Feature Article

Development of the student placement evaluation form: A tool for assessing student fieldwork performance

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Evaluation of students undertaking fieldwork education placements is a critical process in the health professions. As training programs and practice evolve, systems for assessing students need to be reviewed and updated constantly. In 1995, staff of the occupational therapy training program at the University of Queensland, Australia decided to develop a new tool for assessing student fieldwork performance. Using an action research methodology, a team developed the Student Placement Evaluation Form, a flexible and comprehensive criterion-referenced evaluation tool. The present paper examines action research as an appropriate methodology for considering real-life organisational problems in a systematic and participatory manner. The action research cycles undertaken, including preliminary information gathering, tool development, trial stages and current use of the tool, are detailed in the report. Current and future development of the tool is also described.

KEY WORDS action research, fieldwork evaluation.

INTRODUCTION

Most health-related degree programs offer a substantial component of fieldwork education in conjunction with formal or class-based education. Fieldwork is a formative and essential part of training that provides students with the opportunity to work in a real-life practice setting (Cohn & Crist, 1995). Working under the supervision of experienced practitioners in the role of clinical educators (Hummel, 1997), students are able to practise and develop competence in a broad range of skills relevant to their particular profession (Thompson & Ryan, 1996b). The present paper describes the development of a tool to assess the performance of occupational therapy students during fieldwork. A discussion about fieldwork education and the complexities of assessing fieldwork will provide a background to a description of the process undertaken to develop the Student Placement Evaluation Form (SPEF). The current paper also highlights the suitability of an action learning methodology for solving practical problems.

IMPORTANCE OF FIELDWORK EDUCATION IN OCCUPATIONAL THERAPY

The formal (class-based) components of professional training foster the cognitive growth of students, equipping
them with basic concepts, theories, rules and practical skills that underpin practice. However, real-life practice often presents complex dilemmas, for which theories and rules are insufficient to inform decision-making. Effective occupational therapy practice requires the integration of knowledge and practical skills with clinical reasoning skills. Fieldwork experience is the major avenue through which this integration occurs.

Fieldwork education contributes to student development in a number of ways. It provides unique opportunities to apply and test the theories and facts learnt in formal settings and to acquire new knowledge. It also allows students to learn and refine practical skills by working with actual clients. Many practical and procedural skills, such as assessing muscle tone or joint range, are best learnt through direct experience. More significantly, however, students learn clinical reasoning skills, and begin to understand the need to consider many human and non-human factors when judging how to provide appropriate and personalised intervention for individuals. Equally important is the development of effective interpersonal skills that are integral to professional competence.

Many occupational therapy authors have discussed the issue of student therapists learning by observation and action (Thompson & Ryan, 1996b; Bossers, Cook, Polatajko & Laine, 1997; Craik & Austin, 2000). These processes expose students to the complexity of practice dilemmas and to the holistic nature of clinical practice. Students can observe the use of clinical judgment in determining the appropriate application of generalised knowledge to individual clients. Fieldwork is the logical starting point for students to begin to accumulate a storehouse of experience to draw from when making practice decisions (Mattingly & Fleming, 1994). Learning by doing is particularly important in occupational therapy, as practical wisdom is not always formulated in words. Therapists spend more time and energy doing rather than talking about what they do, so they develop a whole ‘discourse of knowledge’ that is embedded in action (Mattingly & Fleming, p. 25). Those aspects of practice that are difficult to discuss are often shared directly between practitioners and their students through unspoken means, such as demonstration or physically correcting a student’s performance.

Fieldwork education also contributes to the socialisation of students into the culture of the profession (Thompson & Ryan, 1996a; Lyons & Ziviani, 1998; Kasar & Muscari, 2000). Opportunities to observe and model from experienced professionals expose students to the subtle, unspoken social mores of the profession and the practice environment. Professional socialisation contributes to the development of relevant professional values and attitudes and the skills of working cooperatively with other staff.

In summary, fieldwork education is a vital part of the total educational needs of occupational therapy students. It reinforces and facilitates the application of previous knowledge as well as fostering the development of additional knowledge and skills that are often practice-based and difficult to articulate.

