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Midwestern University is not responsible for loss of or damage to a student's personal property on premises owned or operated by the University, regardless of cause.
ACCREDITATION

Midwestern University’s Occupational Therapy Program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), [www.aota.org](http://www.aota.org), located at 4720 Montgomery Lane, P.O. Box 31220, Bethesda, MD 20824-1220; Telephone: 301/652-AOTA. Graduates of the program will be able to sit for the national certification examination for the occupational therapist, administered by the National Board for Certification in Occupational Therapy (NBCOT), [www.nbcot.org](http://www.nbcot.org).

*Created in 2004/Rev 2017*
Midwestern University
Occupational Therapy Program

Occupational Therapist’s Creed

Respectfully and enthusiastically I do hereby promise my whole-hearted service to care for those entrusted to me.

I assure competence in my work and will strive for greater knowledge, skill, and understanding in the performance of my duties in whatever role I embrace; practitioner, educator, researcher, or manager.

I solemnly declare that I will hold and keep sacred whatever I may learn of those I serve, upholding the dignity of all human beings regardless of their condition or disability.

I promise to deliver occupational therapy services that demonstrate excellence at all levels of care while valuing and honoring diversity, and respecting others as equals.

I will strive to always act in a manner that is consistent with the philosophical base and values of the profession by upholding the occupational therapy code of ethics and professional standards.

In keeping with the high ethical and moral standards of Midwestern University, I will commit to the pursuit of life-long learning and the provision of best practice for those I serve.
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OVERVIEW AND INTRODUCTION

This manual was created by the Midwestern University (MWU) Occupational Therapy Program to facilitate the students and clinical sites through the fieldwork experience. The faculty of MWU extends a thank you to all of the practicing professionals who take the time and effort to complete this final step in the process of preparing our students to become professional Occupational Therapists. Students receive this manual early in their matriculation process to use as a guide and a learning tool during all of their clinical fieldwork experiences. We congratulate the students who have reached this point in their education and wish them continued success.

This manual is designed to provide basic information to both the students experiencing the fieldwork and to those professionals who are giving of their time and talents. Included is general information about the AOTA fieldwork experience, Midwestern University’s occupational therapy program philosophy and curriculum design. This manual serves as a syllabus for the students undertaking clinical fieldwork. It also provides procedures, guidelines, and processes for both the clinical sites and the students related to fieldwork.

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Occupational Therapy Program
Mission Statement

The mission of the Occupational Therapy Program is to educate and graduate highly competent and dedicated occupational therapists who possess the skills and expertise to embrace the complex needs of individuals and communities. The Program develops self-directed, responsive occupational therapists who are eager to advocate for their clients and the profession as a whole. To this end, the Occupational Therapy Program will:

- Support the university through teaching, scholarship, and service
- Serve others through academic, scholarly, and experiential opportunities
- Foster innovative and empathic practitioners devoted to holistic and ethical practice
PROGRAM PHILOSOPHY

The Occupational Therapy program at Midwestern University supports and implements the tenet that humans are intrinsically motivated to learn and develop throughout their lives regardless of one’s physical, psychological, and/or social condition. In addition, individuals possess a unique ability to actively modify the environment and change in response to varying life situations. Humans have a propensity for recognizing the spirit of the human condition and providing guidance for change when this condition is perceived to be harmful and/or unhealthy regardless of the level and/or sophistication of this guidance. The faculty believes that humans have an innate desire and drive for meaningful occupations as reflected in their participation in work, play/leisure, and self-care. Moreover, participation in meaningful occupations can influence health and well-being as well as promote need satisfaction throughout the lifespan.

The Occupational Therapy Program at Midwestern University believes that occupational therapists are capable of assisting people in adapting to their unique struggles and dilemmas through the use of systematic, logical, sequential, disciplined thinking. This form of thinking requires the use of both lower and higher order skills, which compel the consistent use of standards, assessment, and re-assessment of the thinking. It is our belief that learning this form of thinking when coupled with therapeutic concepts, principles, theories, processes, and techniques will result in graduates fully involved in the change and adaptation process. This involvement will result in occupational therapy that is innovative, flexible, accountable, and meaningful to the individual in ways that can bring about remarkable growth and change. Inherent to this belief is the concept that this kind of involvement in people’s lives requires motivation and drive towards excellence in all ways of being. The faculty acknowledges that this way of being requires dedication from all parties involved in this educational process: administrators, directors, faculty, and students. Finally, we believe that this involvement is reciprocal, in that as one grows toward health and actualization, the other benefits and grows in their own unique way. Therefore, in this shared actualizing process we become change agents.
The Occupational Therapy Program is guided by the following educational objectives:

1. To integrate liberal arts and science foundations and professional course work to prepare graduates to provide and manage a wide range of professional occupational therapy services in a competent, responsive, and caring manner for clients from diverse backgrounds in a wide range of health care settings;

2. To instill an appropriate professional sensibility and response to the impact of altered health and occupational performance on clients and their significant others;

3. To cultivate the fundamental ethical and moral attitudes, principles, and behaviors that are essential to acquiring and sustaining the confidence of clients and their significant others, colleagues, and other health care personnel in the professional or practice setting, and the support of the community at large;

4. To learn and apply clinical reasoning and critical thinking skills consistently to the occupational therapy process (receiving appropriate client referrals, performing appropriate client evaluations, establishing goals and client outcomes, developing treatment plans, providing appropriate treatments based on these plans and outcomes, re-evaluating the client and course of therapy, and client discharge planning);

5. To provide theoretical, analytical, and experiential foundations that prepare students to perform tasks, functions, and duties commensurate with the dynamic nature of occupational therapy and the changing role and responsibilities of the occupational therapist in a wide range of professional settings that depend on a strong clinical knowledge base but do not necessarily involve direct patient care;

6. To educate practitioners who will assume leadership roles in the development and/or implementation of new and innovative approaches intended to minimize the severity and impact of physical and psychosocial conditions on occupational performance;

7. To develop clinical reasoning and critical thinking skills that will prepare students to design and implement preliminary research studies that evaluate clinical practice and/or service delivery;

8. To prepare practitioners who will engage in systematic and comprehensive planning of client care services leading to more cost-effective care and more efficient utilization of health care resources;

9. To provide theoretical and experiential constructs for expanded professional contributions, including enhanced management skills, advocacy, and leadership roles in occupational therapy and interdisciplinary education, practice, and research;

