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Preparing Occupational Therapy Students for Acute Care: Simulation Enhances Skills, Confidence and Resilience

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Abstract

Background

The acute hospital is a challenging fieldwork placement for occupational therapy students, with a high failure rate. Educational programs must prepare students with strong clinical skills, professional behaviors and resilience to thrive in this complex environment.

Methodology:

We designed and implemented an acute care module within an entry-level Doctor of Occupational Therapy fieldwork preparation course, guided by Experiential Learning Theory, Social-Emotional Learning, and mindfulness. Activities included group problem-solving, resilience-building exercises, and simulation of clinical and communication skills with a standardized patient, physician, and nurse. Pre-/post-scores on a confidence survey were compared with Wilcoxon signed-ranks test and mean scores on the simulation rubric assessed skills (n=33). Qualitative feedback on optional resilience activities was collected through written reflections (n=4).

Results:

Confidence significantly increased on nine of 12 clinical skills. Participants demonstrated strong performance in clinical and communication skills during simulation. Resilience-building activities were received positively, but students indicated more time was needed for skill development.

Discussion:

This acute care module attained its aims of preparing students' clinical skills, communication, and resilience. Future research should further explore the impact of acute care simulation and resilience-building on students, fieldwork educators, and occupational therapy programs.

Introduction

The acute hospital setting provides medical intervention for individuals who have experienced a critical change in their health or functional status due to traumatic injury, sudden onset of illness or disease, or exacerbation of a chronic medical condition (Oldenburg & Hamby, 2024). While the primary goal of the acute care hospital is to medically stabilize patients with urgent medical conditions that could otherwise lead to disability or death, a secondary goal is addressing an individual's safety and functional status (Oldenburg & Hamby, 2024). Patient safety and functional independence are primary focuses of occupational therapy (OT) intervention, making OT practitioners (OTPs) relevant members of the acute care treatment team. According to the American Occupational Therapy Association [AOTA] 2023 Workforce and Compensation Survey Premium Report (2023), 20.8% of respondents reported hospitals as their primary work setting, making it one of the most common practice settings for OTPs. Due to the complex nature of the acute care hospital, specialized student education is needed to prepare OT students and entry-level practitioners for this common practice setting.

The acute hospital setting is among the most challenging fieldwork (FW) experiences for OT students (Kemp & Crabtree, 2018). Fieldwork education is a requirement of all accredited occupational therapy education programs (Accreditation Council for Occupational Therapy Education [ACOTE], 2025). During Level II fieldwork, occupational therapy students deliver occupational therapy services under the supervision of a licensed occupational therapy practitioner (ACOTE, 2025). One study shows that 95% of FW failures occur in acute care (Nicola-Richmond et al., 2017). To

be successful in acute care Level II FW, students must demonstrate strong background in medical knowledge and apply it to the hospital setting (Herman, 2024). They must be able to manage the many sensory and cognitive challenges present in the stimulating, fast-paced hospital environment. Success in the hospital setting also requires students to have strong professional behaviors including communication skills, ability to receive and respond to feedback, flexibility, and interpersonal skills (Karp, 2020; Kemp & Crabtree, 2018; Oldenburg et al., 2024). While the acute hospital setting requires specialized knowledge and preparation for students, OT education programs prepare students to practice as generalists, with no specific standards related to acute care practice (ACOTE, 2025).

Fieldwork Educator Perspectives

Fieldwork educators have identified common themes and characteristics among students who fail Level II FW, including lack of preparation through hands-on experience, lack of problem-solving skills, poor professional behaviors, communication skills and clinical reasoning (Nicola-Richmond et al., 2017). Ultimately, many OT students may lack adequate skills and preparation for Level II FW in the acute hospital setting, resulting in unsuccessful completion of FW placements. Fieldwork failure may lead to consequences for students including increased costs, delays in graduation and future employment, and fewer entry-level occupational therapists prepared to work in this common work setting. Consequences at the institutional level include fewer FW educators or sites willing to take students, negatively impacting the ability of educational programs to place Level II students (Kemp & Crabtree, 2018; Nicola-Richmond et al.,

2017). Thus, there is a need to prepare students with the skills and knowledge to support success in Level II FW in acute care.

