

EVALUATION OF INTERRATER RELIABILITY  
BETWEEN OCCUPATIONAL THERAPISTS  
SCORING PORTIONS OF THE FIELDWORK EVALUATION

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A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF MASTER OF ARTS  
IN THE GRADUATE SCHOOL OF THE  
TEXAS WOMAN'S UNIVERSITY  
SCHOOL OF OCCUPATIONAL THERAPY

BY

MARY KAY ISAACSON, B.S., OTR/L

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DENTON, TEXAS  
May, 1991

TEXAS WOMAN'S UNIVERSITY  
DENTON, TEXAS

December, 1990

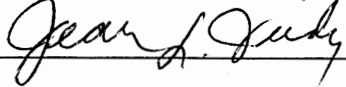
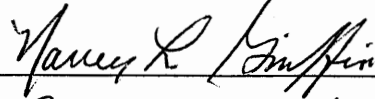
To the Dean of Graduate Studies and Research:

I am submitting herewith a thesis written by Mary K. Isaacson entitled "Evaluation of Interrater Reliability Between Occupational Therapists Scoring Portions of the Fieldwork Evaluation." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Occupational Therapy.

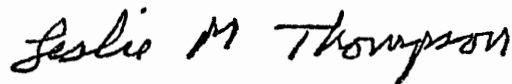


Caroline Polliard, M. A., OTR  
Major Professor

We have read this thesis and  
recommend its acceptance:



Accepted:



Dean of Graduate Studies and Research

EVALUATION OF INTERRATER RELIABILITY  
BETWEEN OCCUPATIONAL THERAPISTS  
SCORING PORTIONS OF THE  
FIELDWORK EVALUATION

Mary K. Isaacson

May, 1991

Evaluation of the occupational therapy student's clinical performance has been an essential part of the occupational therapy education program. This evaluation must be objective, reliable, and valid. This study evaluated interrater reliability between occupational therapists scoring ten items in the Fieldwork Evaluation after reading a case study.

A case study about an occupational therapy student completing her fieldwork, the Fieldwork Evaluation with the ten items to be scored highlighted, a letter of instruction, and an individual questionnaire were sent to therapists. Thirty-three were returned.

Intraclass correlation was determined in three areas, performance, judgement, and attitude. None of the areas demonstrated a high degree of interrater reliability. Many factors may have contributed to this including skill level of therapist, institutional and instructional variables, and limitations of the case study.

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## CHAPTER I

### INTRODUCTION

Throughout the evolution of occupational therapy clinical education and the evaluation of clinical performance have been an essential part of the occupational therapy education program. The Report of Performance in Student Affiliation (AOTA, 1953-1974) and the Fieldwork Performance Report (AOTA, 1973-1987) have both been used to evaluate students' clinical competence. The instrument currently used, the Fieldwork Evaluation (FWE) (Appendix A) for the Occupational Therapist (AOTA, 1987-present) is approved and recommended by the American Occupational Therapy Association (AOTA) for evaluation of clinical competence of occupational therapy students (Cooper and Crist , 1983).

Evaluation of a student's clinical performance must be both reliable and valid if it is going to be an integral part of the educational process. A reliable and valid evaluation provides consistent results over different evaluation occasions for different observers and measures what it proposes to measure (Loomis, 1985a).

#### The Statement of the Problem

To evaluate the FWE, this study reviewed the interrater reliability between thirty occupational therapists scoring ten items in the FWE after reading a case study (Appendix B). The case study was a fictitious account of an occupational therapy student participating in physical disability fieldwork.

### The Subproblems

The first subproblem was to devise a case study and choose ten out of the fifty-one items from the FWE which are related to the case study for a therapist to evaluate.

The second subproblem was to analyze the data and identify the degrees of interrater reliability between occupational therapists scoring ten items on the FWE.

### The Hypothesis

The first hypothesis was that a case study could be written in which ten items from the FWE can be evaluated.

The second hypothesis was that data could be analyzed to determine what degree of interrater reliability exists between thirty occupational therapists scoring ten items on the FWE after reading a case study.

### The Delimitations

Interrater reliability was determined on ten selected items of the FWE out of a total of 51 items.

The study demonstrated interrater reliability only on evaluation of a fictitious student in a fictitious setting reported in a case study.

