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Development of Professional Behaviors in Occupational Therapy Students: Program Design

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Abstract

Many factors are considered when relating student preparedness to successful clinical experiences. This literature sought to identify the gaps and understand the graduate student experience concerning professional behaviors. Specific behaviors were identified and guidelines established by the Accreditation Council for Occupational Therapy Education (American Council for Occupational Therapy Education, 2020) were used to create a program to address professional behaviors of communication and professionalism. The created program incorporated hands-on learning experiences versus high or low-fidelity simulations to teach professional behaviors and promote self-awareness of the student. The information gained through this research has added to the body of knowledge on occupational therapy by creating a program.

Keywords: professional behaviors, fieldwork success, emotional intelligence, case simulations

Development of Professional Behaviors in Occupational Therapy Students: Program Design

Professional behaviors are recognized as a critical component of success or failure for graduate-level clinical experiences. The field of occupational therapy requires students to participate in a minimum of two clinical experiences of at least 480 hours (Accreditation Council for Occupational Therapy Education, 2020). Level one fieldwork requirements emphasize exposure to the environment, observation of service implementation, and typically include 45-90 hours of clinical experience. Students are not expected to provide entry-level practice during this time but are expected to demonstrate entry-level professional behaviors. Level two fieldwork experiences encompass 480 hours each in two separate settings. During these experiences, students complete all evaluations and treatment under the supervision of a licensed occupational therapist in preparation for independent clinical practice. Occupational therapy requires students to obtain a master's level graduate degree in order to practice. These behaviors are categorized by various attributes including creativity, empathy, independence, initiation, and organization (Campbell et al., 2015).

The most widely researched professional behavior, however, is communication. Communication pertains to facial expressions, body language, tone, and gestures (Agago et al., 2021). Campbell et al. (2015) identified six professional behaviors that 100% of fieldwork educators surveyed agreed were imperative to student success. Identified behaviors were adaptability, clinical competence, communication skills, ethical practice, responsibility, and time management (Campbell et al., 2015). Their survey consisted of 296 occupational therapy fieldwork educators. An earlier study completed by James and Musselman (2006) related failure of level II fieldwork experience with poor professional behaviors. Studies indicated the various

methods available to teach these skills (Campbell et al., 2015; Gilliland, 2017; Hackenberg & Toth-Cohen, 2018; Yaacob et al., 2021), but no specific methodology was proposed or designed.

Problem Statement

The problem that this Capstone project aimed to address was the gap between known performance indicators of fieldwork failure, academic instruction, and fieldwork expectations to nurture the development of specific professional behaviors.

Purpose

The purpose of this Capstone project was to develop targeted learning modules with activities and experiences to support the development of professional behaviors in clinical application within the fieldwork setting.

Objectives

The objectives of this Capstone project were to:

- promote professional behaviors among occupational therapy students,
- identify the critical professional behaviors linked to the successful completion of fieldwork,
- identify current strategies and methodology utilized to teach professional behaviors, and
- design a program incorporating didactic and hands-on experiences to target identified professional behaviors.

Theoretical Framework

Andragogy refers to adult learning and requires deeper levels of connection to theory (El-Amin, 2020). Adult learning theory encompasses six principles: the need to know, the learner's self-concept, the role of the learner's experience, readiness to learn, orientation to learning, and motivation (Janchai et al., 2019). These concepts shape the way information is provided. Adult

learners require different methods for teaching based on generational differences. Lester et al. (2012) noted specific areas where differences were found including continuous learning and professionalism. Merriam (2001) redefined these steps earlier, stating that adults are independent learners who can direct their learning. Adults need immediate real-life application and the adult motivation is internal (Merriam). Implied is the notion that adults focus more on the process of learning and less on the assessment (El-Amin, 2020).

The adult learning process encompasses eight steps based on learner participation (Janchai et al., 2019). The first step involves preparing learners (Janchai et al.). Noted within this step is the importance of each learner to understand his or her learning style. Holyoke and Larson (2009) completed a study to determine learning style preferences based on generational differences. Three generations were studied, Millennials, Generation X, and Baby Boomers. All three generations needed the information to pertain to real-life situations. Additional differences were noted with motivation based on the material (Millennials), inclusion (Generation X), and competence (Baby Boomers) (Holyoke & Larson, 2009).

