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Abstract

Fieldwork education is considered a central component to the formative development of occupational therapy professionals and the responsibility for the quality of fieldwork educational experiences falls to the Academic Fieldwork Coordinator (AFWC). The roles and responsibilities of the AFWC vary considerably between institutions and are not clearly understood. Using a convergent mixed methods research design, the study aimed to describe the roles and responsibilities of the AFWC in occupational therapy programs in the United States and to identify the structural supports and barriers that influence success in meeting the unique expectations and challenges in fieldwork education. A 64-item online survey was completed by 103 AFWCs from accredited occupational therapy programs nationwide. Results demonstrated that AFWCs have limited teaching experience when they enter academia and report that they have been in the role for relatively short periods of time. They balance traditional core responsibilities of academic life with considerable work demands for administration and practice community collaboration for fieldwork. Findings suggest that, though role satisfaction is high, responsibilities and support and resources vary considerably among AFWCs. Understanding the role and responsibility characteristics may improve fieldwork outcomes. This study contributes to the existing research of fieldwork education and provides new data to inform occupational therapy practice and educational programs regarding the unique roles, responsibilities, and performance of the AFWC in occupational therapy and occupational therapy assistant educational programs.

Keywords

Workload, academic fieldwork coordinator, release time

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ABSTRACT

Fieldwork education is considered a central component to the formative development of occupational therapy professionals and the responsibility for the quality of fieldwork educational experiences falls to the Academic Fieldwork Coordinator (AFWC). The roles and responsibilities of the AFWC vary considerably between institutions and are not clearly understood. Using a convergent mixed methods research design, the study aimed to describe the roles and responsibilities of the AFWC in occupational therapy programs in the United States and to identify the structural supports and barriers that influence success in meeting the unique expectations and challenges in fieldwork education. A 64-item online survey was completed by 103 AFWCs from accredited occupational therapy programs nationwide. Results demonstrated that AFWCs have limited teaching experience when they enter academia and report that they have been in the role for relatively short periods of time. They balance traditional core responsibilities of academic life with considerable work demands for administration and practice community collaboration for fieldwork. Findings suggest that, though role satisfaction is high, responsibilities and support and resources vary considerably among AFWCs. Understanding the role and responsibility characteristics may improve fieldwork outcomes. This study contributes to the existing research of fieldwork education and provides new data to inform occupational therapy practice and educational programs regarding the unique roles, responsibilities, and performance of the AFWC in occupational therapy and occupational therapy assistant educational programs.

Introduction

Hands-on training in diverse practice settings has been a required part of occupational therapy education for nearly 100 years (American Occupational Therapy Association [AOTA], 1924). The Accreditation Council for Occupational Therapy Education (ACOTE) specifies the personnel, academic environment, resources, and didactic and fieldwork education curricula required for occupational therapy programs. The requirements and responsibilities associated with fieldwork education have evolved over the last several decades. The *Fieldwork Coordinator* role was formally introduced in 1998 as a part of the educational requirements of occupational therapy programs (ACOTE, 1999). However, at that time the language used to describe the fieldwork coordinator role did not expressly state the individual in this role was required to be a faculty member, nor a licensed and/or credentialed occupational therapy practitioner. In 2008, the role of the *Academic Fieldwork Coordinator* (AFWC) was coined and accreditation documents explicitly indicated that this individual must hold a faculty position, be licensed or credentialed as an occupational therapy practitioner, and be responsible for the program's compliance with fieldwork, including the development, implementation, and evaluation of fieldwork education (ACOTE, 2006).

Currently, the role and responsibilities of the AFWC are defined both by the accreditation standards and the educational institution. In addition to the responsibilities of a core faculty member (i.e., curriculum design, instruction, advising, scholarship, and service), the AFWC is principally responsible for developing, coordinating, organizing, and monitoring the entire occupational therapy fieldwork process including the oversight, preparation, and evaluation of the fieldwork educator and the fieldwork student (ACOTE, 2018). Given the uniformity of accreditation standards, one would speculate that the roles and responsibilities of the AFWC would be similar across the country. However, considerable variation between institutions exists (Stutz-Tanenbaum et al., 2015). ACOTE (2018) Standard A.2.4 dictates that the AFWC should have sufficient release time to manage the fieldwork education program, but the standard does not clearly define which roles, responsibilities, or tasks the AFWC should be released from performing. National surveys including the Faculty Workforce Survey (AOTA, 2010), the Academic Program Annual Data Report (AOTA, 2018), and the Faculty Workforce Task Group (AOTA, 2019a) do not provide comparative data on AFWC institutional support and workload.

Current State of the Literature Surrounding the AFWC Role

There is scant but emerging literature investigating the role of the AFWC. Stutz-Tanenbaum et al. (2015) described the AFWC role as "complex" and "diverse" (p. 50). The researchers reported eight task clusters that AFWCs routinely do, which include cyclical responsibilities and tasks that vary over the course of the academic year, as well as unanticipated requests and requirements that cannot be ignored or triaged. For instance, the AFWC is expected to be knowledgeable about and interact with the complexities of both higher-education and healthcare. Stutz-Tanenbaum et al. (2015) suggested that skillfully juggling time and task demands during the work week is an essential component of the AFWC role. Evenson et al. (2015) found that various non-teaching aspects of the AFWC role, such as providing learning objectives or weekly

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schedules, remediation plans, site visits, and being available for collaborative problem solving were reported by fieldwork educators as essential elements that contributed to successful fieldwork experiences. Responding to complex student and fieldwork educator needs can be one of those unanticipated requirements of the AFWC role.

