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## Appendices

Appendix A: Study Guide (Physical) ART 401 2007

Appendix B: Work Competence (Habits) Report

Appendix C: Fieldwork Evaluation Rubric

Appendix D: Clinical Practical Exam ART 402 2011

Appendix E: Information Leaflet and Informed Consent of Students

Appendix F: Provisional Interview guide for Focus Groups with Students

Appendix G: Provisional Guide for One-on-one Interviews with Students

Appendix H: Information Leaflet and Informed Consent of Supervisors

Appendix I: Provisional Interview guide for Focus Groups with Supervisors

Appendix J: Provisional Guide for One-on-one Interviews with Supervisors

Appendix K: IPA Analysis of Supervisors data

Appendix L: One-on-one Interviews and Focus Groups with Students data

Appendix M: One-on-one Interviews and Focus Groups with Supervisors data

Appendix H: Supervisor Work Habits Reports

## **Appendix A: Study Guide (Physical) ART 401 2007**



**School of  
Health Care Sciences  
Department of Occupational  
Therapy**



***Study Guide***  
***ART 401***  
***2007***



**University of Pretoria**

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**UNIVERSITY OF PRETORIA  
OCCUPATIONAL THERAPY  
Phase III - ART 401 Student guide 2006**

You have reached the final phase of your training. During Phase III you need to integrate all the knowledge and skills acquired in Phase II and I. In assessments of the final phase application of these will be incorporated. We hope you enjoy the practice of Occupational Therapy.

**1. INTRODUCTION**

The purpose of this module is to refine theoretical knowledge and to develop clinical skills in the physical field of occupational therapy.

**Module outcome**

On completion of ART 401 the student must be able to carry out effective assessment and treatment in the physical field, apply effective management strategies and maintain professional relationships.

**2. ORGANISATIONAL COMPONENT**

The module entails theoretic and a fieldwork.

**Theory:**

In Phase III the focus is on integrating the students' knowledge of physical conditions; treatment approaches, principles and techniques in different clinical settings.

The study material is presented in seminar format and tested in a written test in each of the two semesters.

**Fieldwork:**

The Phase III fieldwork is intended to develop general work skills and the skills and attitude needed to work as an occupational therapist in the physical field.

Students carry out one 6-week period of fieldwork in a clinical setting for clients with physical problems, according to the roster determined by the department. Clinical skills are tested during the placement on clients in the clinical setting.

Module co-ordinator: Margot Graham  
Contact details: Room W4  
SG Lourens Nursing College  
(012) 329-7800

Fieldwork liaisons:  
Pretoria Academic Hospital Yvonne Raganya  
Kalafong Hospital Lydia Engelbrecht  
1 Military Hospital Margot Graham  
Muelmed Hospital Margot Graham

**Resources:**

Prescribed books used in Phase I and II of the BOccTher programme.

Additional material may be prescribed.

Lecturers and clinical therapists involved in the programme.

**Prior knowledge**

The content of Phases I and II of the programme.



## Student assessment and compilation of module mark

### Year mark

Method	Period	Weighting (%)
Assessment and treatment evaluation and case presentation	During and at end of fieldwork	50%
Test 2: Neurological	1 <sup>st</sup> semester	25%
Test 1: Bio-mechanical	2 <sup>nd</sup> semester	25%
Year mark		100%

### Final mark

Method	Period	Weighting (%)
Year mark		50%
3-hour written paper	October exam period	25%
Clinical/oral exam	October exam period	25%
Final mark		100%

## 3. STUDY COMPONENT

### Critical cross-field outcomes

This module addresses the following critical cross-field outcomes:

- Identify and solve problems using critical and creative thinking: *planning and executing appropriate treatment programmes for a variety of clients.*
- Work effectively in a team using critical and creative thinking: *professional interacting with clinical team in OT departments as well as multidisciplinary teams involved with assigned clients; contribute according to OT role in teams.*
- Organize and manage oneself and ones activities: *gather, evaluate and integrate learning material to develop an overview of treatment in the physical field; personal time management in the clinical field.*
- Communicate effectively: *professional communication with clients and team members; oral and written referrals and reports.*
- Demonstrate the world as a set of interrelated systems: *planning and implementation of appropriate, holistic, sustainable treatment programmes; contribute to comprehensive rehabilitation programmes in the fieldwork setting.*
- Be culturally and aesthetically sensitive across a range of social contexts: *Plan and implement age, gender and culture appropriate treatment delivered in a culturally sensitive manner; communicate with team members in a culturally sensitive manner.*

### 3.1 THEORY

#### Content and schedule

This component consists of seminars and discussions on a variety of subjects designed to expand and integrate information from Phase I and II and provides opportunities for students to gain insight into various applications of the profession.



### Timetable

Seminar	Lecturer	Date	Time
1. Professional conduct	M Graham	9 January	10:00 – 12:00
2. OT and culture and OT culture	M Graham	15 January	8:00 – 10:00
3. Tools of Practice revisited	M Graham	15 January	10:00 – 11:00
4. Reflection and evidence	M Graham	15 January	11:00 – 12:00
5. On death and dying	A du Plessis	17 January	8:00 – 10:00
6. Neuro splinting	M Graham	12 March	11:00 – 12:00
7. Upper limb injuries	E Rudman	12 March	13:00 – 16:00
Test 1 (Neuro)	M Graham	15 March	8:00 – 10:00
Test 2 (Biomechanical)	L Engelbrecht	21 August	8:00 – 10:00

### Learning outcomes - theory

Seminar 1 - 4

Integration of professional issues, including the following topics:

Professional conduct,  
Tools of practice,  
Reflection,  
Reporting,  
Ethics.

