When Fieldwork Takes a Detour

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ABSTRACT. This study explored the experience of occupational thera-pists who encountered counterproductive events during their fieldwork training. Interviews were conducted to gather information regarding the participant's perception of factors that contributed to a negative fieldwork experience. The results were divided into major categories: (1) the role of the supervisor, (2) poor supervisory characteristics, (3) the fieldwork infrastructure, (4) misconceptions in the fieldwork experi-ence, (5) student coping strategies, (6) student responses, (7) positive outcomes, (8) negative consequential outcomes, and (9) cycle of the in-effective fieldwork experience. The results showed challenging supervi-sory events were the major factor in contributing to a negative fieldwork experience; however, the situation was magnified by other factors such as lack of academic program support. To help prevent this phenomenon from occurring or to minimize negative outcomes, positive resolutions such as solutions to dilemmas presented by the current health care

system may minimize the difficulties impinging on fieldwork in occupational therapy. doi:10.1300/J003v21n01_08 *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.Haworth Press.com> © 2007 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Fieldwork, student perspective, qualitative research

INTRODUCTION

As a graduate student of a university's entry-level Master's program, the primary investigator (NL) was required to complete two 3-month Level II fieldworks. Owing to what she believed were counterproductive supervisory events, the first Level II affiliation resulted in a negative experience defined as an unfavorable and adverse state as a result of participating in the practice of clinical learning required by the academic curriculum.

The negative experience provoked NL to discontinue the fieldwork, and months later, she successfully completed two consecutive Level II fieldworks. However, the questions and the issues resulting from this experience remained. In trying to process the experience, she sought to find literature published on negative fieldwork experiences in occupational therapy. What she found were research studies in various dimensions of clinical education in occupational therapy and other professions (Christie, Joyce, & Moeller, 1985a, b; Hummell, 1997; Hutt, Scott, & King, 1983; Jung & Tryssenaar, 1998; Kramer & Stern, 1995; Ladany & Friedlander, 1995; Meyers, 1995; Moskowitz & Rupert, 1983; Worthen & McNeill, 1996). Little was written about how students actually experience, understand and cope with highly conflictual supervisory relationships (Nelson & Friedlander, 2001) including other factors that led to the negative experience. Though the subject of fieldwork has been discussed in the occupational therapy literature, the student's perspective has not been the primary focus.

LITERATURE REVIEW

Students' Perceptions in Fieldwork

Studies that included the students' perspectives (Christie et al., 1985a, b; Evenson, Barnes, & Cohn, 2002; Mitchell & Kampfe, 1990, 1993;

MacKenzie, 2002) have focused on the characteristics and role of the fieldwork supervisor (Christie et al., 1985a, b), coping strategies to deal with the fieldwork stress (Mitchell & Kampfe, 1990, 1993), briefing and debriefing activities (MacKenzie, 2002), and resolutions at the organizational level (Evenson et al., 2002).

The characteristics of an effective supervisor were described as being open, flexible, and honest, an active listener, promoting growth, and providing timely, constructive, consistent feedback. The ineffective supervisor was described as rigid, unavailable, unsupportive, uncaring, unconcerned, and insensitive toward others (Christie et al., 1985b). The result of ineffective supervision may have compromised the student's ability or desire to work in a particular area of practice, and to provide optimal client care due to unresolved emotional responses (i.e., depression, stress, and anxiety) (Christie et al., 1985a, b).

During the fieldwork, students focused on resolving problems, seeking social support, and using positive strategies rather than negative ones such as self-blaming to cope (Mitchell & Kampfe, 1990, 1993). MacKenzie (2002) described conducting briefing and debriefing activities that would likely decrease the anxiety and stress experienced by students and were beneficial for (1) providing peer support, (2) validating feelings evoked by the fieldwork experience, and (3) evaluating the experience more objectively.

Evenson et al.'s (2002) pilot study on the Same Site Model (SSM) found that students completing their fieldwork level I and level II placements at the same site, had decreased anxiety and increased comfort. Although the above-mentioned studies relate to fieldwork, studies specifically about negative fieldwork experiences are limited. In contrast, more references to negative fieldwork experiences are found in other related literature.