Contextual factors in higher education and healthcare continue to complicate the role and responsibilities of AFWC. Factors that have most significantly impacted roles and workload include:

- Increase in the number of occupational therapy education programs (AOTA, 2019b)
- Downward trends in the amount of experience held by individuals in clinical, education, and fieldwork coordination roles (AOTA, 2010, 2019a)
- Historical fieldwork educator and placement shortages (Evenson et al., 2015; Roberts & Simon, 2012; Stutz-Tanenbaum et al., 2015; Thomas et al., 2007)
- New fieldwork capacity issues related to the global pandemic (Harvison, 2020)
- Limited variability in the types of placements (Roberts, Evenson, et al., 2015; Taft et al., 2020)
- Role strain and need for increased training from AFWCs reported by fieldwork educators (Barton et al., 2013)
- Changes in practice, healthcare, and reimbursement systems and the resulting impacts on student fieldwork education (McLaughlin et al., 2019; Romig et al., 2017).

Evolving accreditation standards also impact the workload of the AFWC. For instance, newly adopted ACOTE (2018) standards provide new alternatives to satisfy Level I fieldwork. While this can serve as a solution to respond to fieldwork shortages, this also puts pressure on the AFWC to become experts in teaching pedagogies such as simulation education and standardized patients, as well as designing new curriculum and evaluation mechanisms to deliver these types of Level I fieldwork experiences.

The Role of Clinical Education Faculty in the Health Professions

Experiential learning is a required training component among various professions. Other disciplines may utilize various terms to describe this required curricular component such as apprenticeship, clinical education, practicum, residencies, externships, or internships. These professions also have a required counterpart role of the AFWC, which may include a title of Director of Clinical Education (DCE) or Director of Academic Clinical Education, among other titles. Although not widely studied within occupational therapy, role responsibility and workload requirements of clinical education faculty have been examined across other health professional disciplines such as athletic training (Nottingham et al., 2018; Radtke, 2017), nursing (Bittner & Bechtel, 2017; Candela et al., 2013; Dahlke et al., 2012; Hamlin, 2021), physician assistant (Snyder et al., 2010) and physical therapy (Engelhard et al., 2018; McCallum et al., 2018; Timmerberg et al., 2018). Institutional and professional program requirements for teaching, scholarship, and service are uniquely characterized, however, accreditation standards for professional programs, such as athletic training, nursing, physical therapy, and physician assistant, prioritize clinical site identification, preparation and evaluation;

preceptor training, communication and evaluation; and student clinical education orientation, placement, progression, supervision and evaluation as key role responsibilities of clinical education faculty (Accreditation Review Commission on Education for the Physician Assistant, Inc. [ARC-PA], 2019; Commission on Accreditation of Athletic Training Education [CAATE], 2012; Commission on Accreditation in Physical Therapy Education [CAPTE], 2020; Commission on Collegiate Nursing Education [CCNE], 2018). In addition, most professional program accreditation standards require clinical education faculty to ensure the quality of the learning environment and the clinical education experience. While consistently identified as vital to student learning, retention, and progression, a report by the Association of Schools Advancing Health Professions (ASAHP) Clinical Education Task Force suggests workload variability as a priority for clinical education leaders (McLaughlin et al., 2019).

Workload requirements of clinical education faculty vary widely by profession, institution, program design [number and type of clinical education experiences and courses], and faculty workload metrics [credit vs. contact hours] (Bittner & Bechtel, 2017; McCallum et al., 2018; Radtke, 2017). An early study published by Strickler in 1990 suggested that greater than 50 percent of physical therapy clinical education faculty time is spent in managing the role responsibilities of clinical education. No more recent data exists in the literature. There appears to be little consensus within the literature regarding the extent to which clinical education faculty focus on their clinical education role responsibilities and no standard algorithm exists to determine and evaluate it.

The landscape of higher education, healthcare, and the number of occupational therapy programs across the United States is changing rapidly. Comparative data indicating how occupational therapy programs assign workload and provide support to AFWCs is not available. The purpose of this study was to 1) contribute to the existing research in the field of occupational therapy fieldwork education, 2) provide new data to inform the profession and educational programs regarding the unique role expectations and contextual factors that impact the workload of occupational therapy assistant (OTA), occupational therapy master's (OTM), and entry-level occupational therapy doctorate (OTD) AFWCs in the United States, and 3) shed light on the supports, barriers, and patterns of practice associated with role challenges and satisfaction.

The research questions guiding this descriptive study were: *What are the roles and responsibilities of the AFWC in OTA, OTM, and OTD programs in the United States and what structural supports and barriers influence AFWCs' success in meeting the unique expectations and challenges that accompany this essential role in occupational therapy education?*

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Method

Design

A convergent mixed method design was used to collect relevant data, compare the results iteratively, and draw deeper conclusions regarding the data (Fetters et al., 2013). Using this method allowed the researchers to obtain both quantitative and qualitative data simultaneously, analyze them separately, and then compare the results to determine if the forms of data supported or contradicted the other (Creswell & Creswell, 2018). The Institutional Review Board (IRB) at Duquesne University granted approval prior to the start of the study.

Participants

According to the published data from ACOTE, there were 370 accredited programs and accredited programs under transition to a new degree level in the United States during the time of the study. Inclusion criteria included 1) AFWCs employed at an ACOTE accredited OTA, OTM, or OTD program in the United States, 2) AFWCs employed at an existing ACOTE accredited OTA, OTM or OTD program in the United States that was transitioning to a new degree program, and 3) agreement to participate via an electronic consent form. Exclusion criteria included 1) occupational therapy faculty that are not the AFWC and 2) AFWCs from programs that did not have full accreditation status. Subjects were purposively sampled from ACOTE accredited programs via the AOTA website.

