

THE UNIVERSITY OF BRITISH COLUMBIA

DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY

Report on the Proceedings of the Occupational Therapy Fieldwork Symposium June 28, 2011

A SUMMARY REPORT

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EXECUTIVE SUMMARY

In response to a changing occupational therapy education delivery and the health care practice environment, the University of British Columbia Department of Occupational Science and Occupational Therapy held a one-day Fieldwork Symposium in June 2011. The purpose of the symposium was to examine the current state and future direction of the Occupational Therapy Fieldwork component of the curriculum.

Though many initiatives in the Fieldwork education portfolio have unfolded since we last reviewed Fieldwork education (increase in International and role emerging placements; utilization of all placements offered since two placements are now required to be outside of the lower mainland; increase in online preceptor resources; more therapists embracing alternate supervision models (2:1; group); we still face challenges in the delivery of clinical education.

Some of the challenges recently identified include:

- Capacity issues
- Lack of quality improvement process
- Sequencing of placements
- Commitment to a national agreed upon approach for accreditation of sites (Appendix 1)
- Commitment to a national fieldwork placement service
- Preceptor recognition
- Interprofessional education accreditation standards
- Direct supervision by occupational therapists only
- Ethics of international FW placements

These are some of the key drivers that led to this meeting as a starting point for a strategic review of the Fieldwork program at UBC.

Fieldwork Educators, Managers, clinicians and other relevant stakeholders were invited to the workshop to assist in the development of a high quality, contemporary fieldwork education program for UBC OT students.

Throughout the workshop participants eagerly participated and shared experiences and ideas. There was a positive energy in the room and the OS&OT department faculty members were greatly encouraged by the work done to help build a high-quality fieldwork program. Creative brainstorming throughout the day resulted in some tangible short-term outcomes which can be implemented immediately, as well as some well thought out long-term goals to work towards. The objectives of the workshop were met, including:

1. Identify the strengths, challenges and opportunities of Fieldwork Education within the current reality and BC context;
2. Create a vision for Fieldwork Education that is aligned with the National agenda; and
3. Develop an action plan to proceed with this vision.

This report serves to synthesize the events of the symposium, and to generate the key recommendations which have been translated in to action items.

INTRODUCTION

Students wishing to gain entry to the practice of occupational therapy must complete an accredited educational program prior to writing the National Certification Exam, which is a requirement for registration with the regulatory bodies in most provinces. Practice education (clinical experience received in a clinical setting) remains integral to the professional education and is obtained largely through the education/supervision provided by registered occupational therapists working in the field. The Canadian Association of Occupational Therapists, the accreditation body of the UBC OT program, Fieldwork Education Standard reads:

Fieldwork education provides students of occupational therapy with opportunity to integrate knowledge and to acquire abilities and professional behaviours through a supervised and experimental learning experience (adapted from Canadian Guidelines for Fieldwork Education in Occupational Therapy (CGFEOT), 2003).

The goals of the UBC OT program are to graduate students who:

- Communicate effectively
- Use theory and evidence to make informed practice decisions
- Practice ethically, responsibly & collaboratively
- Plan and implement effective, client-centred occupational therapy services
- Promote health and participation for all

While these goals were reflected throughout the development of the new curriculum and are evident in the master's curriculum, the traditional approach to Fieldwork was largely kept the same- 1:1 apprenticeship model with block placements totalling 1000 hours. This is in line with many other university programs (see Appendix 2) but UBC is somewhat unique being it is the only institution in the province offering an occupational therapy program.

UBC has now graduated 5 classes from the Master of Occupational Therapy program.

The education of health care practitioners must reflect the environment that graduates are entering into. This is especially true of fieldwork or practice education as it is for academic curriculum. In January 2011 the Association of Canadian Occupational Therapy University Programs (ACOTUP) sponsored a Canadian Fieldwork Retreat. The purpose of the retreat was to address 2 major issues:

1. Increasing capacity for fieldwork education in Canada;
2. Continuous quality improvement used in Canadian fieldwork education in occupational therapy.

Please see Appendix 3 for the completed report on the retreat outcomes.

This retreat helped to build the agenda and the invitee list for the UBC Occupational Therapy Symposium.

BACKGROUND

In response to a changing Occupational therapy education delivery and the health care practice environment, the University of British, Columbia Division of Occupational Therapy held a FW

symposium in 2002. The purpose of the symposium at the time was to inform the changing curriculum which was moving from a Baccalaureate program to a Master's entry program. The condensed more integrated program required some consultation around the clinical component of the program regarding sequencing, length and number of placements to take place within the new program. As well, due to capacity issues, certain requirements were to be addressed in order to secure enough placements that utilized the entire province.

