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## Use of a Webinar to Assess Fieldwork Educator Readiness to Provide Occupational Therapy Services and Supervise Students Through Telehealth

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# Use of a Webinar to Assess Fieldwork Educator Readiness to Provide Occupational Therapy Services and Supervise Students Through Telehealth

## Abstract

At the start of the COVID-19 pandemic in the spring of 2020, many school-based occupational therapy practitioners experienced intensified job demands including a rapid shift to telehealth service delivery. Additionally, academic fieldwork coordinators sought to find effective methods of delivering fieldwork education and supporting those involved, including the occupational therapy fieldwork educators and students, as they navigated the new context imposed by the pandemic. A study was completed using a synchronous webinar format and post-webinar survey to explore school-based occupational therapy practitioners' perceptions of readiness to provide occupational therapy services through telehealth, the perception of preparedness of potential, current, and past fieldwork educators to supervise students during the pandemic, and the effectiveness of using a webinar format to deliver this education. Email invitations were sent to a list generated by academic fieldwork coordinators that included former, current, and potential occupational therapy fieldwork educators. Four hundred thirty-three international participants attended the 122 minute educational webinar presented through the Zoom video conference platform, with 80% of participants being school-based occupational therapists. The webinar contained three parts: two occupational therapists who addressed telehealth in practice, academic fieldwork coordinators who presented on the supervision of fieldwork students during telehealth service provision, and a panel discussion led by an active fieldwork educator and student who worked together during the time of initial COVID-19 restrictions. An electronic survey was administered through email at two weeks and three weeks post-webinar to measure participant telehealth webinar outcomes and assess the webinar impact on perceptions of feeling supported and future participation as a fieldwork educator. Forty-six participants returned the survey and descriptive statistics and content analysis were used to analyze survey results. Based on the results, participants agreed most with the telehealth service statements "I understand some of the barriers of providing telehealth services" (96%); "I better understand the process of providing telehealth services" (91%); and "I can identify what type of client would benefit from telehealth services" (85%). Survey results also indicated that 11% of participants strongly agreed or agreed to consider taking their first fieldwork students, 54% felt more supported as a fieldwork educator, and 57% strongly agreed or agreed that they could identify effective ways for fieldwork students to help support their clinical practice. Results also showed that a synchronous virtual webinar was perceived by participants as an effective method to deliver this education.

## Keywords

Occupational therapy, virtual education, telehealth, fieldwork supervision, webinar

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### **ABSTRACT**

At the start of the COVID-19 pandemic in the spring of 2020, many school-based occupational therapy practitioners experienced intensified job demands including a rapid shift to telehealth service delivery. Additionally, academic fieldwork coordinators sought to find effective methods of delivering fieldwork education and supporting those involved, including the occupational therapy fieldwork educators and students, as they navigated the new context imposed by the pandemic. A study was completed using a synchronous webinar format and post-webinar survey to explore school-based occupational therapy practitioners' perceptions of readiness to provide occupational therapy services through telehealth, the perception of preparedness of potential, current, and past fieldwork educators to supervise students during the pandemic, and the effectiveness of using a webinar format to deliver this education. Email invitations were sent to a list generated by academic fieldwork coordinators that included former, current, and potential occupational therapy fieldwork educators. Four hundred thirty-three international participants attended the 122 minute educational webinar presented through the Zoom video conference platform, with 80% of participants being school-based occupational therapists. The webinar contained three parts: two occupational therapists who addressed telehealth in practice, academic fieldwork coordinators who presented on the supervision of fieldwork students during telehealth service provision, and a panel discussion led by an active fieldwork educator and student who worked together during the time of initial COVID-19 restrictions. An electronic survey was administered through email at two weeks and three weeks post-webinar to measure participant telehealth webinar outcomes and assess the webinar impact on perceptions

of feeling supported and future participation as a fieldwork educator. Forty-six participants returned the survey and descriptive statistics and content analysis were used to analyze survey results. Based on the results, participants agreed most with the telehealth service statements “I understand some of the barriers of providing telehealth services” (96%); “I better understand the process of providing telehealth services” (91%); and “I can identify what type of client would benefit from telehealth services” (85%). Survey results also indicated that 11% of participants strongly agreed or agreed to consider taking their first fieldwork students, 54% felt more supported as a fieldwork educator, and 57% strongly agreed or agreed that they could identify effective ways for fieldwork students to help support their clinical practice. Results also showed that a synchronous virtual webinar was perceived by participants as an effective method to deliver this education.