7. Upper limb injuries

Insight into the scope of upper limb and hand injuries and the occupational therapy intervention for such.



### 3.2. FIELDWORK

The fieldwork provides opportunities for integration of academic and practical knowledge.

The purpose is the:

- promotion of clinical reasoning
- application of the treatment process, including assessment
- development of professional behaviour.

#### Content

##### *Prior knowledge*

The student's knowledge of conditions likely to be encountered during fieldwork in the physical field is tested in a computer-based test (CBT) at the beginning of the fieldwork period.

CBT details:

- Takes place at the beginning of week 2,
- List of conditions for quiz is given in **Appendix A**,
- Will be done by appointment at the University of Pretoria,
- Will be repeated until a satisfactory level of knowledge is reached,
- Does not contribute to the final mark.

##### *Skills development*

##### **Occupational Therapy process**

Assessment, treatment and follow up, where necessary, of clients allocated to students by clinical therapists.

The caseload should consist of six clients (e.g. in/out patients, groups/individual) from the following categories:

##### **CATEGORY 1 – Biomechanical**

Lower motor neuron lesions, orthopaedic conditions and burns.

Other appropriate conditions in the physical field

##### **CATEGORY 2 - Neurological**

Upper motor neuron lesions

The following distribution (during the fieldwork period) should be present.

At least:

- 1 lower limb impairment/injury
- 1 upper limb impairment/injury
- 1 severely injured patient
- 1 patient under 12 years
- 1 patient above 60 years

Refer to **Appendix B** for form for patient statistics.

There should be a balance between patients treated over a short period and a long period of time.

Student involvement with each new condition in each new field will consist of three phases. During the first phase the student observes a therapist and works under guidance. In the second phase the student develops skill under supervision of the therapist. In the last phase the student should be able to function independently in consultation with the therapist.

**Phase 1 – Training**

**Phase 2 – Practise**

**Phase 3 – Independent function**

At any given time during a fieldwork placement a student's involvement in patient treatment may thus be spread over the various phases of training for different clients. See **Appendix C** for treatment planning guide.

### Report writing

- Refer to **Appendix D and E** for description of professional report writing and mark sheet.
- Four reports, one each week (starting week two), are written during the fieldwork.
- The therapist, in conjunction with the student, decides on which client to write a report. The purpose of the report, as well as to whom the report is to be addressed is determined by the therapist.
- **Two reports must be done in each category.**

### Technical Requirements

- The report must be typed on the letterhead of the institution where the fieldwork takes place, using double spacing and should be written in the language that is appropriate for the recipient of the report.
- The font may not be smaller than 10 pt.
- The body (excluding the personal/background information) for the first three reports may not exceed two pages. The body of the fourth report may not exceed three pages.
- Students should, where possible, attach the assessment and treatment reports as an addendum to the report. (These are usually not sent with the actual report).

### Submission and feedback

- The patient, the aim and the recipient of the report, are determined every Monday
- The report must be submitted to the therapist on Thursday. This is then submitted, with the comments from the therapist, to the liaison on Friday before 8:00
- The therapist may make comments and give a mark, which will be sent in a separate envelope.
- The liaison confers, where possible with the therapist before allocating a mark.
- The reports, accompanied by written commentary and the mark are handed to students on Friday afternoons during the tutor session whenever possible.

### First Report

The student receives formative feedback. A mark is allocated to provide information on the level achieved, but does not count.

### Second and Third Report

The student receives marks for these reports, which contribute to the final fieldwork mark.

### Fourth Report (Final Report)

- This must be a discharge report addressed to an occupational therapist and should include an overview of treatment received by the client.
- During the final testing, the student presents the case on which the final report was written.
- Report must be handed in two days before the final testing date.



## Fieldwork schedule

### ***Assessment skills lab***

An assessment workshop is presented after the introduction to the fieldwork just before the fieldwork block. **Attendance is compulsory.** The workshop includes a revision of assessments learnt in Phase II and demonstrations of assessments of clients from both categories.

### ***First Visit by Liaison – assessment testing***

- 10 minute unprepared assessment of two patients, one from each category (one familiar and one unfamiliar patient)
- Feedback of assessment testing (from liaison) as well as work habits report (from therapists)
- Discussion on written treatment plans

### ***Second Visit by Liaison – treatment training***

- Demonstration and discussion of treatment of clients from both categories
- Discussion of student's clients

### ***Third Visit by Liaison – final testing***

Consists of the following testing:

- |  |            |
|--|------------|
| • Case presentation<br>(Case on which last report was written) | 15 minutes |
| • Questions on this case                                       | 5 minutes  |
| • Treatment demonstration of patient from the other category   | 10 minutes |
| • Questions on demonstration                                   | 5 minutes  |

**Students must demonstrate assessment and treatment procedures for physical dysfunction during testing sessions.**

See **Appendix F - H** for assessment criteria and report form.

