



FIELDWORK OBJECTIVES VERIFICATION FORM

The “Standards for an Accredited Educational Program for the Occupational Therapist”, as defined by the Accreditation Council for Occupational Therapy Education (ACOTE) requires that the Fieldwork site and the occupational Therapy education program meet the following standards:

- C.1.3 -Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.
- C.1.11- Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.
- C.1.12 -Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes.
- C.1.14- Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. (Relates to Level II Fieldwork)
- C.1.16 -Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client’s condition, and the ability of the student.

Included with this notice is a copy of our Mission; Curriculum design, and Objectives. Please take a moment to review the Mission, curriculum design and objectives. Our Midwestern Occupational Therapy Program Fieldwork Manual is online and has resources for all Fieldwork Educators. The URL is www.midwestern.edu/OTfieldwork

The Level I and Level II objectives below were established in collaboration with fieldwork educators on our advisory board. If you feel these objectives can be met in your program, please indicate your agreement with your signature and date below.

If you have your own site specific objectives, please attach and return with this fax.

Thank you for your ongoing interest and support for the profession of occupational therapy.

Signature: _____

Printed Name: _____

Facility: _____

Date: _____



Please Fax This Page To: Occupational Therapy Fieldwork Office 630.515.7418

Midwestern University Mission

Midwestern University's historical and sustaining philosophy dedicates the institution and its resources to the highest standards of academic excellence to meet the educational needs of the healthcare community.

Occupational Therapy Program Mission

The Occupational Therapy Program is dedicated to excellence in the education of occupational therapists who will meet the occupational needs of individuals and communities through responsive, compassionate and evidence-based practice.

Occupational Therapy Program - Curriculum Design

The curriculum design is the core of the Occupational Therapy Program at Midwestern University. The curriculum design becomes real to the extent that faculty and students live the guiding professional and educational principles articulated in the Program philosophy: occupation-focused, client-centered, and professional praxis which is centered on the processes of critical and ethical reasoning, active engagement, and the social construction of knowledge within occupational therapy. In its depth and breadth the curriculum is designed to develop a generalist occupational therapist with a strong foundation in occupation-based and evidence-based practice. Students are educated in the use of occupation to provide therapeutic intervention for individuals and groups of all ages through in-depth, carefully planned learning experiences. The design is actualized within a curriculum framework that is (a) developmental and progressive, (b) scaffolded and layered in its design and delivery, and (c) tethered to experiential opportunities for authentic learning.

Developmental and Progressive. The curriculum is designed to provide courses that are arranged such that content progresses from foundational to more advanced, applied content, consistent with our philosophical approach to educating occupational therapy students. This approach is reflected in the placement of essential science and foundational occupational therapy courses which are completed before applied intervention courses. Moreover, student learning experiences become more learner-directed and autonomous with faculty acting as facilitators as the curriculum progresses. Didactic coursework is completed before students' newly assimilated occupational therapy knowledge, skills, and attitudes are demonstrated in Fieldwork Level II rotations. Thus, the course content progresses from less to more complex and from mastering subject matter related to practice with children before content related to adults and seniors.

Scaffolded and Layered Design. The curriculum design reflects our strong belief that carefully sequenced courses also provide vital links between application, analysis, synthesis, and evaluation, all of which are required for critical reasoning and, ultimately, professional practice. Several courses have not only a prerequisite course but a follow-up and/or successive course which provides consistent opportunities to revisit essential concepts and integrate knowledge, skills and attitudes to inform occupational therapy practice. In this way, students are supported in their active, constructed learning and development of critical reasoning for professional practice.



The curriculum structure is built upon courses which focus primarily on occupational therapy intervention, and, beginning the first quarter, students learn foundational knowledge and skills to be applied throughout later coursework. Each quarter of the curriculum provides students with additional courses devoted to occupational therapy intervention using lecture, lab, discussion and authentic therapy opportunities in which to master the content. Moreover, most of the courses dovetail, leading the student from gaining fundamental knowledge and understanding of a content area to application and analysis of the content. Such layered coursework and intentional progression of content facilitates the scaffolded approach embraced by the Faculty. The content progresses from gaining knowledge to the level of careful analysis and integration of content within each course and the students' knowledge, skills and attitudes increase across courses as they apply crucial content to various populations, settings, and clinical challenges within occupational therapy practice.