Instrument

The data were collected via an anonymous online survey using Qualtrics (Qualtrics, Version October 2020, Provo, UT). Survey questions were developed after an exhaustive review of an interdisciplinary body of literature addressing the role of educators responsible for clinical education. The research team first developed a list of key concepts from the literature and best practices shared by the researchers and their colleagues. Questions and response options were generated from the key constructs and were iteratively reviewed by the researchers until consensus was achieved. The tool was piloted with a small sample of AFWCs to ensure that 1) all key constructs were included and that the constructs, questions, and response options were relevant and consistent with the research question, 2) the survey was clear and questions were easy to understand, and 3) the amount of time to complete the survey was identified. Revisions to the instrument were made based upon the feedback of the pilot group. The revised document was again iteratively reviewed by the researchers and the pilot group for clarity and formatting, in accordance with best practice procedures of survey development (Blair et al., 2011). The instrument included 59 close-ended questions (e.g. Likert scale, multiple choice and multiple response) and 5 open-ended questions addressing institutional, program, and AFWC demographics and characteristics, assigned responsibilities, and supports and barriers of the AFWC role. The open-ended questions were designed to provide follow-up data and develop a better understanding of the quantitative data.

Procedures

Individual AFWC email addresses were gathered from educational program websites and maintained in a password-protected file on a secured website available only to the research team. Prospective participants received an electronic invitation which included the details of the study, study consent information, and a hyperlink to the electronic survey in the Spring of 2020. Electronic consent was required prior to accessing the survey and the survey remained open for four months. Recruitment and enrollment were conducted without regard for race or ethnic background and maintained confidentiality of potential subject information. Participants could opt out of the study at any time and were not required to answer all of the questions on the survey. The survey tool was set-up to prevent multiple submissions by the same respondent. The researchers had no direct interaction with any participants. Identifying information such as name and place of employment were not requested, and IP addresses / location data were not recorded by Qualtrics. Participants were offered the opportunity to leave their contact information in a follow-up link to enter a randomly selected drawing for one $100 gift card as incentive to participate.

Data Management and Analysis

The responses to the close-ended survey questions were examined for missing data and quantitative data were analyzed using Qualtrics (Qualtrics, Version October 2020, Provo, UT). Descriptive statistics were used to report demographics of programs and AFWC, determine average workload distribution, identify most common structural supports and barriers, and describe AFWC level of satisfaction in their role.

The qualitative data gathered through the open-ended survey questions were examined and words and phrases were analyzed for patterns and meaning. The last two authors established an initial coding framework through an inductive process (Warren & Karner, 2005). Patterns in the data were identified, codes were identified, collapsed, and categorized thematically. Themes were synthesized and to ensure accuracy once consensus was obtained, the themes were examined by the full research team in light of the descriptive data collected. Discrepancies were discussed by the full research team until consensus was established. Finally, the qualitative data and the quantitative data were merged and analyzed in side by side comparison both manually and using NVIVO (NVIVO 1.0, QSR International, Burlington, MA).

While the researchers were themselves AFWCs at the time of the study who have individually and collectively spent considerable time in the field affording them an in-depth understanding of the topic studied, to enhance the validity of the thematic analysis, ethics and reflexivity was accounted for in the following critical ways (Barry et al., 1999):

- Before and during the study design process, the researchers carefully drew on the literature addressing clinical education and coordination across health professions;
- The perspectives of AFWCs were considered in the survey design and dissemination;

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- Each researcher represented a different academic institution across the United States,
- Both closed and open-ended questions of similar topics were asked of the participants at the same time, and,
- The researchers used a process of constant comparison to examine the data with regard to our own practice and the unique meaning the data research would have for practice and the profession (Polit & Beck, 2017).

All information collected in the study was maintained completely confidential. Aggregate data were stored in a password-protected file.

Results

The survey was sent to 370 accredited programs and accredited programs under transition to a new degree level in the United States. The survey was opened 137 times and completed by 103 participants for a response rate of approximately 28%. Along with the data retrieved from the close-ended survey questions, representative quotes from open-ended questions will be integrated within these next sections to help convey themes and enable the voice of the AFWC participants to be heard.

Program Demographics

Participants represented programs from each region of the United States and from public, private non-profit, and private for-profit institutions representing 37 (28.24%) OTA (associate degree), 56 (42.75%) OTM, and 38 (29.0%) entry-level OTD programs. Program demographic responses exceeded the total number of survey participants due to some participants indicating multiple degree programs or were transitioning to another degree level. Table 1 illustrates the demographics of the institutions and programs represented.

Table 1

Demographics of Institutions and Programs Represented

Institution Characteristics	***n***	**%**
Geographical Region		
Eastern	10	9.71
Midwest	26	25.24
Northeastern	5	4.85
Southern	25	24.27
Southwest	7	6.80
Western	8	7.77
No Response	22	21.36
Type of Institution		
Public	46	44.66
Private, Non-Profit	39	37.86
Private, For Profit	16	15.53
Military	0	0.00
No Response	2	1.94

Carnegie Classification [a]		
Doctoral University R1	13	12.62
Doctoral University R1	10	9.71
Doctoral Professional University, R3	17	16.50
Master's College or University: Larger Program, M1	8	7.77
Master's College or University: Medium Program, M2	7	6.80
Master's College of University: Smaller Program, M3	14	13.59
Associate's College or Technical Institute	30	29.13
No Response	4	3.88
Affiliated with a Health System or Hospital		
Yes	31	30.10
No	71	68.93
No Response	1	0.97
On Campus Clinic		
No On-campus Clinic	67	65.05
On-campus Clinic with OT	22	21.36
On-campus Clinic with no OT	12	11.65
No Response	2	1.94
OT Degrees Offered		
Associate (OTA)	37	24.34
Bachelor's Degree (OTA)	0	0.00
Entry-Level Master's (BS/MS or BS/MOT)	34	22.37
Post-Baccalaureate Master's (MS or MOT)	22	14.47
Entry-Level OTD (BS/OTD)	31	20.39
Post-Baccalaureate Doctorate (OTD)	7	4.61
Post-Professional OTD	21	13.82

