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## OT Graduate Students' Perceived Preparedness for Level II Fieldwork: Traditional, Nontraditional and Mixed Fieldwork I Experiences

Reagan Bergstresser-Simpson  
*Huntington University*

Emily Sweetman  
*Huntington University*

Claudia Maloberti  
*Huntington University*

Miranda Hall  
*Huntington University*

Francis Hermes  
*Huntington University*

*See next page for additional authors*

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# OT Graduate Students' Perceived Preparedness for Level II Fieldwork: Traditional, Nontraditional and Mixed Fieldwork I Experiences

## Abstract

This study explored the perceived level of preparedness of occupational therapy (OT) graduate students for entering Level II fieldwork after completing nontraditional, traditional, and mixed Level I fieldwork experiences. This mixed-methods exploratory study included an online 22-question survey that was delivered to Occupational Therapy Doctoral (OTD) and Master of Occupational Therapy (MOT) programs throughout the United States. Participants were selected through voluntary convenience response sampling. Students ( $N=145$ ) self-reported their level of preparedness for Level II fieldwork experiences. The quantitative data collected in this study reflected a statistically significant difference between Level I fieldwork experience-related questions for the three groups, including traditional, nontraditional, and mixed traditional and nontraditional fieldwork experiences. More specifically, students that took traditional fieldwork experiences felt that traditional fieldwork positively contributed to their preparedness for Level II fieldwork compared to those who took nontraditional fieldwork or a mix of traditional and nontraditional fieldwork. The qualitative data, analyzed through thematic analysis, indicated that students felt a combination of nontraditional and traditional fieldwork provided the most significant benefit from Level I fieldwork experiences. Results suggest that most OT students preferred either a combination of nontraditional Level I fieldwork and traditional Level I fieldwork or solely traditional Level I fieldwork for increasing their perceived preparedness prior to starting Level II fieldwork. This study has implications for OTD and MOT fieldwork curriculum development and implications for addressing the needs of OT students to feel better prepared for Level II fieldwork.

## Keywords

Fieldwork, occupational therapy, preparedness, simulation

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## Acknowledgements

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## Authors

Reagan Bergstresser-Simpson, Emily Sweetman, Claudia Maloberti, Miranda Hall, Francis Hermes, and Brody Worl

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Reagan Bergstresser-Simpson, OTD, OTR/L, ADHD-RSP;  
Emily Sweetman, OTDS; Claudia Maloberti, OTDS; Miranda Hall, OTDS;  
Francis Hermes, OTDS; and Brody Worl, OTDS  
Huntington University  
United States

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**ABSTRACT**

This study explored the perceived level of preparedness of occupational therapy (OT) graduate students for entering Level II fieldwork after completing nontraditional, traditional, and mixed Level I fieldwork experiences. This mixed-methods exploratory study included an online 22-question survey that was delivered to Occupational Therapy Doctoral (OTD) and Master of Occupational Therapy (MOT) programs throughout the United States. Participants were selected through voluntary convenience response sampling. Students ( $N=145$ ) self-reported their level of preparedness for Level II fieldwork experiences. The quantitative data collected in this study reflected a statistically significant difference between Level I fieldwork experience-related questions for the three groups, including traditional, nontraditional, and mixed traditional and nontraditional fieldwork experiences. More specifically, students that took traditional fieldwork experiences felt that traditional fieldwork positively contributed to their preparedness for Level II fieldwork compared to those who took nontraditional fieldwork or a mix of traditional and nontraditional fieldwork. The qualitative data, analyzed through thematic analysis, indicated that students felt a combination of nontraditional and traditional fieldwork provided the most significant benefit from Level I fieldwork experiences. Results suggest that most OT students preferred either a combination of nontraditional Level I fieldwork and traditional Level I fieldwork or solely traditional Level I fieldwork for increasing their perceived preparedness prior to starting Level II fieldwork. This study has implications for OTD and MOT fieldwork curriculum development and implications for addressing the needs of OT students to feel better prepared for Level II fieldwork.

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## Introduction

Occupational therapy (OT) students must complete Level I fieldwork that coincides with course content alongside their didactic courses as outlined in the Accreditation Council for Occupational Therapy Education (ACOTE) 2018 C standards. Students utilize the concepts they have learned in the classroom and apply their knowledge in real-life experiences at their Level I fieldwork site through fulfillment of objectives created by the site supervisors and university faculty. Over the last few years, new methods for Level I fieldwork have become more common. ACOTE (2020) updated fieldwork standards to include additional Level I fieldwork experiences, such as simulated environments, standardized patients, and faculty practice. Previously, site visits led by faculty and practice environments supervised by fieldwork educators were the accepted methods of Level I fieldwork (ACOTE, 2019). For the purpose of this study, the term *nontraditional fieldwork* includes the newer experiences of simulated environments, standardized patients, and faculty practice. During the COVID-19 pandemic, fieldwork educators were required to shift away from traditional Level I fieldwork, making nontraditional fieldwork more prevalent (Gustafsson, 2020). In-person Level I fieldwork has been supplemented in a variety of ways, often using nontraditional fieldwork methods like simulated virtual learning portals or in-person standardized patients.

With the shift to nontraditional fieldwork and the new guidelines for Level I fieldwork experiences, students in and beyond 2020 may have fewer hands-on experiences than OT students from previous years due to the increased use of simulated virtual learning portals. This study sought to investigate the perceived Level II fieldwork preparedness of OT students who participated in traditional versus nontraditional and mixed Level I fieldwork experiences, particularly recognizing that perceived preparedness may differ from actual preparedness as determined by fieldwork performance evaluations. The study aimed to answer the following questions: (1) How prepared do OT students perceive themselves to be for Level II fieldwork after completing traditional versus nontraditional versus mixed Level I fieldwork experiences? (2) How do OT students feel about participating in nontraditional fieldwork experiences instead of traditional fieldwork experiences? (3) Does healthcare experience influence perceived perception of preparedness for Level II fieldwork regardless of Level I fieldwork taken? The investigators hypothesized that traditional fieldwork would be preferred and that healthcare experience would result in higher perceptions of preparedness regardless of Level I fieldwork format.