10. To integrate and coordinate occupational therapy skills with those of other health care service providers to meet the needs of clients within an increasingly more complex and diverse health care delivery system;

11. To instill the desire for continued personal and professional growth through the development of an active participation in continuing educational experiences; and

12. To cultivate the fundamental ethical and moral attitudes and behaviors so that graduates are knowledgeable and adhere to the occupational therapy professional code of ethics and the profession’s rules, regulations, and scope of practice.
The curriculum design is the core of the Occupational Therapy Program at Midwestern University (MWU). The curriculum, with its integration of basic, medical, and occupational science courses, is designed to promote the evolution of competent occupational therapists. Competent OTs are capable of facilitating the process of human growth and change, thereby becoming change agents. Through our curriculum, the OT students are provided the opportunity to progress through the process of self-assessment and self-reflection in their accumulation of experience and knowledge while becoming occupational therapists. This provision exists because the development of the curriculum was accomplished by the adherence to three salient precepts: (a) developmental principles and framework, (b) disciplined thinking, and (c) practice. Not only do these major precepts integrate the courses, they were the driving forces in the construction of the curriculum design.

The integration of developmental principles is reflected by the fact that the design of the curriculum begins with the study of humans from conception and continues with the study of humans throughout the lifespan. The curriculum design reflects our strong belief that carefully sequenced courses act as vital links between application, analysis, synthesis, evaluation, and re-evaluation, all of which are required for disciplined thinking and, ultimately, best clinical practice. Each of these sequenced courses have not only a prerequisite course but a follow-up and/or successive course which provides consistent opportunities to revisit essential concepts and assists students in the integration of knowledge and practice skills. In this way, primary and advanced skills, followed by application and synthesis of learning, help support learning and can eventually elevate the practice of OT.

The quarter system at MWU is another essential element which provides a time structure that reinforces the developmental framework. The eight ten-week quarters allow the learners to move quickly enough through the many layers of educational content without major time delays that can result in lapses in learning and ultimately loss of material and skills. The shorter duration in time (quarters vs. semesters) per course cycle allows for a greater number of courses creating frequent opportunities for integrative problem-solving and occupational therapy applications. To this end, students are afforded the opportunity to apply essential OT principles to clinical situations in a confident and expedient manner. This expedition process will potentially result in students attaining skills necessary to be therapeutic agents earlier in their OT career.

The curriculum, with its interwoven concepts and principles throughout the nine-quarter academic and clinical cycle, provide students with numerous opportunities to develop disciplined thinking skills as they progress through the educational process. These opportunities are accomplished by the strategic placement of science, medical and occupational therapy courses. The basic science courses (i.e., anatomy, physiology, neuroscience, and clinical conditions) not only provide a basic foundation to understanding the human being,
but also establish a way of thinking that is systematic, logical, and stresses assessment and re-assessment of the quality of the thinking. As Einstein stated, “The whole of science is nothing more than everyday thinking.” The OT courses coincide with the strong science and medical base providing a synchronous whole. This synchronism provides a constant mental exercise in logical, sequential problem-solving regardless of form or construct. This “way of being” (Rogers, 1980) can elevate occupational therapy to a level where accountability for competent occupational therapy practice is ensured for all of the MWU OT graduates.

Synthesizing complex principles, theories, forms of thinking, and therapeutic techniques and skills for the purpose of providing occupational therapy requires time for diligent practice. Practice, the final precept of the curriculum, helps the students bond together the principles and concepts necessary for a thorough understanding of occupational therapy. Specifically, the curriculum is designed to allow for progression from primary through advanced courses with ample time built into the curriculum for the practice of skills and techniques.

Learning, regardless of the complexity, requires diligent practice. The emphasis on practice in the curriculum is to accommodate the challenge of learning. For example, learning new skills, clearly thinking through clinical situations or assimilating higher order abilities as well-learned skills should become automatic through practical application. Learning requires practice and practice needs to be applied intermittently through time and in a safe, but controlled, risk-oriented atmosphere. This process assists in the development of and refinement in the student’s ability to use himself or herself as a therapeutic agent.

In summary, the MWU curriculum design provides the framework for delivery of courses that integrate the essential elements of occupational therapy with principles related to discipline thinking. The sequence of courses creates opportunities for the intermittent practice of skills throughout the curriculum. Finally, the developmental nature of the curriculum design allows for a logical and sequential accumulation of knowledge. These fundamental precepts of the design facilitate the self-assessment and self-reflection to permit growth and, finally, the emergence of an entry-level practitioner who is prepared to face the challenges of the ever-changing healthcare arena.
Time Limit for Completion of Course Work

The Master of Occupational Therapy degree is a continuous, full-time program, extending 27 months from matriculation to graduation. The maximum allotted time for completion of this program is 40.5 months. It is also required that all Level II fieldwork must be completed within 24 months of completion of the didactic portion of the program.

Graduation Requirements

University graduation and degree conferral ceremonies are held in May for the Illinois campus graduates and in June for the Arizona campus graduates. To qualify for graduation, students must:

- Satisfactorily complete all courses with a minimum cumulative grade point average of 2.750 or higher;
- Satisfactorily complete the required minimum of 131.5-quarter credit hours in the curriculum;
- Receive a favorable recommendation for master's degree conferral from the program faculty to the Program Student Academic Review Committee and from this committee to the CHS Student Promotion and Graduation Committee;
- Receive a favorable recommendation for master's degree conferral from the University Faculty Senate;
- Settle all financial accounts with the University;
- Submit a properly completed and signed graduation clearance form to the Office of the Registrar.

Licensure Requirements

Occupational Therapy is a registered and/or licensed profession in all 50 states. To become licensed to practice as an occupational therapist in most states (including Illinois), a student must graduate from an ACOTE-accredited or approved educational program and pass the national certification examination for the occupational therapist administered by NBCOT. Successful completion of this examination qualifies a student as an Occupational Therapist, Registered (OTR). Most states (including Illinois) require status as an OTR to become a licensed occupational therapist (OTR/L). Most states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination.

