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Scientific/Clinical Article

## Barriers and Solutions to Fieldwork Education in Hand Therapy

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### ABSTRACT

*Study Design:* Survey.

*Introduction:* Fieldwork education is a vital component of training the next generation of CHTs. Barriers and solutions to fieldwork rotations in hand therapy are examined, as well as proposed solutions, including recommendations for student preparation.

*Purpose of the Study:* This descriptive study examined barriers for certified hand therapist clinicians to accept students for clinical rotations and clinicians' preferences for student preparation before a rotation in a hand setting.

*Methods:* A survey was developed, peer reviewed, and distributed using the electronic mailing list of the Hand Therapy Certification Commission via SurveyMonkey. Aggregate responses were analyzed to identify trends including barriers to student clinical rotations and recommendations for students to prepare for hand rotations.

*Results:* A total of 2080 participants responded to the survey, representing a 37% response rate. Common logistical barriers were identified for accepting students such as limited clinical time and space. Many clinicians (32% agree and 8% strongly agree) also felt that the students lack the clinical knowledge to be successful. Areas of knowledge, skill set, and experience were surveyed for development before a clinical rotation in a hand setting. Most respondents (74%) reported increased likelihood of accepting a student with the recommended preparation. Novel qualitative responses to improve clinical experiences are presented as well.

*Discussion:* Student preparation before a clinical rotation in a hand setting appears to be a significant barrier based on the survey results. Areas of recommended knowledge, skill set, and experience may serve to guide both formal and informal methods of student preparation before a hand-specific clinical rotation to facilitate knowledge translation from experienced certified hand therapists to the next generation.

*Conclusion:* Although logistical barriers may be difficult to overcome, hand-specific preparation based on clinician recommendations may facilitate student acceptance and success in hand specialty clinical rotations.

*Level of Evidence:* N/A.

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### Introduction

Established in 1989, the certified hand therapist (CHT) credential was created as a certification for occupational therapists (OTs) and physical therapists (PTs) to recognize specialized advanced skills in rehabilitation of the hand and upper extremity. With stringent requirements, including 3 years' licensure as an OT or a PT, 4000 documented hours of direct patient care involving the upper quarter, and passing the comprehensive Hand Therapy Certification

Examination,<sup>1</sup> the CHT specialty requires significant continuing education and experience beyond the general curriculum of OT and PT academic programs.

Currently, there are 6228 CHTs globally including 5861 within the United States. OTs account for 85% of CHTs, whereas 14% have a physical therapy background and 1% are both PT and OT by profession.<sup>1</sup> A recent practice survey also revealed demographic trends among CHTs, including an average age of 48 with mean experience of 22.8 and 25.6 years within the fields of occupational therapy and physical therapy, respectively. This mean age represents an increase from an average age of 42 for the 2008 practice survey.<sup>2</sup>

These demographics reveal the need for seasoned clinicians to pass along their unique specialized skill set and expertise to the next generation of OTs and PTs to continue to provide specialty

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services for hand and upper quarter rehabilitation. Much of this knowledge translation will take place through fieldwork (FW) education, as only 1% of CHTs identify academic institutions as their primary work setting. Prior research examining FW education exists within the occupational and physical therapy disciplines; however, the literature is limited regarding clinical education specific to hand therapy.<sup>3–5</sup>

#### Importance of FW education

FW education is a cornerstone of health care and therapy education, serving to “... propel each generation of occupational therapy practitioners from the role of student to that of practitioner” according to a recent American Occupational Therapy Association position paper.<sup>6</sup> The American Physical Therapy Association echoes this sentiment, describing FW education as “... a significant component of physical therapy curricula.”<sup>7</sup> Although didactic classroom instruction provides foundational knowledge, application of this knowledge in a clinical setting under the supervision of a clinical instructor (CI) develops competent practitioners. Specific benefits of FW education with a 1-on-1 preceptor model have been identified in various allied health disciplines, including clinical competence, confidence, professionalism, time and resource management, as well as development of interpersonal skills.<sup>8–12</sup>