Simulation-based Learning

Simulation-based learning experiences have been shown to be effective in the fields of nursing and medical education, and there is some evidence that the use of simulation activities enhances OT students' confidence in FW (Andrzejewski et al., 2020; Glenn & Fulwider, 2025; Hayden et al., 2014; McGee & Sopeth, 2015; Thomas et al., 2017; Wu & Shea, 2020). Students perceive simulation experiences to have an impact on physical skills required for the acute care setting, such as performing transfers, body mechanics, and the ability to manage medical equipment and lines commonly encountered in the intensive care unit (ICU) (Gibbs et al., 2017; McGee & Sopeth, 2015; Reichl et al., 2019). One study has shown a correlation between participation in simulation-based learning activities and subsections of the Fieldwork Performance Evaluation, but these findings were not statistically significant (Ozelie et al., 2016). There is evidence to support that integrative seminars improve students' perceptions of critical thinking skills, interpersonal skills and professional identity (Wu & Shea, 2020). These seminars combine high-fidelity simulation activities with problem-based learning, team-based learning, reflection, and collaboration.

Student Perspectives

Research shows that resilience and ability to manage stress are strong predictors of OT students' professional behaviors and Level II FW outcomes (Bricker et al., 2024; Brown et al., 2020, Perry et al., 2025). Resilience is described as the positive skills an individual has that allows them to cope with and bounce back from stressful

situations (Brown et al., 2020). Students also identified growth mindset and flexibility as important for acute care FW readiness (Oldenburg et al., 2024). Within nursing literature, there is evidence supporting a positive relationship between resilience, emotional intelligence, and performance on professional experience placements (Cleary et al., 2018). Resilience was also found to be positively correlated with clinical communication and coping with stressful situations. Attempts to address resilience in healthcare students and professionals come in many forms, with the strongest evidence supporting the use of workshops and cognitive behavioral training, and moderate evidence for small group problem solving (Rogers, 2016). There is a gap in peer-reviewed literature on the use of resilience interventions with OT students, yet some grey literature exists supporting the use of group reflection discussions to build resilience in OT students (Kennedy, 2017).

Program Stakeholder Perspectives

These acute care FW themes from existing literature were congruent with experiences at the authors' affiliated institution. Feedback from FW educators and students identified that hands-on skills were a particular challenge, and in some cases resulted in FW failure (Zeman & Mack, 2018). In response, in 2018, faculty in our program piloted a one-hour, optional simulation lab called "Lines, Drains, and Tubes" for students with planned acute care placements (Zeman & Mack, 2018). Students reported positive experiences in the lab, but its optional nature led to limited participation and limited outcomes data (Zeman & Mack, 2018). The one-hour lab also had a narrow scope focused primarily on managing lines, drains, and tubes during care. We therefore proposed a more comprehensive learning experience to address ongoing unmet needs

in acute care FW preparation in the areas of clinical skills, professional behaviors, and resilience, which was approved by the EL-OTD program director and the Academic Fieldwork Coordinator.

To better prepare students for acute care Level II FW, we developed a two-week acute care module within a pre-existing FW preparation course for the entire student cohort. The purpose of this paper is to describe the design, implementation, and evaluation of the acute care module and discuss implications for entry-level OT Level II FW preparation.