Additional steps involved in the learning process for adult learners include preparing the climate, planning, diagnosing needs, setting objectives, designing the learning plan, learning activities, and evaluation (Janchai et al., 2019). These steps focus on the learner selecting information pertinent to their area of interest or relating to their life experiences. Evaluation pertains to learning, reflection, behaviors, and results (Janchai et al.).

Significance

The Capstone project contains four learning modules with objectives aligning with standards outlined by the Accreditation Council for Occupational Therapy Education (ACOTE) (2020). Included are adult learning principles to help students develop needed professional

behaviors. The designed program is intended for use across both undergraduate and graduate academic programs. According to Deye (2021), nearly 40% of college students are over the age of 25. This data surmises that adult learning theories will apply to the population. Modules included provided clear objectives with clinical application. At the start of the module, information is given to the student with pertinent information to translate into real-life experiences. These are concepts Janchai et al. (2019) emphasized when presenting the steps for adult learning. The designed program includes strategies to support the development and implementation of professional behaviors within the clinical setting. The program does not rely on simulated experiences to address objectives but includes hands-on experiences to support and enhance learning.

Literature Review

Communication Development

As mentioned previously, communication is a crucial aspect of success or failure within the clinical learning environment. In order to establish successful patient/provider relationships, effective and professional communication must be utilized. Agago et al. (2021) identified seven components of effective interaction including: develop and keep a satisfying relationship, show caring and humble behaviors, listen effectively, draw out information with good questioning skills, deliver evidence via effective skills, teach patients, give advice and make decisions based on evidence from the client. These skills are not innate in every practitioner. They need to be developed through educational and clinical teaching strategies. The most significant indicator of success includes the ability to sense or decode the behavior of another through non-verbal means. Clinical practitioners use the skill of professional communication daily. Delivering difficult diagnostic information, updating home exercise programs, or teaching adaptive strategies to patients and families requires constant verbal and non-verbal communication.

As clinicians interact with patients, part of communication development includes reciprocal interaction. There is evidence to support the importance of feedback from patients, educators, and mentors to facilitate stronger communication skills and, in turn, stronger professional behaviors (Raso et al., 2019). Qureshi and Zehra (2020) utilized the Liverpool Communication Skills Assessment Scale (LCSAS) to assess five tenets of communication including introduction, general communication, respect and empathy, questioning, and giving information. Feedback is an essential part of their study with simulated patients and communication. The LCSAS is a valued, reliable and valid tool for measuring communication, and as such, they can determine that feedback is essential for developing communication skills.

Parents and caregivers want effective communication. Effective communication lends to improved rapport and information exchange (Shah et al., 2020). Shah et al. (2020) showed the importance of caregiver awareness in healthcare-provider interactions. They focused specifically on the pediatric population, which requires additional communication layers due to parent or caregiver involvement. Their study outlined the critical aspects of remaining calm, providing detailed information, and establishing rapport.

In addition to feedback from the patient during interactions, another valuable source of feedback includes a mentor or clinical educator. Raso et al. (2019) supported the important role the fieldwork educator plays in modeling professional behaviors and communication skills. As clinical students are seeking to develop clinical skills in addition to professional skills, they are looking to be listened to and looking for empathy from the clinical instructor (Raso et al.). Clinical students identify five areas of importance with the mentor/mentee role: helping relationship, technical role, professional growth, working group, and contraindications and conflicts (Raso et al.). While the clinical instructor (CI) is constantly assessing the student's skills, the student is also constantly assessing the skills of the CI. Constant negative feedback, lack of feedback, and frequent modeling of unprofessional behaviors have repercussions beyond the scope of the clinical experience (Raso et al.).

Various tools exist to measure the development of communication skills. Tools available include the Active-Empathetic Listening Scale (AELS), the Listening Styles Profile-Revised (LSP-R), and the Interpersonal communication competence scale (ICCS). Yu et al. (2019) compared scores on these various assessments upon completing successful fieldwork experiences. The largest indicator of success was the ability to decode the behavior of another through non-verbal means (Yu et al.).