***Students are responsible for the satisfactory completion of time sheets and will not be credited with marks for fieldwork before these are completed.***

### Responsibilities

Role of the student	Role of the therapist	Role of the liaison
<p><b><u>Take responsibility for full utilisation of the learning opportunities presented by that particular clinical setting.</u></b></p> <p>Take responsibility for own work load and programme in terms of type of patient/client, case numbers and tasks required in each field, keep records, have regular feedback sessions with all team members and arrange with therapists for presentations. Ensure that he/she has gained experience in:</p> <ul style="list-style-type: none"> <li>• Assessment and treatment of patients in all fields of practice and of all age groups.</li> <li>• Assessment and treatment of performance components by using a variety of activities from all occupational performance areas (including use of therapeutic apparatus with these activities).</li> <li>• Assessment and treatment of all occupational performance areas.</li> <li>• Treatment of more than one patient simultaneously.</li> <li>• Stress management and relaxation therapy.</li> <li>• Group treatment.</li> <li>• A home and/or work visit with the purpose of adaptation or work placement.</li> <li>• The procedures involved in ordering prosthesis and prosthesis training.</li> <li>• Splinting</li> </ul> <p>Make prior arrangements with department head, for time required for essential outside appointments e.g. research, doctor's appointment.</p> <p>Hand to the liaison, on last day of the fieldwork, a completed time sheet (signed by both <b>student and therapist</b>)</p> <p>Give input on the evaluation of own work habits.</p>	<ul style="list-style-type: none"> <li>• Orientate the student to the department and the field of practice.</li> <li>• Introduce the student to the patients/clients assigned to him/her.</li> <li>• <b>Demonstrate assessments, methods and treatment media for each new type of condition the student is introduced to.</b></li> <li>• Expose the student to as many learning situations as possible.</li> <li>• Advise the student in planning of treatment and day programmes.</li> <li>• Supervise, together with the liaison, the student's progress through the three phases of training.</li> <li>• Join in discussions between student and liaison</li> <li>• Read, offer appropriate comments and advice on all written work (including final case study).</li> <li>• Give feedback, <b>throughout</b> the fieldwork, on the student's level of functioning; to write two (2) reports on the student's work habits and assign her/him a mark for these, to discuss the work habit reports together with the student and the liaison.</li> <li>• Ensure that the work habit reports and time chart are complete and signed.</li> </ul>	<ul style="list-style-type: none"> <li>• Contact the departments timeously and finalise arrangements with the department heads.</li> <li>• Provide clinician with timetable for Friday after afternoon tutor sessions.</li> <li>• Deliver an introduction to the fieldwork to students before its commencement.</li> <li>• Set dates, during this introduction, for visits to students and therapists.</li> <li>• Visit students for training and testing on at least three occasions during the fieldwork.</li> <li>• Hold discussions with students and the therapists involved.</li> <li>• Allocate marks for written work according to the requirements set for the particular field.</li> <li>• Test the student's knowledge and skills during and at the end of the fieldwork.</li> <li>• <b>Take responsibility for the final mark allocated to each student at the end of the fieldwork.</b></li> <li>• Be present at the feedback session on work habits between student and therapist.</li> <li>• <b>Have a closing session with each student to check reports, minimum requirements and time charts.</b></li> <li>• Hand in complete reports and time sheets to the class counsellor immediately after the fieldwork.</li> </ul>



### **Practical arrangements**

#### **Clinical Therapists**

- Select patients for assessment testing according to student's case-load
- Discuss the diagnosis of the patient with the liaison **one day** before testing
- Plan the programme for assessment by the liaison (provision must be made for a short assessment by the liaison before testing begins)
- Allocate patients and scenario for reports to students and write comments on the report to be handed in.
- Plan the programme for the final testing with the student

#### **Liaison**

- Plan programmes with the clinical therapists
- Check case-load on each visit
- Discuss the reports with the clinical therapists
- Take responsibility for the final mark

#### **Students**

Students are responsible for handing in the following before the marks for the fieldwork will be allocated for ART 401:

<b>FORM</b>	<b>COMPLETED BY:</b>	<b>SIGNED BY:</b>
Evaluation of Fieldwork	Student	Student
General mark sheet	Liaison and student	Student and Liaison
Time sheet	Student	Student and clinical therapist
Work habits report: - mid-term - end-term	Clinical therapist	Student and clinical therapist
4 X reports	Student	Liaison

### **Learning outcomes - fieldwork**

At the end of the fieldwork the student must have the knowledge and skills to:

- Independently assess patients/clients and record the findings.
- Prepare a treatment plan, which includes the treatment rationale, goals, aims and objectives for each patient/client assigned to him/her.
- Effectively implement and continuously evaluate planned treatment in the hospital and within the community.
- Regularly present appropriate verbal and written progress reports to team members.
- Use the available time effectively.
- Carry out appropriate administrative tasks.
- Make effective arrangements for the implementation of treatment.
- Write accurate professional reports.



## Appendix A

Students must have the following knowledge about the conditions listed:

Definition	Cause
Distribution	Pathology
Clinical picture	Medical treatment
Complications	

Students should also have knowledge of the underlying anatomical and physiological concepts.