The changing nature of fieldwork

In the past, fieldwork students usually worked in an apprenticeship model, whereby one student worked with one skilled therapist (Nolinske, 1995). Under supervision, students worked with clients, gradually taking on more responsibility as their skills developed. In this model, the supervisory process was direct and immediate, but the resulting learning may have been too narrowly focused and lacking in generality. Significant changes to both practice and educational environments have challenged the relevance of these traditional apprenticeship models of fieldwork education (Mackenzie, 1997). With the growing number and diversity of occupational therapy programs in Australia, student numbers have increased, resulting in a shortage of fieldwork opportunities. In addition, the student cohort is now increasingly diverse, with a greater representation of older students, male students and minority groups (Kautzmann, 1990). More flexible models of fieldwork are required to accommodate students with work or family responsibilities. Human service structures are also changing, with an increase in community-based and generic services, and more non-traditional work roles for occupational therapists.

In response to these changes, fieldwork practices have diversified (Nolinske, 1995). Currently, students are gaining access to a variety of fieldwork options and opportunities (Hummell, 1997). Students are being increasingly directed towards new or role-emerging areas of practice, where the occupational therapy role is still being established (Fleming, Christenson, Franz & Letourneau, 1996; Bossers et al., 1997). Private practice and other developing practice settings are also being explored (Potts, Babcock & McKee, 1998), as are part-time placements and fieldwork models where students might share their time between two centres (Huddlestone, 1999b). Some educational institutions have established occupational therapy clinics of their own, to provide fieldwork experiences for students (Ravetz & Granell, 1996). In order to facilitate quality education in diverse fieldwork settings, new and original models of fieldwork supervision are being trialled (Huddlestone, 1999a; Huddlestone). These include: reflective practice, self-directed learning in which students set their own goals for the placement; use of contracts between students and clinical educators; cooperative or peer learning; and multiple mentoring schemes that offer
support to students undertaking placements at centres without an on-site occupational therapist (Agniew, 1995; Heath, 1996; Huddleston; Mackenzie, 1997; Mason, 1998).

Consistency in the evaluation of students undertaking fieldwork has always been difficult to achieve in situations where there are a large number of assessors. In addition, the systemic changes to occupational therapy practice and fieldwork environments have added variability to the assessment of students. In the mid-1990s, the occupational therapy school at The University of Queensland initiated a review of its fieldwork assessment practices, due to concerns that its existing practices were not adequately dealing with the changing nature of fieldwork education (Agniew, 1995).

**DESCRIPTION OF PROBLEM AND CONTEXT OF THE RESEARCH**

The University of Queensland provided the first university-based training program for occupational therapy students in Australia. The current program is accredited and its fieldwork complies with the guidelines of the World Federation of Occupational Therapists (WFOT), which require a minimum of 1000 hours of supervised practice, the majority of which occurs in the later years of the program (Council of the World Federation of Occupational Therapists, 1998). Although more flexible options are being used, students at The University of Queensland typically undertake full-time blocks of supervised fieldwork experience, incorporating paediatric, physical, and psychosocial caseloads.

Until the mid-1990s, the Occupational Therapy Department used a fieldwork assessment tool known as the Modified Fieldwork Performance Report (MFPR). This tool was a revision of the Fieldwork Performance Report (FPR), originally developed by the American Occupational Therapy Association. It was revised at the University of Queensland in 1983 (Shah, Schonfeld & Maas, 1985). The MFPR form consisted of 59 behaviours, each rated on a 12-point rating scale where 1 = extremely poor and 12 = extremely excellent. Students were assessed at the halfway point and at the end of each fieldwork placement. In a review of fieldwork practices in this department, Agnew (1995) found widespread dissatisfaction regarding the MFPR among students, new graduates, and clinicians as it was seen as difficult to mark and punitive in its orientation. Students emphasised its subjective nature, while clinical educators found it time-consuming to complete. Clinical educators stressed that many components of the MFPR lacked relevance to their particular work settings, because of its orientation to acute hospital practice. In particular, Agnew found that it did not encourage the development of skills in clinical reasoning. The following year, the University of Queensland completely revised its assessment policies in favour of criterion-based assessment (The University of Queensland, 1996). This environment of change provided the impetus and opportunity to comprehensively review the clinical evaluation process and to confront criticisms of the assessment tool.

