Development of the Student Practice Evaluation Form – Revised (Second Edition)

(SPEF-R2): The first action research cycle

Abstract

Introduction: The Student Practice Evaluation Form – Revised Edition (SPEF-R) is used by all Australian universities to assess the capability and performance of occupational therapy students on block practice placements. The occupational therapy landscape in Australia has evolved significantly since the SPEF-R was developed. This study aimed to review the SPEF-R and develop a revised edition, the SPEF-R2.

Methods: The first cycle of an action research process involved four phases: (1) mapping the SPEF-R to the Australian Occupational Therapy Competency Standards 2018 (AOTCS); (2) development of the SPEF-R2; (3) national consultation through an online survey with clinicians, university staff and students; and (4) reflection and further amendments.

Results: In phase 1, good alignment was found between the AOTCS 2018 and the SPEF-R. In phase 2, the SPEF-R2 was developed to further enhance alignment, including expanded content related to culturally responsive practice, reflective practice and clinical/professional reasoning, resulting in two items being added to the tool. Further wording adjustments were made to improve clarity, reduce duplication and improve relevance to the contemporary occupational therapy landscape. In phase 3, survey results indicated that the SPEF-R2 was well received overall, with most participants viewing it as an improvement on the SPEF-R. Cultural content and reflective practice additions in particular received positive feedback. Concerns were raised by some participants, including perceived repetition, the length of the tool and time required for completion, and addressed by further amendments in phase 4. Three items were removed or consolidated elsewhere, and three items became core items.

Conclusion: The Australian occupational therapy community considers the SPEF-R2 to be a timely and much-needed development. Piloting of the SPEF-R2 and final revisions prior to release are planned for subsequent action cycles and amendments will be made to the online platform and associated training resources.

KEY WORDS: education, occupational therapy; student performance appraisal; education, clinical; professional practice

Development of the Student Practice Evaluation Form – Revised (Second Edition)

(SPEF-R2): The first action research cycle

Background

Practice education is well established as an essential component of educating occupational therapy students (Allison & Turpin, 2004). The World Federation of Occupational Therapists guidelines (WFOT, 2002) stipulate that occupational therapy students are required to complete 1000 hours of supervised professional practice before graduation.

The University of Queensland has led the development of assessment tools to evaluate student performance and assess competency whilst undertaking professional practice placements. The Student Practice Evaluation Form (SPEF) was initially developed in 1995. By the mid-2000s, the need to revise the tool was identified in response to expansion in occupational therapy practice areas and service delivery models. The SPEF was revised in 2008, resulting in the development of the Student Practice Evaluation Form-Revised Edition (SPEF-R) (Turpin, Fitzgerald & Rodger, 2011) and a free training website. The SPEF-R was then adopted by all Australian universities to assess the capability and performance of occupational therapy students on block practice placements (Rodger, Coleman et al., 2014; Rodger, Turpin et al., 2014). The utility and practicality of this tool has been further enhanced over recent years by development of an online platform for completion and submission, known as the SPEF-R Online, and the creation of the SPEF-R Online Comment Bank (Rodger, Turpin et al., 2014). Inter-rater and test-retest reliability of the tool has also been investigated, demonstrating that the SPEF-R can be used reliably and interpreted consistently by practice educators with diverse backgrounds and levels of experience (Rodger, Coleman et al., 2014).

In the years since the SPEF-R was introduced, the occupational therapy landscape in Australia has further evolved and occupational therapy practice areas and service delivery models have expanded in response to new funding models and a growing evidence base. Further, the marked increase in the number of universities offering occupational therapy programs (Australian Health Practitioner Regulation Agency, 2019) has resulted in a significant increase in demand for practice placements. Universities and the occupational therapy community have responded by developing alternative placement models including simulation, project placements, student-resourced services, collaborative placements (two students to one educator) and placements in areas of emerging practice (Gustafsson et al., 2017). In addition, the Occupational Therapy Board of Australia, through the Australian Health Practitioner Regulation Agency (AHPRA), released new Australian Occupational Therapy Competency Standards (AOTCS) in February 2018 (Occupational Therapy Board of Australia, 2018). These represent a broadening of previous minimum competency standards for new graduate occupational therapists and were driven, in part, by the considerable increase in practice contexts in which occupational therapists engage with consumers (AOTCS, 2018). Consequently, a review and update of the SPEF-R was indicated to ensure appropriate assessment of student performance in today's practice context.

The aim of this paper is to describe the process used to review the SPEF-R in light of contemporary practice contexts and the newly released competency standards. The process involved mapping the existing SPEF-R to the competency standards, identifying necessary changes, and seeking national consultation and feedback on the proposed revised version, referred to as the SPEF-R2.

Methodology and Results

The project was undertaken using action research methodology (Stringer, 2014), similar to that used in the development of the SPEF and the SPEF-R, and as such, methodology and results are presented together. In action research, each cycle involves action, observation, reflection and planning about a specific practice situation. Where possible, the action research process should involve ‘those who are directly affected and aims to benefit those people in an active and practical way’ (Allison & Turpin, 2004, p. 127).