### ORTHOPAEDIC CONDITIONS

Degenerative joint diseases	Brachial plexus injuries
Scoliosis/Lordosis/Kyphosis	Congenital dislocation of the hip
Amputations	Fractures
Conditions and injuries of the hand	

### LOWER MOTOR NEURON LESIONS

Guillain Barré	Polio
Spina Bifida	Muscle dystrophy
Motor neuron disease	Diabetes

### OTHER PHYSICAL CONDITIONS

Burns	Malnutrition
Rheumatoid Arthritis	Oncology
Cardiology	Blindness
Tuberculosis	AIDS

### UPPER MOTOR NEURON LESIONS

Stroke:	Lesion:	(L) + (R) Hemisphere
		Brainstem
		Internal capsule
		Cerebellum
Head injury:		Open/Closed
		Diffuse/Localized
Meningitis/Encephalitis		
Parkinsonism		
Multiple Sclerosis		
Epilepsy		
Cerebral palsy		
Hydrocephaly		
Abnormalities of the cranium [e.g. Microcephaly and stenoses]		



Appendix B

FIELDWORK – ART 401 PATIENT RECORD

NAME OF STUDENT:

HOSPITAL:

No.	Name of Patient	Diagnosis	Patient Code	Date	Number of treatment sessions [1 session = 15min]																

CODE:

1. UL impairment/injury	2. LL impairment/injury	3. Severely injured patient	4. Patient younger than 12 years	5. Patient older than 60 years
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Appendix C

UNIVERSITY OF PRETORIA – OCCUPATIONAL THERAPY DEPARTMENT FIELDWORK GUIDELINE – DAILY TREATMENT			
Aim[s]		Objectives	
Targets for session	Conceptual base – framework + approach [if applicable]	Principles	Physical Handling
Activity analysis and reasons for choice			Grading
Structuring	Presentation	Evaluation	



## Appendix D

UNIVERSITY OF PRETORIA OCCUPATIONAL THERAPY	
FIELDWORK ART 401	PROFESSIONAL REPORT WRITING

### DESCRIPTION

Oxford Dictionary: "... to give an account of something seen, done or studied; to report progress; to state what has been done so far"

It concerns professional, confidential reporting on occupational therapy assessments, treatment and recommendations.

### AIM

An occupational therapy report is usually written in response to someone requiring information on a patient/client/child assessed and/or treated by you in order to conclude/continue the case.

Requests are usually from team-members, e.g. doctors, psychologists and teachers or from legal representatives for medico-legal purposes.

It is written for administrative purposes: to report on the handling of the person or for referral to other team members.

### GENERAL REQUIREMENTS

Important aspects of professional report writing:

- Appropriateness** - select information needed by the applicant to conclude the case effectively to the benefit of the client.
- Use a professional style with terminology and a language understood by the applicant.
- Accuracy** - complete but concise; summarise essential information in order to compile an overview with detail as required by the applicant
- Confidentiality** - reports should not contain confidential information given to you without permission from the client/patient.
- reports are not for general information and should be handled confidentially

### GUIDELINES FOR WRITING A REPORT

Use the letterhead of the organisation where you are working. The report may not be longer than two pages, excluding personal/background information. The discharge report (report no. 4) may be three pages. Use a 10 pt to 12 pt font. Assessment forms and daily planning sheets to be attached at the back of the report.

**FROM THE FOLLOWING, SELECT AND APPLY ONLY THE RELEVANT INFORMATION FOR EACH REPORT!**

### CONTENT

1. **Address**  
According to the requirements for writing a business letter. (Remember to date the report).



**2. Aim of the Report**

Start by thanking the person for the referral or restate the reason for the report, e.g. *This report is compiled in response to a request from .....organisation/person to comment on:*

- *The client's abilities at present*
- *Possibilities for work/training, etc.*

**3. Personal Information**

Client/patient/child	Address/Telephone no.
Date of birth (ID no.)	Home language
Marital status	Dependents
Level of training	Profession
Diagnosis	Date of injury/admission

**4. Background Information (be selective)**

- General**
  - Observation report
- Family and social background**
- Training**
- Work (school)**
  - Work history
  - Job description and last job
- Special skills and experience**
- Housing**
- Transport**
- Leisure time pursuits**

**5. Medical History**

- Appropriate information on medical condition(s)

**6. Assessments**

- List of assessments performed, with dates
- Briefly describe aspects appropriate to the person requesting report
- Briefly describe functional aspects resulting from the assessments.

**7. Work and/or home visit**

**8. Discussion of assessment and treatment**

Assessment	functional possibilities
	reply to request
Treatment	treatment done
	progress of patient

**9. Conclusion/Recommendation**





**Appendix E**

UNIVERSITY OF PRETORIA OCCUPATIONAL THERAPY	
FIELDWORK ART 401	REPORT MARK SHEET

1. **TECHNICAL CARE:**  
(Neatness, legibility, resource list, etc.)

**USE OF LANGUAGE:**  
(Grammar, correct use of terminology, professional style of writing, etc.)

	30
--	----

2. **ACCURACY, INTERPRETATION AND APPLICABILITY OF REPORT**

**Accuracy, selection and thoroughness are expected in the following areas:**  
Theoretical base (judged from appendices)  
Assessment report and formulation of problems  
Planning of treatment  
Execution of treatment  
Evaluation of treatment  
Future preview  
Was aim of report fulfilled?

	70
--	----

	100
--	-----

**Appendix F**

University of Pretoria  
Occupational Therapy Fieldwork evaluation

Name:..... 2<sup>nd</sup> year/4<sup>th</sup> year Assessment /treatment demo Date:.....  
Client/ evaluation details: .....

