

OCCUPATIONAL THERAPIST ASSISTANT AND PHYSIOTHERAPIST ASSISTANT EDUCATION ACCREDITATION PROGRAM

GUIDE-12 ROLE EMERGING CLINICAL PLACEMENTS

PREAMBLE

The goal of this document is to develop clear guidelines under which role emerging clinical placement hours can be included in the fieldwork hours required under criterion 3.4 of the Accreditation Standards for OTA and PTA education programs. This document will describe what role emerging clinical placements are and how they differ from non-traditional and simulated experiences; and outline the advantages and disadvantages of these types of placements. The requirements to be met in order for role emerging clinical placements to be recognized as fieldwork will be identified; most of which are related to the supervision of fieldwork criterion ([GUIDE-06 – Supervision of OTA/PTA Students During Fieldwork](#)). It will also offer some suggestions as to the types of experiences that could be legitimately recognized as role emerging clinical placements.

DEFINITION AND DIFFERENTIATION

A role emerging clinical placement is a practical learning opportunity where a student is placed within an organization or agency, typically in the community, that has not established a professional role for, and has no regular professional service from, the discipline in which the student is enrolled¹. Role emerging placements, which have been described in the occupational therapy literature since the mid-1970s⁵, are reported to have been tried in response to concurrent educational and practice pressures, specifically a shortage of placements and health reform that shifted the location of care to the community⁷.

Role emerging fieldwork is different from non-traditional fieldwork in that non-traditional fieldwork happens in settings that employ occupational and physical therapists (e.g., a nursing home). To be recognized as a role emerging experience, the particular fieldwork site would not have such professionals available to supervise the students. Role emerging fieldwork can also occur in non-traditional settings (e.g., a homeless shelter), but again, the hallmark characteristic of a role emerging experience is the lack of an established professional role at the site. Role emerging fieldwork is also distinct from simulation, which is not recognized as fieldwork hours under criterion 3.4, in that the clients(s) in a role emerging setting are real rather than simulated. It is this reality that allows the role emerging experience to be recognized as fieldwork.

ADVANTAGES AND DISADVANTAGES

Advantages:

Role emerging clinical placements are reported to benefit the student, the educational programs, the host organizations², and the profession^{1, 7}. Students report that they grow personally and professionally¹. Personally, they become more independent and resourceful⁷. Professionally, they develop problem solving skills, they engage in more reflection¹, they see clients as individuals rather than focusing on diagnoses⁷, they improve their clinical reasoning⁷, they more clearly link theory to practice⁴, and in an occupational therapy role-emerging placement, and they use a more occupational focus⁴. Students report a sense of contributing to the host organization and making a difference in the clients' lives³. In terms of their future, students may also be more prepared for an uncertain job market because of their experience in a non-traditional role⁶.

The education programs benefit from having additional placement opportunities with a wider array of experiences⁷. Host organizations are reported to benefit from having students in two ways. First, the presence of students offers a value added in terms of service to the clients, and second the link with an education institution may also enhance evidence-based practice and potentially could open opportunities for research collaboration². The profession itself may benefit from increased public awareness and openings into new practice areas^{1, 7}.

Disadvantages:

Despite generally positive comments, there are challenges associated with role emerging clinical placements. Students may struggle with “adapting to less doing and more thinking and planning” (p. 430), the complexity of collaboration, and anxiety related to the different structure of the placement³. Students may also struggle with the collaborative supervision model (i.e., on-site supervision from an agency worker and off-site supervision from a professional in the therapy discipline), rather than having constant access to a single disciplinary preceptor⁷. The education program may also face challenges. The placement coordinator's time commitment may increase, specifically in relation to managing the host organization's expectations about student involvement⁴, preparing students for the role emerging placement experience, and potentially performing the off-site supervision personally². There is also some debate in the literature regarding whether a role emerging placement is right for every student, especially those with a weak professional identity².

There are some useful resources that speak to strategies for the supervision of role-emerging clinical placements⁹, various models of supervision, and respective roles within collaborative supervision⁸. If students are placed in pairs or groups, a free on-line module on Peer Coaching, available at www.preceptor.ca, offers strategies for both students and preceptors.