The Components of Negative Experiences

In psychology, the topic of "bad" or "harmful" supervision was seen as a "taboo" subject (Ellis, 2001, p. 401), and "few researchers have explored the student's perceptions of how negative supervision experiences influence the supervisory relationship, process, and outcomes" (Gray, Ladany, Walker, & Ancis, 2001, p. 371). However, what has been explored were (1) the types of conflicts in supervision, (2) the markers of good and poor supervision, and (3) negative experiences from the student's perspective.

Three areas of conflict were the therapeutic approach, style of supervision, and personality issues. Of the three, conflicts dealing with personality issues were the most difficult to resolve, whereas conflicts in style of supervision were the easiest to resolve. Effective conflict resolutions provided a positive learning experience and improved the supervisory relationship (Moskowitz & Rupert, 1983).

Markers of good supervision included acceptance of mistakes and failures, expressions of warmth, respect, support, trust, and understanding by the supervisors (Worthen & McNeill, 1996). Poor supervision was distinguished by the following characteristics: (1) inadequate attention to all supervisory aspects (i.e., unclear expectations); (2) inability to respond to the student's changing needs; (3) intolerance of differences; (4) poor modeling of personal-professional attributes (i.e., imposing personal agendas, communicating an insufficient amount of feedback); (5) inadequate preparation for supervision and lack of experience (i.e., unskilled as a clinician and as a supervisor); and (6) professional apathy (Magnuson, Wilcoxon, & Norem, 2000; Veach, 2001).

Poor supervision was generally seen as "more complex than having the presence of ineffective practices or the absence of effective practices" (Magnuson et al., 2000, p. 201) but it encompassed the emotional focus of the relationship (Hutt et al., 1983).

The Aftershocks of Poor Supervision

As a result of poor supervision, "Most [students] lost trust in their supervisors, felt unsafe, pulled back from the relationship, and maintained a guarded stance . . ." (Nelson & Friedlander, 2001, p. 390). The experience also promoted negative feelings such as frustration, anger, anxiety, discomfort, confusion, and invalidation (Gray et al., 2001). Many felt extreme stress and developed health problems, and had self-doubt in succeeding professionally or finishing the program on time (Nelson & Friedlander, 2001).

Some of the negative outcomes were that students continued to experience anxiety, became wary of supervision, changed their professional plans, and took breaks, returning to the program later (Nelson & Friedlander, 2001).

Coping Strategies

Nelson and Friedlander's study discovered most students were not dependent on their supervisor for support–indicative of what Ladany,

Hill, Corbett, and Nutt (1996) found in their quantitative study where students usually disclosed to peers, friends, or their partner instead of their supervisor. Students withheld more information (nondisclosure) if the supervisory relationship was unsatisfactory. A typical adaptive coping strategy was also self-reflection, where the student acknowledged his/her own part in the relationship (Nelson & Friedlander, 2001).

Summary

A review of the literature in occupational therapy reveals a gap in providing an in-depth understanding of negative fieldwork experiences as students experienced them and from their point of view. In short, negative fieldwork experiences have just not been addressed. Although more literature is written in psychology with quantitative methods, a few important qualitative studies have reflected on the student's experience (Gray et al., 2001; Hutt et al., 1983; Nelson & Friedlander, 2001; Worthen & McNeill, 1996). However, little is known about the factors involved in negative experiences and how students actually cope. The purpose of this study then was to explore and explicate negative experiences and ways of coping in occupational therapy fieldwork entirely from the fieldwork students' point of view.

METHOD

Design

A qualitative design based on Nelson and Friedlander's study (2001) was chosen because this design provided a structured analysis of data in which theory could emerge. This design was chosen because the topic was largely unexplored in this manner in the occupational therapy literature.

Registered occupational therapists who completed their fieldwork within 10 years of this study were recruited and interviewed. Interviewing therapists who had completed their fieldwork allowed a perspective that was more reflective and potentially less emotionally charged in the aftermath of the experience.

