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## Community-Based OT Program Planning: A Virtual Level II Fieldwork Program Developed in Response to the Global Pandemic

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# Community-Based OT Program Planning: A Virtual Level II Fieldwork Program Developed in Response to the Global Pandemic

## Abstract

The purpose of this article is to explain how an occupational therapy (OT) program in a university setting developed a virtual Level II community-based fieldwork program in response to the COVID-19 global pandemic. This virtual fieldwork program, guided by the PRECEDE-PROCEED Planning Model (PPM), was designed to help keep students on track with their academic goals while providing them with experiential learning that would increase their confidence in OT program planning and promote their professional development. Outcome measures for this study consisted of a pre-and post-fieldwork survey that asked participants to rank their self-perceived confidence in five distinct areas of community-based OT program development. Some portions of Section III in the Student's Evaluation of the Fieldwork Experience (SEFWE) form were also used to examine students' feedback after participating in this virtual fieldwork program. Retrospective data analysis of pre-post survey results showed improvements in students' perceived confidence with certain aspects of OT program development in community settings. Within the core function of program development, occupation-based approaches to community-based programs can be used to inform, educate, and empower people and populations about important health issues while simultaneously offering students rich opportunities for professional development and identity. Dissemination of this information can be helpful to other OT professionals who are developing alternate fieldwork programs in response to the pandemic and beyond.

## Keywords

Occupational therapy, community-based health promotion, Level II fieldwork, global pandemic

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### ABSTRACT

The purpose of this article is to explain how an occupational therapy (OT) program in a university setting developed a virtual Level II community-based fieldwork program in response to the COVID-19 global pandemic. This virtual fieldwork program, guided by the PRECEDE-PROCEED Planning Model (PPM), was designed to help keep students on track with their academic goals while providing them with experiential learning that would increase their confidence in OT program planning and promote their professional development. Outcome measures for this study consisted of a pre-and post-fieldwork survey that asked participants to rank their self-perceived confidence in five distinct areas of community-based OT program development. Some portions of Section III in the Student's Evaluation of the Fieldwork Experience (SEFWE) form were also used to examine students' feedback after participating in this virtual fieldwork program. Retrospective data analysis of pre-post survey results showed improvements in students' perceived confidence with certain aspects of OT program development in community settings. Within the core function of program development, occupation-based approaches to community-based programs can be used to inform, educate, and empower people and populations about important health issues while simultaneously offering students rich opportunities for professional development and identity. Dissemination of this information can be helpful to other OT professionals who are developing alternate fieldwork programs in response to the pandemic and beyond.

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## **Introduction**

The mention of 2020 will bring vivid memories of a year wrought with difficulties and challenges in higher education due to the COVID-19 global pandemic. With the rapid spread of the virus, many higher education institutions decided to change the delivery of courses from in-person to online (Garcia-Morales et al., 2021; Kalantzis & Cope, 2020). State departments of education and accreditation agencies quickly responded to the rapid shift in the delivery of coursework by placing moratoriums on regulations requiring pre-approval if online delivery exceeded a certain percentage of the curriculum (Accreditation Council for Occupational Therapy Education [ACOTE], 2020; New York State Education Department, 2020). Consequently, educators rapidly created and delivered learning activities and assessments to students in a virtual environment, which differed significantly from teaching in person (Barton, 2020; Eglseder & Littleton, 2021).

The subsequent lockdowns from the pandemic caused healthcare facilities to restrict their ability to accept students. Pandemic-related reasons for fieldwork restrictions and cancellations included risk of exposure, travel restrictions, physical distancing requirements, shortages of staff and personal protective equipment, and frequently changing policies and procedures on both state and federal levels (Campbell et al., 2020; Robinson et al., 2021). In response to this conundrum, and to avoid delaying graduation, there was a need to redesign the current, traditional onsite fieldwork model. Consequently, educators were tasked with rapidly creating safe, alternative methods of service delivery and innovative educational experiences to ensure students gained the necessary competencies required for graduation during pandemic-induced restrictions (Barton, 2020; Boniface & Drynan, 2021; Dash & Gulalia, 2020).

In addition to the modification of didactic learning, healthcare professional programs began the daunting task of developing virtual fieldwork models that provided comparable experiential learning opportunities to onsite, traditional fieldwork. Pragmatically, pandemic-related fieldwork concerns posed an opportunity for healthcare professional programs to review their standard fieldwork protocols and develop alternate fieldwork experiences, such as virtual community-based programs, that met both Accreditation Council for Occupational Therapy Education (ACOTE) and state education requirements (Campbell et al., 2020; Mattila et al., 2020; Salter et al., 2020).