Acute Care Module Description

Guiding Theories

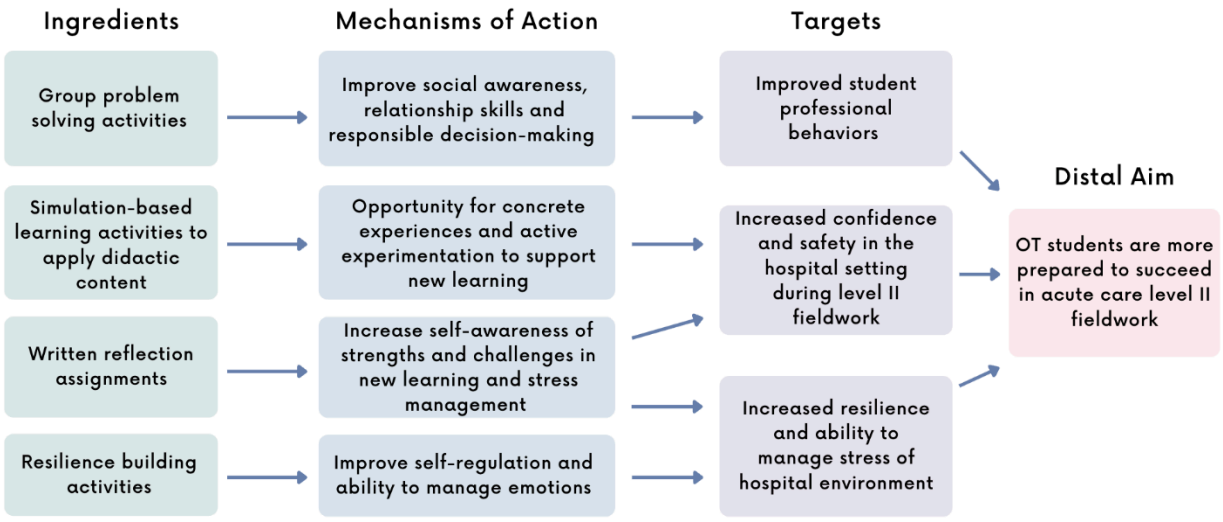
The development of this module was guided by three conceptual frameworks. Kolb's (1984) Experiential Learning Theory states that learning occurs as abstract concepts are applied to new experiences. Reflective observation is used to understand new experiences in relation to existing knowledge. Social-Emotional Learning focuses on the development of a learner's emotional intelligence to support healthy identities, the ability to manage emotions, achieve personal and collective goals, and establish and maintain supportive relationships (Gallagher & Stocker, 2018). The theory of mindfulness supports the development of acceptance and non-judgment to manage stress and improve well-being (Brown et al., 2025).

There are calls for rehabilitation literature to use more standardized language to describe the professional reasoning underlying interventions (Reynolds, 2023, 2024). Recommended language from the Rehabilitation Treatment Specification System (RTSS) include "targets" and "aims" to describe the intended proximal and distal

intervention outcomes, “ingredients” to describe aspects of the intervention that lead to the targeted changes, and “mechanisms of action” to describe the theorized processes of change (Hart et al., 2019). Like Hamilton and colleagues’ (2022) approach to using RTSS to specify an entry-level allied health professions education session, we applied RTSS to conceptualize this acute care module’s theory of change. Figure 1 illustrates how principles from Experiential Learning, Social-Emotional Learning, and mindfulness theories guided intentional instructional strategies to facilitate targeted student learning outcomes.

Figure 1

Acute Care Module Conceptual Model of Change



Acute Care Module Aims

The purpose of the acute care module was to create an opportunity for entry-level OT education that would support students’ development of clinical skills, professional behaviors, and resilience needed for Level II acute care FW success. We expected that by participating in this module, students would (1) have improved clinical

skills, confidence and professional behaviors needed for Level II FW in acute care and (2) report an increase in personal resilience skills.

Acute Care Module Design

Module content was presented through a combination of asynchronous and synchronous activities (Figure 2).