Although FW education is a crucial component of developing generalist knowledge and skill set within a discipline, pursuit of specialty expertise amplifies the need for FW experience with a specialized professional. Kasch et al.<sup>13</sup> identified the wide range of skills that should be cultivated before practicing hand therapy, including (1) collecting basic data, (2) identifying pertinent information in data interpretation, (3) following standards and guidelines, (4) demonstrating knowledge of basic clinical science and medical interventions, (5) relying on general resources for research, (6) willingness to be mentored, and (7) ability to obtain guidance from other professionals. Development of these skills originates in academic programs; however, specialty practice requires cultivation and lifelong learning to produce seasoned hand clinicians. According to the study, practice skills such as selecting treatments and applying therapeutic techniques within the context of established clinical approaches are not cultivated until the first year of CHT practice. Synthesis of clinical information and experience to develop educational programs, act as a principal investigator/author, and evaluate current research and publications require more than 5 years of experience.<sup>13</sup>

It is in the context of mentorship that a student or novice therapist is able to achieve goals for an advanced knowledge base to facilitate career advancement, whereas an expert CHT transmits the unique knowledge base to the next generation.<sup>12,13</sup> Previous literature also highlights reciprocal benefits for mentors accepting students on formal clinical rotations, including opportunity to reflect on current practice through teaching, as well as expansion of skill set through exposure to new techniques and evidence-based practice.<sup>11,12</sup> The ideal clinical education experience should be symbiotic in nature, providing mutual benefit to both student and practitioner.

#### Barriers to clinical rotations

Although the literature regarding clinical FW education specific to hand therapy is limited, several studies may suggest some logistical barriers to accepting students for formal clinical rotations. According to the 2016 practice productivity study of hand therapists, most respondents (49.83%) reported that 31–40 hours a week were spent providing direct patient care, and nonclinical time was spent on administration duties (54.85%) or education (36.94%).

Furthermore, 41.09% of respondents reported that productivity demands affected their delivery of quality care.<sup>14</sup> These demands on clinician time are not conducive to accepting further responsibility for supervision of students, and this may be a common sentiment and barrier to accepting students for rotations. The perception also exists that accepting a student will decrease productivity and revenue. However, a recent study suggests an increase in billable current procedural terminology codes when physical therapy students were paired with clinicians for clinical education experiences.<sup>4,5</sup>

#### Purpose of study

The primary objective of this study was to identify barriers for CHTs to accept students for clinical rotations and identify ideal student knowledge, skill set, and experience before beginning a clinical rotation from the clinician's perspective. This knowledge may serve to guide OT and PT academic programs in preparation of students wishing to pursue the CHT specialty, give students an idea of clinician' expectations, or suggest areas of independent study and preparation to ensure success during a hand rotation with the overarching goal of facilitating development of the next generation of hand therapists.

#### Methods

##### Design

The study used a descriptive design through distribution of a survey via SurveyMonkey to a Hand Therapy Certification Commission (HTCC) electronic mailing list of members who elected to receive communication regarding research studies.

##### Instrumentation

The survey, entitled *The Ideal CHT Student: A Survey of Clinician's Preferences*, was developed by the researchers by identifying key areas of hand therapy practice based on prior literature and peer input. The survey underwent several revisions with review by an HTCC Board Task Force to enhance content and validity. The initial survey inquiry focused on demographic information, including whether the respondent is a CHT, an OT, or a PT; educational background; years of experience; practice setting; age; gender; and domestic or international location of practice setting. Prior student acceptance and quantity is queried as well as barriers to accepting students. The survey then presented areas of recommended knowledge, skill set, and experience respondents would recommend students obtain before clinical rotation in a hand setting, and these were rated based on a Likert scale (ie, very important, important, neutral, etc.). Finally, the survey inquired whether the respondents would be more likely to accept a student with the recommended knowledge, skill set, and experience indicated. Respondents were also given a free-text option to provide any other recommendations or feedback regarding clinical education within hand therapy.

##### Procedure

On university institutional review board approval, the survey was developed, revised, and finalized within SurveyMonkey. After completion, the survey was distributed through the university information technology department via e-mail, which contained a link to the survey. The results of the survey were password protected and only accessible by the researchers to maintain data integrity and confidentiality. The initial survey e-mail was sent on

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