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### **Introduction**

Fieldwork education plays a crucial role in the development of competent, entry-level occupational therapists (OT) and occupational therapy assistants (OTA). Fieldwork experiences serve as a supplement to didactic coursework while offering the opportunity for students to receive direct training from an established occupational therapy practitioner (OTP) in all manner of professional responsibilities (American Occupational Therapy Association [AOTA], 2018a). For students to develop entry-level competency, it is imperative for individuals who supervise students to be competent in the role of serving as a fieldwork educator (FWed). Competence includes reflecting on knowledge and skills and seeking training to best serve current and future client needs (AOTA, 2015). Academic institutions and FWeds are part of a collaborative partnership in preparing students to achieve the necessary competencies for entry-level practice (AOTA, 2016). Part of this relationship includes the requirement by accreditors that academic institutions and academic fieldwork coordinators (AFWCs) ensure that FWeds are adequately prepared and have the necessary resources to support their students (AOTA, 2018a; Evenson et al., 2015). To best support fieldwork programs and educators, resources and training on FWed roles, responsibilities, and alternative supervision models should be provided.

A challenge to this process is the growing need for experiential fieldwork placements due to increased demand and site shortage concerns, and this problem is exacerbated by the numerous barriers that stand in the way of OTPs seeking the opportunity to become FWeds (Evenson et al., 2015; Lau & Ravenek, 2019). Hanson (2011) identified that OTPs' professional practice does not necessarily provide preparation for the role of FWed. Also identified in the literature is that much of practitioners' experience with fieldwork comes from their time as a student (Provident et al., 2009). Practitioners highly value continuing education opportunities such as courses and workshops, however, productivity standards and other job and personal demands are often cited as barriers to participation (Johnson Coffelt & Gabriel, 2017; Varland et al., 2017). OTPs have identified a variety of education or resources they would perceive as incentives to becoming a FWed such as support networks for FWeds, practical skills training, and training on evaluative methods (Hanson, 2011; Higgs & McAllister, 2005; Koski et al., 2013).

Prior to the COVID-19 pandemic, telehealth OT was established as a viable delivery model that helped to provide OT services in geographic areas with a shortage of OTPs (Zylstra, 2013). Zylstra found that telehealth OT reduces travel time and expenses and increases efficiency of school-based OTPs. Additionally, telehealth OT services facilitate parent interaction and delivery of services in the home environment. Cross-disciplinary collaboration can be more feasible, allowing different disciplines (speech-language pathology, physical therapy, and special education) to consult, collaborate and observe one another's sessions. Barriers to telehealth services include the need for adult facilitation and supervision, some states limiting service delivery via telehealth prior to the pandemic, and many web-based platforms not being secure/stable to support service delivery. Additionally, standardized assessments are not designed for use in a telehealth practice model. Despite these barriers, Zylstra (2013) found a high level of parent and OTP satisfaction with telehealth services.

During the COVID-19 pandemic in the spring of 2020, job demands were intensified, and delivery models shifted to telehealth for many OTPs. A survey of clinicians pre-pandemic and then again during the pandemic showed a staggering shift from 4% using telehealth to 70% respectively (Camden & Silva, 2021). According to a survey of 881 caregivers of children and adults with genetic conditions associated with intellectual and developmental delays by Jeste et al. (2020), those who received OT services prior to the pandemic within the United States reported significant changes including either losing access to OT altogether (57.2%) or transitioning to services provided via video, email, or a combination of the two (39.8%). Only 3.1% reported accessing services in person (Jeste et al., 2020).