Reflective Learning

Andragogy is defined as the practice of teaching adult learners. Understanding adult learning theory is critical in developing skills with graduate students. The andragogical process consists of eight steps: preparing learners, climate, planning, diagnosing needs, setting objectives, designing the learning plan, learning activities, and evaluation (Janchai et al., 2019, p. 285). Understanding these principles is imperative to successful teaching and demonstration of learned skills. Adult learners seek clear objectives, are ready to learn, and have an orientation toward learning and motivation (Janchai et al., 2019).

Reflection is a crucial learning principle for the improvement of professional behaviors. This concept lends to the implicit theory of intelligence (Rigolizzo & Zhu, 2021). In order to persevere, adult learners must believe that ability and intelligence are not fixed traits, and these can be developed. Learning new information, in this case, clinical skills, professional behaviors, and communication require individuals to take on the challenge of learning, pay attention to new information, elaborate on new information to form neural connections, persist in the application of information, and reflect on learning (Rigolizzo & Zhu, 2021).

Yaacob et al. (2021) expanded on the reflective learning process. Reflective thinking enhanced learning via understanding, analyzing, articulating, and evaluating the experience (Lubbe & Botha, 2020). Structured reflective learning within the higher education environment typically consists of discussion board postings or reflective journaling. Structured reflective learning conversations in current graduate-level programs typically consist of responses and conversations elicited through discussion board postings. Discussion of positive and negative experiences about protocols, guidelines, and processes creates another avenue for reflective learning (Yaacob et al., 2021). The most important method of reflective learning conversation

includes group collaboration. Almomani et al. (2021) demonstrated the importance of reflective learning for the development of clinical competence, professional development, and clinical reasoning through their review of a program implemented within the Hamad Medical Corporation. Collaborative learning promotes knowledge sharing, enhances pedagogical methods and theory, increases understanding of learners' characteristics, and fosters self-development (Yaacob et al., 2021).

Teaching Clinical Skills

In addition to communication, clinical skills including diagnostic and treatment strategies are included in the realm of professional behaviors. Programs frequently include a variety of didactic models with simulated patients and pre/post-test results with positive responses noted (Bennett et al., 2017). Patient experiences are typically divided into two groups: high fidelity and low fidelity. High-fidelity experiences include simulated patients via role-play, mannequins, computer-based, and virtual reality studies. Low-fidelity experiences include written case studies, standardized patients, and video case studies (Mattila et al., 2020). As technology improves, transitioning to high-fidelity simulations is more beneficial (Kaplonyi et al., 2017). Combined with reflective thinking, this offers exceptional advantages for students to develop professional and clinical skills.

Needing to standardize training emerges as a potential need when reviewing various educational and clinical programs (Furness et al., 2017). While programs do not need to be mirror images of didactic content and training protocols, designs should incorporate basic tenets to refine analytical thought and contribute conceptually to refining professional behaviors and interpersonal skills (Gilliland, 2017). Much like adult learning theory has specific tenants, as outlined previously, the theory of expertise describes the four stages of accumulating and

assimilating diagnostic knowledge (Schmidt & Rikers, 2007). Stages include knowledge as it relates to underlying biological or pathophysiological processes, exposure to clinical problems, the emergence of illness scripts combining biological processes with clinical knowledge, and the addition of actual patients to solidify and enrich the students' understanding (Schmidt & Rikers, 2007). All disciplines must make accurate diagnostic decisions to implement effective intervention (Kicklighter et al., 2018). Because online platforms with no face-to-face contact reduce skills in giving information and demonstrate no improvement in empathy or rapport building (Gilligan et al., 2021), targeted interventions in programs must seek to improve communication and empathy.