Curriculum Structure, Credits and Sequencing

The first calendar year of the professional master's curriculum is composed of three quarters of coursework consisting of 46.0 required course credits (quarter hours) including 80 clock hours (two quarter credit hours) of clinical education. The second calendar year of the curriculum is composed of four quarters of coursework consisting of 59.5 required course credits including 40 clock hours (one quarter credit hour) of clinical education and one quarter of clinical education consisting of 480 clock hours (12 quarter credit hours). The third calendar year of the curriculum is composed of one quarter of coursework consisting of 13 required course credits and one quarter of clinical education consisting of 480 clock hours (twelve quarter credit hours) of clinical education. Development of proficiency skills in evaluation and treatment techniques and the development of administrative, supervisory, leadership, and independent decision-making skills will be emphasized during OT Fieldwork IIA and OT Fieldwork IIB of the curriculum, which occur during the Spring and Fall quarters of the second and third professional years, respectively. Also included in the curriculum is a focus on the use of physical agents as therapeutic modalities for occupational therapy. Clinical experiences take place in various facilities located throughout the continental United States that has a legal agreement with the University.
## MIDWESTERN UNIVERSITY-GLENDALE
### COLLEGE OF HEALTH SCIENCES
### MASTER OF OCCUPATIONAL THERAPY
### 2018-2020

### FIRST YEAR

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<td>OTHEG 654 Psychosocial Practice II</td>
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### THIRD YEAR

<table>
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<td>OTHEG 717 Therapeutic Reasoning II</td>
<td>4.0</td>
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<tr>
<td>OTHEG 730 Principles of Teaching and Learning</td>
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<td>OTHEG 796 Fieldwork II - B</td>
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**Total first year credits - 47.5**
**Total second year credits - 60.0**
**Total third year credits - 25.0**

**TOTAL FOR PROGRAM COMPLETION 132.5**
COURSE DESCRIPTIONS

Prerequisites are listed for those courses with such requirements. When no prerequisite is listed in a course description, it is implied that there is no prerequisite.

**ANATG 502 Anatomy**
This course provides a lecture and laboratory-based study of human anatomy. Students develop three-dimensional anatomical knowledge that is required for occupational therapy practice. Case studies are used to foster familiarity with typical clinical presentations, and to learn how to approach diagnoses from an anatomical perspective. Laboratory sessions include the study of human cadaveric prosections, and a regional dissection of a portion of the human body.
4 credits

**ANATG 582 Neuroscience**
Designed to develop the student’s knowledge of neuroscience to a level required for clinical practice, this course presents information about principal structural components intertwined with the corresponding functions of the nervous system and the impact of neurological dysfunction on human occupation. The course also provides opportunities to apply neuroscience principles to motor and sensory learning for occupational performance.
4 credits

**COREG 1560D, 1570D, 1580D Interprofessional Healthcare**
The Interprofessional Healthcare course involves the Colleges of Dental Medicine, Health Sciences, Optometry, Osteopathic Medicine, Pharmacy and Veterinary Medicine. The course is designed to teach all clinically-based students about each other's clinical programs, how they might interact together as part of an interprofessional healthcare team, and the importance of an interprofessional approach to patient care. The class consists primarily of online presentations that are delivered by interprofessional team members from each of the clinical programs. Associated quizzes will also be completed online. Occasional lectures, panel presentations, or group assignments may also be incorporated.
Each course 0.5 credits

**OTHEG 500 Psychosocial Fieldwork I**
Fieldwork experience consists of guided learning experiences in various healthcare and/or community settings that provides students with direct opportunities to observe and interact with clients engaged in functional living activities that are appropriate for their respective cognitive, psychosocial and physical stage of development. Observational and documentation skills are emphasized.
1 credit

**OTHEG 501 Professional Seminar**
As developing professionals in healthcare, students will learn the definition, privileges, and obligations of belonging to a profession, and learn to connect them to themselves as a part of their personal development. This course will involve small group discussion based on relevant reading assignments and prior experiences of the student.
0.5 credits

**OTHEG 509 Analysis of Movement**
This introductory course emphasizes the recognition, assessment, measurement, and description of normal and abnormal movement in static and dynamic activities. Emphasis is on the development of the skills necessary to accurately measure and assess muscle strength and joint motion.
2.0 credits
OTHEG 510 Occupational Therapy Foundations
This is an introductory course focused on the foundations and scope of occupational therapy practice. The philosophy of the profession, with its unique emphasis on supporting performance, participation, health and well-being are presented from both historical and current perspectives. Occupation is discussed from the perspectives of roles and participation for meaningful engagement. Professionalism, in accordance with the AOTA Code of Ethics and Standards of Practice that guide practice across varied roles, responsibilities and involvement is also addressed.
3 credits

OTHEG 515 Neuro-Rehabilitation
This course addresses the risk factors, clinical signs and symptoms, pathogenesis, and differential diagnosis of selected neurological diseases/problems most common to the adult population. The application of selected models of practice and strategies for occupational therapy practice with adults who have occupational performance dysfunction related to cognitive, perceptual, psychosocial, and neuro-motor disabilities is emphasized. Therapeutic approaches and clinical skills for working with individuals within the home, community, and clinical settings are explored. Current research in etiology and treatment are discussed.
5 credits
Prerequisites: ANATG 582 Neuroscience

OTHEG 517 Therapeutic Reasoning I
This course is the first of a two-course series that introduces the philosophical assumptions, theories, and frames of reference underlying the practice of occupational therapy. The various aspects of professional reasoning are also introduced, culminating in the integration of these assumptions, theories, and frames of reference with professional reasoning to guide intervention with clients.
3 credits

OTHEG 518 Activity Analysis
Using the Occupational Therapy Practice Framework, the process of analyzing various components of activities and occupations is introduced, emphasizing the value of occupation and purposeful activities not only as an outcome, but also as a treatment modality. The ability to grade and adapt activities and occupations is emphasized in preparation for the clinical courses that follow.
2 credits

OTHEG 519 Intentional Relationships
This introductory course provides students with opportunities to learn basic principles of therapeutic relationships. Topics include motivational interviewing, intentional relationships, and client centeredness consistent with the ethics of the OT profession. Students learn principles of group process, application, and phases of group development, as well as conflict resolution and problem solving.
2 credits

OTHEG 523 Evidence-Based Practice I
The first of a four-course series, this course provides content foundational to understanding and applying research to the provision of occupational therapy services. Students gain skills in searching for, understanding, interpreting and critiquing research articles. Students learn how to apply research evidence to clinical problems and engage in shared decision making with clients.
3 credits

OTHEG 534 Cognition and Perception
Early in the curricular sequence, this course lays the foundation for intervention with human conditions as they are encountered in subsequent quarters. The course addresses different components of cognition and perception, including memory, attention, learning, executive function and visual-perceptual skills, with an emphasis on examining the interplay of cognition and perception with performance in areas of occupation. Causes of cognitive and perceptual dysfunction and the impact on function are explored and interpreted. Different theories
and models of practice for cognition and perception are analyzed.