The project had three main research objectives:

1. To determine required changes, if any, to the SPEF-R through mapping against the 2018 AOTCS;
2. To develop a draft version of the SPEF-R2 to meet the contemporary needs of Australian occupational therapy practice; and
3. To determine perceptions of the Australian occupational therapy community regarding the utility and applicability of the proposed SPEF-R2.

Two action research cycles were proposed, the first of which is described in this paper. Cycle 1 involved mapping, development and feedback from stakeholders. Cycle 2 involved piloting the SPEF-R2, the results of which will be reported in a subsequent paper.

In keeping with the original SPEF and SPEF-R development, a small but varied team of occupational therapists formed to review the SPEF-R and undertake a process of extensive national consultation. The SPEF-R2 project team included the SPEF-R nationwide coordinator as project lead, a member of the original SPEF development team, two experienced occupational therapy academic researchers, an experienced clinician and professional practice educator, a university professional practice placement coordinator and a project officer (also an experienced occupational therapist and professional practice educator). A reference group providing broad stakeholder representation was also established.

The three objectives for this study were addressed in four phases. The first two phases are briefly described and then the third phase is presented in detail. The fourth phase outlines the final changes made to the SPEF-R2. Each phase used a process of taking action and then reflecting on the outcome and planning for further action.

Phase 1: Mapping the SPEF-R to the AOTCS 2018

Mapping of the SPEF-R to the AOTCS 2018 occurred from June to July 2018, with the project lead and project officer independently identifying and documenting points of similarity and difference between the standards and the SPEF-R. This process included determination of items, topics and concepts from the AOTCS 2018 that were either not yet represented in the SPEF-R, not embedded to the same level or not expressed within the same context as the standards. The project team then met to compare and contrast the two sets of documented points, reaching consensus on one combined set of similarities and differences.

The SPEF-R appeared to broadly represent the core principles and values in the AOTCS 2018. Alignment was particularly strong across the areas of: professionalism; goal setting; occupational therapy process; occupational performance; client-centeredness; communication; quality improvement; and service evaluation.

Despite this encouraging level of similarity, there was also a proportion of content from the AOTCS 2018 that was not adequately represented in the SPEF-R. This included content related to: cultural responsiveness and safety, contemporary language; power imbalances and conflicts of interest; student peer learning; informed consent; evidence-based practice; assistive technology; and environmental modifications.

Phase 2: Project team revisions and development of the SPEF-R2

Whilst the AOTCS 2018 mapping exercise determined a range of areas to be addressed in order to align the SPEF-R with the standards, it was clear to the project team that additional

revisions and amendments to the SPEF-R were needed to align it more closely to new and emerging contemporary practice contexts. Changes were also deemed necessary to further enhance user experience and increase the clarity of individual items within the tool. Based on extensive practical experience in application of the tool across varied practice areas, and collective knowledge gained from significant formal and informal/anecdotal feedback from therapists and educators spanning many years, further edits and enhancements were proposed by the team.

All proposed amendments and updates to the SPEF-R were collated for discussion. After a period of collaborative review, agreement was reached on necessary changes and a draft revised edition was finalised. This was titled the Student Practice Evaluation Form – Revised (Second Edition), or SPEF-R2. Major changes are summarised in Table 1.

Insert Table 1 about here

This action phase also involved the review of the SPEF-R User Manual and necessary edits to align it with the draft SPEF-R2. This ensured all text and images were consistent with the new wording, and instructions reinforced important concepts such as appropriate use of the rating scale and the value of placement-specific examples for items as needed. All changes were discussed within the research team prior to finalisation of the draft SPEF-R2 Manual.

Phase 3: SPEF-R2 national consultation and feedback

Following development of the draft SPEF-R2, purposeful sampling was used to invite a diverse sample of occupational therapy clinicians, university staff and students to participate in online surveys to describe their previous experiences with the SPEF-R and their

impressions of the draft SPEF-R2. Ethical clearance was obtained for the project from The University of Queensland Human Research Ethics Committee (#201800814) and the Griffith University Human Research Ethics Committee (#2019/548).

Two online surveys were created: one for occupational therapy clinicians and university staff, and another for occupational therapy students. There were 25 survey questions for clinicians and university staff and 22 in the student version. A range of closed and open-ended questions were included, using Likert response sets to explore opinions and attitudes.

Qualitative data were gathered via free text comment boxes. All participants were required to provide consent before being able to access the survey questions. Demographic data such as age, years of experience, areas of practice and experience using the SPEF-R were gathered from clinicians and university staff. The student survey gathered demographic data including number of practice placements assessed using the SPEF-R and practice settings of completed placements.

The draft SPEF-R2, along with a summary of changes, was shared with all survey participants. Clinician and university staff participants were asked to draw upon knowledge of, and experience with, student practice placements and evaluations to complete the survey. Questions regarding online use of the tool were also included. Student participants (who had already completed at least one practice placement) were asked to detail their experience of being evaluated using the current SPEF-R, their opinions about updates to the SPEF-R2 and their thoughts on being evaluated using the proposed tool.

