

Perception Of Clinical Supervisors on Occupational Therapy Undergraduates' Clinical Fieldwork in Malaysia
(Persepsi Penyelia Klinikal Terhadap Penempatan Klinikal Pelajar Prasiswazah Terapi Cara Kerja Di Malaysia)

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ABSTRACT

Clinical fieldwork is an important component in an occupational therapy program for undergraduates to obtain clinical skills and experience. Feedback from clinical supervisors is valuable as it helps to develop a better clinical fieldwork system. In Malaysia, there is a lack of well-documented feedback from clinical supervisors, particularly in the occupational therapy field. Thus, this study aimed to examine and compare the perception of clinical supervisors toward clinical fieldwork based on areas of practice and grades of post and to determine its association with the clinical supervisors' duration of clinical experience in Malaysia. A quantitative cross-sectional study design was adopted. Data was collected using the Clinical Supervisors' Perception Survey Questionnaire (CSPSQ). Ninety-five occupational therapists across 12 government hospitals participated as respondents to the questionnaire. The total mean score of the CSPSQ showed that clinical supervisors' perception of the current clinical fieldwork system was positive overall. No significant differences were observed between domain scores among the practice areas and a post's grades ($p > 0.05$). There was also no significant association between the duration of clinical experience and the domain scores ($p > 0.05$). In conclusion, clinical supervisors generally have a positive perception of the current clinical fieldwork system regardless of area of practice, grade of post or duration of clinical experience, indicating that the clinical fieldwork system for occupational therapy undergraduate students is relevant to the current context.

Keywords: perception, occupational therapy, clinical fieldwork, education, clinical supervisor

ABSTRAK

Penempatan klinikal merupakan komponen penting dalam program terapi cara kerja untuk mahasiswa memperoleh kemahiran dan pengalaman klinikal. Maklum balas daripada penyelia klinikal adalah berharga kerana ia membantu dalam membangunkan sistem penempatan klinikal yang lebih baik. Di Malaysia, maklum balas yang didokumentasikan dengan baik daripada penyelia klinikal adalah kurang, khususnya dalam bidang terapi cara kerja. Oleh itu, kajian ini bertujuan untuk mengkaji dan membandingkan persepsi penyelia klinikal terhadap penempatan klinikal berdasarkan bidang pengkhususan dan gred jawatan dan untuk menentukan perhubungannya dengan tempoh pengalaman klinikal penyelia klinikal di Malaysia. Reka bentuk kajian keratan rentas kuantitatif telah digunakan. Data telah dikumpul menggunakan Soal Selidik Persepsi Penyelia Klinikal (CSPSQ). Sembilan puluh lima Ahli terapi cara kerja dari 12 buah hospital kerajaan mengambil bahagian sebagai responden kepada soal selidik. Jumlah skor min CSPSQ menunjukkan bahawa persepsi penyelia klinikal terhadap sistem penempatan klinikal semasa adalah positif secara keseluruhan. Tiada perbezaan ketara diperhatikan pada skor domain diantara bidang pengkhususan dan gred jawatan ($p > 0.05$). Tiada perkaitan yang signifikan antara tempoh pengalaman klinikal dan skor domain ($p > 0.05$). Kesimpulannya, penyelia klinikal secara amnya mempunyai persepsi positif terhadap sistem penempatan klinikal semasa tanpa mengira bidang pengkhususan, gred jawatan atau tempoh pengalaman klinikal, ini menunjukkan bahawa sistem penempatan klinikal untuk pelajar prasiswazah terapi cara kerja adalah relevan dengan konteks semasa.

Kata kunci: persepsi, terapi cara penempatan klinikal, pendidikan, penyelia klinikal

INTRODUCTION

The education of occupational therapy in Malaysia commenced in the 1980s. The first college providing this program was established in 1984 (Malaysian Occupational Therapy Association, 2017). To date, there are only three institutions in Malaysia offering occupational therapy education at the Bachelor level recognized by three bachelor's degree programs from three different universities recognised by the World Federation of Occupational Therapists (WFOT) (Malaysian Occupational Therapy Association, 2016).