[a] *The Carnegie Classification is a framework for classifying colleges and universities in the United States according to degrees offered, size, and level of research.*

Program demographics was noted by survey respondents to impact both role success and satisfaction. The level of institutional, program director, faculty and clerical support, and institutional demands and balance of administrative, teaching, and scholarship responsibilities, were identified to play a role in effectiveness. Similarly, internal and external characteristics of the AFWC participants as well as role responsibilities and attributes, including the availability and quality of administrative supports, student connections and mentorship, and networking and communication opportunities with community partners in success and satisfaction, were themes that emerged from the qualitative data.

AFWC Demographics

Ninety-three participants (90.29%) were occupational therapists and all but one (99.0%) respondent was currently certified by the National Board for Certification on Occupational Therapy (NBCOT®). Thirty-one participants (30%) reported a faculty rank of instructor with only four participants (3.88%) ranked as full professor. Eighty-six participants (83.5%) either were not on tenure track or their institution did not have a

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tenure system. While 38 participants (36.89%) had more than 20 years of experience as an occupational therapy practitioner, more than half (*n=55;* 53.40%) had three years or less experience as an AFWC. All but seven respondents (*n=96; 93.20%)* had less than 10 years of experience in the role of an AFWC, with 83 respondents *(*80%) reporting less than six years of experience. Table 2 summarizes participant demographics.

Table 2

Demographics of AFWC Participants

AFWC Characteristics	***n***	***%***
Professional Background		
Occupational Therapist	93	90.29
Occupational Therapy Assistant	10	9.71
Highest Degree Earned		
Associate	0	0.00
Baccalaureate	14	13.59
Entry-level Masters	23	22.33
Post-Professional Masters	16	15.53
Entry-level Doctorate (OTD)	7	6.80
Post-Professional Doctorate (OTD, DrOT, DHS, etc.)	37	35.92
Academic Doctorate (EdD, PhD, ScD, etc.)	6	5.83
Tenure Status		
Tenured	7	6.80
On tenure-track	9	8.74
Clinical-track	19	18.45
Non-tenure track	33	32.04
Institution does not have a tenure system	34	33.01
No Response	1	0.97
Faculty Rank		
Full Professor	4	3.88
Clinical Professor	3	2.91
Associate Professor	6	5.83
Clinical Associate Professor	1	0.97
Clinical Assistant Professor	14	13.59
Instructor	31	30.10
Clinical Instructor	6	5.83
Lecturer	1	0.97
Administrative	4	3.88
No Response	33	32.04
Eligibility for Promotion in Rank		
Yes	71	68.93
No	31	30.10
No Response	1	0.97

Academic Appointment Terms		
Multi-year contract (greater than 1 year)	10	9.71
Annual contract, but eligible for multi-year contract	10	9.71
Annual Contract	49	47.57
11-month contract	3	2.91
10-month contract	6	5.83
9-Month Contract	12	11.65
No contract, but salaried	11	10.68
No contract, but paid hourly	0	0.00
Other	2	1.94
Years as an Occupational Therapy Practitioner		
1-3 years	3	2.91
4-6 years	7	6.80
7-10 years	14	13.59
11-15 years	23	22.33
16-20 years	18	17.48
21-30 years	22	21.36
Greater than 30 years	16	15.53
Years as a Full-time Occupational Therapy Educator		
Less than 1 year	0	0.00
1-3 years	50	48.54
4-6 years	28	27.18
7-10 years	12	11.65
11-15 years	4	3.88
16-20 years	3	2.91
21-30 years	6	5.83
Greater than 30 years	0	0.00
Years in AFWC Role		
Less than 1 year	22	21.36
1-3 years	33	32.04
4-6 years	28	27.18
7-10 years	13	12.62
11-15 years	4	3.88
16-20 years	3	2.91
21-30 years	0	0.00
Greater than 30 years	0	0.00

In addition to the demographics reported, internal and external characteristics of AFWCs that influenced role satisfaction and success were identified in the qualitative data. Respondents described the following AFWC internal characteristics that led to success in the AFWC role as: flexibility, empathy, intrinsic motivation, organization, time management, problem solving, tolerance of uncertainty, and stress management. One respondent shared, "*I believe having good communication skills, being organized, flexible, creative and sincere enhance my satisfaction with the role of AFWC*." Another

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participant reported, *"The AFWC serves as liaison, confidant and problem solver before and during placement and supports the transition from student didactic to clinical setting*." Still another stated:

> I am a flexible person and I'm able to go with the flow. I understand this job can be difficult at times, but I understand my role and try to stay mentally, emotionally, and physically prepared to take on any challenges that come my way.

Roles and Responsibilities: Workload

Based on a 40-hour work week, participants reported an average expected workload composed of 38% administrative, 37% teaching, 8% service, 5% scholarship, 3% fieldwork educator, 1% clinical practice, and 2% other (see Table 3 and Figure 1). Other duties identified included serving as capstone coordinator or program director. Two participants stated there was an expectation of service and scholarship, but it was not factored into their workload requirements.