Figure 2

Acute Care Module Design

Asynchronous Work for Clinical Skill Development

Prior to the first in-person session, students viewed three pre-recorded video lessons for preparatory skill development, ranging from five to 15 minutes long. The first video addressed the purpose of the module (5 minutes). The second video discussed and demonstrated how to complete an acute care chart review (14 minutes). The third video addressed interpreting lab values and vital signs (15 minutes). The structure of concise “mini lessons” and explicitly sharing the purpose of the lessons were intentional choices to facilitate student engagement and learning (De Gagne et al., 2019).

Synchronous Experiential Skill Development and Simulation Labs

Two in-person lab sessions were conducted over the course of three weeks. Lab session one was a skills practice session. Lab session two was a clinical simulation.

Facilitation. Activities were facilitated by two licensed acute care OTs, including the primary author. Five trained third-year capstone students, who had successfully completed Level II FW in acute care, provided additional support for group activities. One of the licensed acute care OTs and the five trained third-year capstone students served as observers for simulation stages and were responsible for evaluating student performance based on the rubric.

Timing. Each session was two and a half hours long, for a total of five hours. Each lab session was conducted twice to accommodate students' schedules, with approximately half of the cohort attending each session. The simulation session sections were further divided in half, with each half running through their scenarios simultaneously in separate areas of the lab space, to accommodate for class size and timing.

Skills Practice Activities. Lab session one included group problem-solving activities on performing an acute care medical note analysis, observation and analysis of a recorded ICU treatment session, and hands-on practice with bed mobility and line management. All activities were performed in small groups.

Simulation Preparation. Lab session two began with a preparation activity (Lioce et al., 2025). Students completed a medical note analysis in small groups, like the lab session one practice activity. This medical note served as background

information for the clinical simulation scenario's patient. Students were then "prebriefed" on the three-stage simulation scenario which would comprise individual student interactions with a nurse, patient, and medical resident (Lioce et al., 2025, p. 48).

Simulation Clinical Scenario. The clinical scenario simulated common responsibilities that an acute care FW student would encounter, including introducing themselves and their role to the patient, facilitating bed mobility with a patient with multiple lines and drains, facilitating patient engagement in lower body dressing, and monitoring the patient's symptomatic response to activity. To simulate common communication challenges that arise on FW, the scenario required that students check in with a multi-tasking busy bedside nurse prior to initiating the OT session and communicate their discharge recommendations and rationale to a frustrated resident physician after the session.

Simulation Actors. In keeping with best practices from literature on simulation for health professions education, professional actors were utilized to portray standardized patients and interprofessional colleagues (Lioce et al., 2025; Zapletal et al., 2022). The standardized actors were provided with a script and participated in a webinar training prior to the labs, to ensure a high-fidelity learning experience. At our institution, a pool of trained simulation actors is available to course instructors across all health professions education programs. We used six actors in total. In each of the two simultaneous simulation sections, one actor played the role of the standardized patient, one the standardized bedside nurse, and one the standardized resident physician. Each actor was paid $25 per hour in accordance with our institution's payment guidelines for

simulated participants, and each attended one hour of training time and two 2.5-hour sections of lab session two. Thus, the total module cost was approximately $900.

Simulation Environment. The labs took place in a simulated hospital room environment, which included a hospital bed, various lines and drains such as an IV line with pole, a Foley catheter, and supplemental oxygen tubing with a nasal cannula. These lines and drains were taped onto the standardized patient's hospital gown as applicable to approximate real-world practice. The room space and supplies were situated in a shared interprofessional lab space at our institution and therefore required no additional costs.

Simulation Debrief. A large group debrief was conducted at the conclusion of the simulation, in keeping with healthcare simulation best practices (Lioce et al., 2025). The primary author facilitated a discussion with the students to promote their reflection on the experience and abstract conceptualization connecting the experience to their clinical and professional knowledge (Kolb, 1984).