Participants

The final sample included 13 participants: 12 female, 1 male with ages ranging from 24 to 63. Ten participants were Anglo American, two

were Asian American and one was African American. Seven graduated with a master's degree, and five graduated with a bachelor's degree in occupational therapy. One participant graduated from an O.T. program in Germany and passed the O.T. exam (now known as the NBCOT exam) in the United States. All the participants were completing their level II fieldwork at the time of their negative fieldwork experience. One participant was in a pediatric setting, two in a psychosocial setting, nine in a physical disability setting, and one had two consecutive negative fieldwork experiences in the psychosocial and physical disability settings.

Instrumentation

One semi-structured interview was conducted with each participant, lasting up to 50 minutes. The structure and questions of the interview were based on Nelson and Friedlander's study (2001), which referenced Kvake's (1996) suggestions for qualitative interviewing to elicit descriptions of the participant's experience in supervision and its effects on self-concept, and professional development. The participants were able to explore the outcomes of the negative experience, the influence on their own current practice and the influence of the experience on their own approach to supervision. The questions were open-ended, allowing for elaboration and for the full description of the experience (Nelson, Friedlander, Gray, Ladany, & Walker, 2001).

Procedures

Participants were solicited through a mailing list (purchased from the American Occupational Therapy Association) of 500 randomized names of registered occupational therapists with 10 years of professional work experience from the United States and Puerto Rico. A cover letter describing the study was sent inviting prospective participants to contact the first author via e-mail if interested. The criteria for inclusion in the study were willingness to engage in a tape-recorded interview and to participate in a follow-up interview if needed. From the 500 mailings, 42 individuals responded. Seven did not meet the criteria of having a negative experience. Four were turned away due to already having a sufficient number of participants for the study duration. However, 15 volunteers were kept in reserve if many of the final randomly selected participants dropped out of the study. Eventually, 17 participants who

met the criteria were accepted with four dropping out during the attempt to arrange phone interviews.

The final 13 participants received a packet which included institutional review board approval, a consent form, a demographic sheet, and a self-addressed envelope. To ensure anonymity, each participant was given a pseudonym as well as an assigned code number.

Upon receipt of the returned packets, 10 participants agreed for telephone interviews, while 3 participants agreed to an e-mail option (for the interview), with the condition that clarification or follow-up questions to the answers received would be discussed by telephone and audiotaped.

Prior to initiating the interviews with the participants, a pilot study was conducted with a peer who shared her negative fieldwork experience to ensure all questions were clear and gathered the intended information. Faculty experts in qualitative research also reviewed the questions. After conducting the pilot study, one question was revised for clarity.

Analysis

The data from the tape-recorded interviews were transcribed verbatim. Analysis of the data was based on the grounded theory method (Strauss & Corbin, 1998), modeling a similar pattern implemented in Nelson and Friedlander's (2001) study. Transcripts were read, and then re-read for significant incidences that were then coded following an open and axial coding procedure.

What emerged from the codes were categorical themes that described patterns or conditions of phenomena. These patterns were further abstracted and categorized into major overarching categories.

Trustworthiness

To account for personal biases and assumptions in conducting the study (Dickie, 2003; Gray et al., 2001; Hasselkus, 2003; Nelson & Friedlander, 2001; Primeau, 2003) the primary researcher used the process of reflexivity (DePoy & Gitlin, 1998; Primeau, 2003). The primary researcher kept an informal journal during the interview process and a written entry was made only if the interview particularly moved the primary investigator.

Other strategies to ensure trustworthiness were (1) member checking, (2) saturation, and (3) peer debriefing. In addition, the second

author (EC) independently reviewed all of the transcripts and the final draft of the results. Comparisons of the identified findings were made until the authors reached a consensus.