The clinical fieldwork was described as "...involve direct supervision by an occupational therapist, generally employed within the service, with students practising skills and performing tasks within an established occupational therapy role" (Overton et al., 2009, p. 295). It is an important component in completing the occupational therapy program and is one of the requirements for undergraduates to be qualified as occupational therapists. Occupational therapy undergraduates need to complete a minimum of 1000 hours of clinical fieldwork to obtain a bachelor's degree. During the clinical fieldwork, undergraduates can apply theoretical knowledge and learn soft skills through interaction with the clinical environment (World Federation of Occupational Therapists, 2016). Likewise, the Malaysian Qualifications Agency (2016) set a minimum of 1000 hours or 25 credits on clinical fieldwork for occupational therapy Bachelor programs.

Four main models of clinical fieldwork were identified by Overton et al. (2009). The models reviewed were clinical/traditional placements, non-traditional placements, role-emerging placements and project placements. According to Overton et al. (2009), clinical or traditional placements are placements where the ratio of occupational therapists to students is of a one-to-one ratio in a setting where the role of occupational therapists is established. Non-traditional placements are placements in settings where occupational therapy services exist but not regularly. Role-emerging placements are placements that take place in settings where the role of occupational therapy has potential but has not yet been established. Project placements take place in the form of projects which the students have to execute.

In Malaysia, the most prominent type of clinical placement used is traditional placement, sometimes integrated with non-traditional placement and project placement for a more diverse experience of the country's possible settings. However, there have been no fixed guidelines or comprehensive review of

the design of clinical fieldwork across institutions and hospitals. Thus, the execution of the clinical fieldwork system in Malaysia is diverse.

Occupational therapists in the clinical setting normally play two major roles, one being a professional role and the other as an occupational therapy clinical educator (De Witt, 2016). It is suggested that when a therapist can carry out both roles effectively, that will enhance the quality of clinical fieldwork (Rezaee et al., 2014; Towns & Ashby, 2014). The role of clinical supervisors as educators is important to facilitate the learning of the students by taking into account the creation of a suitable environment, giving feedback and carrying out the evaluation (De Witt, 2016). Given their important role in students' education, their opinions are significant in ensuring a valuable learning experience.

Previous studies showed promising perceptions of clinical supervisors towards clinical fieldwork. Ingwersen et al. (2017) found several differences between the perspectives of students and clinical educators towards clinical fieldwork. Clinical supervisors perceived less pre-clinical fieldwork preparations, a lack of consistency across different settings, increased workload, and frequent instances of seeking feedback from students, whereas students perceived these issues differently. Hanson (2011) identified four themes in terms of motivators and expectations from the perspective of clinical educators. The study highlighted (i) factors considered by clinical supervisors when contemplating student placement, (ii) drawbacks to working with students, (iii) benefits of working with quality students, and (iv) desired support from academic programs. Some studies also discovered challenges and barriers that clinical supervisors face, such as staffing issues, limited resources, workload pressures, and multiple expectations. (Emslie 2012; Hanson 2011; Rodger et al. 2011; Ryan et al. 2018). Occupational therapy clinical supervisors with two to three years of experience in Singapore have reported having challenges, which include juggling and balancing their work and student supervision, finding ways to develop students to their best, and, at the same time, becoming better therapists (Krishnasamy, Pereira, and Tan Siew Khoo 2019).

Understanding the perception of clinical supervisors as the stakeholders in clinical fieldwork allows improvement in the current system, which leads to clinical fieldwork with better quality and occupational therapy graduates who are well-prepared. However, documentation on this topic in the local setting is scarce. There is a lack of evidence on communication between the education system and clinical settings. Previous studies from other countries showed only an

overall perception from the clinical supervisors without in-depth effort to identify the relationship between the characteristics of respondents and their respective perceptions towards this topic.