## Literature Review

During their graduate curriculum, OT students must complete Level I and Level II fieldwork experiences (ACOTE, 2020). ACOTE does not require a set number of hours to be completed for Level I fieldwork experiences but does require all experiences to be of equal rigor regardless of the fieldwork modality. Before Level II fieldwork rotations, OT students complete several semesters of didactic coursework to prepare students for working in various practical settings. Level I fieldwork is a significant stepping-stone in OT education and reinforces concepts taught to students each semester. Fieldwork experiences are critical in fostering communication skills, interdisciplinary behaviors, professional etiquette, and work-related psychomotor skills needed for competent client

care and readiness for engagement in work environments (Goldback & Stella, 2017). Level II fieldwork educators expect OT students to come prepared to demonstrate previous knowledge and learn new skills (Knecht-Sabres et al., 2013). Entry-level OT schools may have a new reliance on nontraditional fieldwork, including simulated and standardized patients, for preparing students with Level II fieldwork due to shortages of qualified clinical instructors and the growing number of OT programs (Lala, 2021).

In 2018, ACOTE updated its standards to allow for various forms of nontraditional Level I fieldwork experiences. These include simulated environments, standardized clients, and faculty practice (ACOTE, 2020). Examples of simulated fieldwork opportunities include the use of Simucase® and Symptom Media programs. Simucase® is “a web-based application designed to enhance users’ clinical competency across various specialty areas [and] includes interactive simulations and patient videos...where users can complete observations and assessments and provide intervention while interacting with virtual clients” (Ondo et al., 2021, p. 5). Symptom Media is an online portal that contains videos that portray actual clients who are experiencing a mental illness to serve as an educational tool for students and current health providers (NYU Libraries, 2021). The use of standardized patients has also become a more common method to teach entry-level skills to healthcare students (Bethea et al., 2014). Bethea et al. (2014) defined standardized patients as “people trained to play the roles of patients, family members, or others” (p. S33).

Many schools have transitioned to using nontraditional fieldwork methods in recent years to meet fieldwork standards when in-person fieldwork was halted due to the COVID-19 pandemic (van Niekerk et al., 2021). Numerous benefits are associated with nontraditional Level I fieldwork. Mattila et al. (2020) investigated student satisfaction, perceived clinical reasoning skills, and learning opportunities; they found that students enrolled in nontraditional fieldwork developed critical thinking skills and confidence through simulated fieldwork experiences. Students reported an increase in their perceived reflection, reasoning, and clinical abilities as they progressed through their simulated experiences. Ozelie et al. (2016) reported data obtained through the American Occupational Therapy Association (AOTA) Fieldwork Performance Evaluation for the Occupational Therapy Student (FWPE/OTS) of Level II students indicated that simulations may be helpful in supplementing didactic OT curricula. The purpose of the study conducted by Ozelie et al. was to evaluate two groups of Level II fieldwork students who either participated in traditional Level I fieldwork or nontraditional Level I fieldwork during their didactic coursework. The reported mean scores of the subsections on the FWPE/OTS showed slight improvement in evaluation, screening, communication, and professional behaviors in those who had simulated fieldwork and fieldwork in inpatient rehabilitation.

In their review article, Bennett et al. (2017) further analyzed existing research regarding the utilization and evaluation of simulation-based education in OT curricula. Students engaged in various simulation modalities and experiences such as written or video case studies, standardized patients, roleplay, and computer-based or virtual reality cases. Bennett et al.’s research review noted that simulation modalities could significantly

impact the contribution of student-enhanced learning and fieldwork preparation by teaching competencies such as implementing treatment plans and developing professional attitudes. Their research also found that simulated fieldwork experiences offered students more opportunities to reflect on their learning. Utilizing simulation-based methods provided students with increased satisfaction and confidence (Bennett et al., 2017). Furthermore, a study conducted by Deluliis et al. (2021) aimed to determine if virtual learning platforms such as Simucase® can benefit OT programs if adopted within their Level I fieldwork curricula. The study's findings showed student feedback that included perspectives of increased confidence, real-time feedback, an opportunity to engage in reflection, and lowered stress levels associated with learning in a safe and risk-free environment.

Recent literature revealed mixed feelings among students and OT stakeholders regarding the use of some nontraditional Level I fieldwork programs. Lala (2021) discussed the need for further research on nontraditional fieldwork experiences. While some individuals believe they cannot achieve adequate clinical skills using nontraditional fieldwork experiences, others state that these experiences enhance their problem-solving and clinical judgment skills (Lala, 2021). On a more immediate scale, some students worried that nontraditional Level I Fieldwork would not prepare them for Level II fieldwork (Goldbach & Stella, 2017).

The perspectives of stakeholders such as faculty and fieldwork educators are equally important for determining the overall effect of nontraditional Level I fieldwork in terms of preparation for Level II fieldwork. Stakeholders play a role in creating a positive fieldwork experience and in teaching OT students the necessary skills to succeed in practice. Lala (2021) investigated stakeholders' responses to nontraditional fieldwork practices using standardized patients and simulated environments. The study revealed that some stakeholders perceived positive outcomes from nontraditional Level I fieldwork regarding clinical reasoning, critical thinking, self-confidence, and autonomy. These stakeholders also believed nontraditional fieldwork allowed professors to personalize experiences to target specific skills that a student may need to develop. However, other OT stakeholders argued that nontraditional fieldwork experiences do not provide the necessary skills to practice firsthand with real-life clients. The study also signaled that outcomes of nontraditional fieldwork experiences were contingent on the graduate school's resources and technology.

Academic educators, fieldwork coordinators, and school policies may influence Level I fieldwork. Andonian (2017) referred to the 2011 ACOTE standards C.1.11 and C.1.16 (content that is now included in 2018 ACOTE standards C.1.8, C.1.11, C.1.13, and C.1.14) to explain the importance of educators' and supervisors' roles within student fieldwork. Educators and supervisors must be responsive to the student and act as role models to promote self-reflection and self-efficacy. Andonian emphasized how students lack comfort with the worker role and worker readiness during their fieldwork experience. Occupational therapy students who approached graduation stated they did not feel confident becoming independent clinicians (Hodgetts et al., 2007). Occupational therapy students felt the most practical classes in their didactic coursework included

technical, intervention-focused material, such as fieldwork placements and modules (Hodgetts et al., 2007). Students preferred fieldwork education to didactic coursework because they could participate in hands-on experience, preparing them to become practitioners.

