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# Student Emotional Intelligence and Fieldwork Success: Current Evidence, Practical Implications and Student Trends in Occupational Therapy Education

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# Student Emotional Intelligence and Fieldwork Success:

## Current Evidence, Practical Implications, and Student Trends in Occupational Therapy Education

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### Abstract

The correlation of emotional intelligence and success for OT and OTA students during Fieldwork II has been minimally explored, but has been shown to be positively associated. To begin to better understand this relationship, which includes cultural humility and adaptability, this preliminary literature review of current research and exploration of Fieldwork Performance Evaluation related trends is designed to lay a framework for further studies.

### Introduction

In preparation to become a healthcare professional, clinical experiences are one of the most crucial aspects of translating didactic coursework into clinical practice (Brown et al., 2016). It is recognized that students with integrated emotional intelligence are identified as performing higher at providing individualized, meaningful and culturally sensitive care (Mckenna and Mellson, 2013). It can be concluded that health care students need integrated emotional intelligence skills in order to be success on a clinical placement. This topic was of interest to deeper understand the correlation of emotional intelligence and success with clinical experiences and how health care curriculums can facilitate growth of emotional intelligence as students prepare for and enter clinical internships. This presentation outlines current evidence, our preliminary findings with current 2021 student data from St. Catherine University OT and OTA Programs, and potential future opportunities.

### Learning Objectives

- 1) Upon review of this poster, participants will be able to summarize the importance of integrated emotional intelligence in healthcare profession students.
- 2) Upon review of this poster, participants will describe the importance of intentionally developing emotional intelligence skills in health care education.
- 3) Upon review of this poster, participants will identify further research needed in the area of emotional intelligence and its correlation to successful fieldwork performance.
- 4) Upon review of this poster, participants will reflect upon their own experience and perceptions of emotional intelligence in health care education and clinical experiences.

### Current Literature Review

#### What is Emotional Intelligence (EI)?

- Emotional intelligence (EI) represents an array of non-cognitive skills, capabilities and competences, such as professionalism, empathy, integrity, that influence a person's ability to cope with environmental demands and pressures (Talarico et al., 2013). Research from medicine, nursing, and psychology emphasizes the relevance of EI skills and personality traits in developing clinical reasoning processes, professional development, and communication between colleagues and clients and their families (Chaffey et al., 2012, as cited in Brown et al., 2016).

#### Why is EI Important in Healthcare?

- Gribble et al (2019) also suggest that healthcare professionals with higher EI scores have higher job satisfaction, higher patient satisfaction scores, better team skills, ability to self reflect and deal with workplace stress.
- Andonian (2013), as cited in Brown et al., 2016 ) states that emotional intelligence is an “essential skill to examine” during students' field placements because emotional stability is crucial in working to successfully engage with clients with a range of disabilities and their families.
- Most human services professions were ranked as needing higher degrees of emotional intelligence (i.e., nurses, teachers) compared with other professions (i.e., chef, systems analyst) (Adonian, 2013).
- For students to function effectively in academic and clinical settings, students require the necessary skills for understanding their own and others' emotions (Jamison and Dorette, 2004, as cited in Brown et al., 2016).
- Skills in emotional intelligence may improve workplace outcomes because emotional intelligence skills have been correlated with good problem-solving skills, leadership, and operating with integrity within work environments (Mayer et al., 2008 as cited in Andonian, 2013).

#### How does an Integrated EI Promote Clinical Success?

- Emotional Intelligence was correlated to improved outcomes on fieldwork for students specifically with “client centered approaches, communication and intervention skills” (Andonian, 2013).
- Fieldwork experiences play a critical role in the refinement of Emotional Intelligence skills and student must be attuned to improve EI skills to be successful through the fieldwork experiences (Gribble, Ladyshevsky, Parsons, 2019)
- An occupational therapy practitioner with integrated emotional intelligence will effectively utilize the therapeutic use of self, provide client-centered interventions, motivate, effectively communicate, and facilitate a trusting and meaningful therapeutic relationship (Mckenna and Mellson, 2013).
- Gribble et al (2019) also suggest that “emotional intelligence tends to increase as each individual matures emotionally.” This would suggest that students can improve emotional intelligence with training (in OT curriculum) or by guided experiences in fieldwork settings.