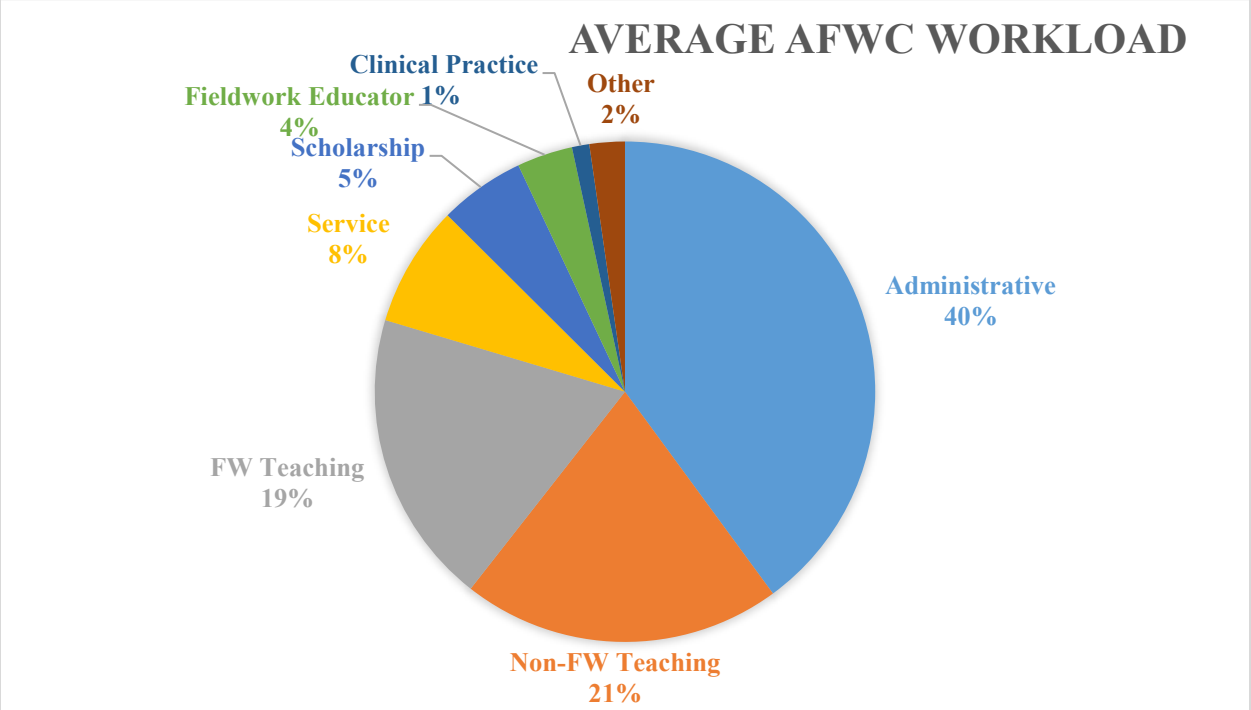
Table 3

Workload Expectations of AFWCs

Percentage of AFWC Time Related to Different Tasks and Responsibilities	***% of hours in a typical work-week***
Administrative (responsibilities related to FW such as recruitment of sites, correspondence with fieldwork educators, management of reservations, fieldwork site visits)	38.48
Non-Fieldwork Teaching (includes non-FW classroom [didactic] teaching and laboratory time, and preparation)	19.9
Fieldwork Teaching (includes classroom/laboratory time that directly relates to fieldwork education preparation)	18.35
Service (serving on committees, volunteer work for professional associations, societies, student advisement, supporting admissions processes etc.)	7.55
Scholarship (writing papers/texts, presentations, leading research projects, mentoring research/capstone students)	5.34
Fieldwork Educator (directly supervising occupational therapy students)	3.47
Clinical Practice (direct practice as an occupational therapy practitioner in the clinic or community)	1.08
Capstone Coordinator (coordinate capstone experiences, recruit sites for the capstone experience)	0.83
Other	2.20

Figure 1

Distribution of AFWC Workload



The workload distribution reported by the participants represented their expected workload and may differ from the actual time spent in each area. For example, while site recruitment, correspondence, managing reservations, and site visits fell under administrative tasks; over half of the participants (*n=45;* 50.56%) identified difficulty with placing students (pre-global pandemic) primarily due to a fieldwork shortage. Thus, many of these AFWC external characteristics and administrative tasks may require more time and attention for AFWCs impacted by competition for fieldwork. Other roles and responsibilities the participants identified which could impact their workload included students struggling with or failing fieldwork, managing increased specific site requirements, the increased need to develop new sites, and fieldwork cancellations. Moreover, some participants (*n=12;* 11.65%) stated they felt like they were always on call or "*never have time off because there is always something to handle*" demonstrating a difference between the actual and expected workload delineation. Eighty-two participants (79.61%) indicated responsibility, at least partially, for managing fieldwork affiliation agreements and/or Memoranda of Understanding (MOUs) with 13 (36.53%) receiving department administrative support and 40 respondents (39.42%) receiving institutional support. Approximately a third (*n=40;* 35.92%) of participants were solely responsible for contract management with no administrative assistance. Eighty-five participants (82.52%) were solely responsible for recruiting sites.

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Perhaps more concerning was the number of respondents (*n=60*; 58.25%) reporting feelings of isolation, limited support, and/or the high demands of the workload thus contemplating the value of the role among the academic and practice community. A participant wrote, "*The academic community does not value this role as it values other academic positions."*

Another respondent shared:

> The lack of respect and acknowledgement of all this job entails [negatively impacts my work as an AFWC]. It is extremely difficult to balance all the roles, stay clinically competent, and have a family. Unless you fail at finding placements, the administration and faculty have no clue and does not care about the challenges of this AFWC role. How can one individual teach OT classes, teach fieldwork classes, supervise fieldwork, manage and obtain field work contracts, publish, present, complete community services needed by ACOTE, maintain current credentials with clinical practice, document and maintain compliance with 156 standards, attend continuing education for both OT and education, engage in campus and community recruitment, stay current in practice and education trends, and balance a home, self-care, and a family.