The use of telehealth spans practice settings, however those in school-based settings are almost twice as likely to use telehealth than those in the next most reported setting of home health (Dahl-Popolizio et al., 2020). AOTA surveyed 5,735 OT clinicians, students, and educators in March of 2020 and again in April of 2020 to examine the impact of the pandemic on the practice of OT. Of school-based practitioners surveyed, 69% reported adopting telehealth to provide services, with another 16% of respondents in school-based settings indicating they planned to shift to telehealth (AOTA, 2020, June 5). Many students' placements were suspended or delayed due to student program interruption, site closures, and/or personal protective equipment shortages. When surveyed by AOTA, only 15% of student respondents reported not experiencing a fieldwork cancellation (AOTA, 2020, June 16). With the large number of OTPs rapidly adopting telehealth, many AFWCs set their sights on coordinating fieldwork placements in telehealth settings.

The shift in 2020 left AFWCs and practitioners to consider aspects of ethics, appropriateness, and supervisory regulations related to fieldwork education in a virtual setting. AOTA (2018b) provided an overview of the professional organization's position on telehealth and emphasized adherence to existing guidelines for ethics and supervision when considering supporting fieldwork via telehealth. Practitioners were trying to learn new delivery models while also learning how to supervise

OT students in the new context of the pandemic. Information regarding fieldwork student placements in settings that utilized telehealth was anecdotal at that time, with the AFWCs in this host organization all personally experiencing a shift from no or limited use of telehealth practice settings to regular use of telehealth in both Level I and Level II fieldwork experiences during the pandemic. The need for training in telehealth best practices was determined to be of great concern by OTPs who transitioned to this service delivery model during the pandemic (Camden & Silva, 2021). This concern extended to FWeds who needed resources to enable them to support students while navigating the immediate need to deliver OT services via telehealth platforms. Marilyn Pattison, President of the World Federation of Occupational Therapists (WFOT), recognized the use of telehealth by OTPs to support clients' continued engagement in valued occupations, and encouraged FWeds and students to leverage their inherent creativity and adaptability to achieve fieldwork objectives within the unique context created by the pandemic (Pattison, 2020).

### **Purpose**

In response to the service delivery and fieldwork challenges that arose as a result of the COVID-19 pandemic, AFWCs completed a study using a synchronous webinar format and post-webinar survey. The survey explored school-based OTPs' perceptions of readiness to provide OT services through telehealth, the perception of preparedness of potential, current, and past FWeds to supervise students during the pandemic, and the effectiveness of using a webinar format to provide FWed training.

### **Methodology**

#### **Participants**

This study used convenience sampling with participants recruited using social media platforms and an email list of fieldwork community partners, many of whom supervised fieldwork students. AFWCs from the host organization were asked to forward the invitation to community partners and OT academic program alumni. An invitation was also placed on the host organization's website. Participants met inclusion criteria if they formerly, currently, or prospectively planned to serve as an FWed. Six hundred participants registered for the telehealth webinar and four hundred thirty-three participants attended. There were participants from countries including the United States (395); Puerto Rico (22); Philippines (5); India (4); Chile (2); Australia (1); Greece (1); United Kingdom (1); Kenya (1); and Thailand (1). Eighty percent of the participants identified their practice setting as a pediatric setting, with most working in schools. Other settings included higher education, trauma-informed care, outpatient with adults with intellectual disabilities, general outpatient, and residential care.

#### **Webinar Format**

The "OT TeleTogether Webinar: An Overview of Telehealth Delivery in School-based Practice and Strategies to Support Fieldwork" lasted 122 minutes and was delivered through the Zoom video conference platform.

The following were the webinar learning objectives:

- Define key terms essential to understanding OT telehealth.
- Describe resources necessary for navigating licensing and regulatory issues related to delivering school-based OT telehealth services to or from respective states.
- Discuss three benefits of OT services delivered via telehealth.
- Discuss three barriers for OT services delivered via telehealth.
- Identify appropriate versus inappropriate uses of OT telehealth.
- Overview supervision and accreditation guidelines for supervising a fieldwork student while implementing telehealth.
- Explore effective, unique, and creative ways for fieldwork students to help support telehealth clinical practice.