The study was limited to thirty registered occupational therapists who have each used the FWE previously to evaluate a student. The therapists were selected randomly from a list of therapists who train Texas Woman's University students.

### The Definition of Terms:

Fieldwork Evaluation (FWE) is the tool which has been in use since 1987 to evaluate occupational therapy students during their fieldwork experience. (Cooper, Crist, Shapiro, Schwartz, Brooks, 1986).

Representative Assembly is the legislative and policy making body of the American Occupational Therapy Association (AOTA, 1981a).

### Assumptions

The first assumption was that an occupational therapist who had previously used the FWE was capable of using the FWE to evaluate a hypothetical student in a case study.

The second assumption was that the occupational therapists involved in this study would be objective in their scoring.

The third assumption was that the case study approximates a real student.

### The Importance of the Study

The FWE is a fairly new tool developed by AOTA to assess the occupational therapy student during fieldwork experience. Because obtaining a passing score on the FWE is a mandatory prerequisite for a student to take the national certification examination, it is important that the FWE provides an objective measurement for student performance. Evaluating interrater reliability can help determine the objectivity of the FWE.



## CHAPTER II

### THE REVIEW OF LITERATURE

#### A Historical Overview

As reported by Ernest and Polatajko (1986), a number of professions have produced competency based evaluation instruments, e.g., dietitians, nurses, physical therapists, and occupational therapists. A variety of methods have been used to evaluate clinical competence in nursing students. One community college determined that a clinical tool, manageable in length, that insures consistency among a variety of evaluators is vital.

Tower and Majewski (1987) described one tool developed. Bondy's (1983) Five Levels of Competency emphasized objectivity in the evaluation of clinical performance. The "Criteria for Clinical Evaluation" was adapted and modified by a nursing faculty committee. Five levels of competency were then designated from Bondy's articles.

Each semester the student is given a copy of the tool along with a clinical grading information sheet. With the aid of the "Criteria Profiles of Student Behavior" the expectations for performance are explained. Evaluation of the student is simplified because it is based on behaviorally described competencies. Because of this, consistency is further evaluated regardless of the number of evaluators. (Tower and Majewski, 1987).

Another nursing clinical evaluation tool was developed and implemented by the School of Nursing at McMaster University. McKnight, Rideout, Brown, Ciliska, Patton, Rankin, Woodward (1987), described the usefulness of the Objective Structural Clinical Examination (OSCE). It allows for an objective means of assessing clinical skills and reduces the amount of faculty time spent in evaluation. In addition, it decreases subjectivity and inconsistency of clinical evaluation within and among the faculty.

Loomis (1985a), developed a criteria - referenced evaluation instrument called an "Evaluation of Clinical Competence" as a means of evaluating the clinical competency of fourth year physical therapy students at the University of Alberta, Edmonton, Alberta. A four-point rating scale was chosen in order to grade competency in terms of how well it is performed. Anything more precise than four-points was felt to be too fine. In another article, Loomis (1985b), assessed the reliability, validity, and usability of the instrument. She explained how different physical therapy departments have different rating forms which vary in format, content, and degrees of objectivity. She further stated how reliability is essential to rating scales because it provides for a certain degree of consistent accurate results. The rating scale for resident physicians and medical students has been extensively studied and was found to be reliable. She reported that interrater reliability was low with individual observers. Ratings from several observers should, therefore, be collected. The reliability of ratings on single items can increase when ratings by several observers are averaged, thus eliminating error due to observer variation.

In the field of occupational therapy, competent fieldwork performance is critical for entry of new graduates into the profession (Cooper, 1985). In 1982 it was determined that a new instrument needed to be created to increase content validity. A Commission on Education (COE) ad hoc committee was formed to produce a revision of the FWPR in response to Resolution 584-82 of the Representative Assembly. Resolution 584-82 called for a revision of the 1973 FWPR to reflect present entry-level requirements. The results of their work was the formation of the FWE (Cooper, Crist, et al, 1986). Research demonstrated that this revision was greatly needed. Slaymaker (1978), discussed research completed on the FWPR and identified concerns that rater error in the FWPR arose from giving a benefit of doubt, halo effect, lack of opportunities to observe student performance, using grades as positive reinforcers, and feeling that low scores reflect on teaching. Cooper and Crist (1988b) reported that the 51 items on the FWE were taken from the Entry-Level Role Delineation for occupational therapists and occupational therapy assistants (AOTA, 1981b), Uniform Terminology for Reporting Occupational Therapy Services (AOTA, 1979) and The Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist (AOTA, 1983). Cooper and Crist (1988a) reported that the 51 items on the FWE were designed to assess a person's clinical competence regardless of the specific environment. It has been determined that each item was important to entry-level practice and must be rated.