In addition to educational interventions to target the development of communication and empathy, additional attributes to incorporate into intervention include independence, initiation, and organization (Campbell et al., 2015), professional responsibility, and time management (Hackenberg & Toth-Cohen, 2018). Collaboration between the didactic and clinical environments becomes critical when designing targeted interventions (Hackenberg & Toth-Cohen, 2018; Karp, 2020; Mason et al., 2020). Numerous articles reviewed discussed the importance of this relationship to prepare students and support the profession (Hackenberg & Toth-Cohen, 2018; Karp, 2020; Mason et al., 2020). Collaboration can include providing high-fidelity simulations to the educational environment in preparation for fieldwork experiences. Due to the recent changes within learning environments due to the impact of COVID-19, 95% of learning institutions transitioned to online platforms with positive responses noted given the needed collaboration (Layne et al., 2021). Utilizing level I fieldwork experiences to target specific professional behaviors is highly recommended (Mason et al., 2020). Due to the increasing complexity of patients due to payer restrictions and evolving cultural/social climates,

students must be better prepared. Focusing on professional behaviors, communication, and planning will allow for increased reflection, analysis, and implementation as students' progress through their clinical experiences. Arnett et al. (2022) discussed the importance of allowing students time to gain competence with a skill prior to evaluating that skill. Effective transfer of learning must occur prior to engagement in higher-level fieldwork or clinical competencies (Arnett et al., 2022).

Monitoring Improvements

Students must also have a way to track changes with professional attitudes, behaviors, knowledge, and skill (Mason et al., 2014). Providing clear definitions of communication, professional attitudes, and behaviors will assist with explicit tracking of improvements and promote self-awareness on behalf of the student. Cömert et al. (2016) revealed this gap when various rating scales for student communication skills were analyzed. Utilizing various tools to measure emotional intelligence may be a successful improvement measure, but this must be done with care. Emotional intelligence is linked to ethical ideology (Keiper et al., 2020). Regulation of emotions, emotional self-awareness, emotional expression, emotional awareness of others, emotional reasoning, emotional self-management, emotional management of others, and emotional self-control are constructs measured within the Genos Emotional Intelligence Inventory (Brown et al., 2016). Success within these areas is positively related to fieldwork performance indicators of professional behavior, communication skills, and documentation (Brown et al., 2016). Shah et al. (2020) reiterate the importance of relationship building, information exchange, and responding to patient emotions (p. 289) as the definition of a successful medical encounter.

Conclusion

As literature has identified the need for strong professional behaviors, exceptional communication skills, self-awareness of emotions, and awareness of others' emotions for successful patient interactions, additional knowledge is still required (Campbell et al., 2015; Hackenberg & Toth-Cohen, 2020; Mason et al., 2020). Students must understand and visualize the importance of didactic and clinical experiences in developing these attributes. Reflective learning is essential. Critical reflection includes the examination of personal beliefs and assumptions about human potential and learning (Larrivee, 2008). Regardless of the educational platform via actual patients, simulated patients, role-play or lecture, reflection through collaborative means is key.

Needs Assessment

Based on the evidence in the literature, an informal needs assessment was completed to further inform the development needs of the Capstone program. Thoughts and opinions were collected via informal encounters with current students, recent graduates of occupational therapy programs, colleagues, and a convenient selection of colleagues from other disciplines. Questions focused specifically on current training and educational procedures to develop professional behaviors, requirements for admission to programs, perceptions of professional behaviors both pre and post-exposure to hands-on experiences, and changes noted pre/post-COVID.

Programs Assessed

Two specific programs were analyzed in the course of the needs assessment. The first is a clinical learning site, a private outpatient clinic providing occupational therapy, physical therapy, speech and language pathology, applied behavior analysis, and mental health services to children ages birth through 21 years. The specific clinic utilized is in partnership with a local university. This university and its occupational therapy program was the second program analyzed during this assessment. The university is phasing out the master's level program and transitioning to an entry-level doctoral program. Both were involved in the program assessment.

The population served includes local families with children seeking services. There were a variety of socioeconomic statuses within Madison and surrounding counties. There was also a variety of contextual and societal differences within the consumer groups. The only true similarity was the care of a loved one requiring pediatric therapy services.