Resilience-building Activities

Students were given the opportunity to engage in resilience-building activities in the three weeks between lab sessions. Activities were derived (with permission from the author) from the Resilience Skills Training (ReST) Program, a four-week training program of evidence-based resilience-building exercises (Gifford, 2020). Resilience-building activities were designed to be a required aspect of the module so that students could apply their developing self-regulatory strategies during the simulation in the second lab session. However, for pilot implementation purposes, the

program director requested that resilience activities instead be made optional, due to an already robust student workload that semester.

Evaluation Methods

Design

An evaluation consisting of (1) Wilcoxon signed-ranks test analyses of pre- and post-module confidence surveys, (2) cross-sectional performance-based scores from a simulation rubric, and (3) content analysis of written student reflections on resilience activities assessed whether the acute care module achieved its aims. The Mass General Brigham Institutional Review Board determined this course evaluation project did not meet criteria for human subjects research.

Setting and Participants

Participants were a convenience sample of one cohort of students in an entry level Doctor of Occupational Therapy (EL-OTD) program in urban New England. The students were in their final didactic semester, prior to their first Level II FW placement, and enrolled in a required FW preparation course. This program's curriculum places emphasis on simulated learning and interprofessional collaboration. Thirty-three students participated, with 97.0% identifying as female, and 75.8% identifying as White/Caucasian, 18.2% as Asian/Pacific Islander, 6.1% as Hispanic and 3.0% as Black/African American. Over half of the students (57.6%) reported they would be completing a Level II FW in an acute care setting. Just under half of the students (45.5%) reported previous experience in acute care, including observation prior to OT school, observation of interprofessional colleagues and Level I FW experiences.

Outcome Measures

A survey was designed to assess student participants' level of confidence performing 12 acute care OT tasks. Survey items were selected based on feedback from acute care clinical educators and recent fieldwork students in the authors' community of practice, who were asked to identify skills students need to be successful in acute care. Items were rated using a 5-point Likert scale ranging from "1 - not at all confident" to "5 - very confident" and were customized to the content addressed in this module. The psychometric properties of this survey have not yet been established.

A rubric was designed to assess 14 communication skills (Table 2) across all three simulation interactions and 17 clinical skills (Table 3) during the patient portion of the simulation. The rubric was created based on feedback from clinical educators and former FW students in the authors' community of practice. Rubric items were customized to assess skills specifically addressed in the planned simulation. Skills were scored one point for criteria completion. Five communication skills were also allowed half-point for partial completion.

For students who participated in the resilience activities, qualitative data was collected in the form of a < 200 word written reflection on the impact of resilience activities on participants' personal resilience and how they may influence their Level II FW placement and future OT practice.

Data Collection

Survey responses and qualitative data were collected through Research Electronic Data Capture (REDCap) software. Students received survey links through personal email. They were required to complete the pre-survey within one week before

the first lab session. Students were provided time during the second lab to complete the post-survey and written resilience reflection if they chose to complete the optional resilience activities.

Simulation rubric data was collected by observation of performance for each participant. Each simulation station had one rater to evaluate students' performance. Simulation raters included two licensed occupational therapists and five third-year Doctor of Occupational Therapy students with Level II FW experience in acute care. Raters completed a 45-minute training session on use of the simulation rubric prior to the simulation lab.

Data Analysis

Statistical analysis was performed using IBM SPSS version 28. Scores on individual survey questions were ordinal; therefore, nonparametric testing was used. Wilcoxon signed-ranks test was used to compare individual question scores on pre- and post-lab confidence surveys. Total survey scores were analyzed with a paired sample *t* test as scores were continuous and normally distributed. Alpha level for determining statistical significance was $p<0.05$. Simulation performance scores from the rubric were analyzed with means and standard deviations.

Qualitative data was analyzed using content analysis following Lindgren et al.'s (2020) guidance on abstraction and interpretation. Students' written reflections were manually de-contextualized into codes, then re-contextualized and developed into themes through iterative discussion between the two authors.