A student is assessed on ability to complete these items from the perspective of

three different scales: performance, judgement, and attitude. Thus, there are three separate scores, one from each of the three scales (Occupational Therapy News, 1986). The fieldwork educators rate the performance, judgement and attitude dimensions of students using a five point scale (1=poor, 2=fair, 3=good, 4=very good, 5=excellent). Although some schools delayed implementing the form to provide consistency under the previously used form for students already on fieldwork placement, the use of the FWE began January of 1987 (Occupational Therapy News, 1986).

## CHAPTER III

### METHODOLOGY

#### The Data

The data for this study comes from thirty-three FWE's in which occupational therapists scored ten of fifty-one items after reading a case study. All three areas (performance, judgement, and attitude) were scored as follows: 1=poor, 2=fair, 3=good, 4=very good, 5=excellent. This is standardized for scoring the FWE.

#### The Criteria for the Admissability of the Data

Only occupational therapists who work within a 660 mile radius from the Dallas/Fort Worth, Texas area were asked to participate in the study.

Only responses from occupational therapists who had evaluated an occupational therapy student at least one time with the FWE were used.

Only those 10 items which pertain to the case study and were designated by the researcher were scored.

#### The Research Methodology

A case study about an occupational therapy student completing her physical disabilities fieldwork experience was written. It contained information regarding ten items (5, 6, 14, 15, 26, 30, 37, 39, 46, 48) on the FWE. Individual physical disabilities facilities within a 660 mile radius from TWU who have had TWU students were randomly picked from a TWU institution list revised February 1990. Phone contact

was made with the clinician on the list, and the clinician provided names of therapists who met the qualifications. Forty-three therapists were sent research packets containing the following: A copy of the FWE (Appendix A) in which the items to be scored were highlighted; a copy of the case study (Appendix B); a letter of instruction (Appendix C); an individual questionnaire (Appendix D) and a self addressed, stamped return envelope. Therapists were given four weeks to complete the above information and return it to the researcher. Two weeks after the initial information was sent, a post card reminder (Appendix E) was sent to all therapists.

#### Treatment of the Data

Thirty-three therapists returned completed individual questionnaires and completed FWEs. Each questionnaire and FWE was numbered in the order it was received. Data was tabulated for performance, judgement, and attitude (Appendix F). Rater number thirty-three was omitted in the area of performance since a rating was not provided by the therapist. In eight isolated cases, which are underlined on coding sheet, an estimated rating of 3 (halfway between the limits of 1 and 5) was used so that the whole item or rater did not have to be omitted. The intraclass correlation was then determined for each area (Appendix G) and the questionnaire form summarized (Appendix H and I).

## CHAPTER IV

### RESULTS

#### Summary of Questionnaire

Of the thirty-three returned responses, thirty-one of the respondents were female and two were male. Eleven were in the 25-29 year range, ten in the 30-34 year range, six in the 35-39 year range, five were spread throughout the forties and one respondent was 59 years of age. Years of experience in occupational therapy were as follows: 0-3 years, one therapist; 4-6 years, eleven therapists; 7-9 years, nine therapists; 10-12 years, four therapists; 13-15 years, five therapists; 16+ years, three therapists.

The number of students trained by clinician using the FWE was as follows: 0-2 students, one therapist; 3-4 students, four therapists; 5-6 students, ten therapists; 7-8 students, six therapists; 9-10 students, five therapists; 11+ students, six therapists. One therapist did not respond to this question. The number of students trained at the facility was as follows: 0-3 students, six therapists; 4-6 students, no therapists; 7-9 students, five therapists; 10-12 students, seven therapists; 13-15 students, six therapists; 16+ students, nine therapists.

Several therapists also reported on formalized training (Appendix J).