The information received at the symposium helped shape the present Fieldwork component of the current Master of Occupational Therapy program.

UBC currently enrolls 50 students each year. A proposal has been submitted to the Ministry of Advanced Education to double that enrolment. The government wanted assurance that there would be sufficient placements to meet the proposed expansion needs. A detailed report was submitted outlining the current numbers and support for the fieldwork component of the MOT program. Decision on expansion funding is still pending.

However, it was deemed timely to gather key stakeholders together to ensure that fieldwork would meet the needs of the changing practice as well as environments and the preceptor's workload.

THE SYMPOSIUM- JUNE 28, 2011

The objectives of the symposium were to:

1. Identify the strengths, challenges and opportunities of fieldwork education within the current reality and BC context;
2. Create a vision for fieldwork education that is aligned with the national agenda
3. Develop an action plan to proceed with the vision.

The following discussion report was generated from the transcript of flip charts created during the symposium. These charts represent summaries of conversations, assigned tasks and brainstorming sessions designed to illicit innovative thinking and provoke exploration of issues.

WHO WAS THERE AND WHY?

A variety of key stakeholders were invited to attend the symposium. These included clinicians, managers from all 5 health authorities; representatives from other Post-secondary institutions, (U of A, VCC), as well as representatives from other units at UBC and the OT regulatory body and accrediting agency (CAOT). Please see Appendix 4 for a complete participant list.

Participants had been individually invited to the workshop due to their role or involvement in fieldwork education.

The symposium took the form of facilitated small group discussions that were frequently randomized throughout the day.

ELEMENTS OF THE DAY

1. Introductions and thank yous- Donna Drynan
2. Setting the Stage- Linda Tarrant, Facilitator
3. The Fieldwork Journey Presentation- Donna Drynan
4. Future of Fieldwork- Visioning Exercise- Facilitator and group
5. Key Messages from Visioning exercise- Facilitator and group
6. How to achieve vision- Facilitator and group
7. Processes and Issues to address as we move forward- Facilitator and group
8. Action Plan- Donna Drynan

1. Introductions and thank yous

Donna welcomed and thanked everyone for dedicating their time and energy to the day. The department and key individuals were recognized for supporting the symposium and attending to all the logistical details.

2. Setting the Stage

Linda gave a brief presentation on her background and connection to Occupational Therapy. She discussed how today's health care system has been shaped and changed by the world we live in and how it is influenced by politics, economics and technology. She encouraged us to think progressively and to be forward thinking rather than constantly referring to how we used to do things or to how we currently run our student programs.

3. The Fieldwork Journey

Donna presented the current fieldwork program at UBC. She detailed the current placement calendar dates, student requirements in order to graduate, successes, and dreams for the future. Please see appendix 5 for the complete slide presentation.

4. Future of Fieldwork visioning exercise

Participants, in their small table groups were instructed to draw a picture of "their vision for what the future of fieldwork should look like. Please see appendix 6 for the images that were created.

5. Key Messages from the visioning images

The following words/ statements were generated by the groups as they described their vision for the future:

- Collaboration - planned/purpose
- Open-minded/fluid process
- Explore boundaries:
 - Teaching in the workplace
 - Interprofessional
 - More flexible placement timing (block vs. an alternative)
 - Flow of resources
 - Using technology
- Local champions (ACES – with support from ACE)
- Interact with patient/client/resident/person
- Evolving process

- Student and preceptor equal partners
- Professional responsibility
- Inter-disciplinary
- Use of technology
- Diverse & changing models
- Distributed
- Shared expectations across health care spectrum
 - University, Preceptors, Client, Society, Clinical setting, Student
- Safety net for students & preceptors (trampoline)
- Inter-professional
- “Sharing” model of supervision
- Skills that students come with- assist with their continuing competency
- Dual partnership/mutual respect
- OT skills – core competencies
- Two-way learning/Trust
- New knowledge
- Shared knowledge
- Person-centered
- People on a journey – multiple possible starting points
 - Receiver of services
 - Receiver of field work education
- Environment – personal factors – activity – participation
- Partnership
- Electronic documentation – “I pad”, smart phones, social media
- Electronic connections - communication
- Self-assessment
- Shared partnership
- Shared responsibility
- Water as clinical competency
- Synergy
- Replenishment
- Confidence
- Inter-professional
- Cross continuum
- Population health strategy
- Flexible timing
- Sharing students – cross agencies (from acute, community, mental health)
- Technology
- Innovative ways to meet clinical needs (student run clinics, chronic re management)

6. How to achieve vision- Facilitator and group

The facilitator posed the following question for us to consider:

What do we need to focus on if we are going to achieve our Vision of the future?

The following points were captured in the groups.