The profound and widespread impact of the pandemic on public health and health care systems also supported the need to develop virtual fieldwork programs with a focus on community health. Evidence indicates that the need for healthcare services and healthcare support is exceptionally high in community populations. Community-based occupational therapy (OT) programs can help facilitate healthy occupations and lifestyles for all stakeholders. Furthermore, community-based OT programs can help increase the quality of life, promote positive physical and mental health, and enhance resilience through participation in meaningful and purposeful occupations (Reitz et al., 2020). Consequently, this university felt the opportunity was ripe for developing a virtual community-based program focusing on occupation-based services that promoted health, wellness, and quality of life (Aung et al., 2020; Goldfield et al., 2020; Hamada & Fan, 2020; Holmes et al., 2020; Quinn & Laws, 2020; Van den Broucke, 2020).

This article summarizes how one OT program quickly developed a virtual Level II community-based fieldwork program using the PRECEDE-PROCEED Planning Model to guide students through community-based program development at partner sites. The virtual community-based fieldwork program consisted of an online course, online interaction with a community-based partner, and direct online supervision with an OT clinical instructor. First and second-year OT students in a three-year BS/MSOT professional program had the option to participate in this virtual fieldwork experience in place of traditional, onsite fieldwork during the pandemic-related lockdown. Faculty at this university felt this virtual fieldwork program would provide students with unique and practical learning opportunities throughout the clinical phase of their education (Campbell et al., 2020; Mattila et al., 2020; Salter et al., 2020). This report also provides examples of practice parameters that can be used to develop a virtual community-based fieldwork program. Preliminary outcomes of this virtual fieldwork program, from students' perspectives, are also shared.

### **Community-based Occupational Therapy Interventions**

In the context of the community, OTs can provide a range of therapeutic and health-related services that promote health, wellness, and quality of life (Scaffa & Reitz, 2020). Community-based OT interventions include illness prevention and health promotion, acute and chronic care, and direct and indirect delivery of services to optimize occupational performance in a variety of settings (Brim et al., 2021). Community-based OT practitioners can assume a variety of roles such as consultant, program planner, program evaluator, patient and professional advocator, developer, and implementer of community-specific interventions, which are based on recognizable and identified needs (AOTA, 2020; Scaffa & Reitz, 2020). Consequently, the focus on occupation-based activities can be considered an essential element of health promotion and wellness in community-based practice settings (Scaffa & Reitz, 2020; Turcotte et al., 2015).

The Occupational Therapy Practice Framework-4<sup>th</sup> edition (OTPF-4) supports community-based practice as it details the evaluation process for health promotion, program creation, and provision of purposeful and meaningful occupation-based services for populations in community settings (AOTA, 2020). To ensure specific community-based needs are addressed, OTs must gather relevant data, identify specific community-based needs (Needs Assessment), review public health data, and establish short- and long-term objectives needed for effective program implementation. Additionally, outcome measures, evidence-based interventions, and a series of program evaluations must be developed to help ensure identified needs are being consistently addressed. Evidence also supports the use of the PRECEDE-PROCEED planning model (PPM) for program development. The PPM provides a comprehensive, structured framework for OT program development, implementation, and evaluation; therefore, this model was used to guide the fieldwork students through community-based program development during this 12-week fieldwork program (Doll, 2010; Flecky et al., 2020).

### **The PRECEDE-PROCEED Planning Model**

Developed by Green and Kreuter (1980), the PPM is an approach to program development that includes both a process of assessment and planning before implementation and program evaluation. Unlike theory, planning models serve as an organizing framework for an entire health promotion effort. For this reason, planning models are much broader than theories. Specifically planning models are inclusive of theories and serve as a blueprint for building and improving health promotion programs. It should be noted that a planning model does not specify the exact theory that should be used in program development; rather, it specifies basic procedures that can be used to guide the decision-making and program planning process (Pashmdarfard et al., 2020; Porter, 2015).

The purpose of the PPM is to help OT practitioners understand the depth of a community health problem and to focus on targeted needs (Doll, 2010; Morris & Jenkins, 2018). The PPM follows ecological methodology and provides a comprehensive, structured framework for program development (PRECEDE) and implementation (PROCEED). The PPM can be used to enhance the quality of clinical education and to improve program development plans by detecting weaknesses and strengths via assessment and feedback methodologies allowing for appropriate program modifications and revisions (Pashmdarfard et al., 2020).

The PPM consists of nine distinct phases (see Table 1). Phases one through five are considered the PRECEDE component of the PPM because they entail a detailed process of assessment and planning before putting a program into action. Phases six through nine are considered the PROCEED component of the PPM because they focus on the implementation of the program followed by a series of evaluations to help ensure continual program success.