#### Summary of Statistical Results

Intraclass correlation indicates the degree of agreement among more than 2

raters (Guilford and Fruchter, 1978). The value will range from zero to 1.0 with zero equating no reliability and 1 equating perfect reliability. As calculated (Appendix G), the results are as follows: performance 0.3580, judgement 0.2945, attitude 0.2592.



## CHAPTER V

### DISCUSSION OF RESULTS

#### Discussion of Statistical Results

As shown in summary of statistical results none of the areas demonstrated a high degree of interrater reliability. The performance area did demonstrate the highest degree of reliability between raters and attitude demonstrated the lowest interrater reliability.

Berk, on page 464 (1979), listed some of the factors that may effect interrater reliability. These factors are "characteristics of the observational system, characteristics of the experimenter, observer and client, methods of scoring behavior, the nature and duration of observer training, situational and instructional variables during the assessment of reliability, the pattern of client behavior, concurrent observation of stimulus and consequent events, and so on." As summarized on the questionnaire, many of these factors were evident in this study such as characteristics and skill level of the therapist, varied training in evaluating a student and using the FWE, situational and instructional variables, and the limitations of using a written case study.

In 1988, Hill, O'Grady and Price reported several sources of rater bias including clinical sophistication, cognitive complexity, individual differences, theoretical orientation, gender and age. These factors were all evident in this study as indicated

on the questionnaire. Hill, et al (1988) went on to describe how attitude, similarity between raters and ratees tends to lead to more positive attitudes. Thus, perceived similarity between therapist and student in the case study could lead to a rater bias, thus decreased interrater reliability.

Since personality traits are not as well defined, high reliability cannot be expected in areas dealing with personality. This may explain why attitude results demonstrated the lowest reliability, performance the highest and judgement fell between the two.

Stokes, Deitz, and Crow (1990) observed in their study that there is a greater agreement between two raters for a "nondelayed" (students who scored well on test) group than for a "delayed" (students who scored poorly on test) group. Because this student appeared to have several problem areas, scoring may have been more difficult, thus causing decreased interrater reliability.

As described by Hall, (1974) other factors leading to disagreement among raters have been well established for years. These factors include the halo effect and the central tendency. These may have also affected the outcome of this study.

Christie, Joyce, and Moeller (Part II, 1985) proposed that student supervision progresses through a series of stages in developing effectiveness in the supervisor role. The experienced supervisors in the 1985 study reported that over time, they were able to differentiate the supervisor and student responsibilities in the supervisory process. This and all the other factors which are pertinent to this study

may have had a large impact on its outcome.

### Recommendations for Future Research

Based on the findings of this study, further questions need to be addressed regarding level II fieldwork education and use of the FWE in scoring occupational therapy students. The following are suggestions for possible research in this area:

1. Replicate this study using a video tape versus a case study. Those areas scored on the FWE should be well covered on the tape.
2. Replicate this study comparing intraclass correlation results of a seemingly strong student to a seemingly poor student.
3. Replicate this study having several therapists independently score a "real" student in a "real" setting.
4. Replicate this study using a student completing fieldwork at a psychiatric facility.
5. Replicate this study obtaining results from a group of therapists immediately after attending a student supervision workshop.
6. Replicate this study comparing those therapists who use specific behavioral objectives and those who do not.
7. Replicate this study placing limitations on age, sex, years of experience, and years of experience evaluating a student.

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## APPENDIX A

### Fieldwork Evaluation

APPENDIX A

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.  
FIELDWORK EVALUATION FOR THE OCCUPATIONAL THERAPIST

Ms./Mr. \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Social Security Number: \_\_\_\_\_

College or University: \_\_\_\_\_

Facility name and address: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Fieldwork: \_\_\_\_\_

Dates of placement: From \_\_\_\_\_ 19\_\_\_\_\_: To \_\_\_\_\_ 19\_\_\_\_

Number of weeks or hours completed: \_\_\_\_\_

**RATING SUMMARY**

Sub-Scores	Performance	Judgment	Attitude
Assessment (A)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Planning (B)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Treatment (C)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Problem solving (D)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administration/ Professionalism (E)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/> Sum of A-E	<input type="text"/> Sum of 1-51	<input type="text"/> Sum of 1-51

Comments:

I have read this report

Signature of Student

Date

Signature of Rater

Position

Number of persons contributing to this report



## APPENDIX B

Case Study Used With The FWE

## APPENDIX B

### CASE STUDY USED WITH THE FWE

After reading the following case study, score the highlighted items in the FWE.