**ACTION RESEARCH AS METHODOLOGY**

At the outset of the review, it was unclear whether the MFPR could be modified further or would need to be replaced. Thus, action research was selected for this project because it is an appropriate methodology for tackling practical problems that do not have a clear solution. Action research has been defined in a variety of ways, most simply by Coghlan & Brannick (2001), as research that is embedded in action. Definitions of action research vary, and highlight its different features, so the following definition is offered as a summary of these. Action research is defined as a collaborative form of inquiry that involves cycles of action and reflection about a specific practical situation. The process ideally involves those who are directly affected, and aims to benefit those people in an active and practical way (Coghlan & Brannick). The process of action research has been used in other occupational therapy literature (Mackenzie, 1997).

A number of features of action research confirmed it as the methodology of choice for the problem of improving the assessment of students undertaking fieldwork. First, action research is used to understand real life situations or problems, and researchers need to acquaint themselves with the relevant issues. In this case, the nature of occupational therapy practice was expanding and new areas of practice were continually being developed. Similarly, fieldwork experiences were occurring in a wide range of practice contexts. It was vital that the assessment tool selected or developed was not biased toward any particular model of professional practice. Any tool needed to be sufficiently flexible to be appropriate in areas of practice that might still be developing. If the assessment tool was not able to assist supervisors to make judgments about the student’s performance, nor provide students with feedback in a wide range of situations, it would be of little use to supervising clinicians.

A second important feature of action research is its participatory nature. Action research aims to engage informants as collaborators in the research process. Such collaboration was important to the project in three ways. First, gaining the perspective of therapists might contribute to an understanding of their needs in assessing
students, which could be used to make the assessment more user-friendly. Second, engaging therapists in the process may increase their receptiveness to any changes that might be made to the practice of assessing students. Third, students were also engaged in the developmental processes at the stage of planning the assessment and also at the trial stage in order to ensure that they felt the tool was equitable.

A third feature of action research is its cyclical nature. Put simply, each cycle consists of a combination of action or practical experience and reflection on that action. Cycles combine in a series, connected as if in a spiral (Coghlan & Brannick, 2001; Winter & Munn-Giddings, 2001). Zuber-Skerritt (1993) described each cycle as consisting of planning, acting, observing and reflecting. First, the initial situation is described and the problem or goal identified, then action is planned, carried out and evaluated. Each successive cycle is planned, based on the outcomes of preceding cycles. Through this cyclic process of action and reflection, the researchers gradually work toward the desired outcome. The journey towards the solution is essentially evolutionary rather than being linear or predetermined. In the situation facing the occupational therapy department, the presenting problem was relatively clear but the possible paths to a solution needed exploration and clarification. The cyclical process of action and reflection allowed for the exploration of possible solutions before there was a commitment to any particular course of action.

The potential limitations of the action research method are that it can be resource intensive in terms of time and people. However, these disadvantages can be offset by its participatory nature and capacity to address complex and practical problems. The process of developing the Student Placement Evaluation Form (SPEF) using an action research methodology will be described in three major cycles.

**Cycle 1: Preliminary information gathering**

The authors successfully attracted funding from The University of Queensland’s Teaching and Learning Grants Scheme in order to explore the needs and perspectives of those people involved in the assessment of fieldwork students. Qualitative methodologies, specifically focus groups, were selected for this cycle as they are appropriate when canvassing opinions without introducing bias to participants, and permit depth of inquiry. Focus groups allow researchers to question a wide range of people in a short period of time. The stakeholders in this process were occupational therapy students, academic staff, and clinical occupational therapists across the State of Queensland, Australia. Clinicians were sought from rural, provincial and metropolitan areas; from paediatric, psychosocial, and physical backgrounds; and from a variety of work environments (e.g. government, industry, private practice and specialist organisations).