Incorporating the PPM into this community-based fieldwork program helped to ensure that students and their OT clinical supervisors could focus on the concepts of OT treatment in their specific community setting so occupational needs could be identified and addressed (Doll, 2010; Morris & Jenkins, 2018).

**Table 1***Components, Phases, and Descriptions of Purpose of the Precede-Proceed Model*

<b>Component</b>	<b>Phase</b>	<b>Description of Purpose</b>
Precede (phases 1-5)	Phase 1: Social Assessment and Situational Analysis	Identifies a community-based need or problem
	Phase 2: Epidemiologic Assessment	Focuses on the extent of a community-based need or problem
	Phase 3: Behavioral and Environmental Assessment	Identifies risk factors related to identified behaviors and the environment
	Phase 4: Educational and Ecological Assessment	Explores methods that can be used to influence behavioral change
	Phase 5: Administrative and Policy Assessment	Allows program developers to investigate necessary supports and infrastructure to make the program successful
Proceed (phases 6-9)	Phase 6: Implementation	Involves putting the program into action
	Phase 7: Process Evaluation	Identifies whether the program was implemented as planned and established goals are being met
	Phase 8: Impact Evaluation	Explores the short-term impact made by program implementation
	Phase 9: Outcome Evaluation	Explores the long-term impact made by program implementation

### Description of the Virtual Level II Fieldwork Program

Within this university, OT fieldwork is completed over three semesters each consisting of 8-12 weeks of clinical experience, with a minimum of 35 hours per week. In the spring of 2020, a virtual community-based fieldwork program was developed, offered to, and piloted with first-and second-year OT students scheduled to participate in Level II fieldwork in the summer of 2020. The students could elect to participate in a 12-week traditional onsite fieldwork experience or take part in the 12-week virtual community-based fieldwork program developed in response to the pandemic-related lockdown.

Four community partners were identified for the virtual fieldwork (see Table 2). At each site, the fieldwork students used the PPM for community-based OT program development. The PPM helped to ensure that OT program development and occupation-based interventions were unique to each community and tailored to specific community needs (Green et al., 1980).

**Table 2**

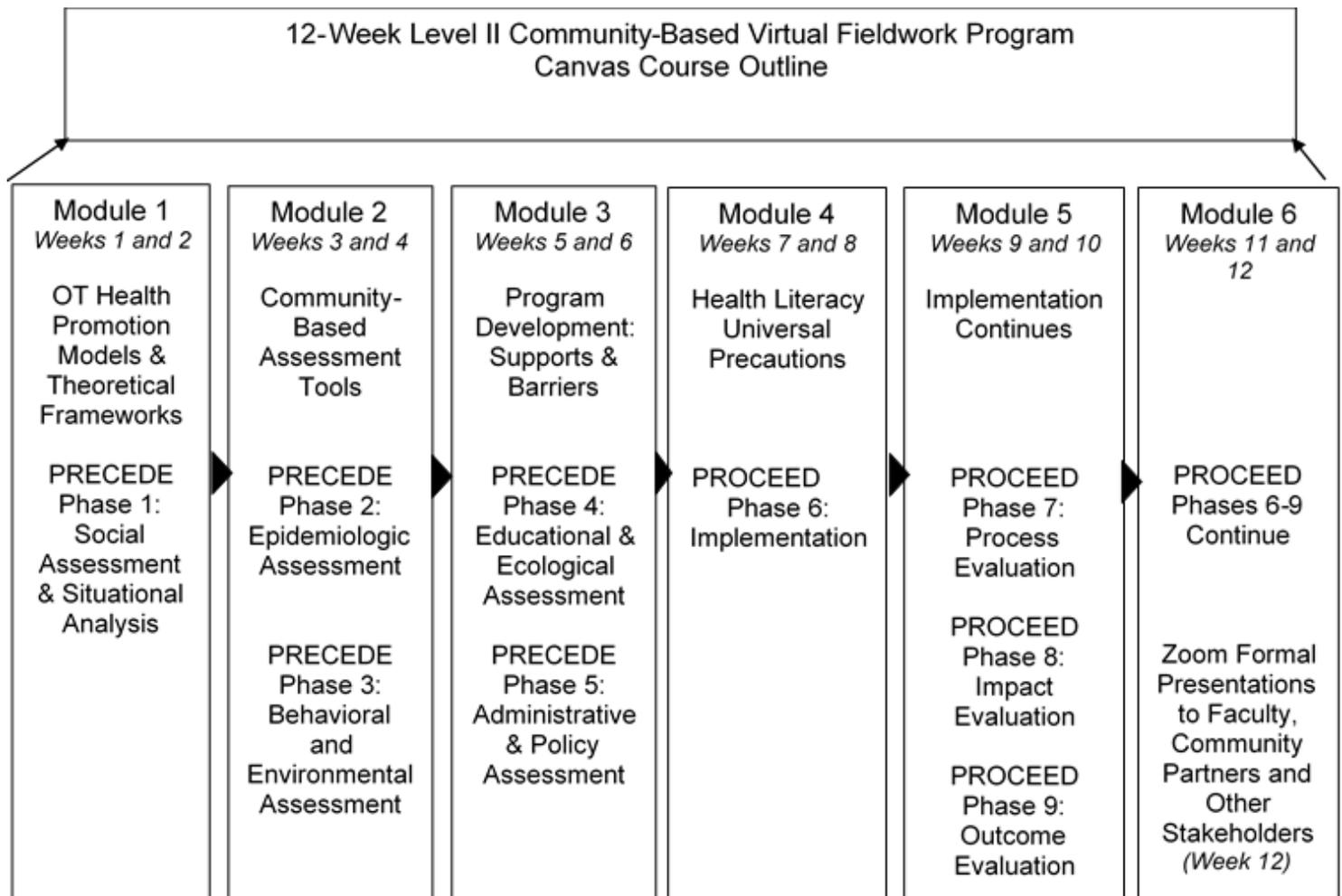
#### *Community-Based Partners, Identified Needs, and OT Interventions*