## Methods

### Design

This study was granted exempt status through the university's Institutional Review Board (IRB). The IRB approved case number is #2-28-22. This mixed-methods exploratory study sought to understand OT students' perceptions regarding preparedness for Level II fieldwork and feelings about participating in nontraditional versus traditional Level I fieldwork experiences.

### Participants

Participants included individuals from 75 Occupational Therapy Doctoral (OTD) and Master of Occupational Therapy (MOT) programs throughout the United States along with four public OT Facebook pages. The 75 programs represented 31 of the 50 United States throughout the West, Southwest, Midwest, Southeast, and Northeast of the United States. Participants needed to be in the process of completing or have completed a semester of traditional and/or nontraditional Level I fieldwork experience during their OT coursework.

### Sampling

Participants were recruited for the study through an email sent to the school's academic fieldwork coordinator, who then disseminated the email to students. Programs were found through AOTA's school directory, and schools from each region of the country were invited to participate. Due to time limitations, five of the researchers each randomly selected 15 OT programs across the country and compiled a list to ensure there were no duplicate schools. The eligible participants were emailed the survey through their university's email, and eligibility requirements were specified in the email. Additional participants were recruited through social media posts on Facebook. Facebook pages included *Occupational Therapy New Grads and Students*, *HU Occupational Therapy Students*, *Occupational Therapy Treatment Ideas & Information*, and *Occupational Therapy and Educational Tips*. The email included the survey link and an overview of the research study.

### Instrumentation

A review of the literature was completed to analyze the overall expectations required of students from their Level I fieldwork experience to help shape the survey questions. Three surveys were created to record experiences of students that had participated in traditional Level I fieldwork, nontraditional Level I Fieldwork, or both traditional and nontraditional Level I fieldwork. Refer to Appendices A, B, and C for the surveys. Participants indicated whether they gave informed consent to participate in the survey. If a participant granted consent, the survey redirected to a question about the type of fieldwork completed. The participants were directed to the appropriate survey based on their indicated Level I fieldwork experience.

The surveys were peer- and expert-reviewed by the researchers' classmates and professors, as well as an outside OT professional. The instruments included five demographic questions, twelve questions that reflected the standards set forth by ACOTE regarding fieldwork experience, and five open-ended questions. The questions were formulated to determine a positive or negative perception of nontraditional versus traditional Level I fieldwork experience by students and to determine the perceived rigor of each type of fieldwork. The survey was used to outline the students' self-reported level of preparedness for Level II fieldwork experiences. Participants first rated their perceived preparedness on a 5-point Likert scale of 1, the lowest level, to a rating of 5, the highest level of perceived preparedness with each statement. Then, participants answered open-ended questions that were formulated to provide an opportunity for students to express any perspectives, positive or negative, about their perceived level of preparedness for Level II fieldwork, and their feelings about participating in traditional and/or nontraditional Level I fieldwork experience.

### **Procedures**

The data consisted of responses to a 22-question survey followed by five open-ended questions. After obtaining IRB approval, the researchers distributed the Google Forms survey to colleges' and universities' academic fieldwork coordinators to disperse to eligible participants. Data collection was live for one month prior to closing the survey and analyzing results. The participants were not given the option to omit any questions while they completed the survey. The identity of the participants remained anonymous for the survey. The researchers will store responses in a password-protected folder on a laptop for three years at which point the data will be destroyed.

### **Data Analysis**

Following data collection in the spring of 2022, the qualitative data were analyzed through thematic analysis to identify common themes. Qualitative data were manually analyzed by three researchers individually to minimize bias. Each researcher highlighted codes throughout all three of the surveys. Each survey was then assigned a different color. After each researcher analyzed all qualitative data and manually recorded codes, the researchers concurrently analyzed common codes from the surveys using the survey's corresponding color. Together, the researchers highlighted the most common phrases and words to determine the final three overarching themes. Themes emerged as the researchers compared similar codes that they had identified individually.

After qualitative data analysis, quantitative data were analyzed to determine prominent responses. Microsoft Excel version 16.63 was used to analyze the descriptive survey. After data were collected and recorded in Excel, descriptive statistics were calculated to measure the mean, median, and standard deviation based on the results of each question. The Statistical Analysis System (SAS) database was used for analysis and to compute the Analysis of Variance (ANOVA) procedure and t-tests. ANOVA was used to



determine differences in perceived preparedness among the three surveys. T-tests were used to compare perceived preparedness levels of those with healthcare experience compared to those without healthcare experience. Descriptive statistics allowed for potential relationships to be identified. Google Forms automatically converted data from the completed surveys into percentages of each response for each question.

Methodological triangulation was used to explore and validate the data collected from both qualitative and quantitative instruments. Methodological triangulation was used because the study incorporated two methods of data collection: Likert Scale surveys and open-ended questions (Noble & Heale, 2019). While both quantitative and qualitative data were collected, qualitative data provided further insight into perceptions of nontraditional and traditional Level I fieldwork. Investigator triangulation was used during qualitative data analysis as the research study was conducted by multiple researchers (Noble & Heale, 2019). This process allowed the research team to capture holistic data from participants and heightened the credibility of the data by finding themes among Survey A, Survey B, and Survey C. The investigator triangulation process required that each researcher analyze the data independently to identify codes. For a code to be translated into a theme, more than 50% of the researchers needed to identify the same code. Combining qualitative and quantitative data analysis methods helped ensure the study's trustworthiness.

## Results

Researchers utilized the responses of twelve of the thirteen Likert scale questions, five questions related to demographics including prior medical experience, and five open-ended free-response questions that address the students' perceived levels of preparedness for Level II fieldwork experiences. Question 5 "How many Level I fieldwork experiences have you completed?" (see Appendices A, B and C) was omitted to focus on the authors' primary hypothesis. A total of 145 OT students from MOT programs (n=25, 17.24%) or OTD programs (n=120, 82.75%) within the United States participated in the quantitative Likert scale and a qualitative free-response section. Demographic questions focused on age, race, gender, prior medical experience, and type of OT program. Most participants were females, identified with white/Caucasian race, were between the ages of 18-25, and were students of an OTD program. Specific demographic frequencies are outlined in Table 1.