Therefore, this study aims to (a) examine the perception of clinical supervisors towards clinical fieldwork according to the three domains of clinical fieldwork; Preparation by Universities, Clinical Supervisors' Experience and Clinical Supervisors' Reflection, (b) compare the perception of clinical supervisor towards the three domains of clinical fieldwork based on different areas of practice and grades of post and (c) determine the association between duration of clinical experience and the perception of clinical supervisors towards clinical fieldwork.

METHODOLOGY

A cross-sectional study design was used, applying the quantitative approach which involved 12 hospitals affiliated with three universities in Malaysia that offer occupational therapy programs. The study was approved by the University Research and Ethics Committee (NN-2019-028) and the Medical Research and Ethics Committee (NMRR-18-2927-44494). The primary data collection method was through an online survey platform, complemented by the distribution of hard copies of the questionnaire as a secondary method. The data was collected over 5 months, from January 2019 to May 2019.

Participants

The minimum number of participants required for this study was 168, calculated using the Krejcie-Morgan formula. A purposive sampling technique was then used to determine the number of participants required from each hospital. This type of sampling assists researchers in surveying clinical supervisors who are most likely to provide relevant and valuable information. The inclusion criteria for the samples were all occupational therapists from the identified hospitals with at least three months of experience as clinical supervisors. This excludes occupational therapists under a probationary period as per regulations under the Public Services Commission of Malaysia to avoid bias in response due to lack of experience in student supervision (SPA, 2022).

Instrument

The Clinical Supervisors' Perception Survey

Questionnaire (CSPSQ) by Ingwersen et al. (2017) was used for data collection. The questionnaire is self-administered and consists of two sections: the sociodemographic data section and the items section. The items section consisted of three domains, which are "Preparation by University", "Clinical Supervisors' Experience", and "Clinical Supervisors' Reflection". The "Preparation by University" domain consists of pre-placement preparations done by the institutions. The "Clinical Supervisors' Experience" domain includes aspects regarding clinical supervisors' roles, tasks, and workload. The "Clinical Supervisors' Reflection" assesses clinical supervisors' self-reflection on supervision skills. There are 28 items, with seven, eleven and ten questions in the three domains, respectively. There is also one open-ended question asking for other feedback from the clinical supervisors.

The scoring scale was modified to a 10-point Likert scale with permission from the original questionnaire, which used a 5-point Likert scale. According to Darbyshire and McDonald (2004), a 10-point scale that was not fully labelled was versatile enough to provide for statistical analysis. Thus, the scale used in this study are from one to ten with bipolar adjectives "strongly disagree" at one and "strongly agree" at ten. Using bipolar adjectives be suitable to measure feelings, attitudes or perceptions of the respondents towards a statement, as is being measured in this study (Friborg et al., 2006). The score was interpreted as the higher the score of the CSPSQ, the more positive the perception from clinical supervisors towards the fieldwork system. The SCPSQ with a 10-point scale was tested for its convergent validity and construct reliability using Confirmatory Factor Analysis. CSPSQ showed good convergent validity, AVE > 0.50 and construct reliability ($\alpha > 0.80$) (Henseler, Ringle & Sinkovics 2009).

Procedures

The information sheet, informed consent form, and questionnaire were converted into an online survey instrument, and the link was distributed through emails and calls to the head of the occupational therapy department or the research unit of the study sites. The study sites were government hospitals affiliated with three main universities in Malaysia that offer bachelor's degree occupational therapy programs.

Respondents were anonymous; their email addresses and personal data were not recorded. Emails were sent out twice at a two-week interval, after which the distribution of hard copies of the questionnaire commenced. The number of hard copies

sent to the study sites was determined by the number of participants who did not respond to the online survey. Respondents had one week to answer the questionnaire before recollection. The completed hard copies were kept securely by the head of the department and handed over to the researchers after a week. Access to the soft copy responses was limited only to the researchers, whereas hard copies were collected and kept at a secured location.