<b>Community Setting</b>	<b>Population</b>	<b>Identified Need (PPM Phase 1)</b>	<b>Virtual Group Interventions (PPM Phase 6)</b>
Juvenile Detention Center	Incarcerated youth, 11 years-old to 18 years-old	Optimize community reintegration and reduce recidivism	<ul style="list-style-type: none"> <li>• Social skills and effective communication</li> <li>• Health management and maintenance: meal preparation and good nutrition</li> <li>• Cultural awareness</li> </ul>
Assisted Living Facility (ALF)	Adults, 65 years of age and older	Increase social participation and reduce stress during the COVID-19 lockdown	<ul style="list-style-type: none"> <li>• Leisure activities</li> </ul>
Independent Living Facility (ILF)	Adults, 65+ years of age and older	Increase active engagement in leisure, social, emotional, and physical exercise to reduce social isolation during the COVID-19 lockdown	<ul style="list-style-type: none"> <li>• Fall prevention and home safety</li> <li>• Mindfulness</li> <li>• Exercise</li> </ul>
Alzheimer's Disease Resource Center	Caregivers for individuals with Alzheimer's Disease	Increase work simplification to reduce caregiver burden and stress	<ul style="list-style-type: none"> <li>• Work simplification educational videos: shopping, financial management, home establishment, meal preparation and clean up</li> <li>• Interactive Zoom activities: chair yoga, cooking, crafts</li> </ul>

Because site-based clinical educators are not typically available in community-based settings, the university hired adjunct faculty and recruited full-time faculty members that met ACOTE standards to serve as clinical educators (AOTA, 2018). For example, the ACOTE accreditation standard C.1.14 requires OT clinical supervisors to be licensed occupational therapists with at least three years' experience. OT supervisors were also required to provide direct supervision to groups of 4 to 6 students for at least 8 hours weekly (AOTA, 2018). Clinical supervisors were available to students via several communication platforms, such as email, zoom teleconferencing, phone, and text message throughout the week. The virtual fieldwork experience was managed through an online Canvas course organized into six modules over the 12-week experience (see Figure 1).

**Figure 1**

*Community-Based Virtual Fieldwork Program: Canvas Course Outline*



Each Canvas course module consisted of two hours of synchronous lectures, as well as individual coursework assignments, literature reviews, discussion boards, and self-reflection assignments. All components of the PPM were incrementally introduced to and discussed with students throughout the online course. Once a PPM phase was reviewed, students were expected to incorporate it into their program planning initiatives. The course instructor was a licensed OT with more than three years of clinical experience. Lectures were conducted synchronously via Zoom every other week (Zoom Video Communications, 2020). The OT Academic Fieldwork Coordinator oversaw the Canvas course and the OT clinical supervisors. The OT Academic Fieldwork Coordinator also acted as a liaison between students, clinical supervisors, and community-based partners.

In addition to participation in the online course, the students participated in weekly online, face-to-face OT supervision meetings with their OT clinical instructor, and synchronous meetings and interactions with their community partners. Students and their OT clinical supervisors met with each other and their assigned community partners throughout the week. In the final week of fieldwork, students presented their program development outcomes to the university faculty, university administration, and community-based stakeholders.