**Table 1***Participant Demographics*

Statements	Response	Percentage (%)	n
How old are you?	18-25	75.86	110
	26-30	21.37	31
	31-35	2.75	4
With what race do you identify?	White/Caucasian	93.10	135
	Asian	2.75	4
	Black/African American	2.06	3
	Prefer not to Answer	2.06	3
With what gender do you identify?	Male	3.4	5
	Female	96.6	140
What OT program did you attend?	MOT	17.24	25
	OTD	82.75	120
Do you have any experience in the healthcare field prior to completing Level I fieldwork such as a COTA, CNA, RN, PT, rehab technician, etc.	Yes	42.75	62
	No	57.24	83

**Quantitative Data**

In quantitative measures, participants rated their perceived preparedness on a 5-point Likert scale of 1 (the lowest level) to a rating of 5 (the highest level of perceived preparedness) with the scale identifiers: 1) Indifferent, 2) No Improvement, 3) Minimal Improvement, 4) Moderate Improvement, 5) Much Improvement. The median scores were used for statistical validity. See Table 2.

**Table 2***Quantitative Median Scores from Student Survey*

<b>Statements</b>	<b>Traditional N=23</b>	<b>Non traditional N=52</b>	<b>Mixed N=70</b>
Through my fieldwork I experience the level of my clinical reasoning skills showed:	4	3	3
Through my fieldwork I experience, my problem solving, and critical thinking skills showed:	4	3	4
Through fieldwork I, my opportunity to apply knowledge to practice and develop an understanding of the needs of clients showed:	4	3	3
After completing my fieldwork I experience, my degree of preparedness for entering a real-world setting showed:	4	3	4
Through my understanding, the learning objectives of fieldwork were met:	4	3	5
My Level I fieldwork challenged my current knowledge:	4	2	5
I would opt to take my traditional/nontraditional/mixed Level fieldwork I experience again if given the chance:	5	2	3
The type of feedback I received from my fieldwork I experience contributed to my preparedness for Level II fieldwork:	4	2	4
The teaching/learning process through my fieldwork I experience contributed to my preparedness for Level II fieldwork:	4	2.5	3
Through fieldwork I experiences, I feel my preparedness for Level II fieldwork is:	4	2	3
As an occupational therapy student, my Level I fieldwork experience was:	4	3	3

Based on the Likert scale, 48% (n=12) of the participants in the traditional fieldwork setting, 25.7% (n=18) of participants in the mixed fieldwork setting, and 7.5% (n=4) of participants in the nontraditional fieldwork setting felt they made moderate improvements towards feeling prepared for entering a real-world setting following their Level I fieldwork. Similarly, 64% (n=16) of participants in the traditional fieldwork setting, 15.7% (n=11) of participants in the mixed fieldwork setting, and 7.5% (n=4) of participants in the nontraditional fieldwork setting reported their preparedness for Level II fieldwork as good. Most participants in the nontraditional fieldwork setting (77.3%, n=41) reported they would not opt to retake nontraditional Level I fieldwork experiences. Conversely, 44.2% (n=31) of participants in the mixed fieldwork setting and none of participants in the traditional fieldwork setting reported they would not opt to retake their respective fieldwork experience. The data were similar in each fieldwork setting pertaining to challenging students' current knowledge as 48% (n=12) of traditional, 47.1% (n=33) of mixed, and 35.8% (n=19) of nontraditional Level I fieldwork students agreed with the statement. Lastly, the majority of the traditional fieldwork students (48%, n=12) reported their Level I fieldwork experience as excellent, the majority of the mixed fieldwork students (38.6%, n=27) reported their experience as good, and the majority of the nontraditional fieldwork students (39.6%, n=21) reported their experience as fair. See Table 3.

The ANOVA was used to identify potential differences among each of the eleven questions for the three groups including traditional, nontraditional, and both traditional and nontraditional Level I fieldwork experiences (see Table 4). The p value remained lower than .05 for all examined groups and questions suggesting there are statistically significant differences between the groups. T-tests were further used to compare responses of participants with prior medical experience vs none (see Table 5). However, there was no statistical significance related to perceived preparedness among students with healthcare experience compared to those without healthcare experience in each of the eleven questions in all three groups (see Table 6). A p-value less than 0.05 was the cutoff point for a statistically significant association and none of the 11 questions qualified as significant.

**Table 3***Students' Perceptions of Their Fieldwork Experiences*

Question Theme	Traditional	Nontraditional	Mixed
Clinical reasoning skills showed:	Moderate Improvement 52% (n=13)	Minimal Improvement 67.9% (n=36)	Minimal Improvement 47.1% (n=33)
Problem solving skills showed:	Moderate Improvement 56% (n=14)	Minimal Improvement 62.3% (n=33)	Minimal Improvement 47.1% (n=33)
Practice/developing understanding of client needs:	Moderate Improvement 60% (n=15)	Minimal Improvement 50.9% (n=27)	Minimal Improvement 50% (n=35)
Perceived preparedness for entering a real-world setting respectively:	Moderate Improvement 48% (n=12)	Minimal Improvement 54.7% (n=29)	Minimal Improvement 52.9% (n=37)
Felt like objectives were met:	Agree 60% (n=15)	Neutral 41.5% (n=22)	Agree 47.1% (n=33)
Fieldwork challenged their current knowledge:	Agree 48% (n=12)	Agree 36% (n=19)	Agree 47.1% (n=33)
Would opt to take the type of fieldwork I experience again:	Strongly agreed 60% (n=15)	Disagree 41.5% (n=22)	Disagree 37.1% (n=25)
Feedback contributed to preparedness for Level II fieldwork:	Good 48% (n=12)	Fair 32% (n=17)	Fair 45% (n=32)
Teaching/learning process contributed to my preparedness for Level II fieldwork:	Good 60% (n=15)	Fair 39.6% (n=21)	Fair 38.5% (n=27)
Student felt their Level I type prepared them for Level II fieldwork:	Good 64% (n=16)	Fair 39.6% (n=21)	Fair 44.3% (n=31)
Overall experience	Excellent 60% (n=12)	Fair 39.6% (n=21)	Good 38.57% (n=27)