Students included both traditional and non-traditional students of both graduate and undergraduate levels. Students were being offered informal observation experiences with an emphasis on active participation. Student course objectives were set by the professor’s syllabi

and assignments were not required to be shared with the clinic staff. In addition to observation, level I and level II fieldwork placements were accepted.

Encounter Analysis

Conversations collectively gathered the thoughts and opinions of colleagues and students in regard to professional development and current programming available. Biases may be present in the information, however, attempts were made to collect information from a variety of key informants. Key informants included a small current selection of students within the occupational therapy program at the local university. These students represented a small sample of recent graduates of occupational therapy programs representing three different states, a collection of colleagues with experience supervising fieldwork students within the last 5 years, a small group of undergraduate and graduate students from one additional university, and a small group of support staff within the clinical environment.

Disadvantages include biases, as previously mentioned. All interviewed clinicians, support staff, and community stakeholders were aware of the purpose of the Capstone project and had been involved in discussions shaping the development of the Capstone. As outlined in Scaffa and Reitz (2020), the needs assessment process consists of the following: “problem of need description, population description, environmental description and context, identification of unmet needs and prioritized needs, goals and targeted outcomes” (p. 80). Planning with people, planning for performance, and planning for measurable outcomes (Scaffa & Reitz, 2020) have become important characteristics of this Capstone project.

Evaluation of ACOTE standards revealed numerous specific standards related to professional behaviors and evaluation of performance with professional behaviors (Accreditation Council for Occupational Therapy Education, 2020). The Accreditation Council for

Occupational Therapy Education provides a list of standards to be met in order to receive accreditation status. These standards apply to various aspects of education including institutional setting and institutional authority, program director and full time equivalent faculty composition, budget and space, admission criteria and admission policies, curriculum and theory, as well as fieldwork and capstone requirements, in addition to others (Accreditation Council for Occupational Therapy Education). These standards coordinate with specific modules developed for the Capstone because of the needs assessment. These standards also serve as a tool for which to measure the outcomes of the program. Programming applied at the educational level and incorporated into the curriculum must not only satisfy an identified need or gap in education but must also serve an outlined purpose (Accreditation Council for Occupational Therapy Education, 2022).

Additional information suggested that a review of behaviors might start prior to acceptance into graduate programs. Students seeking to enroll in a variety of graduate-level programs at a separate university must provide an evaluation of their service hours completed by an on-site supervisor. The evaluation included professional behaviors, time management, and initiation. Results of their review factor into admission to the program. Students seeking admission to the occupational therapy program at a local university are not required to submit an evaluation of their service hours. They must only submit a verified log of hours and any self-reflection of their time. This suggested a possible change in current program standards and would be worth consideration.

Results

Current educational practices for professional behavior development include class lectures or didactic instruction as well as opportunities to practice within the classroom

environment as reported by interview informants. A majority of the emphasis is on proper attire, attention, expectations while involved in conversations with professionals, and body language. Students were expected to practice during clinical instruction and competency evaluations. During these events, students were required to dress professionally and maintain all non-verbal signs of interest in the topic. Participant perception indicated this focused on body language and non-verbal communication. Participants were graded during these events on everything from verbal communication to a well-kept, groomed appearance.

Results of questions examining pre and post-COVID differences included an improvement in written communication and continued positive response to constructive criticism. All colleagues with experience with fieldwork students noted a decline in verbal communication ability while seeing an improvement in written communication. Students' perceptions indicated feelings of responsibility for events outside of their control.

As revealed, current educational practices emphasize practice to enhance the development of professional behaviors, however those analyzed and discussed through colleague and student conversations rely on simulation within the didactic environment to complete practice. Colleagues have seen a decline in verbal communication. Students have felt the responsibility of needing to be prepared for fieldwork experiences without the opportunity to engage in hands-on experiences. This Capstone program seeks to provide the hands-on experience lacking in current programming to further enhance the development of professional behaviors and effective communication within the clinical environment.