Criteria	0 – 39%	40 – 49%	50 – 59%	60 – 69%	70 – 79%	80 – 100%	Weighting
<b>Knowledge</b>	Poor basic knowledge Lack of professional terminology	Insufficient knowledge Incorrect use of terminology	Sufficient knowledge Command of essential terminology	Good knowledge Good command of terminology	Excellent knowledge Excellent command of terminology	Outstanding knowledge Outstanding command of terminology	2 <sup>nd</sup> year /50
							4 <sup>th</sup> year /20
<b>Skill</b>	Actions that harm or endanger the client	Incorrect process Slow performance and awkward handling	Correct process Unsystematic Fair performance with cueing	Correct process Systematic Good performance and handling	Skilled performance fio. speed and handling Can adapt process	Outstanding performance and integration	/20
							/40
<b>Insight</b>	No insight into result of own actions	Insufficient insight to make correct deductions/adaptations	Basic insight (with cueing) to make some correct deductions	Good insight to make correct deductions	Excellent insight Can reason about implications and interrelations of deductions	Outstanding insight and reasoning	/20
							/30
<b>Interaction</b>	Does not recognise the clients needs	Does not meet the clients needs	Appropriate interaction on clients level	Effective interaction Meets the clients needs in the session	Excellent interaction Can address clients needs beyond the session	Outstanding interaction and flexibility	/10
							/10
<b>Mark:</b>							<b>/100</b>

Comments:



Appendix G

<b>UNIVERSITY OF PRETORIA OCCUPATIONAL THERAPY</b>	
<b>FIELDWORK ART 401</b>	<b>CASE PRESENTATION MARK SHEET</b>

<b>PROFESSIONAL PRESENTATION</b> Communication style Quality of visual aids, use of technological devices. Effective use of time. Professional behaviour	25	
<b>CONTENT</b> Selection of information <ul style="list-style-type: none"><li>• Background (Personal and medical)</li><li>• Assessment</li><li>• Occupational therapy (the focus should be on the treatment)</li><li>• Results</li><li>• Recommendations</li></ul> Integration of approaches, principles, activities, objectives, aims and goal. Holistic/individualistic approach	50	
<b>ANSWERING OF QUESTIONS</b> Correctness of facts Completeness Problem solving/alternatives	25	
<b>TOTAL</b>	100	



Appendix H

UNIVERSITY OF PRETORIA OCCUPATIONAL THERAPY	
FIELDWORK ART 401	REPORT FORM

Student: .....

Fieldwork setting: .....

Period of fieldwork: .....

Cases treated: .....

Supervision by Occupational Therapist: .....

Liaison: .....

Working hours in department: from .....to.....

Number of hours: Worked by student: .....Absent by student: .....

Reason for absence: .....

**ALLOCATION OF MARKS:**

Assessment testing		20
Report 2		5
Report 3		5
Final report		10
Patient presentation		20
Demonstration of treatment		20
Work habits report - midterm		10
- end term		10
<b>TOTAL</b>		<b>100</b>

SIGNATURE: Liaison: .....Date: .....

Student: .....Date: .....

## **Appendix B: Work Competence (Habits) Report**





**WORK COMPETENCE REPORT**

MIDTERM/FINAL		Year: 20.....	Name of student:.....
<p><b>WORK PERFORMANCE</b></p> <p><u>Use of time:</u></p> <ul style="list-style-type: none"> <li>Daily and weekly planning of student's schedule</li> <li>Make arrangements for absence</li> </ul> <p><u>Follow rules of section</u></p> <ul style="list-style-type: none"> <li>Complete statistics</li> <li>Arrange to use areas, materials and equipment</li> </ul> <p><u>Professional appearance</u></p> <ul style="list-style-type: none"> <li>Comply to uniform rules</li> </ul> <p><u>Maintain work environment</u></p> <ul style="list-style-type: none"> <li>Neatness of work areas</li> <li>Take safety measures into account</li> <li>Take responsibility for equipment in work areas</li> <li>Report minimum supplies or shortages in good time</li> </ul> <p><u>Adaptability</u></p> <ul style="list-style-type: none"> <li>To different diagnoses and cultures</li> <li>To patient turnover</li> <li>To routine in section</li> <li>To requirements of the practical</li> <li>To unpredictable situations</li> </ul> <p><u>Work tempo</u></p> <ul style="list-style-type: none"> <li>Complete tasks within prescribed time limit</li> <li>Do assessments within time allocated</li> <li>Do treatment within time allocated</li> </ul> <p><u>Comments</u></p>		<p><b>ETHICS AND TEAM INTERACTIONS</b></p> <p><u>Respect patient confidentiality</u></p> <ul style="list-style-type: none"> <li>Discuss patients with appropriate persons/in appropriate places</li> </ul> <p><u>Attend allocated ward rounds and clinics</u></p> <ul style="list-style-type: none"> <li>Help identify patients requiring occupational therapy</li> <li>Make appropriate contributions</li> <li>Make arrangements if unable to attend</li> </ul> <p><u>Communicate with occupational therapist about patient</u></p> <p>Discuss assessment and treatment of patient</p> <p>Find out about available resources</p> <p>Give feedback about patient (written and verbal)</p> <p><u>Comments</u></p>	
10		20	
		<p><b>PATIENT CARE (CONTINUED)</b></p> <p><u>Assess each patient</u></p> <ul style="list-style-type: none"> <li>Select appropriate assessment procedures</li> <li>Make arrangements for assessment</li> <li>Write up assessments on prescribed forms</li> <li>Do re-assessments</li> </ul> <p><u>Treat each patient</u></p> <ul style="list-style-type: none"> <li>Plan long-term treatment</li> <li>Select appropriate activities</li> <li>Plan each session</li> <li>Structure treatment area</li> <li>Present treatment according to treatment principles</li> <li>Refer to occupational therapy assistant where appropriate</li> <li>Evaluate progress of each patient</li> </ul> <p><u>Therapeutic relationships</u></p> <ul style="list-style-type: none"> <li>Aware of patients needs</li> <li>Explain aim of treatment to patient/care-giver</li> <li>Handle own emotional state</li> </ul> <p><u>Arrangements for patient discharge</u></p> <ul style="list-style-type: none"> <li>Find out when patient will be discharged</li> <li>Contact family/institution to which patient will be discharged</li> <li>Refer patient to organisations for assistance</li> <li>Contact work/school</li> <li>Arrange follow-up if appropriate</li> </ul> <p><u>Comments</u></p>	
		40	
<p><b>INTERPERSONAL RELATIONS</b></p> <p><u>Communication with patient</u></p> <ul style="list-style-type: none"> <li>Gather information from patient concerning his level of functioning</li> </ul> <p><u>Communication with therapist</u></p> <ul style="list-style-type: none"> <li>Settle in easily into the section</li> </ul> <p><u>Communication with others</u></p> <ul style="list-style-type: none"> <li>Communication with assistants, clerks, cleaners and other supportive staff with respect to own area of work</li> </ul> <p><u>Handle conflict</u></p> <ul style="list-style-type: none"> <li>Handle conflict appropriately</li> </ul> <p><u>Self-assertiveness</u></p> <ul style="list-style-type: none"> <li>Towards patients</li> <li>Towards team members</li> <li>Towards therapists</li> </ul> <p><u>Comments</u></p>		<p><b>PROFESSIONAL DEVELOPMENT</b></p> <p><u>Identify learning needs</u></p> <ul style="list-style-type: none"> <li>Aware of shortcomings in knowledge and skills</li> <li>Develop aims and action plans for the duration of the practical</li> </ul> <p><u>Ask for assistance</u></p> <ul style="list-style-type: none"> <li>Ask for guidance from therapists or liaisons</li> <li>Asks questions</li> </ul> <p><u>Benefit from criticism and guidance</u></p> <ul style="list-style-type: none"> <li>Use comments and criticism positively</li> </ul> <p><u>Utilise learning opportunities</u></p> <ul style="list-style-type: none"> <li>Willing to learn</li> <li>Contact therapists or other team members with a view to obtaining more knowledge</li> </ul> <p><u>Comments</u></p>	
20		10	
		<p>POSITIVE ASPECTS:</p> <p>ASPECTS REQUIRING ATTENTION;</p> <p>COMMENTS FROM THE STUDENT:</p> <p>SIGNATURE (STUDENT)</p> <p>DATE:</p> <p>SIGNATURE (THERAPIST)</p> <p>DATE:</p> <p>Score: /100</p> <p>/12.5</p>	