Results

Pre-/post-survey data showed that 84.8% of students had an improvement in mean confidence scores following the module. A significant increase in confidence was found in nine out of 12 individual survey items (Table 1).

Table 1

Change in Confidence Scores (n = 33)

Survey Item	**Pre-Survey**		**Post-Survey**		
	M	SD	M	SD	*p* value
Completing a review of a patient's medical record	2.79	.96	2.64	.78	0.452
Gathering all information needed to initiate an OT evaluation	2.73	1.07	3.15	.76	0.021
Understanding a patient's lab values	1.73	.98	2.55	.94	0.001
Understanding a patient's vital signs	3.30	.92	3.21	.86	0.599
Determining if a patient is medically appropriate for therapy	2.42	1.00	3.42	.71	<0.001
Mobilizing a patient with multiple lines	1.67	.85	2.79	.93	<0.001
Responding to patient's subjective symptoms	2.55	.94	3.73	.91	<0.001
Responding to patient's change in vital signs	2.61	.75	3.36	.82	0.001
Engaging in a collaborative conversation with interprofessional team members	3.09	1.04	3.12	.93	0.925
Determining an appropriate discharge recommendation	1.97	.73	3.06	.86	<0.001
Communicating discharge recommendations to patient's family/caregiver	2.36	.86	3.30	.98	<0.001
Communicating discharge recommendations to medical team	2.30	.98	3.03	.92	0.002

Students' scores on the simulation rubric were divided into subgroups of communication skills (Table 2) and clinical skills (Table 3). Scores on communication group items averaged 13.40 points out of maximum 14 points (95.7%). Students' scores on clinical skills averaged 12.79 out of maximum 17 points (75.2%). Students demonstrated strong performance on clinical skills related to body mechanics with transfers and responding to patient's dizziness by returning them to supine.

Table 2

Simulation Performance Scores: Interprofessional Communication

Communication Skill	M	SD
Simulation Stage 1 -Nurse		
Introduces self (n = 33)	0.97	.17
Identifies role (n = 33)	1.00	.00
Maintains eye contact during interaction (n = 33)	1.00	.00
Speaks at a moderate pace (n = 33)	1.00	.00
Asks at least two questions related to patient's medical or functional status (n = 33)	1.00	.00
Simulation Stage 2 – Patient		
Introduces self to patient (n = 33)	1.00	.00
Identifies role to patient (n = 33)	0.88	.33
Identifies session objectives (n = 31)	0.97	.18
Simulation Stage 3 – Medical Resident		
Introduces self (n = 33)	0.91	.21
Identifies role (n = 33)	0.85	.36
Maintains eye contact during interaction (n = 33)	1.00	.00
Speaks at a moderate pace (n = 33)	0.91	.20
Provides specific, concrete details on patient's response to OT session (n = 33)	0.97	.17
Provides at least one concrete example from patient session to support discharge recommendations of rehab (n = 33)	0.94	.24
Total communication score (max 14 points)	13.40	

Table 3

Simulation Performance Scores: Clinical Skills

Clinical Skill	M	SD
Ensures NG tube is not restricted by environment (n = 33)	0.79	.42
Ensures NG tube is not restricted by patient (n = 33)	0.76	.44
Repositions IV pole to maintain slack on IV tubing (n = 24)	0.79	.41
Ensures IV tubing is not restricted by environment (n = 32)	0.75	.44
Ensures IV tubing is not restricted by patient (n = 33)	0.76	.44
Repositions foley catheter to ensure slack on tubing (n = 31)	0.68	.48
Maintains foley bag below level of bladder (n = 32)	0.81	.40
Lowers bottom half of hospital bed prior to mobility (n = 33)	0.76	.44
Moves bedrail to top position prior to mobility (n = 32)	0.38	.49
Bends at knees/hips during supine > sit transfer (n = 33)	0.70	.47
Maintains wide stance during supine > sit transfer (n = 33)	0.97	.17
Encourages patient to utilize bedrail (n = 33)	0.76	.44
Responds to dizziness by taking blood pressure (n = 33)	0.61	.50
Responds to dizziness by returning patient to supine (n = 32)	1.00	.00
Bends at knees/hips during sit > supine transfer (n = 33)	0.67	.48
Maintains wide stance during sit > supine transfer (n = 33)	0.94	.24