Program Overview

A review and analysis of ACOTE standards (Accreditation Council for Occupational Therapy Education, 2020) provided a framework for the development of modules. This will ensure the sustainability of the program and provide an opportunity for the evolution of the program with continued involvement. Specific elements of instruction are included within each program module. These are but are not limited to readings, written reflections, clear objectives, and pre and post-tests. Longitudinal goals include analysis of the effectiveness of hands-on experience and the benefits of access to real-time observation and evaluation. By improving professional behaviors including effective communication and ongoing development, occupational therapists entering the field will be better equipped to advocate for the profession, represent the profession and thus validate the profession as a whole.

Based on the literature review and the findings from the needs assessment, a program was developed to target the development of professional behaviors among fieldwork students within the clinical setting. The designed program includes four modules with specific learning activities aligned with ACOTE standards and incorporates learning concepts gleaned through a thorough literature review. These ACOTE standards provided sustainable guidelines for ethical standards, values, and attitudes of occupational therapy (Accreditation Council for Occupational Therapy Education, 2020). Modules are self-directed and contain a variety of scholarly literature to expand the professional learning of participants.

ACOTE standards targeted were:

- A.3.5 is evaluation on a regular basis (Accreditation Council for Occupational Therapy, 2020). This evaluation includes student progress and professional behaviors.

- A.6.3 is program evaluation (Accreditation Council for Occupational Therapy Education, 2020). This includes students' competency in professional behaviors and fieldwork performance evaluations.
- B.4.23 is effective communication (Accreditation Council for Occupational Therapy Education, 2020). This measures effective communication with patients, families, and members of the interprofessional team in a responsive manner.
- B.7.4 (Accreditation Council for Occupational Therapy, 2020) is ongoing professional development. Ongoing professional development is crucial to maintaining practice standards and further advocating and validating the occupational therapy profession.

Table 1

Introductory Module

Program Objectives: Apply learned educational practices to clinical experiences	
Educational Foundation: Theoretical framework Knowledge of anatomy Analytical thinking/Deductive reasons Knowledge of occupational performance	Clinical Experience: Application of professionalism Clinical reasoning Development of professional behaviors Coaching and modeling
Pre-test: 7 items on a Likert scale (Agago et al., 2021)	Post-test: 7 items on a Likert scale (Agago et al., 2021)

This module provides a brief introduction the program and the emphasis on hands-on experiences. Students review the initial Likert Scale adapted by Agago et al (2021) and complete a review of personal placement with each of seven professional attributes of healthcare

interaction. This rating scale is used as a post-test score to reflect improvements following engagement with each hands-on component of the program modules.

Table 2

Module One

Standard A.3.5 Regular evaluation of professional behaviors		
	Objective:	**Assignments:**
Session One	Identify key professional behaviors.	Reading articles (Campbell et al., 2015; Hackenberg & Toth-Cohen, 2018), Video (NEWMFGALL, 2016), reflective learning assignments
Session Two	Identify strategies to continually monitor professional behavior development.	Hands-on interaction, reflective learning assignment

Module one introduces professional behaviors to the student. Students are aware of professional behaviors due to didactic instruction throughout their coursework. This module provides clear definitions and examples of specific behaviors for the student to identify. Students will observe and engage in clinical conversations during this module to continue to develop and enhance professional behaviors.

Table 3

Module Two

Standard B. 4.23 Effective communication		
	Objective:	**Assignment:**
Session One	Increase understanding of types of communication including both colleague communication, patient and family communication	Reading articles (The Australian Parenting Website, 2021; Pfizer, 2011), instructional video, essay composition from communication observation, FOG

	Evaluate the literacy level of a facility-provided material utilizing the Gunning Fog Index.	index evaluation
Session Two	Identify necessary components for professional electronic correspondence. Compose a professional email.	Reading article (Summerfield & Feemster, 2015), webinar (Su, J., 2021), professional email composition

Module two includes the identification of four aspects of professional communication necessary for success in the healthcare field and the ability to produce a written professional email. Audiovisual media were included in this module to provide tangible and familiar contexts to analyze behaviors. Students engage in reflective learning assignments following observation of clinical conversations in this module. In this assignment, they will examine the positive elements and areas to improve after observation of three separate conversations. Introduction to professional electronic correspondence occurs as well as the initial composition of professional written communication.