Respondents further indicated the responsibilities that they carry add significant value to their programs and institutions. Many see themselves as the face of the program to the community, describing themselves as ambassadors and public relations assets who have a role in program branding, marketing and advocacy. AFWCs bring, they suggest, a lens on practice to the faculty and to curriculum development through their connections with and networking with fieldwork educators and fieldwork students. A participant shared:

> We are the connection to the practitioners, the image of the department and of the university! We are customer service, marketing, evidence, continuing education...the face of the program and often the only touchpoint to AOTA or any larger body.

Structural Supports and Barriers

Data on release time from teaching to engage in the AFWC role varied from less than 10% to greater than 70%, as summarized in Table 4. Twenty-two respondents (21%) had 41-50% release time with 15 respondents (14%) reporting they were unsure of their release time. Second to administrative support (*n=54;* 52.43%) which would create additional time for AFWCs, participants specifically identified release time (*n=22;* 21%) as a support necessary to increase their efficiency and effectiveness.

Table 4

Teaching Release Time of AFWCs for Fieldwork Duties

Amount of Release Time (%)	*N*	*%*
Less than 10%	7	6.93
10-20	14	13.86
21-30	14	13.86
31-40	9	8.91
41-50	22	21.78
51-60	8	7.92
61-70	7	6.93
More than 70%	5	4.95
Not sure	15	14.85

Seventy programs (67.96%) used a fieldwork management software. EXXAT was the most commonly used (*n=37;* 35.95%) followed by proprietary software that was developed within the department or institution. The AFWC was the primary individual responsible for maintaining the database (*n=76;* 73.79%). Nineteen participants (18.44%) reported administrative personnel and one respondent (0.01%) reported another faculty member as the primary individual for maintaining the database. Table 5 summarizes the prevalence of fieldwork management software used by AFWCs.

Table 5

Fieldwork Management Software Used by AFWCs

Systems	*n*	*%*
EXXAT	37	35.92
Self-made department/institution program	9	8.74
eValue	7	6.80
Core	6	5.83
Acadaware	3	2.91
OT Education Manager	2	1.94
Typhon	2	1.94
eMedley	1	0.01
FW Manager	1	0.01
Trajecsys	1	0.01
Rotation Management System	1	0.01
None	34	33.00

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Eighty-two participants (79.61%) had sole or shared responsibility for management of student records (i.e., health records, security clearances). As illustrated in Table 6, the most common database used to manage student records is Castlebranch (*n=43;* 38.83%) followed by EXXAT (*n=17;* 14.56%). Some participants reported using more than one program. For example, background checks were completed in Castlebranch then uploaded to EXXAT to be shared with fieldwork educators. Fifteen AFWCs (14.02%) did not use a software or program to manage student records.

Table 6

Common Databases Use to Support Student Record Management by AFWCs

Databases	***n***	***%***
Castlebranch	43	40.19
Exxat	17	15.89
Self-made department/institution program	8	7.48
eValue	6	5.61
AmericanDatabank	4	3.74
Verified Credentials	3	2.80
CORE	2	1.87
Complio	2	1.87
Other	7	6.54
None	15	14.02

Seventy-four AFWCs (50.68%) received clerical or administrative support from an administrative assistant or secretary, 18 (12.33%) from graduate or work-study student(s), and 20 (13.7%) from an assistant AFWC (another occupational therapy faculty member that had formal fieldwork responsibilities). The amount of assistance ranged from 0-40 hours a week, although 68 participants (66%) receive less than 10 hours a week of clerical or administrative assistance. Nine participants (8.73%) reported shared administrative support with other programs including physical therapy and nursing. Eighteen participants (12.33%) received no clerical or administrative assistance. When asked about support needed, respondents identified adequate administrative assistance (*n=40,* 40.4%), release time (*n=21,* 21.2%), and additional support and understanding from the program and faculty (*n=24,* 24.2%). Administrative support was a consistent theme related to job satisfaction of AFWCs. One participant stated they needed "*another faculty member assigned to act as backup AFWC in case I am out of the office and unavailable*."

Satisfaction in Role

As depicted in Table 7, 81 participants (78.64%) were at least slightly satisfied with their role as AFWC with only one respondent (0.01%) reporting very dissatisfied. When participants were asked what characteristics or responsibilities enhanced their satisfaction as an AFWC, two additional key themes emerged: relationship and connection with students and networking and communication with community partners.

Participants identified connections with students and community partners (*n= 75,* 72.8%) as significant to enhancing satisfaction. One participant reported, "…*it is very rewarding to mentor students through the [fieldwork] process and watch them grow as OT practitioners*." Another participant wrote about seeing the "…*light-bulb moment for students when they encounter the love of occupational therapy in a setting that they did not anticipate*." Connections with community partners were also mentioned as enhancing satisfaction; for example, "…*being able to interact with…passionate clinicians who are excited about educating future occupational therapists*."