Invitations were sent to key contacts at all Australian universities with occupational therapy education programs, who then circulated the information amongst staff, students and occupational therapists involved in professional practice placements. This optimised the reach of the survey and included all states and territories. The initial 3-week survey period

was extended to 5 weeks in order to allow further time for participants from all states and territories to complete the survey. By the survey closure date, 213 participants had completed the clinician and university staff survey in full, and 63 had fully completed the student survey. An additional 131 participants commenced the survey but did not complete every question – with many exiting when asked to peruse the proposed SPEF-R2. Data from incomplete responses were excluded from analysis.

The sample of respondents included representation from seven states and territories across Australia for the clinician and university staff survey, with highest completion rates in Victoria (35%), Queensland (33%) and New South Wales (17%). A wide variety of practice areas and contexts were represented, in addition to significant variation in years of experience working as an occupational therapist, and number of times having used the SPEF-R previously. Students from four states across Australia participated, with Queensland (47%), Victoria (25%) and South Australia (19%) comprising the majority of respondents. (See Table 2)

Each participant was given a numerical identifier – from 1-213 for the clinician and university staff respondents, and 1-63 for the student respondents. Quantitative survey data were summarised descriptively, open-ended comments were categorised, and a qualitative analysis was undertaken.

Insert Table 2 about here

Clinician and university staff survey results

The survey results indicated that clinician and university staff participants overwhelmingly supported the need to update the SPEF-R (88%). Eighty-seven percent agreed the draft SPEF-R2 accurately reflected the AOTCS 2018 and 78% of respondents agreed SPEF-R2 domains and items were easy to understand. This was reflected in additional comments from several respondents, with one commenting the SPEF-R2 was “more understandable than [the] previous SPEF [SPEF-R]” (Participant 159). Additional comments from participants referred to reduced duplication, clearer examples and an overall improvement in understanding and application of the SPEF-R2, for example, “...change in language and terminology make a big difference” (Participant 138).

Contemporary practice. Changes made to the tool in order to bring it into line with contemporary occupational therapy practice were well received. Eighty-eight percent of respondents agreed the SPEF-R2 covered the breadth of skills and attributes required for contemporary Australian occupational therapy practice. Furthermore, 89% of respondents felt items within the SPEF-R2 were applicable to their current role and setting. One participant noted alterations to wording made the SPEF-R2 more inclusive for all practice areas, with examples being clearer and easier to apply in settings such as occupational rehabilitation. A large majority of participants (92%) agreed they could see themselves applying the SPEF-R2 for student evaluation within their current role.

Culturally safe practice. The new references to culturally safe and responsive practice within the SPEF-R2 were welcomed by participants. Most respondents (87%) either agreed or strongly agreed additions relating to culturally responsive practice added value to the SPEF-R2. Multiple respondents made additional comments stressing the importance of including this content, and its particular relevance for regional/rural/remote settings in the Australian context.

Ease of use. The majority (84%) of participants agreed the additions and amendments to the SPEF-R2 constituted an improvement over the SPEF-R. Many participants commented positively about “much clearer wording” (Participant 27), clarity of items, and general understanding of which knowledge, behaviour or skill each item referred to, for example, “[It is] so much easier to understand and differentiate between the areas” (Participant 151). Eighty-nine percent of respondents felt the SPEF-R2 would be a useful tool to provide feedback to students. Several respondents specifically signaled changes to Domain Eight - Service Evaluation and Reflection as a significant improvement, for example, “Changes to section 8 will make a huge difference to use of the SPEF-R to support feedback and evaluation of students” (Participant 147). Finally, 93% of respondents expected they would easily adapt from the SPEF-R to the SPEF-R2. (See Table 3)

Insert Table 3 about here

National vs. international application. A small number of concerns were raised and suggestions for further improvement provided. The risk of limiting international application by including specific reference to Aboriginal and Torres Strait Islander Peoples was raised by one respondent, who also acknowledged this was tempered by the tool’s broader references to culturally diverse populations, of which Aboriginal and Torres Strait Islander Peoples are one example. The project team and reference group acknowledged this concern however, it was felt specific reference to Aboriginal and Torres Strait Islander Peoples and culture was necessary and appropriate, particularly given multiple specific references within the AOTCS 2018 and the predicted application of the SPEF-R2 across all Australian occupational therapy programs.

Regional and rural practice. Two respondents expressed concern about application of the SPEF-R2 to rural generalist practice, although others countered this with endorsement of new inclusions as useful for rural practice application. Other comments highlighted the value of practice educators creating workplace specific examples as required, in order to ensure the tool has optimal application to any setting, including rural and regional contexts. Several respondents mentioned removal of an original item related to explaining the occupational therapy role. The project team agreed it was necessary to re-introduce this item within Domain One.