3 credits

**OTHEG 536 Fieldwork I-B**
Fieldwork experience consists of guided learning experiences in various healthcare and/or community settings that provides students with direct opportunities to observe and interact with clients engaged in functional living activities that are appropriate for their respective cognitive, psychosocial, and physical stage of development. Observational, as well as foundational experiential and documentation skills are emphasized.
1 credit

**OTHEG 537 Biomechanics**
This course is the third and final course in the core sciences, addressing basic biomechanical principles and their application to occupational therapy intervention relative to static and dynamic movement, force analysis and its implications on functional movement and activity. The structure and function of joints, connective tissues, and muscles are addressed, along with the recognition, assessment, and description of normal and abnormal movement. The development of skills necessary to accurately measure and assess joint range of motion and muscle strength, and the influence of task and pathology on function of the musculoskeletal system is emphasized.
3 credits
Prerequisites: ANATG 502 Anatomy

**OTHEG 538 Occupational Therapy Process**
This course provides introductory experience in the evaluation and treatment process with clients throughout the lifespan and across the domain of occupational therapy practice. Learning opportunities develop introductory skills in evidence-based practice, professional reasoning, and documentation of the therapy process in preparation for further development in subsequent courses.
2 credits

**OTHEG 544 Psychosocial Practice I**
This foundational course is designed to introduce students to psychiatric diagnoses, the impact of psychiatric conditions on occupational performance, and settings in which occupational therapists provide services to individuals with psychiatric diagnoses. General approaches to assessment and intervention are also introduced.
3 credits

**OTHEG 550 Fieldwork Foundations I**
This course introduces the student to the clinical education program, including its goals and objectives, policies, the types of clinical education experiences provided, and the expectations for student participation. Students begin to focus on increasing self-awareness through reflective exercises to foster development of professional behaviors.
1 credit

**OTHEG 551 Fieldwork Foundations II**
This course focuses on clinical education experiences, and coincides with the Fieldwork I-B course. The focus of this course is to provide structure for the observational and experiential activities of the level I fieldwork experience. Students continue to develop professional behaviors and self-awareness through reflective exercises that encourage increasing participation in self-directed learning.
0.5 credits
Prerequisites: OTHEG 550 Fieldwork Foundations I

**OTHEG 601 Childhood Occupations**
This is the first course of three that are focused on pediatric occupational therapy services. This course addresses occupations in typical childhood development and occupational challenges caused by neurodevelopmental conditions in childhood. Facilitation of supports to family and child participation in occupations are emphasized.
Identification and prevention of barriers for family and child participation in occupations are analyzed.  
3 credits

**OTHEG 603 Assistive Technology - Low Incidence Populations**
This course focuses on the role of the OT practitioner as an inter-professional team member considering, assessing, and treating persons using augmentative and alternative communication devices and services to enhance occupational performance to foster participation and well-being.
1.5 credits

**OTHEG 604 Aging I**
Building on skills introduced in Occupational Therapy Process, this course addresses the aging process, common conditions in the aging population, chronic disease management, and aging in place. Risk factors, signs and symptoms, pathogenesis, medical intervention, and occupational therapy intervention are explored. Therapeutic approaches in a variety of practice settings are explored including the home, community, hospital, skilled nursing, and outpatient clinic.
3 credits
Prerequisites: OTHEG 538 Occupational Therapy Process

**OTHEG 605 Professional Development I**
This course develops the student’s knowledge of professional communication skills and methods needed to articulate the unique value of occupational therapy, to educate clients and others, to document the therapy process, and advocate for clients and populations who may benefit from services. This course also focuses on contexts of practice, and personnel, reimbursement, supervision and management strategies for effective service delivery. Finally, students gain in-depth understanding of entities that influence or regulate practice either through policy, reimbursement, and credentialing, while gaining appreciation for the value of professional organizations in advancing the development of the practitioner and the profession.
3 credits

**OTHEG 609 Group Dynamics**
This course provides students with opportunities to learn basic principles in group process, and is presented in a laboratory format. Group dynamics, group components, and evolutionary phases of historical and current occupational therapy group applications are emphasized.
2 credits

**OTHEG 611 Pediatrics I: Young Children/Early Intervention**
This course emphasizes the application of selected models of practice and strategies for occupational therapy practice with young children (birth to 5 years of age) who have deficits in occupational performance related to developmental, neuro-motor, psychosocial, or medical challenges. Therapeutic approaches and clinical skills for working with children and families within the home, community, and clinical settings are emphasized. Practice settings for early intervention and family centered pediatric practice are discussed.
5 credits
Prerequisites: OTHEG 601 Childhood Occupations

**OTHEG 613 Evidence-Based Practice II**
This course focuses on the development of skills necessary to evaluate the trustworthiness of qualitative research. Students learn how to use qualitative research to better understand the experiences of clients and apply this information to the provision of occupational therapy services.
3 credits
Prerequisites: OTHEG 523 Evidence-Based Practice I

**OTHEG 615 Health and Wellness I**
As the first in a series of two this course addresses occupational therapy services directed toward health promotion, prevention, and wellness for clients, communities and populations. Concepts of health literacy and
theories of health promotion are discussed. Use of complementary therapies as means toward healthy occupations are introduced.

3 credits

**OTHEG 621 Pediatrics II: Youth/School-Aged**

This course emphasizes the application of selected models of practice and strategies for occupational therapy practice with school-aged children (ages 6-21 years) who have deficits in their occupational performance related to developmental, neuro-motor, psychosocial, or medical differences. Therapeutic approaches and clinical skills for working with children within their school, community, and clinical settings are emphasized. Practice settings for youth-centered pediatric practice are discussed.

5 credits

Prerequisites: OTHEG 611 Pediatrics I: Young Children/Early Intervention

**OTHEG 625 Aging II**

Building on skills introduced in Occupational Therapy Process, this course addresses the aging process, common conditions in the aging population, chronic disease management, and aging in place. Risk factors, signs and symptoms, pathogenesis, medical intervention, and occupational therapy intervention are explored. Therapeutic approaches in a variety of practice settings are explored including the home, community, hospital, skilled nursing, and outpatient clinic.

2 credits

Prerequisites: OTHEG 604 Aging I

**OTHEG 636 Fieldwork I-C**

Fieldwork experience consists of guided learning experiences in various healthcare and/or community settings that provides students with direct opportunities to observe and interact with clients engaged in functional living activities that are appropriate for their respective cognitive, psychosocial, and physical stage of development. Observational, as well as foundational experiential and documentation skills are emphasized.