Table 7

Level of AFWC Satisfaction in Role

Level of Satisfaction	***n***	***%***
Very satisfied	16	15.53
Satisfied	46	44.66
Slightly satisfied	19	18.45
Neutral	10	9.71
Dissatisfied	7	6.80
Slightly dissatisfied	4	3.88
Very dissatisfied	1	0.97

Discussion

While the value of fieldwork in occupational therapy education is well-documented, the role and workload of the AFWC has not been fully investigated. This study was designed to explore the roles and responsibilities of the AFWC as well as the structural supports and barriers that influence them. The AFWCs were experienced occupational therapy practitioners; however, most were new to the faculty role. Nearly half of the participants (47%) had less than three years of teaching experience and three-quarters reported they had been in teaching roles for less than seven years. Despite the indication that AFWCs derived satisfaction from their connections to the practice community and students, data indicated that fewer than seven percent stayed in the role beyond 10 years. Only three participants had four or more years as a full-time faculty member before becoming an AFWC. This suggests that while the role of AFWC may be an important pathway for practitioners to academia, few experienced faculty members are attracted to AFWC positions.

The AFWCs surveyed indicated they generally held non-tenure, clinical-track positions and ranks of clinical professor, instructor, lecturer, or administrative faculty. Nearly a third of participants did not indicate their rank-level. With a large number of the respondents being new to academia, perhaps this is an aspect of their role or academic culture that has not been clearly defined for them. In addition, nearly 30% held positions in which they were ineligible for promotion in rank. Less than 7% of respondents indicated they were tenured faculty (see Table 2), compared to previously published data in the AOTA (2010) Faculty Workforce Survey which reported 26% of all faculty

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across all levels of accredited occupational therapy programs were tenured. Less than 9% of AFWCs in this study identified as being on a tenure-track stream, whereas 17% of all faculty was reported (AOTA, 2010). The last faculty workforce survey in occupational therapy was published in 2010. Annual academic reports in occupational therapy do not provide data on faculty role characteristics or workload. Other disciplines, such as physical therapy, publish this type of programmatic data yearly in their annual reports. For instance, in physical therapy, over 8% of individuals serving as the director of clinical education (DCE) were tenured faculty, and 16.2% were on a tenure track (CAPTE, 2019). At all program levels, however, AFWCs are considered core faculty members and, therefore, must meet the same requirements of all core faculty members (ACOTE, 2018). AFWCs balance their fieldwork responsibilities, which accounts for 40% of their expected workload, with other institutional duties. Every respondent had institutional duties outside fieldwork administration (see Table 3). Eighty-two percent of respondents had at least some non-fieldwork teaching with an average of eight hours a week including in-class time and preparatory work. According to AOTA (2010, 2019a), the majority of occupational therapy and occupational therapy assistant faculty members averaged 5-14 classroom hours per week. The AFWCs' teaching load was similar to those of all faculty members, which corroborates the findings of Stutz-Tannenbaum et al. (2015) who reported that AFWCs had difficulty in accomplishing required tasks in a 40-hour work week.

Just over half of the participants in this study did not have a scholarship component to their workload, yet AOTA (2010) reported that on average 14% of program faculty workload distribution is assigned to scholarship. Of those respondents that did not have a scholarship component to their workload, 62% were from associate's college or technical institute, 26% were from master's college or university, and only 3 (.06%) respondents were from a doctoral university (R1-R3). AFWCs are less likely to engage in scholarship unless employed in universities classified as a research institution where the AFWC role responsibilities are explicitly aligned with and supported by the institution's mission. This distinction may contribute to the lack of research in fieldwork education in the United States compared to other countries such as Canada, Australia, and the United Kingdom (Roberts, Hooper, et al., 2015). While the level of scholarship responsibilities appears to align with the mission of the institutions in which AFWCs work, scholarship on average is limited to approximately five percent of the workload effort of AFWCs. In other disciplines such as physical therapy, nearly 11% of the DCE workload is allocated to scholarship (CAPTE, 2019). At a time in which AFWCs are being increasingly called to redefine fieldwork experiences (e.g., Level I experiences), develop new fieldwork supervision approaches, identify and implement evidence-based clinical pedagogical approaches, establish training methods and materials, and implement innovative approaches to meet community and population needs, available time and resources for scholarship may not be adequate. Increasing recognition of the value AFWC scholarship may also lead to more opportunities for tenure and professional advancement.

Unlike core faculty, few participants indicate that service plays a considerable role in their workload. Though it represents a small percentage of their workload, some AFWCs are expected to participate in both service and scholarship. If scholarship and service are evaluative components of the AFWC's profile as a faculty member, insufficient time to dedicate to these workload expectations may endanger their opportunity for promotion and /or tenure and hinder their own professional development, pressing them to work well beyond their contracted hours.

Figure 1, representing the average workload distribution of AFWCs, highlights that administrative tasks were reported to be the highest component of the AFWC workload within a 40-hour work week. However, administration is largely absent as a core competency in Dickerson's (2004) position paper outlining role competencies of the AFWC. A revision to this white paper is essential to reflect current competencies and responsibilities of the AFWC role.

One of the most frequently cited areas of non-compliance by ACOTE (n.d.) from 2015-2019 is standard A.2.7, which requires that the AFWC has "sufficient release time" (ACOTE, 2018, p. 9). Despite this frequent citation, ACOTE does not define or quantify how much release time is sufficient and there is no previously published clarifying data. The researchers did not find a consistent pattern to release time. While this allows each program the latitude to tailor the AFWC position to their individual needs, it is difficult for an AFWC to understand their workload and advocate for proper release time to fulfill their fieldwork duties. One respondent indicated they maintain both the AFWC and the Capstone Coordinator role in their program. These are two separate full-time, core faculty, leadership roles in occupational therapy education, that each have hefty administrative responsibilities. Availability of the AFWC was one of five valued supports provided by the academic program to the fieldwork educator. This work by Evenson et al. (2015) sheds light on the importance of the AFWC having adequate time in their schedules to effectively collaborate with fieldwork educators within their role. In previous accreditation standard documents, there was draft language that proposed that the AFWC could not also serve as Capstone Coordinator. This language is not included in the ACOTE (2018) standards; however, it is noted that there is language that defines that the program director position cannot be shared. It is recommended that interpretative language is provided that clearly stipulates that these two roles cannot be accomplished by one individual faculty member. Specific guidelines that define what adequate release time looks like for the AFWC would be beneficial to receive from accreditors such as ACOTE.