Experiential and Authentic Learning. The curriculum design provides students with opportunities to reflect and consider the impact of occupational therapy interventions on the quality of the lives of individuals, families, and communities. Observation, case-based, and experiential learning provide opportunities to form questions, seek relevant resources, and integrate new insights to resolve unique occupational problems as they are expressed in real life situations. Where occupational therapy already exists, aspiring practitioners demonstrate the merits of occupation-based practice. In emerging areas of practice, students promote occupational therapy services. Experiential learning facilitates authentic teaching and learning situations in which students learn by doing, and serve individuals, groups and communities through mentored occupational therapy practice.

The curriculum is designed to promote graduates who regard themselves as advocates who respect the ethical commitments of the profession and provide relevant care for consumers of occupational therapy. Students learn the importance of using and generating evidence at the start of the Program and integrate increasingly rigorous investigative strategies into their critical reasoning. The curriculum design supports the development of conscientious healthcare providers who are established on the philosophical tenets of the Profession and the Program.

Level IA Fieldwork Course Objectives:

(These objectives can be used independently or in conjunction with your specific organizational objectives designed for entry level practice)

1. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice (*ACOTE standard B.2.8*).
2. Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction (*ACOTE standard B.5.7*).
3. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner (*ACOTE standard B.5.20*).



Level II Fieldwork Course Objectives:

(These objectives can be used independently or in conjunction with your specific organizational objectives designed for entry level practice)

Upon completion of this course, the student will be able to:

1. Demonstrate task analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to formulate an intervention plan. (ACOTE Standard B.2.7).
2. Use sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. (ACOTE Standard B.2.8).
3. Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community. (ACOTE Standards B. 4.1).
4. Evaluate client(s)' occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes
 - The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).
 - Performance patterns (e.g., habits, routines, rituals, roles).
 - Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).
 - Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills. (ACOTE Standard B.4.4).
5. Interpret the evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks, and interdisciplinary knowledge. (ACOTE Standard B. 4.8).
6. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services. (ACOTE Standard B. 4.10).
7. Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant,



reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
 - Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems)
 - Performance patterns (e.g., habits, routines, rituals, roles).
 - Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).
 - Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills (ACOTE Standard B.5.1).
8. Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation. (ACOTE Standard B.5.2).
 9. Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods). (ACOTE Standard B.5.3).
 10. Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration. (ACOTE Standard B.5.5).
 11. Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception). (ACOTE Standard B. 5.6).
 12. Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, family and significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety. (ACOTE Standard B. 5.18).
 13. Apply the principles of the teaching–learning process using educational methods to design experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public. (ACOTE Standard B. 5.19).
 14. Effectively communicate and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member’s responsibility in executing an intervention plan. (ACOTE Standard B.5.21).
 15. Select and teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance, participation, and well-being. (ACOTE Standard B.5.24).
 16. Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions. (ACOTE Standard B.5.25).



17. Describe the role of the occupational therapist in care coordination, case management, and transition services in traditional and emerging practice environments. (ACOTE Standard B.5.27).
18. Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. This process includes, but is not limited to, identification of client's current status within the continuum of care; identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client's progression along the continuum toward outcome goals. (ACOTE Standard B.5.29).
19. Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This process includes developing a summary of occupational therapy outcomes, appropriate recommendations, and referrals and discussion of post-discharge needs with the client and with appropriate others. (ACOTE Standard B.5.31).
20. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered. (ACOTE Standard B.5.32)
21. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third party, private payer), appeals mechanisms, and documentation requirements that affect the practice of occupational therapy. (ACOTE Standard B.7.4)
22. Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics and Ethics Standards and AOTA Standards of Practice* and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings. (ACOTE Standard B.9.1).