### **Methods**

After receiving institutional review board (IRB) approval, retrospective data analysis was used to assess fieldwork participants' self-perceived confidence levels with OT community-based program development, using concepts introduced in the PPM. Retrospective data analysis was also used to determine students' feedback regarding their Level II virtual or Level II onsite fieldwork experiences. Outcome measures for this study consisted of a pre-and post-fieldwork survey that asked participants to rank their self-perceived confidence in five distinct areas of community-based OT program development. Some portions of Section III in the Student Evaluation of the Fieldwork Experience (SEFWE) were also used to examine students' feedback regarding their Level II virtual or onsite fieldwork experience (AOTA, 2016).

### **Outcome Measures**

#### ***Pre-Post Fieldwork Survey***

The purpose of this survey was to measure students' self-perceived confidence in their ability to: (1) identify community-specific health issues and needs, (2) conduct a community-specific Needs Assessment, (3) access evidence-based material that supports community program development, (4) identify community-based resources for program development, and (5) explain the role of OT in community-based practice settings. The same survey was used both pre (week 1) and post (week 12) of their Level II fieldwork participation. This survey utilized a 5-point Likert-type scale using the following range: '5, Completely Confident', '4, Fairly Confident', '3, Somewhat Confident', '2, Slightly Confident, and '1, Not Confident at All'.

The survey was developed by the Academic Fieldwork Coordinator. Questions were not taken from any standardized assessment or source. The survey was not piloted because of time constraints associated with OT program requirements, clinical fieldwork, the program's academic schedule, and the pandemic. Using Wessa Statistical Software (2021), Cronbach alpha statistics were computed for Survey Questions 1-5 on the pre-and post-fieldwork survey responses. Results indicated a good internal consistency for all items on the pre-fieldwork survey (.8726,  $n=42$ ) and questionable internal consistency for the same five items on the post-fieldwork survey (.644,  $n=40$ ).

### ***Student Evaluation of the Fieldwork Experience (SEFWE)***

The purpose of the SEFWE (AOTA, 2016) is to serve as a tool for clinical sites, academic programs, and students to collect data pertaining to fieldwork sites and fieldwork experiences. Each student completed the SEFWE during their last week (Week 12) of fieldwork. Questions one through four (Q1-Q4) in Section III, Summary of the Fieldwork Experience were further analyzed to determine the effectiveness, from students' perspective, of their fieldwork experience. These questions asked students to rate the following: (1) expectations of the fieldwork experience were clearly defined; (2) fieldwork expectations were challenging but not overwhelming; (3) the fieldwork experience supported professional development; and (4) the fieldwork experience matched expectations. Responses to these statements utilized a 5-point Likert-type scale with the following range: '5, Strongly Agree', '4, Agree', '3, Neutral', '2, Disagree' and '1, Strongly Disagree'. No published data is available regarding the reliability and validity of the SEFWE instrument (Halom, 2009).

### **Participants**

All Level II fieldwork participants were first-and second-year OT students enrolled in a three-year BS/MSOT professional program. Forty-two students who participated in this community-based Level II fieldwork program completed the pre-fieldwork survey, 22 (52%) were first-year students, and 20 (48%) were second-year students. Forty participants completed the post-fieldwork survey; 22 (55%) were first-year students and 18 (45%) were second-year students. Forty-seven students completed SEFWEs. Of this number, 41 students participated in the virtual fieldwork program. Twenty-two (54%) were first-year students and 19 (46%) were second-year students. Six students participated in traditional, onsite fieldwork during this same time period. There were three (50%) first-year students and three (50%) second-year students.

## **Results**

### **Self-Perceived Confidence Levels**

Retrospective data analysis of survey responses both pre- and post-virtual fieldwork experience showed an improvement in students' self-perceived confidence with certain aspects of community-based OT program development (see Table 3).

**Table 3***Results of Self-Perceived Confidence Levels, Pre-Post Virtual Fieldwork*

Survey Question Number	Pre-Survey (n=42)	Post-Survey (n=40)	Pre-Survey (n=42)	Post-Survey (n=40)	Pre-Survey (n=42)	Post-Survey (n=40)
Student reports confidence in:	Fairly/ Completely Confident		Slightly/ Somewhat Confident		Not Confident at All	
Q1 Identifying community-specific health issues and needs	18 (42.9%)	32 (80%)	19 (42.5%)	8 (20%)	5 (11.9%)	0
Q2 Conducting a community-based Needs Assessment	8 (19%)	31 (77.5%)	24 (57.1%)	9 (22.5%)	10 (23.8%)	0
Q3 Accessing evidence-based material that supports program development	15 (35.7%)	33 (82.5%)	22 (52.4%)	7 (17.5%)	5 (11.9%)	0
Q4 Identifying community-based resources for program development	13 (31%)	30 (75%)	24 (57.1%)	10 (25%)	5 (11.9%)	0
Q5 Explaining the role of OT in community-based practice settings	28 (66.7%)	25 (62.5%)	13 (31%)	14 (35%)	1 (2.4%)	1 (2.5%)

Self-perceived confidence levels across the five specified domains of OT community program development (Q1-Q5) pre- and post-virtual fieldwork were further analyzed and compared using CoolConversion (2022) percent change software (see Table 4).