### BACKGROUND INFORMATION

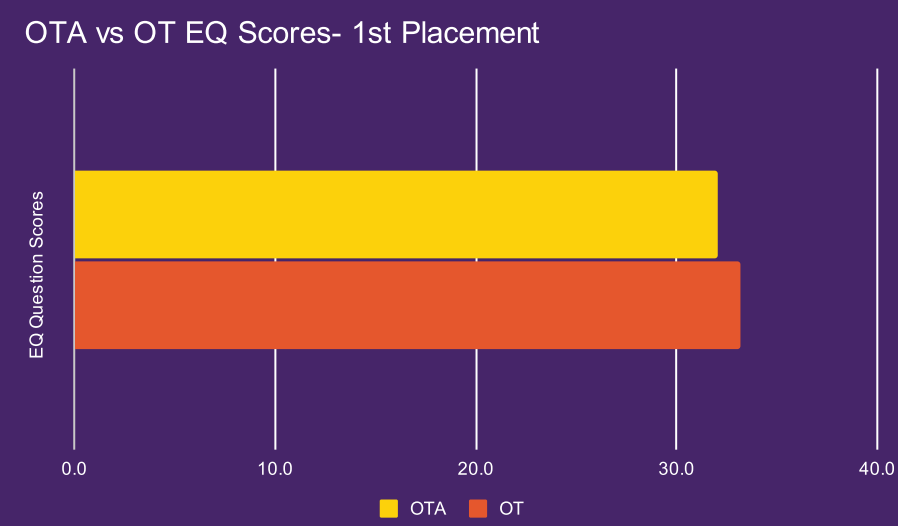
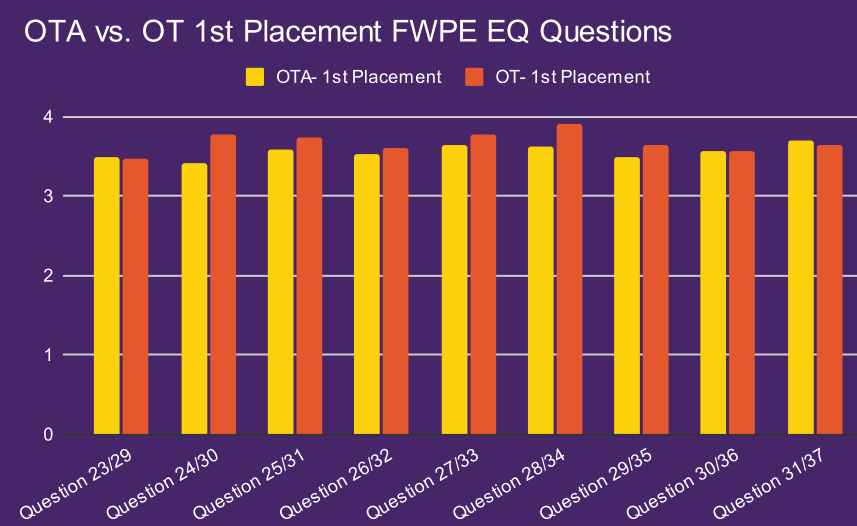
*For the purpose of this work, scores from the 2020 AOTA Fieldwork Performance Evaluation (FWPE) were reviewed.*

- The Fieldwork Performance Evaluation (FWPE) is a performance based measure of clinical skills and cognitive skills which correlates with the development of EI needed to be successful at fieldwork.
- The scores are from 2021 fieldwork placements for Occupational Therapy (OT) and Occupational Therapy Assistant (OTA) Students
- OT Students complete two 12-week experiences and OTA students complete two 8-week placements. All placements are full time and supervised and evaluated by a licensed OT or OTA. All placements are completed at the end of the didactic portion of the educational program.
- The following questions under the category of “Communication and Professional Behaviors” were used for the data collection:
  - Occupational Therapy Assistant: 23, 24, 25, 26, 27, 28, 29, 30, 31
  - Occupational Therapist: 29, 30, 31, 32,33, 34, 35, 36, 37

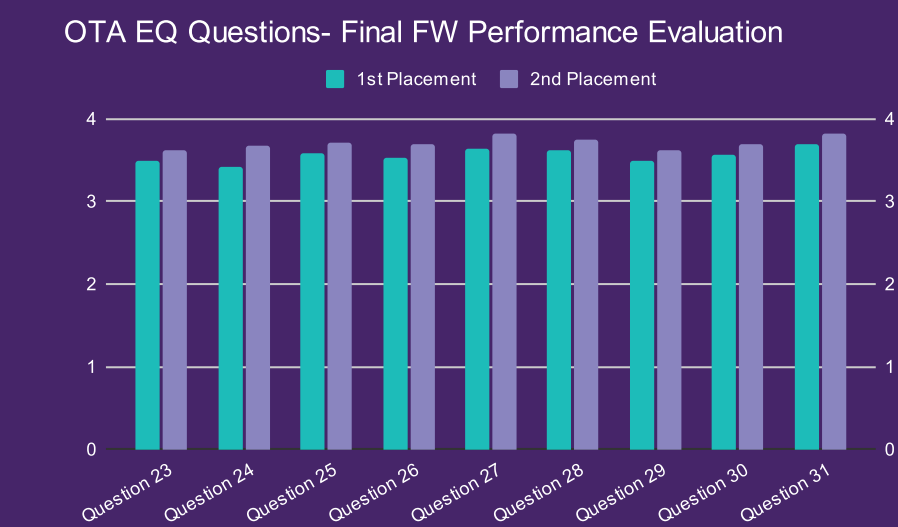
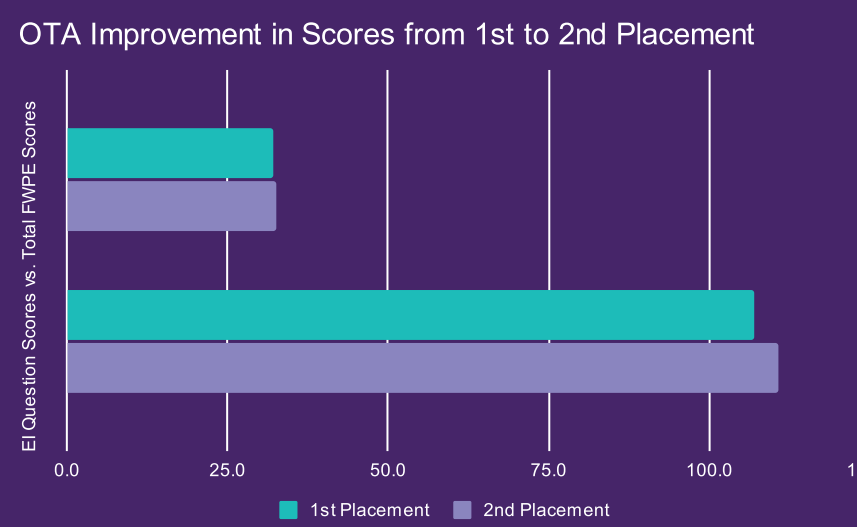