Responds to dizziness by elevating patient's legs in supine (n = 30)	0.67	.48
Total clinical skills score (max 17 points)	12.79	

Four students provided the optional qualitative reflection data on resilience-building activities (11.8%). Two key themes were identified: (1) the positive impact of resilience activities and (2) time needed for resilience practice. Students recognized the positive impact of resilience practice on personal resilience skills and stress management. One participant stated these activities "made me feel better when I have to encounter a stressful environment." Students also acknowledged the impact these skills will have on their future ability to "avoid burnout and enjoy my career as much as I can." Students identified the importance of building these activities into their daily routine by using a schedule or reminders. They also recognized that ongoing resilience practice is important to achieve positive benefits.

Discussion

Results of this project support that a two-week acute care module that incorporates small group problem-solving and simulation-based learning has a positive impact on students' confidence in performing skills needed for success in acute care Level II FW. The greatest improvement in confidence was seen in students' ability to mobilize a patient with multiple lines and tubes and respond to a patient's subjective reports of symptoms (i.e., dizziness) during a treatment session, which were topics directly addressed during the simulation. Findings are consistent with previous studies that show use of simulation increases students' confidence in FW (Andrzejewski et al., 2020; Glenn & Fulwider, 2025; Hayden et al., 2014; McGee & Sopeth, 2015; Thomas et

al., 2017; Wu & Shea, 2020). Areas without a change in confidence score included understanding a patient's vital signs, performing a chart review, and collaborating with interprofessional team members. These findings may indicate that students require more opportunities to engage in this content to have increased confidence in these specific areas. Additionally, since two of these areas were addressed through asynchronous videos, this may indicate a need for improvement in video content, or that these are topics better addressed in a synchronous classroom. Lack of change for these items may be due to education on these topics in previous entry-level coursework.

Impact on Clinical Skills and Professional Behaviors

Students performed strongly on interprofessional communication aspects of the simulation. This is likely attributed to an emphasis on interprofessional collaboration in their program's curriculum, including a series of courses focused on communication with interprofessional colleagues. OT programs that do not emphasize interprofessional collaboration in their coursework may not see similar results (Sezgin & Bektas, 2023). Overall, students also demonstrated strong performance of clinical skills during the patient simulation. This can be attributed to the direct relationship with clinical skills addressed in the initial lab session. Students' ability to replicate skills and apply learned information to a novel experience is directly linked to Experiential Learning Theory (Kolb, 1984). Clinical skills with lower levels of student performance included management of the hospital bed, responding to a patient's acute symptoms, and line/tube management and body mechanics while returning a patient to supine. This

suggests that students may benefit from additional education and opportunities to practice these skills prior to initiating Level II FW in acute care.

Impact on Personal Resilience

Engagement in resilience-building activities had a positive impact on the four students who opted to participate. Students recognized the benefits of ongoing resilience practice to help manage stressful situations. This is aligned with findings in nursing literature that resilience is positively correlated with ability to manage stressful situations during practice placements (Cleary et al., 2018).

Limitations and Future Considerations

This project had several limitations that must be considered when interpreting findings. Module content was limited to two lab sessions to fit within an existing entry-level OT curriculum. A limited number of lab sessions restricted the amount of acute care-specific content that could be addressed. Participants were students in one entry-level Doctor of Occupational Therapy program, with an existing curriculum emphasizing simulation-based learning and interprofessional collaboration. As this evaluation was situated within this specific EL-OTD program, results are not intended to be generalized. Other entry-level OT programs that attempt to implement a similar module may need to tailor the content and format to the unique needs of their learners, curriculum, and institution. For example, programs that do not emphasize simulation and interprofessional collaboration elsewhere in their curriculum may need to anticipate

how these differences could affect potential student engagement and learning outcomes.