RESULTS

Following a schema developed by Nelson and Friedlander (2001), the findings were organized to describe the counterproductive events during the fieldwork and how it affected the students and their attitude as working occupational therapy professionals. The major categories were: the role of the supervisor, poor supervisory characteristics, the fieldwork infrastructure, misconceptions in the fieldwork experience, student coping strategies, student responses, positive outcomes, negative consequential outcomes, and cycle of the ineffective fieldwork experience. Within the major categories are minor categories with subcategories which describe the common themes more explicitly.[1] The minor categories were developed classifying the themes within each major category while the subcategories exemplified the higher order categories more specifically.

The Role of the Supervisor

Participants frequently reported lack of supervision and commitment by their supervisors during the fieldwork. Lack of accommodation by the supervisor to the student's needs was common whether it was providing site orientation, structure, or provisions for the supervisor's absence. For example, Jamie with a hearing impairment stated, "And she (the supervisor) had music going . . . I had to talk a little bit loud because the music was so loud, and she yelled at me not to yell at her, and then, she'd turn the music up as loud as she could."

Poor Supervisory Characteristics

A typical characteristic of the supervisor was the insensitivity in placing students in awkward situations, often uncomfortable and even humiliating. In one case, Josie not yet informed on discharge options, was asked for recommendations. She stated: "Um . . . I felt like in the whole staff meetings, I was setup for failure . . . and that was okay with her (the supervisor). . . ."

A negative attitude was typical behavior from the supervisor, and in Jaime's case, a tainted feeling towards occupational therapy. She stated: "She (the supervisor) says 'now you know how it feels to be an O.T. . . . the nurses don't respect you, nobody respects you, and the patients don't respect you either.' "

The Fieldwork Infrastructure

The environment encasing the experience frequently affected the student as well. For Devon, the site was too fast-paced. For Jaime, the site was "militant." The fieldwork supervisor was often unavailable and most participants believed that changes in health care policies negatively influenced the fieldwork site and the occupational therapy fieldwork educator.

Devon stated, "The medical field wasn't doing so well . . . they (her classmates) just had bad supervisors or supervisors that really had so much stress; and had to do so much work that they really didn't have time to supervise."

Misconceptions in the Fieldwork Experience

The supervisor often had preconceived expectations of the student. Frequently, the supervisor's expectations of the students were high going into the fieldwork, with incidents of allowing a student to treat clients without proper supervision early in the fieldwork. Christy stated, "She (the supervisor) was never there during my treatment sessions, and I was left alone with the children after one week." Rebecca, an older student with extensive work experience including management in a different field stated, "She (the supervisor) said, 'I chose you because I did not think I would have to work with you that much because you had managed people before. . . . ' "

Coping Strategies

Typically the students disclosed the fieldwork events to family, friends, classmates, and other students on-site. Frequently when the students disclosed to the supervisor, the situation did not improve. In Rebecca's case, the supervisor was apathetic when she confessed: "you make me feel nervous. I don't do my best when I'm around you . . . and she (the supervisor) just kind of laughed it off. . . ." In another case, a small meeting was held between the student, supervisor, and school

fieldwork coordinator, but still, circumstances did not change. Typically, student's founds ways to balance their nonprofessional life with strategies such as exercise, religion, or shopping. Most convinced themselves it was a life lesson that they just needed to "get through." This attitude left them with less of a personal investment in the internship.

Student Responses

The student's reactions ranged from disappointment over the fieldwork and in their learning to emotional distress that was manifested physiologically. The majority also felt they could have learned more. Typically, the students experienced self-doubt and guilt, wondering if they were providing competent treatments to their clients. Christy stated, "I felt that the clients were not getting what they paid for since I was neither experienced nor licensed to treat individually . . . I was drained at the end of the day from frustration, anxiety, and guilt."

In two cases, the participants experienced adverse physical effects. One student fainted, something that never happened to her before. The other participant went to the emergency room with an injured back and sprained wrist from performing a two-person transfer by herself that the supervisor allowed her to do; although the student felt she needed assistance.

Positive Outcomes

Typically, the students became self-reliant and emotionally stronger as a result of the experience. The difficult situations they encountered helped them develop a philosophical approach to the experience.