**Table 4**

## ANOVA Results

<b>Dependent Variable</b>	<b>F value</b>	<b>p&lt;0.05</b>
Through traditional/nontraditional/both fieldwork I experience the level of my clinical reasoning skills showed:	23.31	0.0001
Through my traditional/nontraditional/both fieldwork I experience, my problem solving and critical thinking skills showed:	16.20	0.0001
Through traditional/nontraditional/both fieldwork I, my opportunity to apply knowledge to practice and develop an understanding of the needs of clients showed:	18.79	0.0001
After completing my traditional/nontraditional/both fieldwork I experience my degree of preparedness for entering a real-world setting showed:	25.33	0.0001
Through my understanding, the learning objectives of nontraditional fieldwork were met:	21.27	0.0001
Traditional/nontraditional/both fieldwork challenged my current knowledge:	16.03	0.0001
I would opt to take traditional/nontraditional/both fieldwork I experience again if given the chance:	58.78	0.0001
The type of feedback I received from my traditional/nontraditional/Both fieldwork I experience contributed to my preparedness for Level II fieldwork:	24.10	0.0001
The teaching/learning process through my Level I fieldwork experience contributed to my preparedness for Level II fieldwork:	21.04	0.0001
Through traditional/nontraditional/both Level I fieldwork experiences, I feel my preparedness for Level II fieldwork is:	20.24	0.0001
As an occupational therapy student, my traditional/nontraditional/both Level I fieldwork experience was:	28.10	0.0001

**Table 5**

Participants with Healthcare Experience Prior to Completing Level I Fieldwork (COTA, CNA, RN, PT, rehab technician, etc.)

Healthcare experience:	Traditional	Nontraditional	Mixed
Yes	7 (30.4%)	25(48.1%)	30(42.9%)
No	No: 16(69.6%)	27(51.9%)	40(57.1%)
Total	n=23	n=52	n=70

**Table 6**

*Impact of Prior Healthcare Experience as Analyzed by t-test Results*

Dependent Variable	Method	df	t Value	p<0.05
Clinical reasoning:	Pooled	Equal	-0.57	0.5723
	Satterthwaite	Unequal	-0.59	0.5552
Critical thinking and problem solving:	Pooled	Equal	-0.52	0.6011
	Satterthwaite	Unequal	-0.54	0.5906
Practice/developing understanding of client needs:	Pooled	Equal	-0.68	0.4984
	Satterthwaite	Unequal	-0.70	0.4856
Perceived preparedness for entering a real-world setting respectively:	Pooled	Equal	-1.52	0.1310
	Satterthwaite	Unequal	-1.60	0.1117
Felt like objectives were met:	Pooled	Equal	-0.38	0.7037
	Satterthwaite	Unequal	-0.38	0.7027
Fieldwork challenged their current knowledge:	Pooled	Equal	-1.29	0.1975
	Satterthwaite	Unequal	-1.29	0.1984

Would opt to take the type of fieldwork I experience again:	Pooled	Equal	-0.85	0.3990
	Satterthwaite	Unequal	-0.86	0.3903
Student felt their Level I type prepared them for Level II fieldwork:	Pooled	Equal	0.20	0.8435
	Satterthwaite	Unequal	0.20	0.8388
Teaching/learning process from Level I fieldwork contributed to preparedness for Level II fieldwork	Pooled	Equal	0.95	0.3459
	Satterthwaite	Unequal	0.98	0.3301
Experiences from Level I fieldwork contributed to preparedness for Level II fieldwork	Pooled	Equal	0.33	0.7438
	Satterthwaite	Unequal	0.44	0.7379
Perception of Level I fieldwork experience as an occupational therapy student:	Pooled	Equal	-0.16	0.8742
	Satterthwaite	Unequal	-0.16	0.8707

### Qualitative Data

Responses from open-response questions ( $n=145$ ) indicated three overarching themes. Two questions were eliminated due to a limited number of responses: 1) Do you have any specific questions going forward for making fieldwork I experiences more successful? and 2) Is there anything else you would like to share or add?

#### **Theme 1: A blend of nontraditional and traditional fieldwork experiences.**

Common codes across all three surveys: *good to have both, they should both be used, I would do both, both are great experiences, a combination of the two, both are important, both are very beneficial, mix of the two would be beneficial, benefits of both types of experiences, non-traditional should be an option but not a replacement, mixture, mix, combination of both, blended version.*

Participants in all three surveys indicated that using a blend of nontraditional and traditional fieldwork will provide the most significant benefit from Level I fieldwork experiences. A participant from Survey C wrote, “I think combining traditional experiences with nontraditional experiences, like Simucase, would be more successful because students would get to not only directly work with the specific populations (psychosocial, pediatrics, adults/older adults) but also get to learn the OT process with the populations through simulations (online, in person, etc.).” Participants indicated that both nontraditional and traditional fieldwork experiences have pros and cons. A participant from survey A wrote, “Traditional has the real risk of real patients, and [helps] to integrate classroom knowledge into the practical real-world. I think nontraditional should be an option, but not a replacement for traditional.” Another participant from survey A spoke on the opportunity to also take nontraditional fieldwork and stated, “I



think it's interesting and would foster a lot of growth in self-directed behavior/learning." While students see the benefit of nontraditional fieldwork, they believe combining the two types of fieldwork would foster a more significant learning experience by providing opportunities to learn various skills.

***Theme 2: Confidence, critical thinking, and competence are essential to feeling prepared for Level II fieldwork.***

Common codes across all three surveys: *critical thinking, clinical reasoning, critical reasoning, comfortable/ being comfortable, confident, confidence, self-confidence, feeling confident, confidence in decision-making, confident in important concepts, feeling competent, competent in necessary skills, culturally competent, competence, feeling prepared, prepared to face challenges, being prepared, feeling ready, comfort, understanding, having a general understanding.*

Across all three surveys, students stated that high levels of confidence, feeling competent in skills, and having critical thinking skills are how they would define preparedness for Level II fieldwork. Students would like to feel confident in utilizing their clinical skills and knowledge for patient care. A participant from Survey A defined preparedness for fieldwork as, "feeling competent and confident enough to begin actively engaging patient/clients in therapy," while a student in Survey B said, "feeling confident and competent in necessary skills required to enter a hands-on fieldwork scenario." A participant from Survey C defined preparedness as "confidence in professional skills such as asking questions, performing clinical reasoning, and advocating for clients."