Other feedback. The final survey question asked participants if they had other comments, thoughts or suggestions regarding the SPEF-R2. This question was optional, and 24% of participants provided a response. Comments centred around several main issues. One of the most common issues expressed was the length of the SPEF-R2 and the time it would take to complete. Approximately 10% of total participants expressed some concern regarding repetition and the length of the tool. Conversely, a small number of respondents (4.2%) requested additional information and examples be added to the SPEF-R2. Despite this conflicting feedback, further efforts were made to consolidate and streamline content where possible and this resulted in further reduction of wording across multiple domains and items. Several other diverse and relevant suggestions were made by participants for inclusion in the SPEF-R2. A suggestion to include references to linguistically diverse service users was addressed by the project team. Additional suggestions included making specific reference to concepts and terms such as interprofessional practice, occupational justice, contemporary paradigm, and evidence-informed practice. Whilst these concepts were either implied or explicitly included within the SPEF-R2 already, some extra amendments were made to make these concepts more overt.

SPEF-R Online. Brief questions were included within the survey about the SPEF-R Online, the web-based platform allowing practice educators to complete and submit the SPEF-R electronically. Most respondents (74%) reported they found the SPEF-R Online easy to use. The same number reported they referred to the SPEF-R Online comment banks and rating descriptors to help inform their evaluation. Eight percent reported they did not use the online tool at all.

Fifty-four respondents (25%) had experienced difficulties with using the SPEF-R Online, 50 of whom elaborated with comments. Many of these centred around saving input in older versions of the SPEF-R Online when it was originally released. Other comments related to issues linked with individual university administration tasks (e.g., changes to educator details), workplace barriers (e.g., blocking of websites and/or browsers), and user error (e.g., losing passwords, submitting evaluations in error). This served as a timely reminder of the need to provide communication and training for use of the new tool to both university staff and practice educators.

Participants were also asked if they had any final comments, thoughts or suggestions regarding functionality of the SPEF-R Online. Fifty-seven respondents (26%) answered this question. Additional topics raised by multiple clinicians included requested improvements to printing capabilities, font size and formatting, spell-check functionality, student self-rating within the online tool, and saving and sharing templates amongst colleagues and across universities. Some of these comments reflected a reduced understanding of the current capabilities of the online tool, further highlighting the need for ongoing communication and training. Others will provide important data to inform any future upgrade of the online platform.

Student survey results

Students were asked about their general opinion and experience of being evaluated using the SPEF-R. The majority (67%) of respondents made at least one positive comment about the SPEF-R. The most frequent comments were that the tool was generally useful (27%), comprehensive (14%), easy to use (8%), enabled learning (16%), and assisted feedback provision (11%).

Student concerns with current SPEF-R. A significant number (76.2%) mentioned at least one critical comment about the SPEF-R, most commonly regarding: repetition (29%), wording and understandability (27%), length (11%), scoring and rating scale (11%), applicability to placement setting (11%), and incorrect use or application of the SPEF-R by universities and/or practice educators (10%). Many of these concerns were addressed within the SPEF-R2 whilst others related less to the tool, and more to problematic use of the SPEF-R by universities (e.g., in shorter placements than those for which it was designed, and by educators' misuse of the rating scale). The majority (84%) of students agreed with the need to update the SPEF-R.

Clarity and understanding. As with clinicians and university staff, most students (81%) believed the proposed SPEF-R2 accurately reflected the AOTCS 2018. Seventy-eight percent of student respondents agreed or strongly agreed the SPEF-R2 domains and items were easier to understand, for example, "the wording is not as ambiguous and is a lot clearer for students to understand" (Participant 5). Eight (13%) students provided additional comments, focusing on clarity - "domains are much clearer" (Participant 44), less repetition - "reduction in duplication will assist in using this document" (Participant 62) and improvements to Domain Eight: Service Evaluation and Reflection - "section 8 is now much more understandable!" (Participant 11). Additions relating to culturally responsive practice were also welcomed by students, with 81% of respondents agreeing or strongly agreeing this

added value to the SPEF-R2. Comments included that this content was “absolutely essential” (participant 58) and is “a significant inclusion into the new SPEF-R” (Participant 26).

Links to curricula. A high proportion (89%) of students believed the SPEF-R2 captured the breadth of skills and attributes required of them during practice placements. Ninety percent felt SPEF-R2 items were consistent with the course content in their occupational therapy studies. Most (81%) agreed they would understand how to use the SPEF-R2 effectively in their role as a student, and the majority (75%) believed the SPEF-R2 would have been relevant and applicable as an evaluation tool for their completed practice placements. Almost all (97%) said they could see themselves being evaluated on a placement using the SPEF-R2, with 89% agreeing the SPEF-R2 would be a useful tool to receive feedback from their practice educators. Overall, 86% of student participants felt the additions and amendments within the SPEF-R2 constituted an improvement over the SPEF-R, with 95% of students expecting they would be able to easily adapt from the SPEF-R to the SPEF-R2 (see Table 4).

Insert Table 4 about here

Other feedback. Finally, 24% of student participants responded to an optional question regarding comments, thoughts or suggestions for the SPEF-R2 they wished to add. Some responses indicated students were linking the content of the SPEF-R2 with professional practice as graduates, for example,

I also think that ... 2.4 Recognises and manages own wellbeing for safe, professional practice changes are very important ... will enable students and supervisor to better reflect on a student’s ability to manage stress. I think this is important as this is an

aspect that I and many of my peers struggled with on placement and is a skill that is essential as a new graduate occupational therapist. (Participant 39)

Some referred to wording, for example, “making it more concise is important” (Participant 50), perceived repetition/duplication, and the length of the SPEF-R2, such as “...but the document is still massive” (Participant 56). Others expressed a hope for an adjusted rating scale, as well as more specific examples reflecting non-traditional occupational therapy roles.