Table 4

Module Three

Standard B.7.4 Ongoing professional development		
	Objective:	**Assignment:**
Session One	Identify continuing education requirements for their profession.	Session One Assignments: Reading articles (AOTA, 2021; Bradley, E., Langbein, R., & Diaz, J., 2019), instructional videos, state and national organization website review, reflective learning assignment
Session Two	Demonstrate the ability to identify and navigate a minimum of 3 continuing education resources.	Session Two Assignments: Website recommendations identify and list CEU requirements. Identify NBCOT

		guidelines for registration and PDU or CEU requirements.

Module three includes increased comprehension of continuing education requirements for both state and national certification renewal as well as increased comprehension of the importance of ongoing continuing education. Students will develop an initial plan for ongoing competence. Reading assignments introduce continuing competency standards as well as recommendations for professional goal setting. Students are also expected to review both state and national association websites to further understand requirements for licensure and registration requirements. Reflective learning through guided discussion is included with this learning objective.

Table 5

Module Four

Standard A.6.3 Program evaluation…students' competency in professional behaviors		
Session One	**Objective:**	**Assignment:**
	Identify specific behaviors noted across different types of interactions.	Session One Assignments: Engage in 3 separate professional encounters and include a written reflection. Create an infographic.
Session Two	Demonstrate specific areas of improvement through written reflection completion of 4 modules.	Session Two Assignments: Compose a short journal entry reflective in nature. Analyze and discuss recommendations for continued growth. Post-test.

This module was designed to reflect upon learning throughout all modules. Assignments include reflection upon additional interactions utilizing the information gained through the previous three modules. Information learned in module two is applied in this module with the

creation of an infographic with appropriate health literacy levels. The final assignment is the composition of a short journal entry addressing growth through the modules and completion of a post-test utilizing the Likert Scale adapted from Agago et al. (2021). .

Discussion

As literature identified and informal encounters with colleagues and students confirmed, professional behaviors are critical to the successful completion of fieldwork (Campbell et al., 2015; Agago et al., 2021; James & Musselman, 2006). Additional texts available emphasize the importance of communication when addressing leadership and development within the field of occupational therapy (Dunbar & Winston, 2015). This program seeks to resolve the gap between identified areas of deficit and unsuccessful fieldwork experiences. Campbell et al. (2015) identified communication as a key performance indicator for successful fieldwork completion. Kurwoski-Burt et al. (2020) revealed continued numbers of students failing their level two fieldwork experiences. Through the application of adult learning principles (Janchai et al., 2019; Rigolizzo & Zhu, 2021) and following learning taxonomies (Bastable et al., 2020) modules have been created to bridge the gap. The earlier objectives identified included the promotion of professional behaviors among occupational therapy students, identification of the critical professional behaviors linked to the successful completion of fieldwork, identification of current strategies and methodology utilized to teach professional behaviors, and the design of a program incorporating didactic and hands-on experiences to target identified professional behaviors align with the program modules and objectives of each session. As students complete each reading assignment and engage in hands-on activities assigned with each session, professional behaviors are promoted and didactic instruction is supplemented.

Communication has been identified as the critical professional behavior required for the successful completion of fieldwork experiences (Campbell et al., 2015; Agago et al., 2021). Current teaching strategies were found to incorporate didactic methods with various high and low-fidelity simulations (Hackenberg & Toth-Cohen, 2018; Karp, 2020; Mason et al., 2020).

There was no evidence found to support the use of hands-on experience to assist with the development of professional behaviors. Informal encounters with current occupational therapy students suggested the overwhelming benefit of incorporating true clinical observation into the curriculum. Thus, a program has been created to include four distinct modules aligning with ACOTE standards in order to address the gap as evidenced by statistics presented by Kurwoski-Burt et al. (2020). The modules rely on the use of hands-on experiences while examining techniques to increase effective communication and establish early rapport building with patients.