Devon said it best:

> The experience really helped to see there's more to this life than trying to get to that goal or to get that, you know, like that job, or opportunity . . . really see your life as a whole instead of just that one um . . . opportunity . . . just having a more balanced life; and not letting this like be so consumed with your work . . . .

Typically, the participants took charge of their learning in the fieldwork. Josie stated: "Another one of my classmates was in a similar setting with a really good supervisor so I would call her and ask her questions, and sometimes, she would ask her supervisor and relay it back to me . . . ."

All of the participants finished their occupational therapy program and stayed with occupational therapy as a career at the time, despite the

counterproductive events. In retrospect, they typically learned a lesson beyond occupational therapy skills. It was frequently mentioned if they were to become supervisors, they envisioned themselves to be opposite to what they experienced.

Negative Consequential Outcomes

For two participants, the experience continued to haunt them. One confessed, "I'm still having difficulty with my anger." Also, in two cases, the students made arrangements to re-do the fieldwork with their school fieldwork coordinator. The experience also affected their practice preference, with the majority choosing a different practice setting from their negative fieldwork one.

Cycle of the Ineffective Fieldwork Experience

Frequently the academic program was not supportive during the experience. In Jaime's case, she believed the school fieldwork coordinator was someone who was prejudiced against her due to her disability status. Jaime stated, "My VA supervisor (in the third affiliate) told me that she (the coordinator) presented me as a disabled person who needed her hand held every step of the way."

In Rebecca's case, she was asked to serve on the advisory committee at her former occupational therapy school after graduating from the program. In sharing her experience, the response from the staff was: "Well, that's something you need to handle on your own, that's a personal thing."

Students often were fearful of the consequences of disclosing to the school fieldwork coordinator because of the consequence of failing the fieldwork. Josie did not know if the experience was the norm for fieldwork. She stated, "As a student . . . not knowing whether or not to speak up cause not knowing whether or not, this is just the way it is for students . . . I didn't know what was okay and what wasn't okay . . . I didn't know if it was the situation that was bad or if it was me."

DISCUSSION

The results support and expand on prior findings in the literature. Moreover, the results document the existence of negative fieldwork experiences, providing some clues about what causes them. In addition,

the results also indicate that students were able to cope with the experiences and in some cases, turn them into positive events.

The results were consistent with the previous findings in literature (Christie et al., 1985a, b; Gray et al., 2001; Hummell, 1997; Hutt et al., 1983; Magnuson et al., 2000; Meyers, 1995; Mitchell & Kampfe, 1993; Nelson & Friedlander, 2001). This study confirmed the student's perspective that the role of the supervisor and poor supervisory characteristics were the primary counterproductive factors for the negative experience. For example, the majority of the participants cited irresponsible supervision in the form of unavailability, or poor feedback in addition to unprofessional behavior, poor modeling, placing students in compromising situations, questionable ethical behavior, and negative personality characteristics such as lack of warmth and apathy. However, despite those counterproductive supervisory events, with the implementation of coping skills during the experience, the positive outcomes eventually outweighed the negative ones.

Unexpected findings were the effects of negative fieldwork on patient care, and the influence of medical care policies in fieldwork. It was revealing in the descriptions to hear the prevalence of what students considered patient negligence in three cases where insufficient or no supervision was provided. In one case, a client slipped on the floor during a transfer without any assistance during or after the incident by the supervisor. Apparently, this incident is an example that captured a concept described by all of the participants–their beliefs that they lacked the clinical experience to treat clients without the proper "hands-on" supervision or consultation. This idea was most unsettling for the participants and it instilled much doubt about whether the clients received the appropriate care. Perhaps the supervisors believed their students could independently manage such situations. If that was the case, these expectations of the student were not effectively communicated in those specific situations.

Since the medical fieldwork currently operates much like a business (Ezersky, Havazelet, Scott, & Zettler, 1989) and emphasis is placed on cost containment and reimbursement requirements (Cohn & Crist, 1995; Hamlin, MacRae, & DeBrakeleer, 1995), the changes in medical policies have a pervasive effect on patient care, on supervisors, and the time available for supervision. In most cases the workload was overwhelming and the stress affected most staff members, including supervisors. This lack of regular supervision time coupled with increased stress on supervisors and other staff appeared to be directly responsible for most misunderstandings and failure to resolve conflicts and most

likely, influenced the supervisory role and supervisory behavior toward the student.