Data Analysis

Data were analysed using IBM-Statistical Package for Social Sciences (IBM-SPSS) Version 20.0. Thematic analysis was used to analyse responses to the open-ended question. The differences between domain scores based on different areas of practice and grades of the post were analysed using the 2-way analysis of variance (ANOVA). Linear regression was used to identify any

association between the duration of clinical experience in years and clinical supervisors' perceptions.

RESULTS AND DISCUSSION

A total of 168 questionnaires were distributed to the participants; however, only 95 questionnaires were returned, representing a response rate of 56.54%. Most of the participants were female (77.90%) and had working experience of 7 years and above (66.4%). More than half of the participants (58.9%) were in the basic grade (U29 grade) level. As for the area of practice, there was an equal number of participants from the physical (orthopaedic & surgical), neurology-medical-geriatric, psychiatry and paediatrics departments (26.3% respectively). The characteristics of the participants are shown in Table 1.

TABLE 1. Characteristics of the participants (n=95)

Characteristics		n	%
Gender	Male	21	22.10
	Female	74	77.90
Grade of Post	U29	56	58.90
	U32, U36	20	21.10
	U40 and above	19	20.00
Clinical Experience (Years)	≤2	7	7.40
	3-6	25	26.30
	7-12	39	41.10
	≥13	24	25.30
Area of Practice	Physical	25	26.30
	Neurology, Medical, Geriatric	20	21.10
	Psychiatry	25	26.30
	Paediatrics	25	26.30

Note: U29, U32, U36, U40: grade of post with a more significant number indicates a higher grade post.

The items in each domain were analysed using descriptive statistics, which were median scores, interquartile range, and minimum and maximum values. The lowest mean score was obtained from item number one (Mean=5.17) in the first domain, "Preparation by Universities", which was "My student/s contacted me before commencing placement". Many participants (21.2%) scored one for this item, the minimum value. Meanwhile, the highest mean score was obtained from item three in the first domain: "I clearly understood my role as a clinical supervisor". A total of 24.2% of the participants (n=23) scored ten for the item, which was also the maximum value. The results are tabulated in Table 2.

Responses from the open-ended question were

categorized into six themes using thematic analysis. The question was "Would you like to make any further comment on other related issues that may have impacted the success of the clinical fieldwork, such as your workload, access to resources, access to support, your confidence in student supervision, student skill level, policies within your workplace, other?" The themes identified from the responses were: 'students' attitude' (f=6), 'students' preparation' (f=9), 'placement structure' (f=3), 'training of clinical supervisors' (f=3), 'benefits of placement' (f=3) and 'communication between clinical supervisors and students' (f=1).

Analysis of the clinical supervisors' perceptions was shown according to the three domains in the questionnaire. The first domain, "Preparation

TABLE 2. Descriptive statistics of each item of the questionnaire (n=95)