Invitations to participate in focus groups were published in the local newsletter of the professional association OT AUSTRALIA (Queensland). To ensure participation from the widest range of clinicians available, some therapists were purposefully selected and directly contacted by the researchers. In some large work settings, focus groups were held at the workplace, while other groups were composed of therapists from various work settings. To facilitate participation from rural and remote therapists, focus groups were aligned with regional therapist meetings. Where possible, students undertaking fieldwork also participated in the groups. A total of 23 focus group meetings were convened by occupational therapists who travelled widely throughout the state.

Focus group participants were asked questions about positive and negative aspects of the MFPR, and its use during half-way and final placement evaluations. Specific comments were sought about the appropriateness of the MFPR's rating scale and the items on which students were scored. Participants were asked about recommendations for a new student evaluation tool, including specific details such as layout. All focus groups were audiotaped.

**Analysis and findings of the focus groups**

The information was transcribed verbatim and thematically analysed using the QSR NUD*IST (non-numerical unstructured data: indexing, searching, theorising) data management software (Richards & Richards, 1994). Most comments made by respondents described the shortcomings of the MFPR tool. The main theme of these comments was its perceived lack of objectivity. The 12-point rating scale was described as cumbersome and difficult to interpret. Clinical educators identified confusion about the standard of student performance required for each rating, with scores invariably skewed to the upper end of the scale. They also reported the lack of clear criteria to indicate the point in the rating scale that distinguished between a passing and failing grade. Because students’ grades on the MFPR contributed to their rating in a University subject and, for honours students, their grade of honours, concerns were raised about the equity of these grades. The MFPR primarily reflected hospital-based practice and many of the terms and performance items were seen as irrelevant or inappropriate. Therapists in emerging or non-medical areas of occupational therapy practice found that many items referred to patients, treatment or discharge, and they increasingly resorted to ‘Not Applicable’ scores. The MFPR was also perceived as offering little space to provide written feedback to students.
Respondents were overwhelmingly in favour of the development or adoption of a new evaluation tool. They sought a tool that would de-emphasise numerical scores and focus students’ attention on timely and targeted feedback. Practice suggestions included: that fieldwork evaluation be graded on a pass/fail basis; that a new rating scale be developed with clear criteria for awarding a passing grade; that the number of items be reduced; that scoring be quick; that more emphasis be placed on qualitative comments; and that assessment continue to occur both half-way through the placement and at the end.

**Cycle 2: Development of tool**

After analysis of focus group data and a review of other current English language occupational therapy assessment tools, it became clear that the development of a new assessment tool was required. An Action Learning grant was obtained from The University of Queensland’s Tertiary Education Institute. A team was formed to develop the tool. The team included the occupational therapy school’s clinical manager, a number of academic staff from a variety of practice areas, two clinicians who were experienced clinical supervisors, a research assistant and an external mentor. The research team represented a diversity of clinical perspectives, and was aided by an external reference group, whose members represented diverse areas of practice not already represented by the team, for example, private and rural practice. This group agreed to provide additional input as needed during the process.

The overall guiding principle in the development of the assessment tool was the need to emphasise and support the provision of useful feedback to students. The team identified the need to place a greater emphasis on the qualitative components of feedback rather than on numerical ratings. In order to do this, the rating scale needed to be very simple and descriptive. The team initially developed a four-point rating scale based on student competencies, with each rating category having clear, detailed descriptors. The four-point scale included: unacceptable performance; concerns exist; competent performance; and exceptional performance. This was selected as it did not have a natural middle point, thereby requiring the supervisor to make a clear distinction between the two passing and two failing categories. Another strategy to emphasise the numerical ratings was to provide considerable space next to each learning objective for additional comments.

In constructing the standards by which students would be assessed, eight major areas of competence were identified. These were: professional practice; self management skills; communication skills; documentation; assessment/information gathering; intervention; evaluation; and group work. A behavioural learning objective was created for each area. For example, the competency area ‘professional practice’ yielded the learning objective ‘behaves in a manner appropriate to professional practice’. Each learning objective was expanded into a number of component behaviours, descriptions of which were called ‘items’. There were five items for the area ‘professional practice’ including: (i) respects values, beliefs and needs of clients and staff; (ii) maintains confidentiality of information; (iii) demonstrates respect for workplace and procedures; (iv) represents occupational therapy in an appropriate manner; and (v) shows awareness of the broad impact of political, legal and industrial issues on the profession, workplace and client group.