1 credit

**OTHEG 637 Upper Extremity Rehabilitation**

Building on knowledge from the biomechanics course, this course focuses on evaluation and intervention strategies for the remediation of musculoskeletal physical limitations of the upper extremity. Emphasis is placed on impairments of the upper extremity, including fractures, tendon injuries, pain syndromes, arthritis, burns, amputations, and soft tissue disorders, and their effect on occupational performance.

3 credits

Prerequisites: ANATG 502 Anatomy

**OTHEG 645 Health and Wellness II**

This course focuses on the application of occupational therapy evaluation and treatment approaches within the workplace, including the application of ergonomic principles and strategies to prevent injury, and functional capacity evaluations and work rehabilitation to promote return to work. Health promotion and wellness strategies throughout the lifespan are also highlighted.

3 credits

Prerequisites: OTHEG 615 Health and Wellness I

**OTHEG 647 Orthotics and Physical Agents**

Following the upper extremity rehabilitation course, this course emphasizes the fundamental principles of orthotic design and fabrication, and the theoretical principles and practical application of thermal and electrotherapeutic modalities within the practice of occupational therapy. Anatomical and biomedical principles that pertain to orthotic design and fabrication, and the physiological, neurophysiological, and electro-physical changes that occur with application of selected physical agent modalities are emphasized.

3 credits

Prerequisites: ANATG 502 Anatomy; OTHEG 537 Biomechanics
**OTHEG 650 Fieldwork Foundations III**
This course focuses on clinical education experiences, and coincides with the Fieldwork I-C course. The focus of this course is to provide structure for the observational and experiential activities of the level I fieldwork experience. Students continue to develop professional behaviors and self-awareness through reflective exercises that encourage increasing participation in self-directed learning.
0.5 credits
Prerequisites: OTHEG 550 Fieldwork Foundations I; OTHEG 551 Fieldwork Foundations II

**OTHEG 653 Evidence-Based Practice III**
Students conduct a systematic review to apply their knowledge of evidence-based practice to a specific clinical question. In this two-course sequence students begin the process by writing a clinical question, finding the relevant evidence, abstracting the evidence, and writing the introduction and methods sections of their review paper.
3 credits
Prerequisites: OTHEG 613 Evidence-Based Practice II

**OTHEG 654 Psychosocial Practice II**
Building on Psychosocial Practice I, this course focuses on the application of selected models of practice and strategies in occupational therapy. The course provides exposure to and practice with assessments and interventions used in psychosocial practice.
3 credits
Prerequisites: OTHEG 544 Psychosocial Practice I

**OTHEG 663 Evidence-Based Practice IV**
This course serves as a continuation of Evidence Based Practice III in which students complete a systematic review on a specific clinical question. During this quarter students write the results and discussion sections of their review paper and present their findings in an oral presentation. Based on their analysis of the findings, students derive specific implications for occupational therapy practice.
3 credits
Prerequisites: OTHEG 653 Evidence-Based Practice III

**OTHEG 670 Elective**
Elective courses during Winter Quarter of the second year will vary from year to year depending on student interest and faculty availability. Students may select from courses offered by members of the OT Program that have been approved by the OT Program Education Committee, or offerings of other programs or colleges that have been approved by the CHS Curriculum Committee and OT Program Education Committee.
1 or more credits

**OTHEG 695 Fieldwork II-A**
This three-month internship is comprised of supervised field experience with clients and/or client groups who exhibit a variety of medical conditions, which include physical and/or psychosocial disabilities. This internship emphasizes the development of disciplined, higher-level critical thinking skills necessary to plan and provide high-quality client care. Students are supervised by registered occupational therapists with a minimum of one year of experience.
12 credits
Prerequisites: Successful completion of all prior coursework

**OTHEG 705 Professional Development II**
Building on the first Level II Fieldwork experience, this course challenges students to reflect on their individual abilities and competencies in service delivery and therapeutic use of self. They further reflect on the characteristics of the context in which they trained, the trends observed in service delivery and federal/state policies or regulations, anticipating the potential effect on future practice in that context. Students share experiences with documentation and supervision during their training. Finally, as it is the last academic quarter
of the program, this course reviews the professional credentialing process and begins preparation for the NBCOT Certification Examination.

3 credits
Prerequisites: OTHEG 605 Professional Development I

**OTHEG 717 Therapeutic Reasoning II**
This course provides an opportunity for students who have completed Fieldwork II-A to reflect on the theories, frames of reference, professional reasoning, and intentional relationship strategies used with the clients they encountered. It encourages them to focus on and refine aspects of clinical practice to enhance their performance in Fieldwork II-B, as well as prepare for their transition from student to entry level practitioner.

4 credits
Prerequisites: OTHEG 517 Therapeutic Reasoning I

**OTHEG 730 Principles of Teaching and Learning**
This course focuses on principles of teaching and learning, which practitioners can apply as they prepare and give educational in-services, participate in advocacy work, or transition to academia. It also includes teaching and learning theories that can be applied to teaching patients, caregivers, and fieldwork students.

2 credits

**OTHEG 794 Program Development**
Continuing the professional development of students, this course cultivates the knowledge and skills to develop new service provision models, or adapt existing models, to meet occupational needs within the context and environment of individuals and populations. Students integrate current socioeconomic, cultural, political, geodemographic, and technological factors to plan, develop, and market a program; and design evaluation methods to support quality improvement. Students utilize theoretical constructs and evidence to justify the program, and promote policy development in areas of need.

4 credits
Prerequisites: OTHEG 605 Professional Development I

**OTHEG 796 Fieldwork II-B**
This three-month internship is comprised of supervised field experience with clients and/or client groups who exhibit a variety of medical conditions, which include physical and/or psychosocial disabilities. This internship emphasizes the development of disciplined, higher-level critical thinking skills necessary to plan and provide high-quality client care. Students are supervised by registered occupational therapists with a minimum of one year of experience.

12 credits
Prerequisites: Successful completion of all prior coursework
FACULTY

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Instructor

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Associate Professor

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Assistant Coordinator of Clinical Education and Assistant Professor
Occupational Therapy Fieldwork Education: Value and Purpose

The purpose of fieldwork education is to propel each generation of occupational therapy practitioners from the role of student to that of practitioner. Through the fieldwork experience, future practitioners achieve competence in applying the occupational therapy process and using evidence-based interventions to meet the occupational needs of a diverse client population. Fieldwork experiences may occur in a variety of practice settings, including medical, educational, and community-based programs. Moreover, fieldwork placements also present the opportunity to introduce occupational therapy services to new and emerging practice environments.