Item	Mean	Min (n, %)	Max (n, %)
Domain 1: Preparation by Universities			
1. My student/s contacted me prior to commencing placement	5.17	1 (20, 21.1)	10 (5, 5.3)
2. University ensured my student/s was well prepared to commence placement	6.75	1 (2, 2.1)	10 (4, 4.2)
3. I clearly understood my role as a clinical supervisor	8.34	3 (1, 1.1)	10 (23, 24.2)
4. I clearly understood the role of the University Fieldwork Supervisor	7.73	3 (4, 4.2)	10 (12, 12.6)
5. I had access to a well-developed orientation package for my student/s orientation	7.27	1 (1, 1.1)	10 (8, 8.4)
6. My student/s commenced their placement with a learning contract	7.40	2 (2, 2.1)	10 (10, 10.5)
7. With my facilitation, clear goals were identified for the student/s to achieve whilst on this placement	7.97	4 (2, 2.1)	10 (15, 15.8)
Domain 2: Clinical Supervisors' Experience			
8. My student/s and I regularly reviewed the Learning Contract throughout the placement	7.03	1 (1, 1.1)	10 (6, 6.3)
9. Where possible, I allowed my student/s to tailor their experiences in order to accommodate their learning needs and interests	8.33	5 (4, 4.2)	10 (18, 18.9)
10. I had access to appropriate resources (eg. relevant information, clinical guidelines, assessments, documentation examples) to help me deliver a successful placement for my student	7.88	1 (1, 1.1)	10 (11, 11.6)
11. My student had access to a variety of clinical learning experiences	7.83	1 (1, 1.1)	10 (9, 9.5)
12. My student had access to meaningful nonclinical learning opportunities during periods of "down time" (eg. learning packages, case studies, project)	7.73	1 (1, 1.1)	10 (11, 11.6)
13. My student had access to group learning opportunities/tutorials with their peers during placement	7.95	5 (8, 8.4)	10 (13, 13.7)
14. I found that student group learning opportunities provided me with valuable student free time	7.49	3 (2, 2.1)	10 (10, 10.5)
15. Despite caseload differences, there is general consistency between clinical placements offered across government hospitals	7.62	1 (1, 1.1)	10 (10, 10.5)
16. Having a student did not significantly impact on my workload	6.53	1 (6, 6.3)	10 (8, 8.4)
17. I had responsive access to a nominated person within university if I needed support	7.24	1 (2, 2.1)	10 (7, 7.4)
18. I felt well supported within this hospital in my role as a clinical supervisor	7.61	1 (3, 3.2)	10 (12, 12.6)
Domain 3: Clinical Supervisors' Reflection			
19. I felt confident in my ability to provide quality supervision	7.96	4 (2, 2.1)	10 (12, 12.6)
20. I know what traits/skills are important for delivering effective student supervision	8.06	5 (3, 3.2)	10 (10, 10.5)
21. I understand and apply the principles of adult learning when supervising students	8.18	5 (3, 3.2)	10 (13, 13.7)

22. I enjoy supervising students on short term placements	7.62	1 (1, 1.1)	10 (14, 14.7)
23. I would accept students for short term placements in the future	7.73	1 (1, 1.1)	10 (18, 18.9)
24. I would recommend this placement model to other supervisors	7.97	1 (1, 1.1)	10 (16, 16.8)
25. This placement was a successful learning opportunity for my student	8.21	4 (2, 2.1)	10 (19, 20.0)
26. I encouraged my student/s to regularly reflect on their fieldwork practice experiences	8.37	3 (1, 1.1)	10 (22, 23.2)
27. I regularly reflect on how my values, attributes and experiences affect my role as a student supervisor	8.33	5 (3, 3.2)	10 (22,23.2)
28. I sought feedback from my student/s about their experiences and I reflected on this feedback to improve my supervision skills	8.14	3 (2, 2.1)	10 (18, 18.9)

Note: s: standard deviation; Min: Minimal value; Max: Maximum value

by Universities”, had a mean score of 50.62 ($s= 9.99$) from a total score of 70. The second domain, “Clinical Supervisors’ Experience”, had a mean score of 83.24 ($s=13.28$) from a total score of 110. Lastly, the domain

“Clinical Supervisors’ Reflection” had a mean score of 80.56 ($s=12.25$) from a total score of 100. The descriptive statistics were tabulated in Table 3.

TABLE 3. Descriptive statistics of clinical supervisors’ perception towards clinical placement (n=95)

Domain	Mean	s	Min	Max
Preparation by Universities	50.62	9.99	28	67
Clinical Supervisors’ Experience	83.24	13.28	48	110
Clinical Supervisors’ Reflection	80.56	12.25	39	100