This webinar was organized into three parts, each with different speakers. Guest speakers with telehealth expertise first provided resources and information on how to integrate the use of telehealth into practice. AFWCs then presented recommendations on how to support and incorporate fieldwork students into telehealth practice. Before the conclusion of the webinar, a FWed and a Level II OTA fieldwork student presented on their collaborative relationship, successes, and challenges faced when using a telehealth model of fieldwork supervision. Information presented also included resources to remain informed on issues related to telehealth and OT.

Part 1 of the webinar featured two experts who spoke about the difference between telemedicine, telepractice, telerehabilitation, and telehealth, different types of telehealth, defining the originating site and distant sites, and defining telehealth as per the AOTA and WFOT definitions. The speakers discussed how to determine the goodness of fit for telehealth, evidence of efficacy for telehealth in the literature, and practical elements including platforms, environment setup including ergonomics, and utilization of an “e-helper” or caregiver to support the learner. The speakers also addressed regulatory considerations, privacy, and specific considerations related to the national health emergency including licensure, reimbursement, and HIPAA compliance. Two case study examples were included to support and reinforce the concepts.

In part 2, a panel of AFWCs facilitated discussion around fieldwork supervision and accreditation guidelines. Panelists identified supervision and accreditation guidelines for supervising a fieldwork student while implementing telehealth and described effective, unique, and creative ways for fieldwork students to help support clinical practice. The Accreditation Council for Occupational Therapy Education (ACOTE) standards from 2018 were reviewed and the supporting role of fieldwork students via telehealth was discussed. Examples of strategies and logistics of virtual fieldwork supervision were presented, including boundary setting, communication methods, site-specific learning objectives, and developing supervision plans.

Part 3 of the webinar included an OT FWed and her current Level II OTA student who spoke as a panel. This panel discussed the experience of a telehealth fieldwork from both the FWed and student perspectives including the barriers and facilitators to success. At the conclusion of the webinar, attendees were provided with links and resources, and there was an opportunity for questions and answers.



### **Data Collection and Analysis**

A cross-sectional survey design was chosen to examine the effectiveness of the virtual synchronous educational webinar. There is no existing survey that met the needs of this study. Therefore, a post-webinar Qualtrics survey was developed by two members of the host organization and further reviewed by five additional members for content and alignment with webinar objectives. The survey was developed to explore school-based OTPs' perceptions of readiness to provide OT services through telehealth, the perception of preparedness of potential, current, and past FWeds to supervise students during the pandemic, and the effectiveness of using a webinar format to provide FWed training. Ten quantitative Likert scale questions (5-point ranking scale) related to the provision of telehealth services and the role of a FWed were included, in addition to three questions related to practice setting and future FWed needs. The survey can be found in the Appendix. The survey was anonymous, and participants had a choice to voluntarily consent and participate. All webinar attendees were emailed the Qualtrics survey two weeks post-webinar and a reminder email three weeks post-webinar. The survey remained open for responses seven days after the second email was sent. Forty-six participants completed the post-webinar survey.

Descriptive statistics and content analysis were used to analyze responses to the post-webinar survey. The members of the organization entered quantitative responses into Microsoft Excel which was used to calculate the frequency and percentage of responses. Members used content analysis to examine responses to the questions about future FWed needs, and further organized participant responses to identify similarities for the planning of future educational opportunities.