Sue is a 35 year old occupational therapy student completing her first fieldwork assignment which is in physical disabilities. She has evaluated and treated patients with the following diagnoses: Cerebral Vascular Accident (CVA), Spinal Cord Injury (SCI), acute hand trauma (wrist fracture, tendon laceration, finger amputation), burn and arthritis. She has used the following evaluation tools: Street Survival Skills Questionnaire (SSSQ), Jebsen Taylor Hand Function Test, and the departmental CVA and hand evaluations. Sue spent her free time observing therapists working with their patients, reading charts, and viewing departmental videos on different treatment techniques.

Before administering an evaluation, Sue observed her supervisor giving the same evaluation and read over standardized procedure. At the time of the evaluation, she would introduce herself and explain the purpose of occupational therapy. She would then go over the patient's history and make sure it was all correct. Although Sue had read over standardized procedures, she followed them about 75% of the time. The rest of the time she would do things such as go out of order, or shorten directions for the sake of convenience. She did adapt testing procedures for the convenience of the patient. For example, during one test in which the patient was hard of hearing, Sue could tell the patient was becoming frustrated. She helped to alleviate this problem by moving out of

of the noisy clinic into a quiet room.

After the evaluation, Sue would explain her results to the patient, using layman terminology. She would then ask the patient about the areas he or she would like to improve. Sue would use this information to set goals and take it to staff conferences and tell them on what areas occupational therapy would be working.

Sue used a variety of treatment strategies in achieving goals. For example, one patient's goal was to be able to cook a simple meal independently. To help her achieve this goal, Sue had her do such activities as sanding in a vertical plane to increase endurance, write a recipe, write a shopping list, and lastly allowed the patient the opportunity to cook in the occupational therapy department kitchen. She also showed the patient energy conservation techniques and equipment available to make the task easier.

Supervisory sessions were scheduled weekly with Cindy, her supervisor. She was prompt and always attended these sessions. Her typical responses to feedback were as follows:

"That's a good idea."

"Why didn't I think of that?"

"But Cindy, he was unable to do the task."

Supervisory sessions were characterized by Cindy questioning Sue about everything she did in treatment and her rationale. From these in depth sessions, Sue was able to complete a treatment plan. When Cindy questioned Sue on treatment updates, the same step-by-step process was used with Cindy asking all the questions. Sue was then able to carry out the updated treatment.

APPENDIX C

Letter to Occupational Therapists

APPENDIX C

LETTER TO OCCUPATIONAL THERAPISTS

(Date), 1990

(Occupational Therapist)  
(Department Name)  
(Facility Name)  
(Street Address)  
(City, State, Zip)

Dear Therapist:

In order for occupational therapy to be respected among health care professionals, a quality educational system is important. One aspect of that system is the 3 month fieldwork experience. The Fieldwork Evaluation (FWE) is the current method used nationwide to evaluate this experience.

As a graduate student at Texas Woman's University, I am conducting research on the interrater reliability on therapists scoring this tool. I would greatly appreciate your participation in this research.

Enclosed is an individual questionnaire, a copy of the Fieldwork Evaluation and a case study. Please complete the questionnaire, read the case study and complete the 10 highlighted questions on the Fieldwork Evaluation, rating the case study as you would a student. Return questionnaire and Fieldwork Evaluation to me in the enclosed envelope by (date).

Because of the nature of this study it is extremely important that you do this independently without discussing it with other therapists who may be participating in this research. Your name will not be publicized. If you have any questions, please, do not hesitate to call: home (915) 676-8900; work (915) 691-7270.

Thank you for your time and devotion to the profession.