Students typically responded with self-doubt and disappointment. They frequently experienced distressing emotions such as frustration, feeling unprepared and unsupported, confused, lost, and guilt. They believed that they were to blame for their experience and had trouble recognizing that perhaps, the setting's parameters and the supervision were not a match to their learning style. In spite of these distressing emotions or difficult situations and apparent supervisory inadequacies, participants typically reported various coping strategies and positive outcomes. As they did in the previous study by Ladany et al. (1996), students coped by disclosing to classmates, family, friends, and to the academic fieldwork coordinator. They also developed alliances with other employees exclusive of the supervisor. Although a few indicated negative consequential outcomes of unresolved feelings, most typically reported positive outcomes that they became self-directed in their learning, gained some new knowledge and skills, became more reflective, and developed self-confidence.

Breach of Occupational Therapy Ethical Codes

Perhaps the most unsettling accounts if they did occur according to participants' reports were situations that could be construed as violations of the Occupational Therapy Code of Ethics (2000). It is possible that supervisors may have a different account; however, the focus of this study was the student's direct viewpoint of one experience. Patient care principle two states, "Occupational therapy personnel shall take reasonable precautions to avoid imposing or inflicting harm upon the recipient of services. . . ." This principle appeared to be breached in one participant's account of how the clients did not wear seatbelts during an outing drive in a van. When the participant brought this breach of a precaution to the attention of the staff, she was scoffed at.

Fraudulent patient care principle six, section C states "Occupational therapy personnel shall refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, or unfair statements or claims." This principle apparently was breached in the participant's account of how the supervisor and staff gave the false impression of clients engaging in activities by placing crayons in front of them when it was known the director of rehabilitation was visiting the floor.

Supervision principle four, section F states "Occupational therapy practitioners shall provide appropriate supervision to individuals for whom the practitioners have supervisory responsibility in accordance with association policies, local, state and federal laws, and institutional values." In seeming breach of this principle, typical responses from participants were that supervisors were not present to observe their clinical intervention.

The apparent violation of these principles was common to all of the experiences and in a few cases where it was shared with an authority figure such as the fieldwork coordinator, there was no action taken. It is entirely possible those incidents occur more often in a stressed health care climate or that occupational therapists are not aware that they are in breach of ethical standards. In any case, more education regarding the occupational therapy code of ethics seems warranted.

The Phenomenon of the Negative Fieldwork Experience

The counterproductive supervisory events were main contributors to the experience but other circumstances magnified it such as poor academic support, longer working hours, and patient care problems. It would be too simplistic to assume the supervisory events were the only factors in causing all negative fieldwork experiences. It can be stated that the dynamics of the fieldwork experience create a multilayered model broken down into the basic components of the student and the supervisor at the core, with the fieldwork environment, the academic fieldwork coordinator, and healthcare environment as outlying factors (see Figure 1).

The supervisor and student each bring their own ways of interacting and relating to the supervisory relationship yet generally, both are influenced by their setting and the health care field. In this study, the academic fieldwork coordinator played a small role; in fact, most participants believed that the fieldwork coordinator was unapproachable as an advocate, indicating that the fieldwork coordinator may not play a core role.

The results indicated that an imbalance in one factor of the model's infrastructure influences the equilibrium of another, creating a rippling type effect in the system. For example, frequently, medical care policy changes in the health care field caused an increase in workload, minimizing the amount of time a fieldwork supervisor could expend to appropriately mentor a student. All factors of the dynamic system of fieldwork need to be taken into account to eliminate difficulties.