### **Results**

Forty-six participants responded to the post-webinar survey, indicating a 10.62% response rate. However, not every participant responded to every question. The majority of survey respondents reported strong agreement and agreement for most survey questions based upon the percentages and frequencies of responses to all questions included in Table 1. The questions showing the highest frequency of strongly agree and agree responses were questions four, one, and three. Question four states "After attending the Webinar, I understand some of the barriers of providing telehealth services" with a combined mean response score of 95.64%. Question one "The Telehealth Webinar increased my understanding of the process of providing telehealth services" scored 91.29% as the second highest response, and question three "After attending the Webinar, I can identify what type of client would benefit from telehealth services" scored 84.77% as the third highest level of combined strongly agree and agree responses. Survey results also indicated that 10.86% of participants strongly agreed or agreed to consider taking their first fieldwork students, 54.34% felt more supported as a FWed, and 56.51% strongly agreed or agreed that they could identify effective ways for fieldwork students to help support their clinical practice. Results also suggested that a synchronous virtual webinar was an effective method to deliver FWed training on this topic.

**Table 1***Percentage and Frequency of Webinar Participants' Survey Responses (n= 46)*

<b>Survey Question</b>	<b>Answer Choices</b>	<b>Percentage of Responses</b>	<b>Frequency of Responses</b>
Q1: Increased understanding of process of providing telehealth services	SA	43.47%	20
	A	47.82%	22
	N	8.69%	4
	D	0%	0
	SD	0%	0
Q2: Knowledgeable locating telehealth resources	SA	30.43%	14
	A	47.82%	22
	N	19.56%	9
	D	0%	0
	SD	0%	0
Q3: Identify type of client to benefit from telehealth services	SA	23.91%	11
	A	60.86%	28
	N	13.04%	6
	D	0%	0
	SD	0%	0
Q4: Understand barriers to providing telehealth services	SA	43.47%	20
	A	52.17%	24
	N	2.17%	1
	D	0%	0
	SD	0%	0
Q5: Confidence to approach administration about providing telehealth services in my practice setting	SA	17.39%	8
	A	52.17%	24
	N	10.86%	5
	D	4.34%	2
	SD	0%	0
Q6: Telehealth strengthened the services that I am already providing	SA	19.56%	9
	A	41.30%	19
	N	17.39%	8
	D	0%	0
	SD	0%	0
Q7: Continue as fieldwork supervisor in my practice	SA	17.39%	8
	A	30.43%	14
	N	19.56%	9
	D	2.17%	1
	SD	0%	0

Q8: Planning to take first fieldwork student	SA	8.69%	4
	A	2.17%	1
	N	19.56%	9
	D	6.52%	3
	SD	0%	0
Q9: Feel more supported as fieldwork educator	SA	6.52%	3
	A	47.82%	22
	N	15.21%	7
	D	43.47%	2
	SD	0%	0
Q10: Identify effective ways for students to help support my clinical practice	SA	10.86%	5
	A	45.65%	21
	N	19.56%	9
	D	0%	0
	SD	0%	0

Note: Not all participants responded to all questions. SA=strongly agree, A=agree, N=neutral, D=disagree, SD=strongly disagree.

Upon examination of the responses to the three additional webinar post-survey questions, host organization members found similarities related to current practice models and recommendations for future education. Participants were asked, "...are you currently providing therapy services through telehealth, using a hybrid model, or face to face interventions?" After the initiation of the public health crisis of COVID-19, and more than two weeks post webinar completion, 76.66% of participant responses indicated that participants were providing telehealth services or planned to, 6.66% provided hybrid services, 13.33% provided face-to-face services, and 3.33% provided services over the telephone.

Thirty-six percent of participant responses to the question, "What is the next webinar topic that you feel would help in your clinical practice" indicated that additional webinars on telehealth would be helpful. Specifically, participants suggested that future webinar topics include "assessment through telehealth," "how to address sensory concerns through telehealth," "more telehealth tips for student supervisors," and "keeping clients engaged through telehealth." Participant responses to the question "What is the next webinar topic that you feel would help in your fieldwork educator role" included: "providing feedback to anxious students," "how best to support a struggling student," "teaching students to follow health and safety protocols for COVID-19," and "strategies to help students with telemedicine."