## Appendix C: Fieldwork Evaluation Rubric

**Appendix F**

**University of Pretoria  
Occupational Therapy Fieldwork evaluation**

Name:..... 2<sup>nd</sup> year/4<sup>th</sup> year Assessment /treatment demo Date:.....

Client/ evaluation details: .....

Criteria	0 – 39%	40 – 49%	50 – 59%	60 – 69%	70 – 79%	80 – 100%	Weighting
<b>Knowledge</b>	Poor basic knowledge	Insufficient knowledge	Sufficient knowledge	Good knowledge	Excellent knowledge	Outstanding knowledge	2 <sup>nd</sup> year /50
	Lack of professional terminology	Incorrect use of terminology	Command of essential terminology	Good command of terminology	Excellent command of terminology	Outstanding command of terminology	4 <sup>th</sup> year /20
<b>Skill</b>	Actions that harm or endanger the client	Incorrect process	Correct process	Correct process	Skilled performance	Outstanding performance and integration	/20
		Slow performance and awkward handling	Unsystematic	Systematic	ito. speed and handling		/40
<b>Insight</b>	No insight into result of own actions	Insufficient insight to make correct deductions/adaptations	Basic insight (with cueing) to make some correct deductions	Good insight to make correct deductions	Excellent insight	Outstanding insight and reasoning	/20
					Can reason about implications and interrelations of deductions		/30
<b>Interaction</b>	Does not recognise the clients needs	Does not meet the clients needs	Appropriate interaction on clients level	Effective interaction	Excellent interaction	Outstanding interaction and flexibility	/10
				Meets the clients needs in the session	Can address clients needs beyond the session		/10
<b>Mark:</b>							/100

Comments:

## **Appendix D: Clinical Practical Exam ART 401**

UNIVERSITY OF PRETORIA  
FACULTY OF HEALTH SCIENCES

BOcc Ther IV  
OCCUPATIONAL THERAPY 401 – ORAL/PRACTICAL: PHYSICAL

**INFORMATION REGARDING THE ORAL/CLINICAL  
EXAMINATION FOR STUDENTS**

PROCEDURE:

- ✚ Fetch the information, regarding your patient, **from the occupational therapy department of the hospital where you are doing the examination, two day before your oral examination.**
- ✚ Only the name and the diagnosis of the patient and section/ward will be given to you.
- ✚ If you wish, you may use the time available before the examination, to accumulate information about your patient, his/her condition and medical history and do an assessment on your client.
- ✚ During the examination you:
  - Demonstrate a treatment session in which you give attention to appropriate aims and/or objectives: **10 minutes**
  - Present the results of your assessment and your planned treatment programme for the patient. **15 minutes**
  - Answer questions, concerning the presentation and demonstration, asked by the examiners. **10 minutes**

The oral examination counts for 50% of the relevant ART 401 examination, i.e.:

<b>PHYSICAL EXAMINATION</b>	written	25
	oral / clinical	<u>25</u>
	<b>TOTAL</b>	<b><u>50</u></b>
<b>FINAL MARK Art 401</b>	examination mark	50
	year mark	<u>50</u>
	<b>TOTAL</b>	<b><u>100</u></b>



## **Appendix E: Information Leaflet and Informed Consent of Students**

## Information Leaflet and Informed Consent of Students

**Title:** Interpersonal communication factors in the supervisory relationship that play a role in occupational therapy students' clinical reasoning during fieldwork education.