As the team developed learning objectives and behavioural items, it became clear that the assessment tool needed to provide sufficient flexibility to cater for the wide range of settings in which students are assessed. For example, therapists working directly with clients might value different intervention behaviours and skills from therapists providing less direct services, like case management. Thus, the team conceived the idea to develop ‘banks’ of items, that is, items grouped according to practice setting. Direct client contact, case management, and project management/consultancy were identified as the main models of practice in which therapists typically engaged. Thus, alternative learning objectives and items were provided for the areas of communication, assessment and intervention. This allowed supervisors in different settings to select the learning objective and items that best suited their particular setting. For example, under assessment/information gathering, the learning objective for direct client care emphasised the effectiveness of the person’s skills in assessment, whereas the learning objective for case management emphasised the development and management of assessment processes. Typical examples were provided after each item. For example, within the professional practice area, one item is: ‘Represents occupational therapy in an appropriate manner.’ A number of examples or prompts followed, such as, ‘explains OT to others, assumes OT role appropriate to setting.’ The authors added a small amount of extra space for each item, which allowed therapists to add examples that might be typical of their setting or specific to the individual student’s performance.

The principle of assessing students both half-way through and at the end of the placement was retained, in the interests of providing timely and formative feedback to students. The layout was planned so that students could see all scores and feedback for each item on the same page. The provision of early feedback was considered very important for students who were slow to develop
Consequently, the team developed the ‘at risk’ form, to be completed at any point during the fieldwork placement if a supervisor had concerns about the performance of a student. Both student and supervisor would discuss and sign this form and send a copy to the fieldwork manager. A written document, which required supervisors to articulate specific concerns, was considered important. This would facilitate accountability and clear communication between all parties and assist in the development of a management plan, including support from the university’s fieldwork manager.

The assessment tool and instructions were presented in a handbook. This handbook also contained two other forms. The first was the ‘Student Evaluation of Placement’. This form was developed to enable students to provide formal feedback to their supervisors regarding issues, such as the orientation program, expectations, and the provision of feedback and supervision. The second form was the ‘Student Reflection Tool’. This tool provided a guide for personal reflection by the students about their learning during the fieldwork placement.

**Cycle 3: Trial of tool**

Participatory feedback is an integral part of the action research process and has been recommended as important in the development of student evaluations (Coates & Chambers, 1992; Coghlan & Brannick, 2001). Occupational therapy practitioners and students were constantly informed about the ongoing development and review of the tool through regular reports in newsletters, clinical meetings, and by frequent correspondence seeking their comment and participation. Once a draft form of the SPEF was completed, the next cycle involved ongoing trial and revision of the tool. A preliminary trial was held in 18 clinical centres throughout Queensland in 1997. The settings chosen for the trial represented a diversity of student placement locations, and included metropolitan, regional, and isolated rural areas, and a range of practice areas and work sites. Both the therapist and their allocated student(s) were invited to participate in the trial, resulting in a participant group of 18 clinical educators and 18 students. Responses were received from 17 clinical educators and nine students. The trial required clinical educators to rate students using both the MFPR then in use, and the new SPEF, although only the MFPR scores counted towards their assessment. Feedback forms were completed by both students and clinical educators. These forms invited the participant to rate each of the eight learning objectives in terms of clarity of wording on a four-point rating scale from 1 = unsatisfactory to 4 = highly satisfactory. Clinical educators were further invited to rate the relevance and completeness of the learning objectives, and provide any additional recommendations about the specific behaviours under each learning objective. Additional yes/no questions considered the clarity and utility of the handbook, the rating scale, layout, and other details of the tool. Reminders were communicated by telephone where delays in returning forms were experienced.