**Table 4**

*Self-Perceived Confidence: Fairly/Completely Confident Percent Change Pre-Post Virtual Fieldwork*

<b>Survey Question Number</b>	<b>Pre-Survey Fairly/ Completely Confident (N=42)</b>	<b>Post-Survey Fairly/ Completely Confident (N=40)</b>	<b>Percent Change Increase (+)</b>	<b>Percent Change Decrease (-)</b>
Q1 Identifying community-specific health issues and needs	18	32	86%	N/A
Q2 Conducting a community-based Needs Assessment	8	31	311%	N/A
Q3 Accessing evidence-based material that supports program development	15	33	131%	N/A
Q4 Identifying community-based resources for program development	13	30	131%	N/A
Q5 Explaining the role of OT in community-based practice settings	28	25	N/A	6%

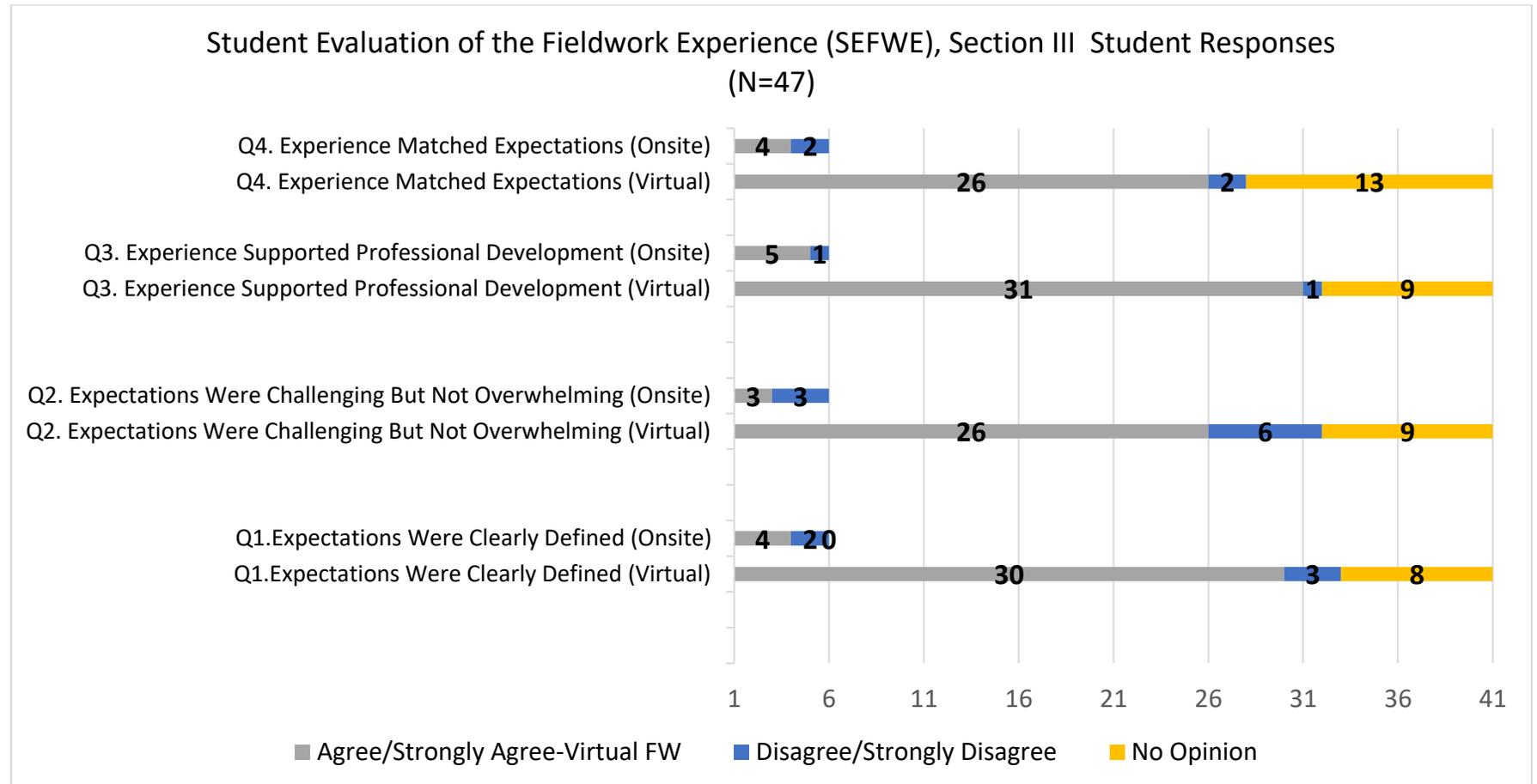
Overall, results imply that a Level II virtual fieldwork program can improve students' self-confidence in specific components needed to develop occupation-based programs in community-based settings.