Phase 4: Final amendments to the SPEF-R2

Reflection on feedback from clinicians/university staff and students was undertaken by the project team in order to act on any identified omissions, issues or suggestions for the SPEF-R2 from the broader occupational therapy community. This reflection process resulted in the following interpretation of the feedback.

Feedback from both survey groups was overwhelmingly positive. Quantitative data clearly demonstrated the vast majority of the occupational therapy community were pleased with the updates to the SPEF-R2 and considered the tool to be a significant improvement over the SPEF-R. Qualitative comments revealed the general structure of the tool was well regarded, and the key features of the tool should be retained. Participants felt the tool was clearer, easier to understand, simpler to use, reflected their workplace setting and role, and would be easier to apply in practice than its predecessor.

Whilst there were concerns raised by some respondents – most notably regarding repetition, wording and length – these were by far in the minority. The project team determined a significant proportion of negative comments about the SPEF-R or SPEF-R2 related to the use of the tool in ways, or for purposes, for which it was not designed. These included clinician error in use of the tool (e.g., lack of understanding of ratings), in addition to application for shorter placements than those for which the tool was intended. Redesign of the SPEF-R for

other purposes such as evaluation of performance on short or sessional placements, was beyond the scope of this project. Nevertheless, this feedback points to a need to promote communication and training associated with the SPEF-R2. It also suggests users may benefit from reminders of the importance of accessing available training and perusing the SPEF-R2 manual prior to use.

This reflection resulted in a second round of minor amendments to the SPEF-R2. In total, 24 further amendments were made, including language and content changes to increase clarity and differentiation between items. This round of amendments also resulted in three items being removed or consolidated elsewhere, and reclassification of three items to become core (must pass). This led to the development of an updated SPEF-R2, ready for piloting, and further adjustments to the User Manual.

Discussion

Review of the SPEF-R in relation to the AOTCS 2018 and contemporary practice contexts provided an important opportunity to look closely at the concepts included, and terminology used, in the tool. Occupational therapists who participated in this research worked across a broad range of clinical areas and had varied experience of using the SPEF-R, and thus were able to provide feedback regarding both the previous tool and the proposed SPEF-R2 that was relevant to a wide variety of practice education placements undertaken by Australian occupational therapy students. At times, conflicting feedback was provided via the survey. While some respondents requested less content, others suggested additional examples as appropriate to their clinical area. There is a tension between the desire for a comprehensive student performance assessment that is sufficiently detailed to extract key information about a student's ability to meet competencies, and the need for a tool of manageable length. This

tension was felt by the project team and attempts were made to ensure a balance between specificity and generality, in order for the tool to be widely applicable.

In navigating this balance, the project team intended that examples provided for each item within the tool were *examples* only, designed to assist students and practice educators to apply the item in a practice context. Importantly, the team also acknowledged both the SPEF-R and the proposed SPEF-R2 provided opportunity for the addition of setting-specific examples by practice educators. This customisation feature allows practice educators to clearly describe specific knowledge, skills and behaviours associated with an item in a way that correlates with their practice context more specifically when needed. This not only ensures clear expectations for students, but also facilitates effective and efficient completion of the evaluation.

There were also some features of the SPEF-R which were not reviewed within the scope of the study. These included the rating scale, which remains unchanged. The current research project drew upon findings from the 2008 revision, the outcomes of which were later published in 2011 (Turpin et al., 2011). At that time, with the assistance of an educational advisor, behavioural descriptors for each rating were reviewed and expanded, with further emphasis placed on the need for practice educators to provide examples of student performance to substantiate ratings. Subsequent research used Rasch analysis to determine the validity and reliability of the tool, including the rating scale, and provided evidence for its construct validity (Rodger et al., 2016). Therefore, the revised edition has adhered to the existing rating scale due to its established psychometric properties.

Finally, a strength of this project was inclusion of feedback from students as important stakeholders in the revision of their practice placement assessment tool. Students who completed the survey highlighted similar concerns to clinical educators and university staff

but also recognised the overall potential of the tool for providing feedback and learning opportunities. Given the proximity of the survey to the students' recent experience of being evaluated on the SPEF-R, which some students found challenging, it is encouraging that students generally perceived the SPEF-R2 to be a valuable tool.

Implications and recommendations for further research

Whilst this review of the SPEF-R and subsequent development of the SPEF-R2 has involved a significant level of consultation and engagement with the broader national occupational therapy community, further research will be required to assess and evaluate its utility and applicability over time, and across a broad range of clinical and organisational contexts and settings.