- Philosophy shift for preceptors
 - Shared responsibility
 - Alleviate fears
 - Create community
 - In-service/education plan
- Improving buy-in – building commitment
 - Provincial level – interprofessional/HR strategies

- Employers – importance of teaching (“non-patient time”)
- Sustainability – cycle of enthusiasm/depletion
- Novel teaching models
 - Teaching in the workplace
 - ? Blocks vs. continuum
 - Understanding system as learning (vs. just experienced in placement)
- Engaging students in the full process/client experience, including the “healthy” population
- Leveraging technology/social media
- Create shared responsibility (across discipline, between student & preceptor, between students)
- Reset therapist expectation of what it is to be a preceptor:
 - Increase confidence – ability to admit not knowing everything – learn together
 - Expectations of what students can do – increase autonomy
 - Education of therapists – education theory/learning styles
 - Education of students as preceptors while a student
 - Therapists sharing success stories
 - Change “preceptor” to “educator”
- Inter-professional:
 - Education
 - Practice – interagency
 - Flexible scheduling
- Technology
 - Support for fieldwork educators
 - Support for students
- Culture of collaboration with client
- Front-line involvement (focus groups, clinical champions)
- Sharing students throughout continuum
- Using technology to assist with knowledge sharing
- FAQ – clinician support, modules of information, COTBC/UBC (examples of shared responsibility)
- Learn to be comfortable with “messy”
 - Be nimble
 - Diversity does not fit current moulds
 - Create a mechanism/structure to pull together a variety of experiences
- Change from students seeing an event to being an essential part of care: examples
 - Diagnosis path – student goes to college, acute care and community
 - Create program where student is needed to run it, essential to care
 - Staff program
 - Design new role
 - Start to provide service that is identified as a need
- Determine how to maximize benefit back to the preceptor/facility/greater community
- Use technology appropriately
- Dual contract – include preceptor’s objectives

7. Processes and Issues to address as we move forward- Facilitator and group

In order to ensure that we were working towards some tangible outcomes, we were asked to focus on some processes and issues that needed to be addressed. The following were generated from the small groups.

- **Shift philosophy for preceptors:**
 - Education required! Background/statistics/learning theories/support (UBC provided)
 - ? Make it (taking students) a requirement (w/adequate support); essential part of care? COTBC
 - Explore models of delivery (i.e. 2:1, etc.)
 - Flexibility w/employers (i.e. support, provide back fill, team approach, student projects)
 - OT leaders – sharing information, educating, support & enthusiasm!
 - *OT educators – on site during placements (explore nursing models already in practice)
 - Improve continuity from classroom

- Address “time” concerns of preceptors
 - Team approach to evaluation/responsibility
 - Multiple students on site to share the work (i.e. medical/surgical units in acute)
 - Level 1 student’s, 1st placement (learn beginning of continuum)?
 - Would need to explore funding
- **Program Issues:**
 - Summer vacation is time for hiring! Need UBC OT students ready to work at that time, not the fall.
 - Blocks of time (pros/cons) vs. connected with classroom learning
 - Knowledge transfer in practice
 - Mixed method
 - Fluid at the beginning
 - More “block” at the end to solidify skills
- **Practical Examples for Clinicians:**
 - Preceptors to teach other profession’s students
 - Bringing students from different professions together for cases, learning (cross site)
 - Inter professional workshops for students (documentation, ethics)
 - Opportunity for student to follow patient for a day between all disciplines
 - Clinical inter professional best practice groups
 - Interprofessional collaboration/education (IP)
 - Scheduling at University to allow for overlap between professions: timing of classes/tutorials, workshops, placements
 - Combined teaching of content: case studies, basic knowledge
 - Clinical – to increase interprofessional learning opportunities during placements (student to student, student to various clinicians)
 - Identify key issues and best practices for IP education – resources: College of Health Disciplines WHO publications
 - Educate clinicians and students how to implement best practices
- **Flexibility of Placements**
 - Summer placements (e.g. 6 weeks – flexible start/end...take one week off in the middle); U of M, U of A, McGill
 - Interagency mentoring network – Regional lists of preceptors, areas of practice
 - Buy-in
 - Address fears and understand barriers
 - Local workshops/discussions
 - Why are OTs not taking students
- **Interprofessional fieldwork & education:**
 - Academic
 - Increased social networking among professions, increased general learning
 - Once ‘grounded’ in profession (2nd year), learning opportunities related to client care & problem-based learning
 - Scheduling issues: using technology to allow for collaboration, flexibility to allow for inter-professional placements throughout BC, etc.
 - Decentralize the academic ‘Hub’ to promote inter-professional and rural practice (UNBC medical school, U Of A PT program (Camrose – PT satellite campus trialed in 2010/11 in Camrose – use of technology, emphasis on rural practice)
 - Supporting therapists
 - Front line, multi-disciplinary, facilitated focus groups for information exchange, address concerns, share success stories (from inside and outside the agency, etc.)
 - IP specific resources for clinical educators: access existing funding that other professions have for IP education (e.g. Nursing)
 - Educate managers/directors of the value of non-clinical time to plan and facilitate IP placements (university programs)
 - IP goal setting for patients
- **Philosophy shift:**
 - Enhance support: preceptor workshops on line
 - Involve students/experienced therapists in workshops
 - Reshape perceptions and expectations of a “good” placement
 - Develop mentorship programs community of practice

