since week 2 of the Pro Bono Clinic?
- b. Why do you think your skills have improved, stayed the same or gotten worse?

**Weeks 7-14: No reflections****Week 15:**

Reflect on the goals that you wrote for yourself in Week 1. Copy and paste each of your goals into your reflection, then answer the following questions:

- a. For each goal, indicate if you achieved your goal. If not, why not?
- b. Is the goal still relevant? If yes, what will you do to make the necessary changes required to meet the goal?

**Week 16:**

Reflect on your confidence and preparedness for Level II fieldwork. Answer the following questions in your reflection:

- a. Do you feel confident to begin your first Level II fieldwork experience? Why or why not?
- b. Has the Pro Bono Clinic prepared you for your Level II fieldwork experiences? *If so, how? If not, what was lacking* that could have better prepared you.