Note: s: Standard deviation; Min: Minimal value; Max: Maximum value

Three runs of 2-way analysis of variance (ANOVA) were used to analyse the differences between domain scores based on different areas of practice and grades of the post. The main effects of area of practice on the three domains, namely "Preparation by Universities" ($p = 0.16$), “Clinical Supervisors’ Experience” ($p = 0.27$) and “Clinical Supervisors’ Reflection” ($p = 0.20$), were not statistically significant. The main effects of grades of post on the three domains, namely “Preparation by Universities” ($p = 0.56$), “Clinical Supervisors’ Experience” ($p = 0.95$) and “Clinical Supervisors’ Reflection” ($p = 0.38$), were also not statistically significant. Hence, it could be concluded that there are no significant differences between the domain scores of occupational therapists

from the different areas of practice and different grades of the post. There was also no interaction between the area of practice and the grade of the post. The statistical data were shown in Table 4.

Linear regression was used to analyse the association between the duration of clinical work experience and the perception of clinical supervisors based on separate domains. There was no significant association between the duration of clinical experience and any of the domains ($p > 0.05$). The unstandardized regression coefficient (B) and coefficient of determination (R^2) for “Preparation by Universities” ($B = 0.22$, $R^2 = 0.05$), “Clinical Supervisors’ Experience” ($B = 0.19$, $R^2 = 0.04$) and “Clinical Supervisors’ Reflection” ($B = -0.22$, $R^2 = 0.05$) were showed in Table

TABLE 4. Two-way ANOVA between the area of practice, grade of post and domain scores (n=95)

Source		df	MS	F	p	η^2
Area of Practice	Preparation	3	182.19	1.79	0.16	0.06
	Experience		232.03	1.33	0.27	0.05
	Reflection		229.58	1.59	0.20	0.05
Grade of Post	Preparation	2	59.17	0.58	0.56	0.01
	Experience		9.80	0.06	0.95	0.00
	Reflection		141.84	0.98	0.38	0.02
Area of Practice x Grade of Post	Preparation	6	57.79	0.57	0.76	0.04
	Experience		192.92	1.11	0.37	0.07
	Reflection		204.20	1.41	0.22	0.09

Note: Preparation: Preparation by Universities; Experience: Clinical Supervisors' Experience; Reflection: Clinical Supervisors' Reflection; *df*: degrees of freedom; MS: Mean squares; η^2 : effect size

5. The results indicated that only 5%, 4% and 5% of the variation in the respective domains can be explained by the duration of clinical experience.

Clinical supervisors play an important role in facilitating the education process of occupational therapy students and improvising the clinical fieldwork system. Identifying their perception can significantly help students obtain more clinical experience. The main aim of this study was to examine the perception of clinical supervisors towards occupational therapy clinical fieldwork according to the three domains, which are "Preparation by Universities", "Clinical Supervisors' Experience", and "Clinical Supervisors' Reflection", and compare those perceptions based on different areas of practice and grades. The association

between the duration of clinical experience and the perception of clinical supervisors towards clinical placements is also determined.

This study found that occupational therapy clinical supervisors in Malaysia generally had a positive perception of the clinical fieldwork system, as the mean scores for the three domains are high. For the first domain, "Preparation by universities", most participants agreed that they understood their roles as clinical supervisors and students were also well-prepared before commencing their fieldwork. However, some participants commented in the open-ended questions under the 'students' preparation' theme that students should be better equipped with knowledge of assessments, interventions and soft skills, have better

TABLE 5. Influence of duration of clinical experience in years on the three domains (n=95)

Effect of duration of clinical experience in years towards domain	B	R ²	Mean value	Standard error	t	p (2-sided)
Preparation by Universities	0.22	0.05	0.23	0.18	1.23	0.22
Clinical Supervisors' Experience	0.19	0.04	0.09	0.28	0.69	0.49
Clinical Supervisors' Reflection	-0.22	0.05	-0.06	0.27	-0.84	0.40