**Introduction:** Marianne de Beer, occupational therapist and part-time lecturer at the University of Pretoria, is undertaking this study for her doctoral degree.

For this purpose she is dependent on your kind co-operation.

**Purpose:** This study is setting out to investigate which interpersonal communication factors in the supervisory relationship play a role in the occupational therapy student's clinical reasoning during fieldwork education.

**Duration:** Research will be conducted and audio-taped during your fieldwork block in 2007 and will consist of the following:

### **Tutor sessions**

Your participation in the scheduled Friday afternoon tutor sessions over the six week fieldwork period at the Department of Occupational Therapy, University of Pretoria.

### **Focus group**

On completion of your fieldwork block an 80 minute focus group will be conducted to obtain your view on the supervision you received.

### **One-on-one interview**

One day after attending the focus group a 30 to 60 minute one-on-one interview will be held with you on similar topics discussed in the focus groups.

**Risks:** In the tutor sessions, questions and discussions concerning supervision and clinical reasoning, amongst others, which will be asked and facilitated by the liaising lecturers, will be audio-taped and transcribed.

Although the content of the discussions will be transcribed, you will not be identified personally. The tape will be used by the researcher only and will be destroyed once the data had been transcribed.

The focus group and one-on-one interview is not a test with right or wrong answers. It is only your point of view which will be of interest to us. Again it must be pointed out that although the content of the discussions will be transcribed, you will not be identified personally.

**Financial**

**arrangement:** An incentive of R100 will be paid to each participant for both his/her participation in the focus group and in the one-on-one interview.

**Confidentiality:** Participation is completely voluntary and refusal to participate will involve no penalty

A coding system will be used so that no one outside this study will be able to identify any participant. Anonymity is guaranteed. The audiotape which will be used to record data will remain with the researcher only.

**Informed consent:** I consent to participate in this study and agree to the conditions above.

**Name of student:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_



## **Appendix F: Provisional Interview Guide for Focus Groups with Students**

## INTERVIEW GUIDE FOR FOCUS GROUPS WITH STUDENTS

### Provisional document

Theme	Open ended questions	Probes
<b>Supervision in general</b>	If you reflect on the supervision you received the last six weeks of practice, what comes to mind?	Which aspects were positive?  Which aspects were negative?
<b>Clinical reasoning</b>	From which style of teaching (to develop your clinical reasoning skills) did you learn best?  Which modes of clinical reasoning were predominantly used?	How did you identify your patients' problems?  How did you plan for your patients' treatment?
<b>Interpersonal factors</b>	How would you describe the communication between you and your supervisor?  How did you experience the feedback you received?	How do you feel about his/her expectations? To which extent did you feel understood? How were you approached when you felt unsure or anxious? How were your efforts praised or confirmed?  How valuable was the feedback? How timely was the feedback? How frequently did you receive feedback? What do you think about the consistency of feedback?
<b>Closure</b>	Is there anything further you feel is important?	

## **Appendix G: Provisional Guide for One-on-one Interviews with Students**

## INTERVIEW GUIDE FOR ONE-ON-ONE INTERVIEWS OF STUDENTS

### Provisional document

Theme	Open-ended question	Probes
<b>Supervision in general</b>	If you reflect on the supervision you received the last six weeks of practice, what comes to mind?	Which aspects were positive?  Which aspects were negative?
<b>Clinical reasoning</b>	From which style of teaching (to develop your clinical reasoning skills) did you benefit most?  Which modes of clinical reasoning were predominantly used?	How did you identify your clients' problems? How did you plan the intervention strategies?
<b>Interpersonal communication</b>	Tell me about the supervisory relationship.  How did you experience the feedback that was given to you?	How approachable was your supervisor?  To what extent could you learn from your supervisor?  Which feedback meant the most to you?  Which feedback did you feel was invalid?
<b>Closure</b>	Is there anything further you feel is important?	



## **Appendix H: Information Leaflet and Informed Consent of Supervisors**

## Information Leaflet and Informed Consent of Supervisors

**Title:** Interpersonal communication factors in the supervisory relationship that play a role in occupational therapy students' clinical reasoning during fieldwork education.

**Introduction:** Marianne de Beer, occupational therapist and part-time lecturer at the University of Pretoria, is undertaking this study for her doctoral degree.

For this purpose she is dependent on your kind co-operation.

**Purpose:** This study is setting out to investigate which interpersonal communication factors in the supervisory relationship play a role in the occupational therapy student's clinical reasoning during fieldwork education.

**Duration:** Research will be conducted and audio-taped on completion of students' fieldwork education during 2007 and will consist of the following:

### **Focus group**

In the first week after completion of the students' fieldwork an 80 minute focus group will be conducted to obtain your view on the supervision of students.

### **One-on-one interview**

In the week following the focus group a 30 to 60 minute one-on-one interview will be held with you on similar topics discussed in the focus groups.