Strengths

Professional behaviors are highly researched and thus highly supported throughout the thorough literature review. Countless articles identify specific behaviors required for fieldwork success (Campbell et al., 2015; Hackenberg & Toth-Cohen, 2020; Mason et al., 2020; Agago et al., 2021; Kurwoski-Burt et al., 2020). Literature supports the need for additional strategies to teach professional behaviors.

The alignment of each program module to a specific ACOTE standard (Accreditation Council for Occupational Therapy Education, 2020) allowed the promotion of profession-specific standards. Incorporating a learning taxonomy (Bastable et al., 2020) to scaffold the program and educational sequence of assignments also informed the strengths of the Capstone project.

Limitations

Limitations of the program include the context for which the program is designed. The emphasis of each program module is around hands-on experience and not high-fidelity simulations. This means that each person accessing the program must also have access to a

facility to engage in conversation, observe conversation, and interact with clinicians and patients. The program is able to be completed virtually, however the assignments in each module require face-to-face interactions.

Additional limitations surround the nature of program development. Statistical analysis has not been completed to determine the effectiveness of the program. Modules were designed based on a review of the literature and informal needs assessments completed.

Implications for Practice

Strengthening the field of occupational therapy begins at the academic level. Students who gain strong and effective professional behaviors become clinicians with strong and effective professional behaviors. The value of occupational therapy is relayed via written and verbal means not only to patients and colleagues but also to providers. This only serves to strengthen the field of occupational therapy and promote the profession across settings.

Additional implications include the successful completion of fieldwork. Occupational therapy students in both master-level programs, as well as entry-level doctoral programs, are required to complete clinical fieldwork experiences according to ACOTE accreditation standards with a successful grade (Accreditation Council for Occupational Therapy Education, 2022). As noted in the literature, communication and effective professional behaviors are imperative for fieldwork success (Campbell et al., 2015; Hackenberg & Toth-Cohen, 2020; Mason et al., 2020). Addressing the development of professional behaviors strives to ensure there is an increase in successful fieldwork attempts.

Future Projects/Research

The designed program provides a foundation for additional future research. Determining the effectiveness of the program is imperative for continued use. As students and programs are

able to incorporate the provided modules, a hypothesized increase in fieldwork success rates should occur and can be determined through program evaluation. Evidence to support incorporating hands-on components into the didactic portion of education is also an area to continue to research.

The first phase includes implementation of the program at the examined facility. This program will include undergraduate students and students completing their level I fieldwork experience. Following program evaluation, there is potential to expand to additional sites within the pediatric field. There is also potential to expand across settings to include inpatient rehabilitation, skilled nursing care or adult outpatient settings. In order to expand to these settings, resources within the modules would be added to address the needs of adult patients. Additional research would need to be completed in order to supplement pediatric and family information with adult patient information.

Conclusion

Professional behaviors have been identified as a key component for the success of fieldwork experiences (Agago et al., 2021; Campbell et al., 2015; James & Musselman, 2006). Fieldwork educators must model these professional behaviors (Raso et al., 2019) while also analyzing and nurturing the development of professional behaviors. Initiative, emotional intelligence, verbal and non-verbal communication, listening skills, and caring behaviors are all important skills to possess and demonstrate (Agago et al., 2021; Campbell et al., 2015).

As identified through the literature review, communication is a recognized necessary skill for the successful completion of fieldwork (Campbell et al., 2015; Hackenberg & Toth-Cohen, 2020; Mason et al., 2020). Communication in three forms, verbal, written, and non-verbal are examined and developed through assignments within these modules. Adult learning principles of

reflective learning and discussion (Janchai et al., 2019; Yaacob et al, 2021) are incorporated into the assignments. Students are able to work through modules at their own pace and have access to a variety of resources within each module to supplement readings and assignments. Learning taxonomy principles are applied (Bastable et al., 2020) optimizing presentation and assimilation of information.

Application of the ACOTE standards (Accreditation Council for Occupational Therapy Education, 2020) aligns the developed program with the criteria required for occupational therapy programs. According to Campbell et al. (2015), much of the current education and emphasis is on the development of professional behaviors. This program addresses the identified gaps in the literature to address professional behaviors and utilizes andragogical methods to ensure learning and reflection occurs.

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