### **Student Evaluation of the Fieldwork Experience**

Retrospective data analysis was used to review responses from question one (Q1) through question four (Q4) found in Section III of the SEFWE. A total of 47 students completed Q1-Q4, Section III, of the SEFWE; forty-one of these students participated in the Level II virtual fieldwork program and 6 students participated in traditional, onsite fieldwork. See Figure 2 for a comparison of virtual and onsite student responses to SEFWE Section III.

**Figure 2**

*Comparison of Virtual and Onsite Student Responses to SEFWE Section III*



## Discussion

The virtual Level II fieldwork program described in this study was rapidly developed in response to the COVID-19 global pandemic (Barton, 2020; Boniface & Drynan, 2021; Campbell et al., 2020; Dash & Gulalia, 2020; Garcia-Morales et al., 2021; Kalantzis & Cope, 2020). The fieldwork was conducted in a virtual format with faculty as clinical educators and in collaboration with community partners. The students developed community-based programs guided by the PPM with the community partners and under the mentorship of the faculty and adjunct clinical educators (Doll, 2010; Flecky et al., 2020; Green & Kreuter, 1980).

### Students' Perceived Confidence

Outcomes indicate that this innovative Level II fieldwork program provided students with unique experiential learning opportunities that increased their confidence in community-based OT program planning and promoted their professional development. After participation in the virtual Level II community-based fieldwork, students demonstrated a positive increase in confidence in conducting a needs assessment and identifying community-specific health issues and needs. Students also demonstrated a positive increase in confidence regarding their ability to access evidence-based material and their ability to identify community-based resources that support community program development. This study further supports the PPM as a comprehensive and structured framework that can be used by OT professionals and students to plan, implement, and evaluate health promotion programs in community-based settings (Doll, 2010). Results of this study also show that the PPM can support student attainment of learning outcomes associated with occupation- and community-based fieldwork programs such as performing community-based needs assessments, identifying community-specific health issues and needs, accessing evidence-based material to support program development, and explaining the role of OT in community-based practice settings.

While the largest improvement in students' self-perceived confidence was in their ability to conduct community-based needs assessments, there was a decrease in students feeling fairly/completely confident in their ability to explain the role of OT in community-based settings after participating in this fieldwork program. A reason for this lack of confidence may be that OT students typically experience fieldwork placements alongside OTs in settings where there is an established OT role; however, community-based OT fieldwork programs can occur in settings where the role of OT may be ambiguous (Mulholland & Derald, 2005). Consequently, concerns have been raised by some stakeholders that it is unrealistic to expect OT students to take on a role within community-based fieldwork settings (Thew et al., 2008). Strategies to address this concern include having students educate team members about the role of OT, conduct presentations, participate in networking meetings, and distribute brochures and letters about the profession and services provided (Donnelly et al., 2013). It is also important to educate interdisciplinary team members about the role of OT to facilitate interdisciplinary team integration and obtain referrals (Donnelly et al., 2013).

### **Non-traditional Compared to Traditional Fieldwork Models**

Non-traditional models of clinical fieldwork have been in use for more than two decades; however, some OT stakeholders continue to feel that these types of experiences are inferior to what is considered traditional fieldwork placements (Overton et al., 2009). Evidence also suggests that OT practitioners and students hold diverse perceptions about emerging practice settings and their overall professional value (Hunter & Volkert, 2016). When comparing students involved with community fieldwork to those involved in traditional fieldwork, perceptions regarding their personal and professional development skills are similar (Gat & Ratzon, 2014). Although some OTs value the opportunity to bring an occupational focus to under-or unserved communities, others believe that this may further confuse students who may already be struggling with the nebulous nature of current OT practice (Hunter & Volkert, 2016; Thew et al., 2008). While these concerns warrant some consideration when developing innovative fieldwork programs, evidence demonstrates that community-based fieldwork programs can provide OTs and OT students with an opportunity to explore the impact of OT practice in emerging practice settings, such as communities, expand the scope of OT practice, and pragmatically promote the OT profession (Austin-McCain, 2015; Doll, 2010; Scaffa & Reitz, 2020). Furthermore, adoption and utilization of the Level II community-based fieldwork program development described in this paper can be used not only during the pandemic, but also beyond.