The amount of clerical resources assigned to support fieldwork provided by the respondents was quite diverse, ranging from 0-40 hours a week; a phenomenon that was reflective of one of the most significant barriers to successful fieldwork administration by the participants. The majority of respondents reported they received less than 10 hours a week of clerical or administrative assistance. Designated clerical and support staff to meet fieldwork programmatic needs is required by ACOTE (2018) and is considered to be a positive contributor to the fieldwork placement process (Stutz-Tanenbaum et al., 2017). Over half of the respondents identified a need for

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administrative support to be successful in their roles. A staggering 12% of the respondents reported they receive no clerical or administrative assistance to support their role as AFWC. Specific guidelines that define what adequate clerical support looks like for fieldwork education would be beneficial to receive from accreditors such as ACOTE.

The majority of respondents reported that their program used a database to support fieldwork education and/or student medical records and the AFWC was identified by the majority of respondents to be the sole personnel responsible for managing these. With nearly 40% of the AFWC role aligned with administrative tasks (see Figure 1), the use of databases can be an effective strategy to reduce data redundancy, streamline communication, increase organization of fieldwork documents and enhance time management within administrative tasks. These databases can be effective ways to achieve the required ongoing communication and collaboration with the fieldwork student and fieldwork educator, which is required by ACOTE, as well as contribute to program evaluation efforts and scholarly endeavors surrounding fieldwork. However, time to set-up and manage the databases, as well as train students and fieldwork educators can be time consuming.

Limitations

Though the survey was carefully constructed to address the core constructs of role and responsibility of AFWCs and was systematically piloted and reviewed, a researcher developed tool was used and validity and reliability data is not available. While the sample is representative of the types and levels of programs throughout the United States, the overall response rate is lower than hoped, yet did surmount the suggested 20% response threshold suggested by Fowler (2009) for questionnaire-based research. Due to the online nature of the questionnaire, it is impossible to determine who actually completed the questionnaire. There is also the possibility of self-selection bias in that those AFWCs most interested in the topic chose to complete the questionnaire. Themes were collected from the open-ended survey questions to provide deeper meaning of the quantitative data. At the time of the study, all of the researchers were AFWCs whose experience and scholarship might have influenced the question development and data analysis. To mitigate this possible bias, the research team was intentionally developed to represent varying types of institutions, the perspectives of other AFWCs were considered in the survey development and pilot, and the perspectives of clinical coordinators from other disciplines were considered in the comprehensive literature review.

Implications for Occupational Therapy Education

The results of the study have the following implications for occupational therapy education:

- There is considerable institutional variability in the role and responsibilities of the AFWC in the United States. Developing explicit guidelines for support (clerical and administrative, release time, role responsibilities, resources, and expectations for additional formal role responsibilities (e.g., Capstone Coordinator) is recommended. In particular, practice guidelines and updated official documents and/or white papers

that define the AFWC at the professional level are necessary to reflect the current complexities and demands of the role.

- Descriptive data suggests that the role of AFWC may be an important pathway to the development of qualified faculty in occupational therapy education. To mitigate the challenges of an aging occupational therapy faculty work force, AOTA has implemented numerous measures to prepare practitioners to become academicians, such as the Academic Education Special Interest Section (AESIS) mentorship program for new AFWCs and the Academic Leadership Institute. It is suggested that additional measures be developed to support the role transition from practitioner to AFWC and an expansion of supports and resources for AFWCs be developed.
- Few experienced faculty transition to the role of AFWC despite its critical value to occupational therapy programs and the profession. Understanding the factors that influence the decision to pursue an AFWC role is crucial and efforts to elevate the role among the profession, faculty, and occupational therapy practitioners is recommended.
- Scholarship in fieldwork education in the United States lags behind that of other countries. Dedicating time, training, and resources for AFWCs may contribute to the development of knowledge in this important area of study particularly in light of new opportunities to re-envision Level I fieldwork pedagogy and expansion to community and population health service delivery.
- While there is a general frustration with workload and lack of support, AFWCs' satisfaction appear to be grounded in the connections with clinicians and students.

Further research should investigate:

- The relationships between key constructs such as workload distribution, ease of securing fieldwork placements, and meaningful strategic partnerships, on AFWC job satisfaction.
- The influence of AFWC training on performance effectiveness and student learning outcomes.
- The trends in institutional types (Carnegie Level, degree level, cohort size) and workload supports (i.e., release time, clerical and technological supports) on performance effectiveness and professional satisfaction.

Conclusion

One envisioned result of this study was to provide transparent data on the AFWC role. Secondarily, the researchers hope that the results of the study bolster advocacy efforts to enhance guidelines and official documents of the profession to clearly reflect the supports that are required to be successful and satisfied in the AFWC role. Though program objectives vary, fieldwork education remains a central factor of successful outcomes and understanding role responsibilities and patterns of practice among AFWCs is essential for developing successful fieldwork experiences across students, fieldwork educators, and fieldwork sites. This study provides new data to inform occupational therapy practice and educational programs regarding the unique roles, responsibilities, and performance of the AFWC in occupational therapy and occupational therapy assistant educational programs.

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