ACCREDITATION REQUIREMENTS FOR ROLE EMERGING CLINICAL PLACEMENTS

To date role emerging placements have not been recognized as contributing to the fieldwork placement hours requirement in OTA/PTA education accreditation. However, some variations of the concept are already in place in several education programs. In one program, an instructor oversees students in a facility that does not have rehabilitation staff. Students undertake tasks as assigned by facility staff and as identified by the students see as being necessary. Another program places students in “observational placements”. Students choose from a list of possible tasks and provide treatment during time periods when the OT/PT/SLP is busy assessing students and does not have time to provide treatment. Faculty members visit every two weeks and are on call to troubleshoot. Another instructor takes students in groups of four to a long-term care facility without occupational or physical therapy services for seven hours to introduce them to that type of setting.

OTA/PTA program instructors have suggested assessing gaps in what is provided within a community and addressing them by providing role emerging placements. It has been suggested, for example, that Community Care Access Centres (CCAC) in Ontario could be asked to take students to provide home care services. The same principles may apply in community agencies in other provinces. In addition, PTs and OTs who volunteer their services in a variety of settings could consider taking an OTA/PTA student along with them.

The following guidelines have been developed to provide a framework within which the concept of role emerging clinical placements can be deployed such that those hours can be included in the hours that can be recognized as required fieldwork hours under Accreditation Criterion 3.4:

Role Emerging Clinical Placement Hours:

- Should represent no more than 150 hours of the student’s total placement hours
- Cannot form the only exposure of any student to OTA or PTA practice

Supervision Requirements:

- There will be both on-site and off-site supervision of students during role emerging clinical placement experiences.
- The on-site supervisor is not required to be an OT, PT, or OTA/PTA.
- An on-site supervisor must be immediately available during placement hours.
- The off-site placement supervisor is required to be of the discipline for which the hours are recognized (i.e., OT or PT).
- An off-site supervisor must be available to set up the placement and provide support to the student and the on-site supervisor as needed throughout the placement.

Evaluation Requirements:

- A formal OTA/PTA fieldwork evaluation process must be used.
- The student evaluation must be a collaborative effort between the on-site and off-site supervisors.
- The off-site supervisor will determine how the time spent in the placement will be attributed to OT or PT hours; the on-site supervisor and the student(s) will provide input as to the nature of the placement duties and activities.

Other Requirements:

- Students must understand role emerging clinical placement characteristics and agree to participate in any role emerging experience that will be recognized as fieldwork.
- Students should be placed in pairs or groups for role emerging experiences, wherever possible.
- If an OT or PT is not using title as the on-site supervisor (e.g., they are volunteering or retired and no longer registered), there is still a requirement for a registered PT or OT off-site supervisor.

Education programs that choose to provide role-emerging clinical placements to students, and to include those fieldwork placement hours when demonstrating compliance with accreditation criterion 3.4, should describe in detail the fieldwork placements used and how they comply with the guidelines above and [GUIDE-06 – Supervision of OTA/PTA Students during Fieldwork](#).

EXAMPLE ROLE EMERGING FIELDWORK EXPERIENCE OPPORTUNITIES

The following are examples of possible role-emerging fieldwork experiences. This list is intended to spark ideas; it is not exhaustive.

Settings:

- Home care
- Nursery schools
- Pediatric enrichment programs such as toy libraries, drop-in programs, parenting groups/events
- Community centres, YM/YWCA or other similar community organizations
- Senior Centres
- Homeless shelters
- Low income housing
- AIDS transition housing settings
- Community mental health services
- Group housing programs/housing co-ops for persons with disabilities
- Street missions; jails/prisons and halfway release housing
- Drop-in centres, respite home, and organized cafes/clubs (e.g.: the clubhouse model used in brain injury and mental health)
- Adapted camps for children, cancer survivors, etc.

- Cancer centres – for example positioning during chemo, exercise partners
- Community kitchens for seniors, low-income families
- Equipment vendors
- Volunteer associations, peer support groups

Activities:

- Educators re: lifting, transfers for hospitals, vendors
- Advisor at airports, hotels, motels for attending to accessibility needs
- Inventory and repair, wheelchair cleaning and servicing, cushion sorting at seniors housing that lacks rehab services
- Feeding programs
- Special projects (e.g., preparing a list of community agencies) - value-added for clients of those agencies

REFERENCES

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Guideline Number: GUIDE-12	
Date of last revision	Associated documents
Mar 2016	GUIDE-06 – Supervision of OTA/PTA Students during Fieldwork