### **Implications for Occupational Therapy Education**

There has been a major shift in the delivery of healthcare from a medical to a community-based health model (Kirke et al., 2007). In response to changes in healthcare service delivery models and the global pandemic, OT practice and OT education systems have become more complex and diverse. Consequently, OT academic programs have an increased responsibility to acknowledge and address the changing nature of the healthcare environment and adequately prepare their students for professional practice (Overton et al., 2009). Fieldwork education forms the practical element of OT curriculum and is instrumental in developing professional behavior and enculturating students into the OT profession (Kirke et al., 2007). Therefore, this Level II community-based fieldwork program, founded on the PPM, can be used by academic institutions to help ensure that fieldwork education remains relevant to ever-changing healthcare environments, while adequately preparing OT students for professional practice in a variety of contexts.

This study endorses the effectiveness of the PPM as an educational tool that can guide OT practitioners and students throughout the community-based program development process. The PPM can be used by OT educators to introduce clinical supervisors, practitioners, and students to a systematic approach to program development, to gain insight into the complexity of community health problems, and to provide them with a focused approach to addressing targeted community needs. The fieldwork model in this paper can also be used in settings where OT services are not routinely provided. Student learning opportunities are expanded within community-based fieldwork programs, and these settings contribute to their personal and professional growth (Gat & Ratzon, 2014; Mulholland & Derald, 2005; Golos & Tekuzener, 2021). Benefits of

introducing this fieldwork model to new areas of OT practice include the potential for the role of OT to emerge in a new setting, enhancement of community-based services, and additional opportunities for students to develop and demonstrate their clinical reasoning, resourcefulness, and autonomy. Students who participate in emerging practice fieldwork placements gain skills in independence, autonomy, creativity, and flexibility (Golos & Tekuzener, 2021). Furthermore, inter-community collaboration helps OT practitioners and students gain a deeper insight into the values and roles of community-based organizations while introducing community partners to the intrinsic value of OT (Fisher & Savin-Baden, 2002; Morris & Jenkins, 2018). Finally, this study can benefit the development of new OT curricula or revision of existing ones because this community-based fieldwork, based on the PPM, can be a conduit that helps to expand and enhance the OT profession by addressing social and occupational justice issues experienced by communities in a variety of contexts, across the lifespan.

### **Limitations and Future Research**

Retrospective data were used to analyze students' self-perceived confidence and overall feedback on this virtual community-based fieldwork program. Because this study is about a single institution, generalizability is limited. Other limitations included a risk of sampling error/bias secondary to the small sample size and the small number of OT articles that address Level II fieldwork, both virtual and onsite, based on OT program development in community settings. Additionally, limited research on and lack of valid and reliable outcome measures for OT interventions in community-based settings potentially impedes the fundamental value of OT in this context. More inquiry is also needed to analyze why students may have difficulty defining the role of OT in community-based settings. Finally, future research should also address how community-based fieldwork experiences influence participants' professional and career development status-post graduation.

This innovative, community-based fieldwork program was expediently designed in response to the pandemic. More robust research initiatives, including qualitative studies, are needed using comprehensive evaluation methods, and stronger statistical analysis of educational outcomes and skill set attainment for students participating in community-based fieldwork programs. Regardless of limitations, analyses of retrospective data support that the information provided in this report can be used by other OT professional programs as a platform for the development of fieldwork programs focusing on OT program development in community-based settings. Future research should also address how community-based fieldwork experiences influence participants' professional and career development status-post graduation.

### **Conclusion**

There is a willingness from OT practitioners to provide supervision and support to OT students in areas outside of their own realm of practice. Occupation-based program development in community-based settings can offer students rich opportunities to develop professionally relevant experience, which they would not normally receive from traditional fieldwork placements. Despite a diminishing climate of suitable OT fieldwork placements and a global pandemic, establishing innovative fieldwork programs in a

variety of community-based settings increases fieldwork education opportunities while facilitating OT professional role development in new territories of practice (Overton et al., 2009; Thew et al., 2008). More research and program development initiatives are needed to help increase OT's role within communities, help alleviate fieldwork shortages, enhance the professional development of OT students, and advance the OT profession. OT educational programs should consider community partners to help achieve the goal of bringing OT directly into communities. Although the efficacy of OT practice in community-based settings is not quite clear, community-based OT fieldwork programs that focus on occupation-based approaches to address community-specific needs appears promising and merit further exploration. Finally, this report should serve as an example that the OT profession knows no bounds, and OT practitioners and educators can continue to flourish and expand OT's role in a variety of contexts.

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