A subsequent research cycle addressed the third research objective, which was to determine perceptions of the Australian occupational therapy community regarding the utility and applicability of the SPEF-R2. This involved piloting of the SPEF-R2 across a range of settings and placement models, gathering feedback from users, further reflection and revisions, before final publication of the SPEF-R2. It is expected that updates to the online platform to allow users to access the new version electronically will be required before release of the tool. Given previous research has established the reliability and validity of the tool (Rodger et al., 2013), it will be important to re-establish these psychometric properties once the SPEF-R2 is in use for a suitable period of time.

Conclusion

This project aimed to provide contemporary and contextual updates and improvements to the core occupational therapy student practice placement evaluation tool used across Australia. Action research methodology was used to review and update the SPEF-R. The first action research cycle, described in this paper, involved four phases including: mapping the SPEF-R

to the Australian Occupational Therapy Competency Standards 2018; revisions and development of the SPEF-R2; national consultation on the draft SPEF-R2; and final SPEF-R2 review and amendments. This study found that the broader occupational therapy community overwhelmingly supported the updates to the SPEF-R, and clinicians and students anticipated they would be able to easily adapt to use of the SPEF-R2. Although the occupational therapy community largely endorsed additions and amendments within the SPEF-R2 and considered it a much-needed improvement, suggestions were made for further additions and efficiencies. The project team have addressed most participant suggestions and concerns within the SPEF-R2 final revisions. In action research Cycle 2, the SPEF-R2 was piloted in practice, results of which will be reported in a subsequent paper.

Key Points for Occupational Therapy

- Australian clinicians and students feel the SPEF-R2 better reflects current competency standards and contemporary practice.
- Australian occupational therapists believe cultural safety and responsiveness are key values in the education of occupational therapy students.
- Assessment of student practice placement performance must be regularly reviewed to ensure it reflects contemporary practice.

Declaration of Authorship

AC and CH managed data collection, analysis and interpretation, and development of the manuscript. All authors contributed to the conception of the work, data analysis and finalisation of the manuscript for publication.

Conflict of Interest

The University of Queensland holds the copyright to the SPEF-R and licences the tool, for a fee, to universities in Australia and overseas. Individual authors hold no financial interest.

Funding

This project was made possible with funding from The University of Queensland's School of Health and Rehabilitation Sciences. Funds were made available from SPEF-R licence subscriptions to support the research.

Acknowledgements

The authors wish to acknowledge the members of the project reference group, who have provided valuable feedback and support to the project: Cate Fitzgerald, Merrolee Penman, Jacqui Broadbridge, Chris Bruce, Chrisdell McLaren, Megan Chaffin and Emily Mitchell. The authors also acknowledge additional members of the project team: Wendy Hood and Teresa Quinlan for their ongoing contributions.

Data Availability Statement

Data not available due to privacy/ethical restrictions.

References

Allison, H. & Turpin, M. (2004). Development of the student placement evaluation form: A tool for assessing student fieldwork performance. *Australian Occupational Therapy Journal*, 51, 125-132.

Australian Health Practitioner Regulation Agency (2019). Approved programs of study list.

Retrieved from <https://www.ahpra.gov.au/education/approved-programs-of-study.aspx?ref=occupational%20therapist>

Gustafsson, L., Brown, T., McKinstry, C. and Caine, A. (2017). Practice education: A snapshot from Australian university programmes. *Australian Occupational Therapy Journal*, 64, 159-169. doi:10.1111/1440-1630.12337

Lewin, K. (1946). Action Research and Minority Problems. *Journal of Social Issues*, 2, 34-46. doi:10.1111/j.1540-4560.1946.tb02295.x

McNiff, J. (2013). *Action Research – Principles and Practice*. London, UK: Routledge

Occupational Therapy Board of Australia. (2018). *Australian occupational therapy competency standards 2018*. Melbourne: Australian Health Practitioner Regulation Agency.

Rodger, S., Chien, C. W., Turpin, M., Copley, J., Coleman, A., Brown, T. et al. (2016). Establishing the validity and reliability of the Student Practice Evaluation Form-Revised (SPEF-R) in occupational therapy practice education: A Rasch analysis. *Evaluation and the Health Professions*, 39(1), 33-48. doi:10.1111/1440-1630.12115.

Rodger, S., Coleman, A., Caine, A.M., Chien, C. W., Copley, J., Turpin, M., et al. (2014). Examining the inter-rater and test-retest reliability of the Student Practice Evaluation Form-Revised (SPEF-R) for occupational therapy students. *Australian Occupational Therapy Journal*, 61, 353-363. doi:10.1111/1440-1630.12151.

Rodger, S., Turpin, M., Copley, J., Coleman, A., Chien, C. W., Caine, A.M. et al. (2014). Student Practice Evaluation Form-Revised edition (SPEF-R) online comment bank: Development and reliability analysis. *Australian Occupational Therapy Journal*, 61, 241-248 doi:10.1111/1440-1630.12115.

Stringer, E.T. (2014) *Action research*. 4th edition, SAGE Publications Ltd: London.

Turpin, M., Fitzgerald, C. & Rodger, S. (2011). Development of the student practice evaluation form revised edition package. *Australian Occupational Therapy Journal*, 58, 67-73.

World Federation of Occupational Therapists. (2002). Revised minimum standards for the education of occupational therapists. Forrestfield: The Council of the World Federation of Occupational Therapists.