**Risks:** Questions asked during the focus group and one-on-one interview will have no right or wrong answers, only your point of view will be of interest to us. Although the content of the discussions will be transcribed, you will not be identified personally.

### **Financial**

**arrangement:** An incentive of R100 will be paid to each participant for both his/her

participation in the focus group and in the one-on-one interview.

**Confidentiality:** Participation is completely voluntary and refusal to participate will involve no penalty.

A coding system will be used so that no one outside this study will be able to identify any participant. Anonymity is guaranteed. The audiotape which will be used to record data will remain with the researcher only.

**Informed consent:** I consent to participate in this study and agree to the conditions above.

**Name of supervisor** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_

## **Appendix I: Provisional Interview Guide for Focus Groups with Supervisors**



## FOCUS GROUP INTERVIEW GUIDE WITH SUPERVISORS

### Provisional document

Theme	Open ended questions	Probes
<b>Supervision in general</b>	If you think and reflect back on the last six weeks with the students what comes to mind?	Which aspects of supervision did you like best?  Which aspects of supervision did you dislike?
<b>Clinical reasoning</b>	Which method of teaching do you usually use when teaching students to do clinical reasoning?	How do you prefer to learn new material yourself?
<b>Interpersonal factors</b>	How do you feel about giving students feedback on their clinical reasoning skills?	And in terms of mid-term and end of term feedback?
<b>Closure</b>	Is there anything further that you feel is of importance?	

## **Appendix J: Provisional Guide for One-on-one Interviews with Supervisors**

## INTERVIEW GUIDE FOR ONE-ON-ONE INTERVIEWS WITH SUPERVISORS

### Provisional document

Theme	Open-ended questions	Probes
<b>Supervision in general</b>	In the focus group you said ...	What do you find positive about supervision?  Which aspects frustrate you?
<b>Clinical reasoning</b>	How do you prefer to do clinical reasoning yourself?  How do you usually teach clinical reasoning skills?	Could you describe one session in which you discussed clinical reasoning?
<b>Interpersonal factors</b>	How do you feel about giving feedback to students?  How would you like students to describe you as a supervisor?	In your opinion, what is the best way to correct a student?  How do you usually approach a “difficult” student?
<b>Closure</b>	Is there anything further you feel is important?	

## **Appendix K: IPA Analysis of Supervisors' data**



Interpersonal Pattern Analysis (Supervisors):			O	H	X	A	G	B	Z	ZZ	ZZZ	F	P	C	CC	D	E	L	Q	M	N	
1	Context	NA																				
2	Definition of relationship	Complementary	1	1	1	1	1	1				1	1	1		1	1	1			1	1
		Parallel																				
		Symmetrical																				
3	Emotional distance	Too close					1															
		Appropriate		1		1		1				1		1		1		1			1	1
		Too distant	1		1								1					1				
4	Clarity of self-presentation	Clear		1	1	1		1				1		1		1		1			1	1
		Partial clear															1					
		Vague	1				1						1									
5	Potential for eliciting	Acceptance		1		1	1						1	1	1		1		1			1
		Partial										1					1				1	
		Hostility			1			1														
6	Confirmation	Give		1		1	1						1	1	1		1		1			1
		Partial give										1					1					
		Limited	1		1			1														1
7	Control of environment	Effective		1	1			1				1		1			1	1	1			1
		Partial											1			1					1	
		Ineffective	1			1	1															
8	Express needs	Effective		1	1			1				1		1			1	1	1			1
		Partial effective	1			1	1						1			1					1	
		Ineffective																				
9	Degree of flexibility	Flexible		1		1	1							1		1		1				1
		Partial	1									1									1	
		Rigid			1			1					1				1					
10	Approach	Circular		1		1	1							1		1		1				
		Partial										1									1	1
		Linear	1		1			1					1				1					
11	Meta-communication	Yes		1		1	1							1		1		1				
		Partial															1					1
		Limited/No	1		1			1				1	1									1
12	Problem solving	Yes		1	1			1				1		1			1	1	1			1
		Partial				1							1			1					1	
		No	1				1															
13	Traumatic incidents	NA																				
14	Unconditional Pos Regard	Yes		1		1	1							1		1		1				
		Partial										1	1				1				1	
		Limited / No	1		1			1														1
15	Level of empathy	Emphatic		1		1	1							1				1				
		Partial										1				1					1	1
		Judgmental	1		1			1					1				1					
16	Degree of congruency	High		1	1	1		1				1		1		1		1				1
		Partial															1					
		Low	1				1						1									1



## **Appendix L: One-on-one Interviews and Focus Groups with Students' data**

The original data as transcribed and coded from the one-on-one interviews and focus groups or as extracted from the Work Habits Reports are not included in total in this document. To ensure confidentiality this information is archived at the Faculty of Health Sciences, University of Pretoria.

## **Appendix M: One-on-one Interviews and Focus Groups with Supervisors' data**

The original data as transcribed and coded from the one-on-one interviews and focus groups or as extracted from the Work Habits Reports are not included in total in this document. To ensure confidentiality this information is archived at the Faculty of Health Sciences, University of Pretoria.



## **Appendix N: Supervisor Work Habits Reports' data**

The original data as transcribed and coded from the one-on-one interviews and focus groups or as extracted from the Work Habits Reports are not included in total in this document. To ensure confidentiality this information is archived at the Faculty of Health Sciences, University of Pretoria.