***Theme 3: More hands-on experience will increase levels of perceived preparedness for Level II fieldwork.***

Common codes across all three surveys: *be hands on, more hands-on experience, the more hands-on experience the better, importance of getting hands on experience, be more hands on, as many hands-on opportunities as possible, no replacement for hands-on experience, incorporate hands-on, integrating more hands-on experience, hands on practice, confidence with hands-on patient care, importance of getting hands-on experience.*

Throughout the three surveys, participants emphasized their dislike of using solely nontraditional Level I fieldwork experiences as it did not provide enough opportunities for hands-on experience. Students indicated their belief that simulated experiences alone could not substitute for face-to-face interaction with patients and clinicians. Participants in all three surveys indicated that gaining more hands-on experience would increase their preparedness for Level II fieldwork. Students stated that if their Level I fieldwork was mainly observation or simulation, they did not feel as competent to apply their knowledge and skills in a clinical setting. A participant from Survey A expressed their positive Level I fieldwork: "In my experience, I had a lot of opportunities for hands-on learning which increased my confidence." Another participant from Survey B discussed their nontraditional fieldwork experience and wrote, "not being in a clinical setting led me to be very nervous and have decreased confidence in myself going into

fieldwork to where I was expected to apply my skills in a practice setting for the first time.” A participant from Survey C stated, “Without hands on experience we are lacking the basic and general skills required to become a professional.”

### **Discussion**

The study identified common perceptions of OT students completing traditional and/or nontraditional fieldwork experiences. In the qualitative data, the theme of incorporating a blend of traditional and nontraditional fieldwork suggested that participants value the experiences of both formats of fieldwork. A well-rounded experience using both traditional and nontraditional fieldwork provides students with an opportunity to develop professional social skills with colleagues and clients. Participating in nontraditional fieldwork with traditional fieldwork offers a comprehensive understanding of OT practice and skills. When paired with other learning approaches, nontraditional fieldwork improves necessary critical thinking skills (Nielson, 2020). Based on student knowledge collected through current literature, Hodgetts et al. (2007) suggested “courses designed specifically to integrate academic and theoretical knowledge with clinical practice may alleviate some feelings of clinical incompetence upon graduation” (p. 158). While quantitative data revealed a preference for traditional Level I fieldwork, qualitative data indicated that a blend of traditional and nontraditional Level I fieldwork, specifically simulations and standardized patients, would be the most beneficial in preparation for Level II fieldwork.

Quantitative survey results from students among the three different Level I fieldwork experiences gave some insight as to which experience brought about a higher perceived preparedness for Level II fieldwork. Comparing ANOVA results for each question among the three groups revealed that there is a statistically significant difference between the perceived level of preparedness following Level I fieldwork in preparation for Level II fieldwork. Examining the median scores of the survey for each of the three groups revealed that traditional fieldwork students scored the highest overall with mixed fieldwork students second. This suggests that traditional fieldwork can lead to higher perceived preparedness for Level II fieldwork, while a blend of nontraditional and traditional fieldwork also offers higher perceived preparedness scores as compared to nontraditional fieldwork alone. Additionally, survey results also suggest that prior healthcare experience offers no advantage towards Level II fieldwork perceived preparedness compared to students without healthcare experience.

Students’ definitions of preparedness for Level II fieldwork correlated with high self-confidence, perceived level of competence, and perceived clinical reasoning skills. Feeling confident and competent in one’s skills as an OT is key to a successful transition into the role and identity of an OT. Hodgetts et al. (2007) indicated there was a relationship between confidence and competence which enabled new graduates who had some clinical experiences in school to transition to clinical practice feeling competent. Confidence is essential to address when preparing students for Level II fieldwork. In fact, Andonian (2017) found a positive relationship between having meaningful fieldwork experiences with instructor supervision and higher levels of confidence in students.

Students' negative perspectives regarding nontraditional Level I fieldwork included the lack of hands-on experience and clinical skills and the feeling that nontraditional experiences did not provide enough face-to-face OT patient interactions required for their future clinical practice. Traditional Level I fieldwork participation provides greater clinical experiences compared to virtual methods. Gustafsson (2020) wrote, "Students in the current online environment have spoken of challenges with self-regulation skills such as time management and motivation, and that they feel isolated and distant from the learning" (p. 197). Students who participated in nontraditional Level I fieldwork experiences felt the need for more opportunities to transfer didactic learning to clinical hands-on experiences. Thus, while students were able to identify some benefits of nontraditional Level I fieldwork, their perceptions indicate that traditional fieldwork whether alone or in a mixed format, is more impactful in developing certain skills and confidence necessary for Level II fieldwork and future clinical practice.

### **Limitations**

The lack of research on simulated Level I fieldwork experiences in the OT profession presented a challenge due to COVID-19. While nontraditional Level I fieldwork is not a new concept, the COVID-19 pandemic required universities to supplement or replace traditional fieldwork as quickly as possible with nontraditional fieldwork methods that included simulations and standardized patients. Future research studies can further explore types of nontraditional fieldwork and students' perceptions of various fieldwork methods. Researchers provided definitions of traditional and nontraditional fieldwork according to ACOTE's standards in the surveys. However, participants were not asked to differentiate nontraditional fieldwork experiences into simulations and standardized patients versus non-OT clinical experience. Furthermore, all enrolled students at the surveyed colleges and universities were allowed to participate in the survey, including students currently taking Level II fieldwork and students that have already completed Level II fieldwork. Students who are currently taking or have completed Level II fieldwork may have differing perceptions of preparedness for Level II fieldwork than before they began a Level II fieldwork rotation. Due to a short data collection period, a convenience sample of only 75 programs were included in the study recruitment, though schools from the West, Southwest, Midwest, Southeast, and Northeast of the United States were included. Furthermore, while all students of the seventy-five OT programs were invited to participate by email, those who chose to participate may not represent all students. Lastly, researchers developed their survey instrument, impacting reliability psychometric properties.