Due to convenience sampling, not all participants planned on completing Level II FW in acute care, which may have impacted participant engagement and effort during labs. Quantitative data was collected through an author-created confidence survey and skills rubric without established psychometric properties, which may limit the validity and reliability of findings. The program director's directive that the resilience-building activities must be optional led to limited participant engagement in the reflection prompt (n=4). Thus, the qualitative data available for analysis was limited and the resulting codes and themes may not have attained saturation (Jennings & Yeager, 2025). This reflects a real-world implementation challenge within the context of the academic semester. Future iterations of the module should consider more time for pre-semester stakeholder engagement to facilitate buy-in on the value of requiring not only clinical and professional skill development but also resilience-building activities to support students' FW preparedness.

Future assessment is warranted to evaluate the impact of duration and depth of acute care specific content on students' confidence, in addition to more distal outcomes such as performance in Level II acute care FW. Future multi-site evaluation with participants from multiple OT education programs is also needed to bolster findings.

Implications for Acute Care Occupational Therapy Education and Practice

Acute care is a challenging Level II FW setting with unique demands and high failure rates relative to other settings (Nicola-Richmond et al., 2017; Oldenburg et al., 2024). OT students must have strong clinical skills in addition to strong professional

behaviors like interprofessional communication and resilience within a stressful environment (Bricker et al., 2024; Oldenburg et al., 2024). Although there is a lack of ACOTE standards specific to acute care (ACOTE, 2025), entry-level OT educational programs may benefit from more formally addressing these clinical and non-clinical skills through dedicated acute care simulation-based learning experiences. Implications of improved acute care Level II FW preparation may include improved experiences for both students and FW educators (Bricker et al., 2024; Oldenburg et al., 2024). In turn, this may influence positive perceptions of educational programs and therefore the willingness of FW sites to accept future Level II FW students.

While these proposed implications must continue to be examined in future research, this evaluation demonstrated that a module utilizing didactic video content, group problem-solving and skills practice, and a three-stage simulation including interactions with standardized patients, nurses, and physicians improved students' confidence in clinical and communication skills for acute care Level II FW. This evaluation also suggests that resilience-building activities may improve students' ability to manage stressful situations. Future research should explore whether incorporating these activities into OT curricula increases students' real-world ability to manage the demands encountered in acute care Level II FW.

While a recent study showed the effectiveness of an intensive elective in preparing OT students for acute care (Glenn & Fulwider, 2025), not all OT programs have the resources to develop and provide separate full courses. Our findings suggest that a less time-intensive acute care module with two lab sessions embedded within a

pre-existing course may be sufficient to develop students' confidence and skills prior to entering FW in acute care, although this must be tested in future research.

Improving students' preparation for acute care FW may also have positive implications for the OT profession. Acute care is a prevalent OT workplace setting in the United States (AOTA, 2023), and multiple studies of large datasets have demonstrated the promising value of acute OT in reducing hospital readmission rates (Lockwood & Porter, 2022; Rogers et al., 2017). If better-prepared students continue to graduate into the acute care workforce, the quality of acute care OT practice may also be elevated over time.

Conclusions

The implementation of an acute care module incorporating group problem-solving, simulation and resilience-building activities demonstrated a significant improvement in students' confidence performing skills needed for acute care Level II FW. Students recognized a positive impact of engaging in resilience-building activities on building personal resilience and managing stressful situations, although data was limited. The high national rate of student failure in acute care FW has various consequences for OT students and education programs. Educational programs must prepare students for the complex skills needed to be successful in this setting. The use of innovative course designs may better prepare students for the complexity of the acute care setting.

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