time management skills, be dressed in standard uniforms and exchange knowledge with seniors before fieldwork. Most of them also agreed that students commenced their fieldwork with a learning contract, and they managed to identify goals that needed to be achieved before the students started their fieldwork. About the clinical fieldwork, three participants commented on the open-ended question, suggesting that the duration of the fieldwork could be elongated and arranged away from public holidays or festivals. However, responses to the first item of the questionnaire, "My students contacted me before placement", were very diverse. Some clinical supervisors strongly disagreed that students contacted them before the placement started. This may be due

to a lack of initiative from students or arrangements carried out by universities instead of requiring students to contact the supervisors themselves. This finding parallels previous studies, which also suggested that pre-clinical fieldwork preparations such as these would facilitate creating a common goal and understanding between the clinical supervisor and students of the fieldwork's objectives (Hanson, 2011; Ingwersen et al., 2017; Ryan et al., 2018). Ryan et al. (2018) highlighted that understanding a student's learning style would greatly enhance the learning process. Therefore, universities may want to consider encouraging students to communicate with the clinical supervisors before starting their clinical fieldwork.

Analysis of the second domain, “Clinical Supervisors’ Experience”, found that most clinical supervisors agreed that students could gain sufficient learning opportunities and clinical experience throughout the fieldwork. Nevertheless, six participants commented that students should be more professional and proactive in exploring the clinical setting and communicating with health professionals. There was also general consistency between clinical fieldwork across different hospitals, and they felt supported as clinical supervisors. In contrast, only one participant commented that clinical supervisors should be informed before a student attempts a new technique or assessment, thus improving the communication of knowledge between clinical supervisors and students. This finding is contradicted by a study by Ingwersen et al. (2017) The authors found that clinical supervisors lack communication with university personnel when supervising students. In addition, the majority of the clinical supervisors in this current study perceived that supervising students did not impact their workload, which also contradicted with previous studies (Emslie, 2012; Hanson, 2011; Ingwersen et al., 2017) that reported that supervising students somehow impacted the workload of clinical supervisors. The differences in clinical settings and healthcare management systems may contribute to these variance findings. The study examining how different contexts may affect clinical supervisor experience can help explain this phenomenon.

Moreover, most participants agreed that they understood and enjoyed supervising students, as found in the analysis of the third domain, “Reflection of Clinical Supervisor”. They also decided that the current clinical fieldwork system is satisfactory for themselves and the students. Responses from the open-ended questions found that three participants agreed that fieldwork helped them refresh and keep up to date with current knowledge in the profession and helped students improve their skills. However, some clinical supervisors claimed not to enjoy the current clinical fieldwork. Some clinical supervisors (n=3) suggested providing training programs for clinical supervisors so that they know how to facilitate students in their education. Previous studies suggested that time constraints, lack of resources and training in clinical supervision, and the difficulty of maintaining productivity in the clinical setting were some challenges that clinical supervisors faced in providing clinical education (Cleak & Smith, 2012; Howell et al., 2012; Rindfleisch et al., 2009; Ryan et al., 2018; Thomas & Young, 2016). Further studies could be carried out to identify the barriers clinical supervisors face in the current clinical fieldwork system.

Regarding the differences in the clinical supervisor’s perception of clinical fieldwork based on their working position, this study showed no significant differences identified. There were three categories of grades for the post. Grade U29 consists of junior occupational therapists, U32 and U36 consist of senior occupational therapists, and lastly, occupational therapists in U40 and above consist of occupational therapists involved in management or education (Jabatan Perkhidmatan Awam Malaysia, 2006). This study found that clinical supervisors from different grades perceive the clinical fieldwork system similarly. Likewise, the results showed that clinical supervisors from all practice areas showed similar perceptions toward the current clinical fieldwork system. Clinical areas of practice were categorised as stated previously, grouping the neurology, medical and geriatric occupational therapy services. As for the relationship between clinical supervisors’ perception and their duration of clinical experience, no significant association was found in this study, indicating similar perceptions regardless of how long the clinical supervisors had been working. This could be because regardless of the grade post level, area of practice and duration of services, the clinical supervisors may share a similar sense of professional responsibility in teaching and preparing the occupational therapy students with adequate clinical knowledge and skills for better quality graduates. Junior therapists in a study by Krishnasamy, Pereira, and Tan Siew Khoon (2019), reported value in their role in developing students, contented when students use their feedback to improve their performance, and this, in return, encourages the therapists to improve their new roles as clinical supervisors.