- **Develop consistent placements**
 - Predictable scheduling
 - The organization will offer number of placements – match later
 - “Selling” out of town placements – web pages for rural placements – hot beds of innovation
 - Combination of fieldwork blocks with a blend of ongoing part time fieldwork
 - Fieldwork hubs: clinical teaching units – continue to work on I/P placements
- **Reset therapist expectations**
 - Find out what they are thinking: survey, focus groups
 - Find out what the agency’s expectations are and their understanding
 - Clarify model of supervision and identify different types of learners: MOT students, RA students, re-entry learners, international trained
 - Encourage agency to increase support and acknowledgement of being a preceptor
 - Get therapists to share their knowledge about positive aspects of being a preceptor
 - Have senior students assist with mentoring junior students

8. Action Plan- Donna Drynan

Based on the days stimulating discussion and generation of ideas as well as the sense of partnership and support from the clinical community, the following short and long term outcomes were developed. The goals have been categorized based on the information from items, 5, 6 & 7.

Philosophy Shift- Preceptors		
Who	Opportunity/Strategy	Action Plan
Clinical community	“Students are the norm not the exception”	Develop internal resources to support the culture of student learning “anytime” “all the time”
Regulatory Body	Students as a means to maintain and enhance competence	Discussion with regulator around developing questions on registration form related to student supervision Could student supervision hours be counted towards any element of continuing competence program? This could inform where gaps are occurring
UBC/BCSOT	Preceptor recognition award	Work with BCSOT to redefine Chris Courtney FW educator award- <i>DD has started this process</i>
UBC	incentives	Determine if incentives are necessary and if so determine what would be appreciated most. Develop proposal for funding

		to support incentives program
Interprofessional Education		
UBC	Sending students to sites at the same time so some IPC can occur	Change in dates to have more overlap with other professions
	Development of new IP practice environments	Look for funding opportunities to support innovative practice education IP activities
	Support for clinicians to teach to many	Market & share already available resources www.chd.ubc.ca Develop new resources
Placements- Logistics & Quality		
UBC	Consider flexibility in placement dates	Proposal to curriculum committee about alternate placement dates including summer; length of placements
Placement sites	Maximize human resources	Consider interagency placements such as acute care-home care continuum
UBC	Consistent provincial approach to ALL types of placement requests (IEOT, OTA, OT-epp, re-entry, out of province)	UBC in collaboration with COTBC, OT-epp, NFPS, Capilano, VCC and OK College to pull current processes together into one document. Consider if there is a means to streamline approaches/processes
Clinical community	Rural placements	Have rural clinicians “sell” the benefits of rural practice and living-hotbeds of innovation-continuum of care served etc. Perhaps develop webpages/blogs about the benefits of rural practice
Teaching/Learning Partnerships		
UBC/Placement sites	Reset therapist expectations towards fieldwork education through research	Annually develop a FW research question for the student research course. Target areas such as models of supervision; survey therapists about why they take students

UBC/Clinical community	Develop communities or practice around teaching and learning	<p>Maximise use of current FW section of OSOT website</p> <p>Develop video blogs to illustrate successes of alternate models of supervision; teaching strategies</p> <p>Continue to develop and market preceptor support sites/materials</p>
UBC	Student mentoring	Overlap of level 3 and level 1 students so level 3 student is teaching/orienting level 1 student

SUMMARY

The symposium held on June 28, 2011 at UBC was a significant step towards the development of a vigorous and contemporary fieldwork program in the department of OS & OT. The dedication of the stakeholders and the sense of partnership were evident. There was a commitment to create and sustain a high quality fieldwork program. Through the activities undertaken throughout the day some key priorities were identified to build a vibrant program. A number of recommendations and action steps were identified and follow-up will occur. Support from all parties will be crucial to ensuring the momentum created by the symposium is sustained. Implementation will begin as soon as possible and timelines will be developed for the action items. In conclusion, the symposium on creating a sustainable, vibrant fieldwork program for the future of occupational therapy in BC was successful and will no doubt help assist in moving the MOT program forward within BC and Canada.

APPENDICES