FIGURE 1. Model of the Dynamic System of Fieldwork
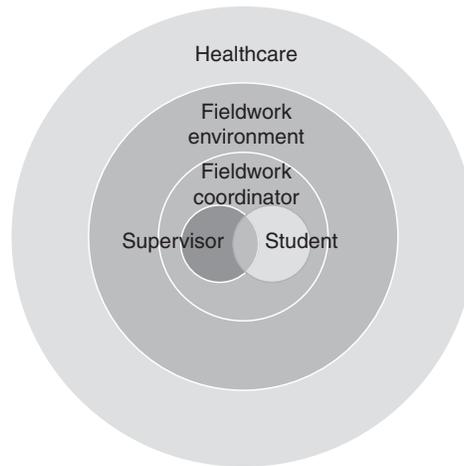
Limitations

This study was a sample of convenience and only 13 out of many occupational therapists were studied; therefore, it can neither be generalized to a larger population nor can it be suggested such experiences are typical. The study did not focus on the student's fieldwork performance but deliberately on the student's experience and at least, 10 years after the events; therefore, it is possible that a person's perception changed during those years. A similar study was not conducted with fieldwork educators, and their understanding of the same situations may indeed be different.

Recommendations

To understand the prevalence of negative fieldwork experiences or the scope of the problem in occupational therapy, a study should be conducted with a larger number of students, fieldwork coordinators, or fieldwork educators. Another study might inquire whether current fieldwork supervisors or practicing registered occupational therapists want to supervise students or not and their reasons for their preference. Such a study may explain some of the dispositions the fieldwork supervisor presents to the student, and it may identify factors impeding the teaching process for fieldwork educators.

A qualitative study of the supervisor's or fieldwork coordinator's perspective on the negative fieldwork experience will present another dimension to this phenomenon and might identify other prevailing factors impeding the fieldwork process. Comparisons may be made with results from the student's perspective and may offer additional ideas or clues on how the fieldwork should be perceived and managed. Lastly, solutions to the dilemmas presented by the current health care system should be sought in all arenas of health and public policy in order to alter the current problems impinging on fieldwork in occupational therapy.

CONCLUSION

Negative fieldwork experiences do occur for a variety of reasons and in various dimensions of fieldwork. Negative fieldwork experiences are an unfortunate occurrence but they can encourage students to be self-reliant, self-reflective, and bring about survivor skills unknown to them. This study should be a reminder to students that a negative fieldwork experience does not end their career in the occupational therapy profession. This study is also an indication that this phenomenon bridges other health care disciplines and it is not unique to occupational therapy. To preserve and retain the integrity and quality of the profession, the cycle of negative fieldwork experiences should be acknowledged and analyzed to prevent the loss of qualified students and occupational therapists who may offer much to the profession.

NOTE

1. For a complete listing of the major, minor and subcategories, please contact the primary author by e-mail at surfinpig@hotmail.com.

REFERENCES

The American Occupational Therapy Association, Inc. (2000). *Occupational therapy code of ethics–2000*. http://www.aota.org/coe.asp

Christie, B.A., Joyce, P.C., & Moeller, P.L. (1985a). Fieldwork experience, Part I: Impact on practice preference. *American Journal of Occupational Therapy*, 39(10), 671-674.

Christie, B.A., Joyce, P.C., & Moeller, P.L. (1985b). Fieldwork experience, Part II: The supervisor's dilemma. *American Journal of Occupational Therapy*, 39(10), 675-681.

Cohn, E.S. & Crist, P. (1995). Back to the future: New approaches to fieldwork education. *American Journal of Occupational Therapy*, 49(2), 103-106.

DePoy, E. & Gitlin, L.N. (1998). *Introduction to Research: Understanding and Applying Multiple Strategies, 2nd ed.* St. Louis, LA: Mosby, Inc.

Dickie, V.A. (2003). Data analysis in qualitative research: A plea for sharing the magic and the effort. *American Journal of Occupational Therapy*, 57(1), 49-56.

Ellis, M.V. (2001). Harmful supervision, a cause for alarm: Comment on Gray, et al. (2001) and Nelson and Friedlander (2001). *Journal of Counseling Psychology*, 48(4), 401-406.

Evenson, M., Barnes, M.A., & Cohn, E. S. (2002). Perceptions of level I and level II fieldwork. *American Journal of Occupational Therapy*, 56(1), 103-106.