### Discussion

COVID-19 resulted in a great deal of change, locally, nationally, and globally, as this disease was identified as a public health emergency of international concern on January 30, 2020 by the World Health Organization (World Health Organization, 2020). Businesses, including healthcare providers, and school settings swiftly transitioned into working and learning remotely (Pham, 2020). Many OTPs were expected to transition

their delivery of care from a face-to-face format to a telehealth delivery model. Furthermore, healthcare professionals, including OTPs, were impacted by many psychosocial and economic factors including decreased access to social supports including family and friends, economic slowdown, and feelings of inadequate support during this time of transition (Rajasekar & Danasekaran, 2020). With this shift, increasing OT skill sets were essential for the successful delivery of services in school-based settings (Camden & Silva, 2021). However, literature is limited on the availability and effectiveness of telehealth delivery education and training of health care professionals (Edirippulige & Armfield, 2017). Edirippulige and Armfield (2017) identified 388 articles examining the availability and effectiveness of appropriate telehealth delivery education and training for healthcare practitioners. Nine studies were selected for final review indicating both classroom-based and webinar-based delivery models were utilized and effective methods of training (Edirippulige & Armfield, 2017). This study shows that education delivered via a web-based format appears to be a viable option to develop the necessary skill sets for OTPs providing telehealth services in school-based settings. As evidenced by the post-webinar survey Likert scale scores, webinar participants reported increased understanding of the delivery of telehealth school-based services including the process of providing services, barriers to implementation, and the identification of appropriate service recipients. This quantitative data is congruent with current literature, which supports web-based learning for OTPs using telehealth.

OTPs have an ethical responsibility to inform themselves of indications and barriers related to the provision of telehealth services. AOTA's (2018b) position paper on telehealth delivery states, "Given the variability of client factors, activity demands, performance skills, performance patterns, and contexts and environments, the candidacy and appropriateness of a telehealth service delivery model should be determined on a case-by-case basis using clinical judgment" (p.2). The telehealth model is used for all aspects of service delivery including evaluation, intervention, consultation, and monitoring (AOTA, 2018b). OTPs must engage in professional reasoning to identify appropriateness of telehealth delivery utilization, provide skilled services through a systematic process, and address and circumvent barriers throughout the process. Barriers may include, but are not limited to: payer information, regulatory information, technical considerations, and clinical decision making (Abbott-Gaffney & Jacobs, 2020; AOTA, 2018b; AOTA, 2020). It is important to broadly consider the process of providing telehealth services on a case-by-case basis with review of available supporting documents. OTPs that are new to this service delivery model or are seeking supplemental guidance can and should refer to available resources such as the AOTA telehealth decision guide (AOTA, 2020) in order to understand the dynamic and unique considerations of the use of telehealth in school-based practice.

A significant number of OT fieldwork placements were interrupted by nationwide stay-at-home orders and subsequent placements were delayed or canceled (AOTA, 2020). OTPs worked to transition their practice to telehealth and the need presented itself to provide guidance to OTPs regarding the guidelines for supporting fieldwork students in a telehealth environment. Some of the guidance regarding the advantages, challenges,

and strategies to involve fieldwork students in telehealth delivery of school-based OT services are unknown and cannot be found in the literature. Telehealth placements can be advantageous in terms of placing students in areas with a higher prevalence of COVID-19 with less availability for in-person placements (Salter et al, 2020). The strategies presented in the webinar add to the current literature and facilitate placements that would otherwise have been postponed or canceled, as well as the creation of new placements. This study's results add to the profession's body of knowledge by suggesting that after participation in the web-based training session, FWeds perceive an increased understanding of ways fieldwork students can be involved in telehealth practice and feel supported by AFWCs.

### **Limitations**

Limitations of the study include the researcher developed survey to measure participant level of agreement, the time the webinar was offered, and the size of the sample while providing education through Zoom. Due to the rapid development of this webinar in response to the national health emergency, the survey was not beta tested. Therefore, the host organization was unable to confirm the validity or reliability of the survey questions. This may also have impacted the low response rate (10.62%) and/or the percentage of questions not answered. According to Portney (2020), there is no standard accepted survey response rate, although a rate of 30% is considered high. In the future, asking participants to complete a survey before receiving continuing education credit and piloting the survey on FWeds may positively impact the survey response rate. Additionally, the webinar participants were located in ten countries and the time the webinar was offered may not have suited global participant needs. The use of demographic questions at the time of registration and recording the Zoom education may have mitigated this limitation. Lastly, due to a large number of participants in this webinar, there were limited opportunities for interaction between participants and instructors, and the education provided needed to apply to the wide variety of participants. This may have resulted in lower levels of survey agreement.