Fieldwork experiences constitute an integral part of the occupational therapy and occupational therapy assistant education curricula. Through fieldwork education, students learn to apply theoretical and scientific principles learned from their academic programs, to address actual client needs within the context of authentic practice environments. During fieldwork experiences, each student develops competency to ascertain client occupational performance needs to identify supports or barriers affecting health and participation, and to document interventions provided. Fieldwork education also provides opportunities for the student to develop advocacy, leadership, and managerial skills in a variety of practice settings, while incorporating principles of evidence-based practice and client-centered care. Finally, the student develops a professional identity as an occupational therapy practitioner, aligning his or her professional judgments and decisions with the American Occupational Therapy Association (AOTA) Standards of Practice (AOTA, 2015b) and the Occupational Therapy Code of Ethics (AOTA, 2015a).

As students proceed through their fieldwork experiences, performance expectations become progressively more challenging. Level I fieldwork experiences occur concurrently with academic coursework, and the goal “is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients” (Accreditation Council for Occupational Therapy Education® [ACOTE®], 2012, p. S61). Furthermore, Level I is “designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process” (ACOTE, 2012, p. S61).

Level II fieldwork experiences occur at or near the conclusion of the didactic phase of occupational therapy curricula and are designed to “develop competent, entry-level, generalist practitioners” (ACOTE, 2012, p. S62). Level II fieldwork features “in-depth experiences in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation” (ACOTE, 2012, p. S62). For the occupational therapist student, there is an additional exposure to “research, administration, and management of occupational therapy services” (ACOTE, 2012, p. S62). Students should be “exposed to a variety of clients across the lifespan and to a variety of settings” (ACOTE, 2012, p. S62).

The value of fieldwork transcends the obvious benefits directed toward the student. Supervising students enhances fieldwork educators’ own professional development by providing exposure to current practice trends, evidence-based practice, and research. Moreover, the experience of fieldwork supervision is recognized by the National Board for Certification in Occupational Therapy and many state regulatory boards as a legitimate venue for achieving continuing competency requirements for occupational therapy practitioners.

Another benefit to the fieldwork site of sponsoring a fieldwork education program is the recruitment of qualified occupational therapy personnel. Through the responsibilities expected during Level II fieldwork, occupational therapy staff and administration are given opportunity for an in-depth view of a student’s
potential as a future employee. In turn, an active fieldwork program allows the student, as a potential employee, to view firsthand the agency’s commitment to the professional growth of its occupational therapy personnel and to determine the fit of his or her professional goals with agency goals. The fieldwork program also creates a progressive, state-of-the-art image to the professional community, consumers, and other external audiences through its partnership with the academic programs.

In summary, fieldwork education is an essential bridge between academic education and authentic occupational therapy practice. Through the collaboration between academic faculty and fieldwork educators, students are given the opportunity to achieve the competencies necessary to meet the present and future occupational needs of individuals, groups and, indeed, society as a whole.

References


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Adopted by the Representative Assembly 2016

Note. This document replaces the 2009 document Occupational Therapy Fieldwork Education: Value and Purpose, previously published and copyrighted in 2009 by the American Occupational Therapy Association in the American Journal of Occupational Therapy, 63, 821-822. http://dx.doi.org/10.5014/ajot.63.6.821

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THE FIELDWORK PROGRAM

Most learning theories support the supposition that didactic material, supplemented with experiential opportunities, facilitates optimal learning. Occupational therapy programs provide experiential learning opportunities through required fieldwork rotations. The goal of MWU’s Occupational Therapy Program is to exceed the standards set by The Accreditation Council of Occupational Therapy Education (ACOTE). It is the student’s responsibility to fully exploit all fieldwork opportunities and to integrate the didactic component of the program into the fieldwork experience. This manual serves to provide information to enhance the fieldwork experience, as well as provide guidelines for post-fieldwork II procedures. Please read this manual carefully and contact the Academic Fieldwork Coordinator if you have any questions.

Goals

The goal of Level I Fieldwork is to introduce students to the fieldwork experience, and develop a basic comfort level with and understanding of the needs of clients. Level I fieldwork shall be integral to the program’s curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process. The focus of these experiences is not intended to be independent performance. Qualified personnel for supervised Level I fieldwork include, but are not limited to, occupational therapy practitioners initially certified nationally, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.

The goal of Level II Fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork shall be integral to the program’s curriculum design and shall include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and/or research, administration and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the life span and to a variety of settings. The fieldwork experience shall be designed to promote clinical reasoning and reflective practice; to transmit the values and beliefs that enable ethical practice; and to develop professionalism and competence as career responsibilities.

Purpose

Supervised fieldwork experience in occupational therapy is an integral part of both the educational process and professional preparation. It is intended to complement academic preparation by offering additional opportunities for growth, learning to apply knowledge, developing and testing clinical skills, and for validating and consolidating those functions that comprise professional competence.

The purpose of fieldwork experience is to provide occupational students with the opportunity to integrate academic knowledge with application skills at progressively higher levels of performance and responsibility. The unique contributions of fieldwork experience include the opportunity to test firsthand the theories and facts learned in academic study and to refine skills through client interaction under the supervision of qualified personnel. Fieldwork also provides
the student with situations in which to practice interpersonal skills with patients/clients and staff and to develop characteristics essential to productive working relationships.

Site Selection Criteria

The OT Program accepts fieldwork sites accredited by the appropriate agencies, which profess similar philosophies and missions, and are student-centered.

Previously, the Program had utilized only those sites that employed and/or contracted with a registered occupational therapist (OTR); and were accredited by agencies that were traditionally familiar and supportive of occupational therapy services. Due to changes in state and federal legislation, decreased availability of traditional, non-profit sites, and prevailing administrative perspectives that support short-term over long-term outcomes, our program has expanded its Fieldwork I to include non-traditional sites that may or may not employ and/or contract with an OTR. This measure is commensurate with the ACOTE Standards regarding fieldwork education. Presently, ALL affiliate sites are approved by a recognized accrediting agency. This measure continues to exceed the implicit ACOTE Standards.