Ezersky, S., Havazelet, L., Scott, A.H., & Zettler, C.L.B. (1989). Specialty choice in occupational therapy. *American Journal of Occupational Therapy*, 43, 227-233.

Gray, L.A., Ladany, N., Walker, J.A., & Ancis, J.R. (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology*, 48(4), 371-383.

Hamlin, R.B., MacRae, N., & DeBrakeleer, B. (1995). Will the opacich fieldwork model work? *American Journal of Occupational Therapy*, 49(2), 165-167.

Hasselkus, B.R. (2003). The voices of qualitative researchers: Sharing the conversation. *American Journal of Occupational Therapy*, 57(1), 7-8.

Hummell, J. (1997). Effective fieldwork supervision: Occupational therapy student perspectives. *Australian Occupational Therapy Journal*, 44, 147-157.

Hutt, C.H., Scott, J., & King, M. (1983). A phenomenological study of supervisees' positive and negative experiences in supervision. *Psychotherapy: Theory, Research, and Practice*, 20(1), 118-123.

Jung, B. & Tryssenaar, J. (1998). Supervising students: Exploring the experience through reflective journals. *Occupational Therapy International*, 5(1), 38-48.

Kramer, P. & Stern, K. (1995). Approaches to improving student performance on fieldwork. *American Journal of Occupational Therapy*, 49(2), 156-159.

Kvake, S. (1996). *Interviews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks, CA: SAGE Publications, Inc.

Ladany, N. & Friedlander, M.L. (1995). The relationship between the supervisory working alliance and trainees' experience of role conflict and role ambiguity. *Counselor Education and Supervision*, 34, 220-231.

Ladany, N., Hill, C.E., Corbett, M.M., & Nutt, E.A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology*, 43(1), 10-24.

MacKenzie, L. (2002). Briefing and debriefing of student fieldwork experiences: Exploring concerns and reflecting on practice. *Australian Occupational Therapy Journal*, 49, 82-92.

Magnuson, S., Wilcoxon, S.A., & Norem, K. (2000). A profile of lousy supervision: Experienced counselors' perspectives. *Counselor Education and Supervision*, 39, 189-202.

Meyers, S.K. (1995). Exploring the costs and benefits drivers of clinical education. *American Journal of Occupational Therapy*, 49(2), 107-111.

Mitchell, M.M. & Kampfe, C.M. (1990). Coping strategies used by O.T. students during fieldwork: An exploratory study. *American Journal of Occupational Therapy*, 44(6), 543-550.

Mitchell, M.M. & Kampfe, C.M. (1993). Student coping strategies and perceptions of fieldwork. *American Journal of Occupational Therapy*, 47(6), 535-540.

Moskowitz, S.A. & Rupert, P.A. (1983). Conflict resolution within the supervisory relationship. *Professional Psychology: Research and Practice*, 14(5), 632-641.

Nelson, M.L. & Friedlander, M.L. (2001). A close look at conflictual supervisory relationships: The trainee's perspective. *Journal of Counseling Psychology*, 48(4), 384-395.

Nelson, M.L., Friedlander, M.L., Gray, L.A., Ladany, N., & Walker, J.A., (2001). Toward relationship-centered supervision: Reply to Veach (2001) and Ellis (2001). *Journal of Counseling Psychology*, 48(4), 407-409.

Primeau, L.A. (2003). Reflections on self in qualitative research: Stories of family. *American Journal of Occupational Therapy*, 57(1), 9-16.

Strauss, A. & Corbin, J. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. Thousand Oaks, CA: SAGE Publications, Inc.

Veach, P.M. (2001). Conflict and counterproductivity in supervision–when relationships are less than ideal: Comment on Nelson and Friedlander (2001) and Gray et al. (2001). *Journal of Counseling Psychology*, 48(4), 396-400.

Worthen, V. & McNeill, B.W. (1996). A phenomenological investigation of "good" supervisor events. *Journal of Counseling Psychology*, 43(1), 25-34.