### **Implications for Occupational Therapy Education & Recommendations for the Future**

Traditionally, academic fieldwork programs offer education related to clinical supervision or clinical practice topics in isolation and in-person, however, this webinar focused on a web-based educational delivery method to support both clinical practice and student supervision. Based on the study results, future opportunities to blend clinical practice topics and FWed topics may better serve FWeds going forward. Customizing educational opportunities to additional practice areas through the utilization of comprehensive needs assessments would be another way to better support FWeds and their needs. As 54.34% of participants indicated a perception of support in their role as FWeds after attending the webinar, the participant responses show there is additional need for ongoing education related to the use of telehealth services and how to best support fieldwork students using telehealth delivery models. After the COVID-19 pandemic, educational methods can continue to be diversified beyond in-person delivery to better meet the dynamic needs of FWeds, such as providing online learning opportunities that are inclusive of active learning pedagogy. Although there is literature

supporting adult online learning, active learning online for FWeds is limited in the literature. For example, future webinars can provide small group breakout sessions to allow for collaboration and interaction between participants. Study demographics indicate that participants joined the webinar from ten countries, and fieldwork programs may consider offering educational opportunities to FWeds from other disciplines to increase collaborative efforts and networking to reach a broader range of educators from various regions globally. Furthermore, providing education on telehealth service delivery and virtual student supervision may help to mitigate the fieldwork site shortage facing OT programs, while offering cost-effective, time-efficient, and safe solutions to meet present needs.

### Conclusion

The challenge of finding and retaining qualified occupational therapy FWeds is well known and the COVID-19 pandemic has made the provision of services and education of fieldwork students even more challenging. OTPs highly value continuing education opportunities such as courses and workshops, however, productivity standards and other job and personal demands are often cited as barriers to participation (Johnson Coffelt & Gabriel, 2017; Varland et al., 2017). Competent, well-prepared educators for occupational therapy students are important for the academic success of students and the continuation of necessary, uninterrupted occupational therapy services. The virtual platform used in the study lends insight into a possible solution to strengthen educational delivery methods, by providing a timely clinical topic combined with the training of FWeds. The study outcomes show that academic programs can create unique methods of virtual education to enhance learning and support practitioners.

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## Appendix

### Survey Questions: Multiple Choice Questions

5- strongly agree.

4- agree.

3- neutral.

2- disagree.

1-strongly disagree.

NA

1. The Telehealth Webinar increased my understanding of the process of providing telehealth services.
2. After attending the Webinar, I feel more knowledgeable on where to locate telehealth resources.
3. After attending the Webinar, I can identify what type of client would benefit from telehealth services.
4. After attending the Webinar, I understand some of the barriers of providing telehealth services.
5. After attending the Webinar, I feel more confident to approach administration about providing telehealth services in my practice setting.
6. The Webinar strengthened the telehealth services that I am already providing.
7. After attending the Webinar, I am going to continue to supervise fieldwork students in my practice.
8. After attending the Webinar, I am going to take my first fieldwork student.
9. After attending the Webinar, I feel more supported as a fieldwork educator.
10. After attending the Webinar, I can identify effective ways for fieldwork students to help support my clinical practice.

Please reply to the following questions:

What is your practice setting and are you currently providing telehealth services, a hybrid model, or face-to face therapy services?

What is the next Webinar topic that you feel would help in your clinical practice?

What is the next Webinar topic that you feel would help in your fieldwork educator role?

Thank you for your participation in the Survey. By completing this anonymous survey, you provide consent for scholarship use and organizational planning of future events.