Our goal in student fieldwork is promoting successful completion of clinical experiences within the educational curriculum. This requires a collaborative effort on the part of the school and the fieldwork site. The collaborative effort between the school and the potential site is initiated by a letter of introduction, a specific telephone conversation, a referral from an esteemed colleague, or inquiry from a potential site regarding interest in receiving fieldwork students. The initial contact can be followed by an on-site visit, the intent of which is to discern similarities between our respective philosophies and beliefs. Frequent interchange of ideas promotes depth of collaboration and ongoing communication between the school and the fieldwork site to ensure student success.

Due to the aforementioned expansion criteria of affiliates, the Academic Fieldwork Coordinator has established relationships and/or secured affiliation agreements that extend the collaborative process involved with traditional OTR clinical coordinators/instructors and their respective facilities to include, but not limited to, Certified Occupational Therapy Assistants (COTA’s), Physical Therapists, Speech Pathologists, Child Developmental Specialists, various community activities directors, educators, business owners and their respective facilities.

Diversity is inherent with expansion. Moreover, additional assurances have been initiated to optimize experiential exposures, as well as didactic classroom opportunities. These may include, but are not limited to, the addition of a Fieldwork Foundations course, students’ self-management of their personal fieldwork profile, the institution of numerous assessments and/or surveys of previous and on-going learning styles/preferences, philosophical leanings and knowledge content, and dividing classes for more individualized fieldwork breakout sessions to enhance experiential knowledge.

Requirements

All MWU OT students are required to complete a minimum of three Level I fieldwork rotations and two 12-week Level II fieldwork rotations. A student must complete all coursework at a passing level and have a minimum cumulative GPA of 2.75 to be eligible for Level II fieldwork placement. A student must complete all Level II fieldwork at a satisfactory level in order to graduate and be eligible to sit for the National Board for Certification in Occupational Therapy (NBCOT) Examination.
According to the “Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist” [Accreditation Council for Occupational Therapy Education (ACOTE, 2011 – Updated)], students are required to complete a minimum of 24 weeks of full-time Level II fieldwork. This may be completed on a full-time or part-time basis, but may not be less than half time as defined by the fieldwork site. The Master of Occupational Therapy Program is a continuous, full-time program, extending 27 months from matriculation to graduation. The maximum allotted time for completion of this program is 40.5 months.

C. 1.17 In a setting where there is no occupational therapist on site, the program must document that there is a plan for the provision of occupational therapy services. Onsite supervision must be provided in accordance with the plan and state credentialing requirements. The student must receive a minimum of six hours of occupational therapy supervision per week, including direct observation of client interaction. Additionally, the occupational therapy supervisor must be readily available for communication and consultation during work hours. Such fieldwork shall not exceed 12 weeks.

C. 1.14 Ensure that the student shall be supervised by an occupational therapist who meets state regulations and has a minimum of one year of practice experience, subsequent to the requisite initial certification. The supervising therapist may be engaged by the fieldwork site or by the educational program.

C. 1.12 Level II fieldwork can take place in a variety of traditional settings and emerging areas of practice. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.

Performance and Evaluation

Level I fieldwork, and Level II fieldwork experiences are designated as courses in the academic program. General educational objectives have been developed for Level I fieldwork and specific educational objectives for Level II fieldwork have been developed and subsequently approved by ACOTE. Individual learning experiences are determined by the Academic Fieldwork Coordinator for Level I fieldwork and by the Fieldwork Supervisors/Facility Program in collaboration with the Academic Fieldwork Coordinator for Level II fieldwork.

Students will receive a grade of pass (P), fail (F) or incomplete (I) for each Level I and Level II fieldwork experience. Level I grades are determined by individual course syllabi. Level II grades are based on the evaluation received on the American Occupational Therapy Association (AOTA) Fieldwork Evaluation (FWE) Form, completion and receipt of the Student Evaluation of the Fieldwork Experience (SEFWE) Form and approval of the Academic Fieldwork Coordinator and the Program Director. Fieldwork Supervisors may be requested to complete the AOTA Fieldwork Evaluation (FWE) for the mid-term evaluation of the Level II fieldwork student.

A student must achieve at least minimal competence while on fieldwork in order to pass a fieldwork course.

Student Supervision

Fieldwork educators who supervise students must remain sensitive to the changing needs of each student while, at the same time, promoting the student’s development of effective therapeutic
relationships, evaluation and treatment techniques, and clinical problem-solving skills. In addition, the fieldwork educator must facilitate the assumption of professional responsibility, behavior and attitudes, self-confidence, and personal growth.

In addition to regularly scheduled lectures and conferences, supervision includes spontaneous discussions, instruction, and guidance. The student/supervisor relationship should be a shared growth experience built on mutually determined needs and objectives. Fieldwork educators give students the feedback essential to their development as therapists and receive students’ feedback, which is essential to continuing development as fieldwork educators. The need for open, direct, and timely communication cannot be over emphasized.

Fieldwork educators provide a solid foundation and framework of knowledge and experience from which the student can develop a professional identity and philosophy. Independent functioning, thought, and experimentation are encouraged. Students may share in planning programs based on their needs as assessed by their fieldwork educators, as well as their own individual interests and concerns for professional growth. Different approaches to student supervision may be indicated for different students. There is no single “right” way for the student supervisor to approach every problem or situation. Student supervision is essentially a relationship, and each student offers a new and different experience to the fieldwork educators. Through experience each fieldwork educator will develop personal abilities and philosophy concerning the “techniques” and “approaches” useful for supervising students.

This is not to imply that standards for student performance should be changed or applied differently for each individual student. Certainly the performance standards for students must be held and measured consistently among students; if not, inequity and inconsistency are likely to result. The supervisor’s approach to supervision may vary.

Fieldwork requirements are guidelines that represent minimal expectations of performance. The amount and depth of knowledge and experience the student gains depends on the degree to which the student shares the responsibility for learning. This self-initiated inquiry process actively uses the personnel, resources, and experiences available. The end result of the fieldwork experience is to have the student prepared to take on the responsibilities of a staff therapist (entry-level therapist) in a given specialty area.

**Ongoing communication will occur as well as random telephone calls and fieldwork site visits during the time students are on their Level II fieldwork rotations. The academic fieldwork coordinator makes every effort to stay in communication with students and fieldwork educators throughout the process.**

**It is the students’ responsibility to communicate with the academic fieldwork coordinator when there are issues, absenteeism, concerns, anxieties or other matters that may impact their performance and successful completion of these courses.**
Advising

All fieldwork advising is handled by the Academic Fieldwork Coordinator. The Program Director is immediately informed and continually updated on the progress of any student experiencing difficulties during a clinical experience. Other advisors, when necessary, may be involved in the process. Students who have concerns about their fieldwork progress, or fieldwork supervisors who have concerns, should contact the Academic Fieldwork Coordinator immediately.