Sincerely,

Mary Isaacson, OTR

**APPENDIX D**

**Individual Questionnaire**

APPENDIX D

INDIVIDUAL QUESTIONNAIRE

PLEASE FILL IN OR CHECK THE APPROPRIATE BLANK FOR EACH QUESTIONS:

1. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_
  
2. Age: \_\_\_\_\_
  
3. Years of Experience in OT:  
0-3 \_\_\_\_\_ 4-6 \_\_\_\_\_ 7-9 \_\_\_\_\_ 10-12 \_\_\_\_\_ 13-15 \_\_\_\_\_  
  
16 or more \_\_\_\_\_
  
4. Number of Students you have supervised using FWE  
0-2 \_\_\_\_\_ 3-4 \_\_\_\_\_ 5-6 \_\_\_\_\_ 7-8 \_\_\_\_\_ 9-10 \_\_\_\_\_  
  
11 or more \_\_\_\_\_
  
5. Please describe any training you have received in student supervision including the years you received the training. \_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
  
6. How many OT students does your facility train a year?  
0-3 \_\_\_\_\_ 4-6 \_\_\_\_\_ 7-9 \_\_\_\_\_ 10-12 \_\_\_\_\_ 13-15 \_\_\_\_\_  
  
16 or more \_\_\_\_\_

I UNDERSTAND THAT MY RETURN OF THIS QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH. NO MEDICAL SERVICE OR COMPENSATION IS PROVIDED TO SUBJECTS BY THE UNIVERSITY AS A RESULT OF INJURY FROM PARTICIPATING IN RESEARCH.

**APPENDIX E**

**Post Card Reminder**



## APPENDIX E

### POST CARD REMINDER

Dear Occupational Therapist:

As I mentioned on (Date), I am conducting research on the interrater reliability on therapists scoring the FWE. The deadline (date) for completion of the FWE scoring of an occupational therapy case study is just around the corner. If you have already sent your information, please disregard this letter. If not, please complete and return to me at your earliest convenience. If you have any questions, or cannot find your packet of information, don't hesitate to call: home (915) 676-8900; work (915) 691-7270. Thank you for your cooperation.

**APPENDIX F**

**Data Tabulation**

APPENDIX F  
DATA TABULATION

ATTITUDE

5 224242323342242434444341534432343  
6 325453455443314433335444544443454  
14 535554445554345444515543545544455  
15 525444345544145444444333544433454  
26 435553355453353455545433535443354  
30 445553355553355454445444545453354  
37 435553455554345454445443535533554  
39 435544555554345454445443535443544  
46 325343455443243432353332535322255  
48 425543244542154443453341435522354

PERFORMANCE

5 32324233333213233433333133333233  
6 33545345544333434434544454454344  
14 54545444544434545544554454454455  
15 42553434543413544444433354453345  
26 43555335544335345444543353444335  
30 44555335544335545534544454445335  
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39 33544455544343554343544353554354  
46 22533245543222344524333253532234  
48 42541324443224454325234143552244

JUDGEMENT

5 223242233342132424443241333522343  
6 325453455443314433335444544443454  
14 535554445454325454545543545544554  
15 425534345444125444444333544433454  
26 435553355453353444445433534443354  
30 435553355454235454445444544453354  
37 425553455453325553435443534433554  
39 335544555454325553435443535543544  
46 225312455442223444344331535422344  
48 425412244442234553352341435522454

**APPENDIX G**  
**Statistical Results**

APPENDIX G  
STATISTICAL RESULTS

PERFORMANCE

MEAN ( 1 ) = 3.6	MEAN ( 17 ) = 4.2
MEAN ( 2 ) = 2.8	MEAN ( 18 ) = 4.1
MEAN ( 3 ) = 4.8	MEAN ( 19 ) = 3.3
MEAN ( 4 ) = 4	MEAN ( 20 ) = 3.8
MEAN ( 5 ) = 4	MEAN ( 21 ) = 4.2
MEAN ( 6 ) = 3.1	MEAN ( 22 ) = 3.7
MEAN ( 7 ) = 3.5	MEAN ( 23 ) = 3.6
MEAN ( 8 ) = 4.5	MEAN ( 24 ) = 2.8
MEAN ( 9 ) = 4.7	MEAN ( 25 ) = 4.7
MEAN ( 10 ) = 3.9	MEAN ( 26 ) = 3.4
MEAN ( 11 ) = 3.6	MEAN ( 27 ) = 4.2
MEAN ( 12 ) = 2.9	MEAN ( 28 ) = 4.4
MEAN ( 13 ) = 2.6	MEAN ( 29 ) = 3.4
MEAN ( 14 ) = 3.4	MEAN ( 30 ) = 2.8
MEAN ( 15 ) = 4.1	MEAN ( 31 ) = 3.9
MEAN ( 16 ) = 4.1	MEAN ( 32 ) = 4.3