### **Implications for Occupational Therapy Education and Practice**

The current study has collected and analyzed data from OT students on their perceived preparedness for Level II fieldwork after participating in traditional and/or nontraditional Level I fieldwork experiences. While perceived perception is not an indicator of actual success in Level II fieldwork, the data gathered from participants gives insight into the students' perception of themselves and their perception of their experiences, which can be utilized in curriculum development by educators to address the gaps in the students' education. Faculty can consider students' performance and their perceptions of nontraditional Level I fieldwork and integrate different learning experiences to mimic

hands-on experiences. The results of the study can validate OT students' level of preparedness. OT students within their respective programs can identify that their peers also share the same perceptions and opinions as they do. The study also highlighted the importance of the interaction between fieldwork educators or supervisors and their students. While OT students expressed their opinions about the benefit of nontraditional fieldwork, they also pointed out their lack of experience in how to interact with clients in a clinical setting. The exploratory study results have implications for future research to examine a larger sample of OT student perspectives on traditional and/or nontraditional fieldwork and perceived preparedness for Level II fieldwork. Further suggestions for research include comparing the perceived level of preparedness for Level II fieldwork between students who have not yet taken Level II fieldwork and students who have completed Level II fieldwork experiences and comparing outcomes of students who had traditional versus nontraditional Level I and/or Level II fieldwork experiences. A larger-scale study may even produce enough data to examine perceived preparedness by specific types of nontraditional fieldwork experiences.

### Conclusion

This mixed-methods exploratory study sought to investigate OT student perceptions about traditional and/or nontraditional Level I fieldwork experiences, and how the type of experience affects their perceived level of preparedness for Level II fieldwork. Qualitative findings suggested most OT students would prefer a blend of nontraditional Level I fieldwork and traditional Level I fieldwork to provide a comprehensive fieldwork experience, while findings of quantitative data suggest students prefer traditional Level I fieldwork to better prepare them for Level II fieldwork. Survey results also suggest that prior healthcare experience does not contribute to perceived preparedness upon entering Level II fieldwork. Prominent themes of the data show competence, confidence, and critical thinking are essential to feeling prepared for Level II fieldwork, and more hands-on experience in Level I fieldwork will increase levels of perceived preparedness for Level II fieldwork.

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## **Appendix A**

### **Traditional Fieldwork I (Survey A)**

1. How old are you?  
1)18-25 2) 26-30 3) 31-35 4) 36-40
2. With what race do you identify?  
1)American Indian or Alaskan Native 2) Asian 3) Black or African American  
4) White or Caucasian 5) Prefer not to answer
3. With what gender do you identify?  
Fill in the blank
4. What OT program do you attend?  
1)MOT 2) OTD

Definition: The Accreditation Council for Occupational Therapy Education (ACOTE) has updated its standards to include various forms of nontraditional fieldwork I experiences. These may include simulated environments and practicing using standardized clients (e.g., Simucase®, Symptom Media, Standardized Patients). Traditional fieldwork experiences include, “faculty-led site visits” and supervision by a fieldwork educator in a practice environment” (ACOTE, 2020, p.41).

5. How many level I fieldwork experiences have you completed?  
1)1 2)2 3)3 4)4
6. Do you have any experience in the healthcare field prior to completing level I fieldwork such as a COTA, CNA, RN, PT, rehab technician, etc.  
1)Yes 2) No
7. Through traditional fieldwork I experience the level of my clinical reasoning skills showed:  
1) Indifferent 2) No Improvement 3) Minimal Improvement  
4) Moderate Improvement 5) Much Improvement
8. Through my traditional fieldwork I experience, my problem solving and critical thinking skills showed:  
1) Indifferent 2) No Improvement 3) Minimal Improvement  
4) Moderate Improvement 5) Much Improvement
9. Through traditional fieldwork I, my opportunity to apply knowledge to practice and develop an understanding of the needs of clients showed:  
1) Indifferent 2) No Improvement 3) Minimal Improvement  
4) Moderate Improvement 5) Much Improvement
10. After completing my traditional fieldwork, I experience, my degree of preparedness for entering a real-world setting showed:  
1) Indifferent 2) No Improvement 3) Minimal Improvement  
4) Moderate Improvement 5) Much Improvement
11. Through my understanding, the learning objectives of traditional fieldwork were met:  
1) Strongly Disagree 2) Disagree 3) Neutral 4) Agree 5) Strongly Agree
12. Traditional level I fieldwork challenged my current knowledge:  
1) Strongly Disagree 2) Disagree 3) Neutral 4) Agree 5) Strongly Agree

13. I would opt to take traditional fieldwork I experience again if given the chance:  
1) Strongly Disagree 2) Disagree 3) Neutral 4) Agree 5) Strongly Agree
  14. The type of feedback I received from my traditional fieldwork I experience contributed to my preparedness for level II fieldwork:  
1) Very Poor 2) Poor 3) Fair 4) Good 5) Excellent
  15. The teaching/learning process through my fieldwork I experience contributed to my preparedness for level II:  
1) Very Poor 2) Poor 3) Fair 4) Good 5) Excellent
  16. Through traditional fieldwork I experiences, I feel my preparedness for level II fieldwork is:  
1) Very Poor 2) Poor 3) Fair 4) Good 5) Excellent
  17. As an occupational therapy student, my traditional fieldwork I experience was:  
1) Very Poor 2) Poor 3) Fair 4) Good 5) Excellent
- 
1. How would you define preparedness for fieldwork?
  2. What benefits or shortcomings did you experience in level I fieldwork that could influence level II fieldwork experiences?
  3. If given the option, what are your thoughts and feelings about using nontraditional fieldwork in place of traditional level I fieldwork experiences?
  4. Do you have any specific suggestions going forward for making fieldwork I experiences more successful?
  5. Is there anything else you would like to share or add?

## **Appendix B**

### **Nontraditional Fieldwork I (Survey B)**

1. How old are you?  
1)18-25 2) 26-30 3) 31-35 4) 36-40
2. With what race do you identify?  
1)American Indian or Alaskan Native 2) Asian 3) Black or African American  
4) White or Caucasian 5) Prefer not to answer
3. With what gender do you identify?  
Fill in the blank
4. What OT program do you attend?  
1)MOT 2) OTD

Definition: The Accreditation Council for Occupational Therapy Education (ACOTE) has updated its standards to include various forms of nontraditional fieldwork I experiences. These may include simulated environments and practicing using standardized clients (e.g., Simucase®, Symptom Media, Standardized Patients). Traditional fieldwork experiences include, “faculty-led site visits” and supervision by a fieldwork educator in a practice environment” (ACOTE, 2020, p.41).

