

The Just-Right Challenge in Fieldwork

Donna Costa

The concept of the “just-right challenge” was originally conceived by A. Jean Ayres to describe the therapist’s choice of treatment activities for a child that are neither too easy nor too difficult.¹ Claudia Allen also used this concept when describing treatment for the client with cognitive dysfunction issues, advocating for the therapist to select treatment activities that are just slightly above the client’s current level of cognitive functioning.² The concept of the just-right challenge is described more fully in the *Conceptual Framework for Therapeutic Occupation*,³ in which the authors define a challenge as the balance between the inherent level of difficulty in the occupation and the client’s level of developmental competencies. A task has to be difficult enough to provide a challenge to the person attempting it, but not so difficult that the person gives up in frustration. Nelson and Jepsen-Thomas discussed how both an over-challenge and an under-challenge result in an imbalance, inhibiting successful performance by the individual.³ An over-challenging task is too difficult, and an under-challenging task is too easy. But they both lead to failure. The problem is not with the individual, but with the assigned task.

So how does this apply to fieldwork education? Students are assigned a variety of tasks by their fieldwork educators, designed to promote learning and the development of clinical reasoning. Just as we grade treatment activities for clients to meet the just-right challenge, so too does the fieldwork educator grade assignments for the student that will lead to eventual mastery of entry-level practice competencies.

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But assigning and grading requires an ongoing vigilance to the responses of the students to the tasks. The fieldwork educator must evaluate whether the assignment is too hard or too easy for this particular student at this point in his or her professional development; both will lead to increasing frustration for the student, who will become bored if the tasks are too easy, or feel increasingly incompetent if the tasks are too difficult.

There are several examples of this just-right challenge in fieldwork education. These include the pace of the treatment setting, the institutional environment, and the amount of distractions and support in the clinic. The number of clients treated per day is another example of challenge, and whether clients are seen individually or in groups. What is the nature of these clients and their injuries or conditions? Are they complex cases requiring advanced problem solving, or do they have routine conditions for which long-term care is required? Are the treatment interventions at your facility the same for all clients, or are they individualized, occupation-based in their design? The documentation required by the facility may be time intensive, on top of the number and complexity of written fieldwork assignments given by the supervisor. The frequency and

length of supervision, whether it is provided individually or in group sessions, and whether it is conducted “on the run” between client encounters or as a set-aside time, are additional examples of the challenges inherent in supervision. One way to formally assess all of the above is to use the AOTA Field-

work Experience Assessment Tool,⁴ which can be found in the Educators-Researchers section of the AOTA Web site (www.aota.org). The data collected through this instrument will provide the fieldwork educator with input as to the level of challenge inherent in the fieldwork site; it is also a valuable self-assessment for a student to complete to develop a self-directed plan for future learning.

The burden for determining the difficulty of the assignments is shared between the student and fieldwork educator. Initially the fieldwork educator takes the lead in directing the course of the fieldwork experience. But as the student becomes more comfortable and feels more competent, he or she should begin to provide input during the supervisory process, identifying those experiences that are needed to enhance learning. Having regularly scheduled supervision sessions between the fieldwork educator and the student can facilitate this collaborative process. Open-ended questions can be asked of the student such as “Tell me how difficult or easy it has been for you to work with your assigned patients this past week,” or “Tell me how you have experienced the pace here in the past few weeks.” The student should feel

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empowered to ask the fieldwork educator to step up the pace if it's too slow, or ask for a time out to catch up if it is difficult to keep up. To help the student reach this point, the fieldwork educator has to establish a tone of acceptance and collaboration. All too often I hear students tell their "war stories" about fieldwork educators who didn't listen, didn't invite their feedback, or rejected their input. This attitude can only lead to a student learning to be passive and just doing what they are told to do—no more and no less.

Fieldwork educators are mentors for the students they supervise; they lead by example, provide inspiration, challenge students to think on their feet, encourage when the going gets tough, and demonstrate their commitment to professional excellence and lifelong learning. Christie described the supervision we provide as "a dynamic, empowering process that fosters the integration of theoretical knowledge and application of therapeutic principles with the conscious use of self to enhance the effectiveness of our practice. However, I believe we need to educate ourselves more about supervision; what it means and how to receive and conduct effective supervision using a conceptual model to ensure safe practice" (p. 57).⁵ ■

References

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3. Nelson, D., & Jepsen-Thomas, J. (2003). Occupational form, occupational performance, and a conceptual framework for therapeutic occupation. In P. Kramer, J. Hinojosa, & C. Royeen, *Perspectives on human occupation: Participation in life*. Philadelphia: Lippincott.
4. American Occupational Therapy Association. (2001). *Fieldwork Experience Assessment Tool*. Retrieved July 16, 2008, from <http://www.aota.org/Educate/EdRes/Fieldwork/StuSuprvsn/38220.aspx>
5. Christie, A. (1999). A meaningful occupation: The just right challenge. *Australian Occupational Therapy Journal*, 46, 52-68.

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Successful applicants have patented specific items, created videos for organizations, and modified community buildings for easier access. Many applicants have submitted specific protocols and forms that they developed to improve the quality of their service delivery or their documentation. Sometimes the evidence may not meet the guidelines in a Quality Improvement category, but will meet the guidelines for Development. Both formal and self-directed learning are often the basis for developing programs and instructional materials.

Editing, Manuscript Review, Publications, Recordings, Public Awareness Efforts, Scholarly Research, Quality Improvement

Examples of these categories must meet the specific indicator or competency, and often reflect leading practice. They are often the product of the Learning Categories or Development Categories that have been fulfilled while creating the portfolio.

Evaluation of Performance, Fieldwork Supervision, Formal Consultation, Mentee/Mentor, Peer Review, Team Building, Volunteer Activity

These interpersonal interaction activities often reflect involvement with clients and our ability as clinicians to make changes that have an impact on our ability to develop our skills.

Although 32 different activities can be completed, you only need to use five during the course of creating your portfolio. The broad range of activities is offered to address the many learning styles and skill levels of applicants. The key point to remember is to link your evidence clearly to the indicators to meet the objective of the competency. As your portfolio develops more depth, the links you make will enable the reviewer to understand your approach and methods as an advanced practitioner. ■

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Update electronic newsletter, and are designed to connect members with Internet sites, resources, and information related to the EBP of occupational therapy. Although the Evidence Bytes often focus on sites that are not included in the EBP Resource Directory, they also highlight new features of well-established sites. A complete listing of all the Evidence Bytes can be found in the Evidence-Based Practice and Research Section of the AOTA Web site, but users need to scroll through the chronologic listing by title, summary, and link to find a site of interest. By creating an additional listing the respective resources highlighted in the Evidence Bytes in appropriate categories, members will have easier access to new and useful sites. Also, using bulleted summaries to describe each Evidence Byte site will make it easier for users to determine whether it might provide helpful evidence, and the "Check Out" feature will direct users to the most relevant sections of the Web site.

It is exciting to launch the update to the EBP Resource Directory while supporting the goals and priorities of AOTA's Centennial Vision, particularly that of developing an evidence-based profession. We invite you to use the EBP Resource Directory and recognize it as an important tool for occupational therapists and occupational therapy assistants involved in the goal of developing projects that build strong linkages between education, research, and practice. ■

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