SOURCE	SS	DF	MS	F
RATEES (ROWS)	72.5125	9.0000	8.0569	18.8443
RATERS (COLUMNS)	112.1500	31.0000	3.6177	8.4615
REMAINDER (ERROR)	119.2875	279.0000	0.4276	
TOTAL	303.9500	319.0000		

INTRACLAS CLASS CORRELATION = 0.3580

JUDGEMENT

MEAN ( 1 ) = 3.5	MEAN ( 17 ) = 4.2
MEAN ( 2 ) = 2.4	MEAN ( 18 ) = 3.6
MEAN ( 3 ) = 4.8	MEAN ( 19 ) = 3.8
MEAN ( 4 ) = 4.3	MEAN ( 20 ) = 3.8
MEAN ( 5 ) = 3.8	MEAN ( 21 ) = 4.3
MEAN ( 6 ) = 3	MEAN ( 22 ) = 3.6
MEAN ( 7 ) = 3.4	MEAN ( 23 ) = 3.7
MEAN ( 8 ) = 4.5	MEAN ( 24 ) = 2.6
MEAN ( 9 ) = 4.7	MEAN ( 25 ) = 4.7
MEAN ( 10 ) = 3.9	MEAN ( 26 ) = 3.4
MEAN ( 11 ) = 4.5	MEAN ( 27 ) = 4.3
MEAN ( 12 ) = 3.1	MEAN ( 28 ) = 4.4
MEAN ( 13 ) = 2.3	MEAN ( 29 ) = 3.3
MEAN ( 14 ) = 2.5	MEAN ( 30 ) = 2.8
MEAN ( 15 ) = 4.1	MEAN ( 31 ) = 3.9
MEAN ( 16 ) = 4.3	MEAN ( 32 ) = 4.7
	MEAN ( 33 ) = 3.9

SOURCE	SS	DF	MS	F
RATEES (ROWS)	62.5121	9.0000	6.9458	14.7752
RATERS (COLUMNS)	162.1879	32.0000	5.0684	10.7815
REMAINDER (ERRORS)	135.3879	288.0000	0.4701	
TOTAL	360.0879	329.0000		

INTRACLAS CORRELATION = 0.2945



ATTITUDE

MEAN ( 1 ) = 3.8	MEAN ( 17 ) = 4.1
MEAN ( 2 ) = 2.6	MEAN ( 18 ) = 3.7
MEAN ( 3 ) = 4.9	MEAN ( 19 ) = 4
MEAN ( 4 ) = 4.3	MEAN ( 20 ) = 3.8
MEAN ( 5 ) = 4.5	MEAN ( 21 ) = 4.4
MEAN ( 6 ) = 3.2	MEAN ( 22 ) = 3.7
MEAN ( 7 ) = 3.5	MEAN ( 23 ) = 3.7
MEAN ( 8 ) = 4.4	MEAN ( 24 ) = 2.7
MEAN ( 9 ) = 4.7	MEAN ( 25 ) = 4.9
MEAN ( 10 ) = 4.5	MEAN ( 26 ) = 3.4
MEAN ( 11 ) = 4.5	MEAN ( 27 ) = 4.7
MEAN ( 12 ) = 3.2	MEAN ( 28 ) = 4.2
MEAN ( 13 ) = 2.4	MEAN ( 29 ) = 3.4
MEAN ( 14 ) = 4	MEAN ( 30 ) = 2.8
MEAN ( 15 ) = 4.1	MEAN ( 31 ) = 3.6
MEAN ( 16 ) = 4	MEAN ( 32 ) = 4.8
	MEAN ( 33 ) = 4.1

SOURCE	SS	DF	MS	F
RATEES (ROWS)	49.3455	9.0000	5.4828	12.5467
RATERS (COLUMNS)	145.2970	32.0000	4.5405	10.3903
REMAINDER (ERROR)	125.9545	288.0000	0.4370	
TOTAL	320.4970	329.0000		

INTRACLASS CORRELATION = 0.2592

## APPENDIX H

### Individual Questionnaire Summary

APPENDIX H

Individual Questionnaire

PLEASE FILL IN OR CHECK THE APPROPRIATE BLANK FOR EACH QUESTION:

1. Sex: Male 2 Female 31  
25-1 29-4 32-3 36-1 41-1 59-1  
2. Age: \_\_\_\_\_ 26-2 30-3 33-2 38-2 42-1  
28-4 31-1 34-1 39-1 46-1  
3. Years of Experience in OT: 35-2 40-1 47-1  
0-3 6 4-6 0 7-9 5 10-12 7 13-15 6  
16 or more 9
4. Number of Students you have supervised using FWE:  
0-2 1 3-4 4 5-6 10 7-8 6 9-10 5  
11 or more 6 1-no response
5. Please describe any training you have received in student supervision including the years you received the training: (Appendix I)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How many OT students does your facility train a year:  
0-3 6 4-6 0 7-9 5 10-12 7 13-15 6  
16 or more 9

I UNDERSTAND THAT MY RETURN OF THIS QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH. NO MEDICAL SERVICE OR COMPENSATION IS PROVIDED TO SUBJECTS BY THE UNIVERSITY AS A RESULT OF INJURY FROM PARTICIPATING IN RESEARCH.

**APPENDIX I**

**Summary of Responses**

APPENDIX I  
SUMMARY OF RESPONSES

Summary of responses to question number five ("Please describe any training you have received in student supervision including the years you received the training") on individual questionnaire.

1. Workshop in Lubbock, Texas, 1989 for clinical supervision of students.
2. Training was provided as part of job 1985-1989. Training included evaluations, treatment plans, appropriate intervention for patient care in all areas of physical disabilities in all age groups.
3. No formal training from AOTA.
4. Workshop using the FWE: Fieldwork evaluation and supervision, 1987, sponsored by Great Plains West and the Texas Occupational Therapy Association and area health centers. It is difficult to impossible to assess attitude from a case study.
5. 1985, all day workshop on student supervision. Have attended several (greater than 3) seminars on the use of the Fieldwork Performance Report.
6. Attended several training sessions at various Texas Occupational Therapy Association and American Occupational Therapy Association conferences over the years. My boss, who has been in the profession fifteen years longer than I, has trained many, many students and has provided valuable informal training on student supervision. Information in case study is not adequate to rate in all three

areas, therefore I did not differentiate in my responses.

7. Attended workshop, 1987.
8. Inservices in our department on student supervision done through the Occupational Therapy Department in 1988 and 1989.
9. 1986 Fieldwork student supervision seminar. 1987-1990, supervised approximately 2 students per year. FWE training in Midland/Odessa, Texas in approximately 1988. Texas Tech University held a workshop in the fall of 1989, given by Pat Christ.
10. One day workshop in Houston, Texas on the Development of Therapeutic Competence, A Developmental Approach to Supervision.
11. On the job training working with student coordinator when I had my first 1-2 students. She provided me with materials, structure, and supervision until I was able to supervise independently. Training in 1988 and 1989.
12. Clinical supervision workshop, fall of 1986 and 1987.
13. 1988, student supervision training seminar, lecture, film, discussion to techniques, and learning phases of students.
14. Inservice on student supervision, TWU, 1989.
15. Attended two workshops, unsure of the years. Three items 6, 37, 39 could not rate fairly as we have specific behavioral objectives and circumstances not in the case study; therefore, answers are "halo-ed."
16. Two hour orientation by University of Texas Medical Branch when the FWE was first utilized.
- 17 Texas Occupational Therapy Association district workshop in 1987.

18. Initial student supervision workshop sponsored by University of Texas Medical Branch, 1973. Participated on committee to develop FWE objectives for University of Texas Medical Branch, 1987.
19. Helped with orientation , 1984 through 1990, on student coordination. Supervisor reviewed FWE with me in 1989 with first student and everyone after that.
20. Difficult to resist urge to write in comments section. I write separate comments with notes regarding strengths and areas for continued growth. Departmental inservices on student supervision each year. Course held by TWU in 1989.
21. On the job training. One year experience before supervising students and experience with pre-fieldwork students.
22. No formal training, only on the job training.
23. Difficult task using a case study.
24. Great Plains West District Meeting in 1985. I used our behavioral objectives to score student.
25. Student supervision workshop in 1986.
26. On the job training. Occasional inservices from university fieldwork coordinators.
27. Note: seven therapists did not respond on this section.