5. How many level I fieldwork experiences have you completed?  
1)1 2)2 3)3 4)4
6. Do you have any experience in the healthcare field prior to completing level I fieldwork such as a COTA, CNA, RN, PT, rehab technician, etc.  
1)Yes 2) No
7. Through nontraditional fieldwork I experience the level of my clinical reasoning skills showed:  
1) Indifferent 2) No Improvement 3) Minimal Improvement  
4) Moderate Improvement 5) Much Improvement
8. Through my nontraditional fieldwork I experience, my problem solving and critical thinking skills showed:  
1) Indifferent 2) No Improvement 3) Minimal Improvement  
4) Moderate Improvement 5) Much Improvement
9. Through nontraditional fieldwork I, my opportunity to apply knowledge to practice and develop an understanding of the needs of clients showed:  
1) Indifferent 2) No Improvement 3) Minimal Improvement  
4) Moderate Improvement 5) Much Improvement
10. After completing my nontraditional fieldwork, I experience my degree of preparedness for entering a real-world setting showed:  
1) Indifferent 2) No Improvement 3) Minimal Improvement  
4) Moderate Improvement 5) Much Improvement
11. Through my understanding, the learning objectives of nontraditional fieldwork were met:  
1) Strongly Disagree 2) Disagree 3) Neutral 4) Agree 5) Strongly Agree
12. Nontraditional fieldwork challenged my current knowledge:  
1) Strongly Disagree 2) Disagree 3) Neutral 4) Agree 5) Strongly Agree



13. I would opt to take nontraditional fieldwork I experience again if given the chance:  
1) Strongly Disagree 2) Disagree 3) Neutral 4) Agree 5) Strongly Agree
  14. The type of feedback I received from my nontraditional fieldwork I experience contributed to my preparedness for level II fieldwork:  
1) Very Poor 2) Poor 3) Fair 4) Good 5) Excellent
  15. The teaching/learning process through my fieldwork I experience contributed to my preparedness for level II:  
1) Very Poor 2) Poor 3) Fair 4) Good 5) Excellent
  16. Through nontraditional fieldwork I experiences, I feel my preparedness for level II fieldwork is:  
1) Very Poor 2) Poor 3) Fair 4) Good 5) Excellent
  17. As an occupational therapy student, my nontraditional fieldwork I experience was:  
1) Very Poor 2) Poor 3) Fair 4) Good 5) Excellent
- 
1. How would you define preparedness for fieldwork?
  2. What benefits or shortcomings did you experience in level I fieldwork that could influence level II fieldwork experiences?
  3. If given the option, what are your thoughts and feelings about using nontraditional fieldwork in place of traditional level I fieldwork experiences?
  4. Do you have any specific suggestions going forward for making fieldwork I experiences more successful?
  5. Is there anything else you would like to share or add?

### **Appendix C**

#### **Both Traditional and Nontraditional Fieldwork (Survey C)**

1. How old are you?  
1) 18-25 2) 26-30 3) 31-35 4) 36-40
2. With what race do you identify?  
1) American Indian or Alaskan Native 2) Asian 3) Black or African American  
4) White or Caucasian 5) Prefer not to answer
3. With what gender do you identify?  
Fill in the blank
4. What OT program do you attend?  
1) MOT 2) OTD

Definition: The Accreditation Council for Occupational Therapy Education (ACOTE) has updated its standards to include various forms of nontraditional fieldwork I experiences. These may include simulated environments and practicing using standardized clients (e.g., Simucase®, Symptom Media, Standardized Patients). Traditional fieldwork experiences include, “faculty-led site visits” and supervision by a fieldwork educator in a practice environment” (ACOTE, 2020, p.41).

5. How many level I fieldwork experiences have you completed?  
1) 1 2) 2 3) 3 4) 4
6. Do you have any experience in the healthcare field prior to completing level I fieldwork such as a COTA, CNA, RN, PT, rehab technician, etc.  
1) Yes 2) No
7. Through my fieldwork I experience the level of my clinical reasoning skills showed:  
1) Indifferent 2) No Improvement 3) Minimal Improvement  
4) Moderate Improvement 5) Much Improvement
8. Through my fieldwork I experience, my problem solving and critical thinking skills showed:  
1) Indifferent 2) No Improvement 3) Minimal Improvement  
4) Moderate Improvement 5) Much Improvement
9. Through fieldwork I, my opportunity to apply knowledge to practice and develop an understanding of the needs of clients showed:  
1) Indifferent 2) No Improvement 3) Minimal Improvement  
4) Moderate Improvement 5) Much Improvement
10. After completing my fieldwork I experience, my degree of preparedness for entering a real-world setting showed:  
1) Indifferent 2) No Improvement 3) Minimal Improvement  
4) Moderate Improvement 5) Much Improvement
11. Through my understanding, the learning objectives of fieldwork were met:  
1) Strongly Disagree 2) Disagree 3) Neutral 4) Agree 5) Strongly Agree
12. Level I fieldwork challenged my current knowledge:  
1) Strongly Disagree 2) Disagree 3) Neutral 4) Agree 5) Strongly Agree

13. I would opt to take both nontraditional and traditional fieldwork I experience again if given the chance:

1) Strongly Disagree 2) Disagree 3) Neutral 4) Agree 5) Strongly Agree

14. The type of feedback I received from my fieldwork I experience contributed to my preparedness for level II fieldwork:

1) Very Poor 2) Poor 3) Fair 4) Good 5) Excellent

15. The teaching/learning process through my fieldwork I experience contributed to my preparedness for level II:

1) Very Poor 2) Poor 3) Fair 4) Good 5) Excellent

16. Through my fieldwork I experiences, I feel my preparedness for level II fieldwork is:

1) Very Poor 2) Poor 3) Fair 4) Good 5) Excellent

17. As an occupational therapy student, my fieldwork I experience was:

1) Very Poor 2) Poor 3) Fair 4) Good 5) Excellent

1. How would you define preparedness for fieldwork?

2. What benefits or shortcomings did you experience in level I fieldwork that could influence level II fieldwork experiences?

3. If given the option, what are your thoughts and feelings about using nontraditional fieldwork in place of traditional level I fieldwork experiences?

4. Do you have any specific suggestions going forward for making fieldwork I experiences more successful?

5. Is there anything else you would like to share or add?