However, no comparison could be made for the factors grades of post and areas of practice as no similar studies analysed these factors. However, the result aligns with previous studies in another context in which the length of clinical experience did not significantly affect clinical reasoning and decision-making (Ayres et al., 2014; Hagedorn, 1996; Rassafiani, 2009; Rassafiani et al., 2005; Rogers & Holm, 1997; Unsworth, 2001). Thus, in general, clinical supervisors’ perceptions were found to be independent of the factors investigated. Therefore, educator providers can focus on improving the clinical fieldwork aspect in general.

Pre-clinical fieldwork preparations are one of the main elements of developing quality clinical fieldwork (Emslie, 2012; Kirke et al., 2007; Rodger et al., 2011; Warburton & Higgitt, 1997). These include the design of the clinical fieldwork, such as schedules, goals, objectives, and learning contracts, which the

undergraduates need to achieve in the fieldwork (Kirke et al., 2007; Rodger et al., 2011; Warburton & Higgitt, 1997). Clinical supervisors expect undergraduates to have basic knowledge of the area of practice (Emslie 2012; Rodger et al. 2011), whereas clinical supervisors should understand their roles and tasks before the fieldwork commences (Kirke et al., 2007). Throughout the fieldwork, clinical supervisors are to execute their responsibilities, as informed, to facilitate the undergraduates (Emslie, 2012; French et al., 2007; Rodger et al., 2011). In general, clinical supervisors' responsibilities include providing orientation for undergraduates and preparing a suitable learning environment (Rodger et al., 2011). Identifying the student's learning styles and allowing for clinical practice after demonstration and guidance are also vital to facilitating their learning process (French et al., 2007; Rodger et al., 2011). Therefore, balancing the workload of guiding the students and treating patients is another element to be remembered (Emslie, 2012). Clinical supervisors also need to understand and apply supervision skills in the field. Understanding their skills and abilities in educating students can help them supervise the students and provide feedback effectively (Kramer & Stern, 1995; Rodger et al., 2011). They need to understand the motivators or barriers that influence the fieldwork (Emslie, 2012).

Overall, it can be concluded that clinical supervisors in this study generally have a positive perception of the current occupational therapy undergraduates' clinical fieldwork system in Malaysia. They found the experience as a clinical supervisor was encouraging, and the preparation by the university for the student's clinical fieldwork was acceptable. The findings suggested further definition of clinical and supervision skills in terms of comprehension and quality of the supervision process (Hagedorn, 1996). Further studies could explore the correlation between comprehension and quality of the supervision process and clinical supervisors' perception of occupational therapy undergraduates' clinical fieldwork.

This study had several limitations. First, the sample size was relatively small and limited to government sectors. To reduce bias, further studies could be conducted with larger sample sizes and more diverse settings. Second, the education levels of respondents were not collected and investigated. Third, a quantitative analysis of this topic could only show an overall perception from the clinical supervisors. The qualitative approach could be applied to explore the facilitators and challenges faced by clinical supervisors in more depth.

CONCLUSION

The overall perception of clinical supervisors towards the current clinical fieldwork is positive, regardless of area of practice, grade of post or duration of clinical experience. This may indicate that the clinical supervisors positively perceive the current clinical fieldwork system and may be relevant to the current needs of the education of occupational therapy undergraduates in Malaysia. Future studies with bigger sample sizes and more diverse settings, including government and private hospitals as well as rehabilitation centres, are recommended. Exploring stakeholders' perceptions of the main qualities of efficient clinical fieldwork and facilitators and challenges clinical supervisors face could also help develop a guideline for application in the Malaysian context.

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