Table 1

Summary of major changes in SPEF-R2

Change	Details
Clarity, conciseness and contemporary wording	Adjustments and updates to wording to improve clarity, reduce repetition and help educators to distinguish items and domains from one another. This included the removal of numerous outdated terms and the merging of items and examples where possible e.g. an item related to personal, co-worker and service user safety was absorbed into an item regarding workplace procedures.
Cultural responsiveness and safety	Creation of a clear cultural thread throughout the tool. A new item referring specifically to culturally responsive and safe practice was added, along with several additions and updates to cultural examples in numerous existing items. These changes more accurately reflected contemporary cultural considerations in occupational therapy practice and within the competency standards, which specifically refer to Aboriginal and Torres Strait Islander people (AOTCS, 2018).
Professional reasoning	Existing references to “reasoning” were replaced with the more widely accepted and recognised term, “clinical/professional reasoning”, throughout the tool. This aimed to create further clarity and improve alignment with contemporary occupational therapy curricula.
Reflective practice	Expanded reflective practice content, including renaming of Domain Eight to include the term “reflection”. This was targeted at improving educator and student understanding of the aspects of student performance assessed by Domain Eight. Additional references to reflective practice were incorporated across several other items.

Evidence-based practice	Clearer and more consistent reference to evidence-based practice was added within three separate domains: Self-Management, Documentation and Information Gathering.
Documentation	Expansion of the documentation domain, which had previously been limited to three items. This included addition of a new item and relevant examples referring to how a student prepares and organises themselves for documentation.
Practice models	Multiple new references to occupational therapy practice models across three domains, thus promoting a clearer focus on occupational therapy process and frameworks throughout the tool. Additional references to registration body standards, guidelines and the Code of Ethics (Occupational Therapy Australia, 2014) were also incorporated.
Student health and wellbeing	Clearer and more contemporary description of the need for students to recognise and manage their own health and wellbeing. This included specific references to mental and physical health needs as they may arise on placement.
Contemporary practice	Other additions responding to contemporary practice issues, including: recognising and responding to conflicts of interest; obtaining consent; recognising power imbalances; using social media; using peer learning; respecting service users' rights to make informed decisions; working with online/electronic notes; and additional references to using technology, devices and environmental modifications.

Table 2*Demographic characteristics of participants*

Clinician and university staff participants (n=213)	
Characteristic	n (%)
Gender	
Female	193 (90.6)
Male	20 (9.4)
Age group	
18-24	3 (1.4)
25-34	109 (51.2)
35-44	63 (29.6)
45-54	20 (9.4)
55-64	18 (8.5)
State or Territory where currently working	
Queensland	72 (33.8)
New South Wales	37 (17.4)
Victoria	75 (35.2)
Australian Capital Territory	3 (1.4)
South Australia	23 (10.8)
Western Australia	2 (0.9)
Tasmania	1 (0.5)
Years working as an occupational therapist	
1-2 years	9 (4.2)
3-5 years	46 (21.6)
6-10 years	59 (27.7)
11-15 years	37 (17.4)

16-20 years	26 (12.2)
Over 20 years	36 (16.9)
Current position	
Clinician	168 (78.9)
University practice educator	19 (8.9)
Other university role	10 (4.7)
Other	16 (7.5)
Primary work setting	
Public hospital	92 (43.2)
Private hospital	6 (2.8)
Public community	60 (28.2)
Private community	6 (2.8)
Other private practice	8 (3.8)
University	22 (10.3)
Non-government organisation	5 (2.4)
Other	14 (6.6)
Primary clinical/educational caseload or area of expertise	
Adult physical	88 (41.3)
Adult mental health	29 (13.6)
Paediatrics	27 (12.7)
Aged care	30 (14.1)
Vocational rehabilitation	6 (2.8)
Child & youth mental health	3 (1.4)
Other	30 (14.1)
Capacity in which have used the SPEF-R in the past [†]	
As a student	124 (58.2)
As a clinician (practice educator)	203 (95.3)

As an academic	18 (8.5)
As a university practice educator	31 (14.6)
Number of times SPEF-R used with a student on placement	
0 times	4 (1.9)
1-2 times	16 (7.5)
3-5 times	47 (22.1)
6-10 times	58 (27.2)
More than 10 times	88 (41.3)

Student participants (n=63)

Characteristic	n (%)
Gender	
Female	59 (93.7)
Male	4 (6.4)
Age	
18-24	46 (73.0)
25-34	8 (12.7)
35-44	4 (6.4)
45-54	5 (7.9)
State or Territory where currently studying occupational therapy	
Queensland	30 (47.6)
New South Wales	5 (7.9)
Victoria	16 (25.4)
South Australia	12 (19.1)
Number of placements completed with SPEF-R as primary evaluation tool	

1	19 (30.2)
2	14 (22.2)
3 or more	30 (47.6)
Practice setting of completed practice placements [†]	
Public hospital	41 (65.1)
Private hospital	3 (4.8)
Public community	42 (66.7)
Private community	13 (20.6)
Other private practice	4 (6.4)
University	7 (11.1)
Non-government organisation	7 (11.1)
Other	10 (15.9)
Caseload of completed practice placements [†]	
Adult physical	46 (73.0)
Adult mental health	21 (33.3)
Paediatrics	36 (57.1)
Aged care	24 (38.1)
Vocational rehabilitation	4 (6.4)
Child & youth mental health	6 (9.5)
Other	8 (12.7)

[†] Multiple responses allowed.