To access full list of EI questions, please utilize this QR code:

### FINDINGS



From the FWPE data compiled, a trend was noted that OT graduate level students (illustrated in orange) did slightly better on average than associate level OTA students (illustrated in yellow) did as it relates to the EI questions on their first placement final AOTA Fieldwork Performance Evaluation. Each individual question has a possible high score of “4- Exemplary Performance” and possible high score of 36 for all EI questions included in this presentation. The slightly higher scores in graduate level students is an identified further area of study as this is an important trend for educators to explore.



Further exploration of OTA FWPE data, students on average scored higher on all EI questions and their overall final after completing their second Fieldwork II rotation. While this requires further exploration, it does demonstrate that EI scores are not static and can improve.

### Qualitative Data from OTA Student FWPE

#### Preceptor Comments from EI Questions:

- Communication skills have improved from the midterm, but this is still an area of great need. Needs a lot of support when collaborating with other members of the IEP team, and continues to demonstrate difficulty effectively articulating the “why” behind her choice in interventions and recommendations.
- Excellent and very mature writing style. Articulates and documents appropriately treatment interventions and methods.
- Was very invested in her fieldwork. She was not afraid to ask for help and feedback and was always interested in how she could further improve her skills. She also would ask for her supervisor feedback and input on new treatments she was using.
- Appears very open to feedback. However, when constructive criticism is provided, changes are not always made from that constructive criticism. For example, reminders had been made multiple times to bring each child's token reward systems to each of their sessions. However, she still needed reminders to do this before sessions for students during her last week.
- Student responds constructively to feedback in a timely manner most of the time.

### Qualitative Data from OT Student FWPE

#### Preceptor Comments from EI Questions:

- Respects client's socioeconomic status and takes this into consideration when planning interventions.
- I appreciated that you could compose your non-verbal body language as this is needed a lot in mental health
- Responds well to feedback and makes immediate changes when recommended.
- Huge growth, I have seen you open up a little bit with your clients. You took some harsh feedback at times from clients in which you adjusted and met their needs. You were able to stay calm and appeared less flustered.
- Did not ask many questions or request feedback on her performance

### Reflection Questions

- Do you recall any emotional intelligence training during your education or in your clinical practice?
- What are some successful strategies you have used to strengthen your own EI skills? Or strategies to help improve a student's skills? (reflection, role play, self management techniques)
- When working with students, do you provide feedback to them on their emotional intelligence skills? In the academic setting or in the clinical setting?
- What components would be necessary to include in a curriculum that fosters higher EIQ in clinical students who have a high level of interaction with the community?
- What are some ways you have been challenged in your teaching practice to address student issues related to poor EI?

### Conclusions

#### Summary of Findings:

- Emotional intelligence is on a continuum, health care students can and do improve their EI over time with education and clinical experiences.
- Students with lower EI skills in a health care program, may have increased difficulty during clinical application and therefore require more support from the academic institution and the preceptor.
- It may be beneficial that a EI curriculum is developed in a program that has an experiential component in order to ensure successful outcomes.
- Students may be empowered to express their needs and experiences when EI is integrated in the curriculum in way that is clearly defined in course objectives.
- It is expected that healthcare students will improve their EI and that some students will need direct support in the area of EI skills over time in clinical placements, therefore, it is necessary to ensure that the preceptors are prepared to reflect on EI skill development.
- It may be beneficial for academic institutions to provide more training on EI to those providing clinical based supervision to facilitate EI development.

#### Direction of More Research:

- What are effective interdisciplinary trainings to support EI development in the curriculum and throughout clinical experiences?
- Is there a difference between degree levels (associate, bachelor's, master's, etc.) and their EI skills and how does that how that impact clinical performance?
- Analyze the difference between initial clinical experience vs more advance placements and the change in EI scores?
- Are clinical preceptors prepared to support EI development in the clinical setting? If not, how can academic institutions better prepare students and/or better prepare the preceptor?

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