Feedback from the pilot group of clinical educators and students was overwhelmingly positive. The participants found that the learning objectives were clear, relevant and complete. Feedback about the specific behaviours suggested that the project management items were too narrowly focused, and indicated that some of the items evaluated more critical behaviours than others, opening the issue of weighting. The participants gave overwhelming approval regarding the clarity of the handbook instructions and the rating scale, the layout and the extra forms it contained, however, a number of minor changes were recommended to enhance clarity. The main point of dissension was with respect to the four-point rating scale, as both students and therapists found it gave inadequate scope to comment on improvements in student performance between the half-way and final assessments. The feedback from the majority of participants was that the scale should have at least five points.

Responding to this feedback, the team developed a five-point rating scale, with the following descriptors: unacceptable performance; concerns exist; developing competence; competent performance; and exceptional performance. Developing competence was considered a pass and was included to acknowledge that students might adequately apply knowledge and skill but with a level of inconsistency, perhaps due to lack of practice or opportunities to demonstrate the skill. To develop a set of criteria to objectively determine passing and failing, some weighting of learning objectives and behaviours was necessary. Three learning objectives were considered to be relevant to all aspects of occupational therapy practice and therefore categorised as core objectives. Some items in each learning objective were similarly categorised as core items. This categorisation formed the basis for determining a passing grade. In order to pass, students were required to obtain a passing score on all core items and a minimum number of non-core items for each learning objective.

A final draft of the SPEF was completed, and a more extensive trial commenced in 1998. All Queensland-based clinical educators who provided fieldwork in the first semester were invited to participate. Participants were required to complete both the MFPR and the SPEF with their student(s), and provide feedback about the SPEF. Forms were returned from 37 clinical educators and 29 students. The feedback on the amended SPEF was
Development of the student placement evaluation form

Overwhelmingly positive. All participants approved of the weighting of learning objectives and items, and the clear criteria outlining the minimum requirements for passing. Most participants felt that the changed scale was very clear, giving them sufficient scope to objectively award scores, and allowing for comment on student improvement between halfway and final assessments. The layout was considered easy to read, providing sufficient space for written comments, and the handbook was clear and user-friendly. As a result of this feedback, only minor alterations were made to the final product.

Launch and reception of the SPEF

In mid-1998, the SPEF was launched and adopted for use at The University of Queensland. A statewide training program was conducted to familiarise Queensland clinical educators with the use of the tool. Feedback from clinical educators to date has been extremely positive. Clinical educators have particularly suggested that the SPEF facilitates definition of student performance difficulties, thus clarifying remediation. Perhaps the best indication of the success of a new occupational therapy student evaluation tool is its reception by other occupational therapy schools. To date, the SPEF has been licensed for use in eight out of the 10 Australian occupational therapy schools.

Continuing development of the tool

Training therapists and students with the SPEF is an ongoing process. Training sessions for therapists are offered during supervisor workshops and occupational therapy conferences. In addition, each new cohort of students beginning fieldwork is introduced to the SPEF. A training video is nearing completion. It is well-documented that beginning fieldwork is introduced to the SPEF. A training video is nearing completion. It is well-documented that consistency is difficult to achieve between large numbers of raters working in different settings. The interrater reliability (IRR) of the SPEF is currently under investigation, to identify areas within the evaluation where inconsistencies may occur. As a consequence of this project, criteria for each of the points on the rating scale are being refined. In addition, an electronic version of the SPEF has been developed, which allows clinical supervisors to complete the form and easily pass it to co-supervisors for comment. Future research may involve monitoring the utility of the SPEF in different states of Australia, and examining its applicability to new and emerging areas of occupational therapy practice.

In a rapidly changing health-care system, therapists are working in diverse settings, and under a range of models. Fieldwork education and assessment of students must reflect this diversity, so that students have the breadth of skills necessary to meet the challenge of future work. The authors used action research as a methodology to seek a solution to a significant educational issue. This method involved broad and ongoing consultation with stakeholders at each step of the project, to develop a tool that is widely applicable for assessing students undertaking fieldwork experiences. This methodology has been criticised as being overly time-consuming and it was difficult for researchers as they sought to hear the views of many stakeholders, and reflect these in their findings. However, these steps were necessary to produce a tool that can incorporate the breadth of occupational therapy student education in Australia.

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