Table 3:*Clinician and university staff online survey quantitative responses (n=213)*

Question / Statement, <i>n</i> (%)	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	N/A
I understand the need to update the SPEF-R	103 (48.3)	85 (39.9)	22 (10.3)	1 (0.5)	2 (0.9)	-
The SPEF-R2 accurately reflects the 2018 AOTCS	49 (23.0)	136 (63.9)	21 (9.9)	5 (2.4)	1 (0.5)	1 (0.5)
The SPEF-R2 domains and items are easy to understand	32 (15.0)	135 (63.4)	26 (12.2)	19 (8.9)	1 (0.5)	-
The SPEF-R2 covers the breadth of OT skills and attributes for contemporary Australian OT practice	46 (21.6)	141 (66.2)	15 (7.0)	8 (3.8)	2 (0.9)	1 (0.5)
Additions relating to culturally responsive practice add value to the SPEF-R2	71 (33.3)	114 (53.5)	22 (10.3)	6 (2.8)	0 (0.0)	-

Items within the SPEF-R2 are applicable to my current OT role and setting	60 (28.2)	130 (61.0)	16 (7.5)	7 (3.3)	0 (0.0)	-
I can see myself applying the SPEF-R2 for student evaluation within my current role	77 (36.2)	119 (55.9)	14 (6.6)	3 (1.4)	0 (0.0)	-
The SPEF-R2 will be a useful tool for me to provide feedback to students	74 (34.74)	116 (54.5)	19 (8.9)	3 (1.4)	1 (0.5)	-
I expect to be able to easily adapt from the SPEF-R to the SPEF-R2	91 (42.7)	107 (50.2)	13 (6.1)	2 (0.9)	0 (0.0)	-
Overall, I feel the additions and amendments within the SPEF-R2 constitute an improvement over the SPEF-R	69 (32.4)	110 (51.6)	32 (15.0)	0 (0.0)	2 (0.94)	-
I find the SPEF-R Online easy to use	40 (18.8)	117 (54.9)	19 (8.9)	19 (8.9)	3 (1.4)	15 (7.0)
I refer to the SPEF-R Online comment banks and rating descriptors to help inform my evaluation	59 (27.7)	99 (46.5)	21 (9.9)	14 (6.6)	1 (0.5)	-
Do you currently experience any technical issues in your access to and use of the SPEF-R Online	Yes		No		N/A	
	54		141		18	
	(25.4)		(66.2)		(8.5)	

Table 4.*Student online survey quantitative responses (n=63)*

Question / Statement, n (%)	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	N/A
I understand the need to update the SPEF-R	23 (36.5)	30 (47.6)	9 (14.3)	1 (1.6)	0 (0.0)	-
The SPEF-R2 accurately reflects the 2018 AOTCS	15 (23.8)	36 (57.1)	12 (19.1)	0 (0.0)	0 (0.0)	0 (0.0)
The SPEF-R2 domains and items are easy to understand	11 (17.5)	38 (60.3)	9 (14.3)	4 (6.4)	1 (1.6)	-
The SPEF-R2 covers the breadth of OT skills and attributes that were required of me during my practice placement(s)	12 (19.1)	44 (69.8)	4 (6.4)	3 (4.8)	0 (0.0)	-
Items within the SPEF-R2 are consistent with the course content in my OT studies	13 (20.6)	44 (69.8)	4 (6.4)	2 (3.2)	0 (0.0)	-
Additions relating to culturally responsive practice add value to the SPEF-R2	29 (46.0)	22 (34.9)	11 (17.5)	1 (1.6)	0 (0.0)	-

I understand how to use the SPEF-R2 effectively in my role as a student	19 (30.2)	32 (50.8)	10 (15.9)	1 (1.6)	1 (1.6)	-
I believe the SPEF-R2 would have been relevant and applicable as an evaluation tool for my completed practice placement locations	18 (28.6)	29 (46.0)	13 (20.6)	3 (4.8)	0 (0.0)	-
I could see myself being evaluated on a placement using the SPEF-R2	23 (36.5)	38 (60.3)	2 (3.2)	0 (0.0)	0 (0.0)	-
The SPEF-R2 would be a useful tool for me to receive feedback from OT practice educators	22 (34.9)	34 (54.0)	7 (11.1)	0 (0.0)	0 (0.0)	-
I expect to be able to easily adapt from the SPEF-R to the SPEF-R2	24 (38.1)	36 (57.1)	2 (3.2)	1 (1.6)	0 (0.0)	-
Overall, I feel the additions and amendments within the SPEF-R2 constitute an improvement over the SPEF-R	22 (34.9)	32 (50.8)	6 (9.5)	2 (3.2)	1 (1.6)	-