Costs

All students must be prepared financially to assume the costs that will accompany any fieldwork assignment. In addition to full tuition and fees, expenses may include: additional immunizations, drug testing, physicals, finger printing, transportation, travel, parking, housing, and meals, as well as incidental costs such as materials for a special project. It is advisable for the student to have access to a car during fieldwork in the event that public transportation is inadequate or they have to travel some distance to their location. The estimated cost of one fieldwork placement can amount to approximately $4,000.00.

Due to the availability of excellent clinical sites throughout the contiguous United States, all students must be prepared to affiliate at sites away from their permanent address, which would then require relocation for one 12-week placement. When it is possible, consideration will be given to those students who have special needs.

Student Placement Protocol

The following placement protocol is designed to maximize the usage of the Occupational Therapy Program’s fieldwork resources in an equitable and timely manner. The Academic Fieldwork Coordinator is committed to providing a carefully orchestrated effort to ensure optimal fieldwork experiences. The process involves the collaboration and corroboration of students and the Academic Fieldwork Coordinator. Placement conflicts will be handled between the Academic Fieldwork Coordinator and the student. The Academic Fieldwork Coordinator may utilize cumulative GPA scores and/or any one or more other factors including, but not limited to, residence, preferred learning styles, and previous exposure/experiences. Ultimately, the final decision regarding all fieldwork placements is the responsibility of the Academic Fieldwork Coordinator.

The following is the placement process:

- A selection of appropriate sites will be made available to the students
- Those students meeting all prescribed program, college and university requirements are deemed “eligible for fieldwork” and will be invited to review the fieldwork sites available
- Eligible students will then select fieldwork sites based on the selection process provided
- The Academic Fieldwork Coordinator will review student selections
- The Academic Fieldwork Coordinator will discuss selections with students as needed
- The Academic Fieldwork Coordinator finalizes fieldwork placements
Students will be notified of their final placements no later than eight weeks prior to the initial (refer to Placement Policies) starting date. Student requests to change their fieldwork placement after fieldwork placements have been finalized will not be honored. Conflicts, cancellations, and special circumstances do not apply to the above-noted timeline and will be handled on a case-by-case basis as deemed appropriate by the Academic Fieldwork Coordinator.

In the event that extraordinary circumstances occur that have the potential to affect fieldwork placement, the student is responsible for notifying the Academic Fieldwork Coordinator immediately. The Academic Fieldwork Coordinator and Program Director will then determine if the circumstances warrant special needs consideration. Special needs circumstances will be negotiated between the student and the Academic Fieldwork Coordinator.

The formal required clinical fieldwork which is part of the Midwestern university requirements is documented below:

According to the ACOTE Standards on fieldwork effective July 31, 2013

The Occupational Therapy Program at Midwestern University adheres to the ACOTE standard for fieldwork which states: a graduate from an ACOTE accredited master’s degree level occupational therapy program must be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service. Fieldwork education is to be provided in settings that are equipped to meet the curriculum goals, and provide educational experiences applicable to the academic program. While recognizing the diversity of students and their career goals, the OT Program ensures that each student receives this broad exposure through placement in varied fieldwork settings and with clients across the lifespan. The student is counseled as early as the application interview process, and then again more formally in the Fieldwork Foundations course, that fieldwork assignments must be diverse. The student fieldwork selection process is monitored by the Academic Fieldwork Coordinator, as well as the Faculty, to ensure that students’ fieldwork selections are varied. The OT Program also evaluates compliance with this standard through retrospective review of its placement history.
FIELDWORK REQUIREMENTS

1. General physical prior to entering the program
2. All immunizations must be updated or complete which includes:
   - Hepatitis Series
   - MMR titers
   - Tetanus
   - Varicella titer
   - 2 step TB – updated annually
   - Polio
   - Annual Influenza immunization
3. Healthcare Insurance
4. Professional Liability (provided by university)
5. Background check
6. Fingerprinting
7. Drug Screening (as requested)
8. First Aid (annually)
9. CPR for healthcare providers (adult/child) (annually)
10. HIPAA training (online testing offered by university)
11. OSHA/Universal Precautions training (online testing offered by university)
12. Physical upon admission (updated on request)
13. Successfully passing required classes with 2.75 GPA
Guidelines for Assigning Fieldwork Placements

The Occupational Therapy Program at Midwestern University adheres to the ACOTE standard for fieldwork which states: a graduate from an ACOTE accredited master’s degree level occupational therapy program must be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service. Fieldwork education is to be provided in settings that are equipped to meet the curriculum goals, and provide educational experiences applicable to the academic program. While recognizing the diversity of students and their career goals, the OT Program ensures that each student receives this broad exposure through placement in varied fieldwork settings and with clients across the lifespan. The student is counseled as early as the application interview process, and then again more formally in the Fieldwork Foundations course, that fieldwork assignments must be diverse. The student fieldwork selection process is monitored by the Academic Fieldwork Coordinator, as well as the Faculty, to ensure that students’ fieldwork selections are varied. The OT Program also evaluates compliance with this standard through retrospective review of its placement history.

Level I-A, I-B and I-C:

Level I-A Fieldwork will be completed concurrent with Human Conditions I (OTHE 505) and will focus on psychosocial factors that influence engagement in occupation.

For Level I-B and I-C, students will provide a designated number of selections from a list of available fieldwork sites. Students will be assigned a site based upon a random match made by the Fieldwork Manager computer software program. The random matching process takes into consideration student selections, but may not always result in students being assigned to one of their selected sites.

Each Level I placement must be in a different setting, each with a different delivery model/system, and/or with exposure to clients of differing age groups.

Level II-A and II-B:

Students will provide a designated number of selections from a list of available fieldwork sites. Students will be assigned a site based upon a random match made by the Fieldwork Manager computer software program. The random matching process takes into consideration student selections, but may not always result in students being assigned to one of their selected sites.

Level II-A and Level II-B placements must be in different practice areas, each with a different delivery model/system, and/or with exposure to clients of differing age groups. Level II placements may include, but will be limited to, one placement in a highly specialized or narrowly-focused setting.
OT Fieldwork Practice Settings

These are the stated practice settings set by ACOTE and used in the Fieldwork Data Form. Students can pick from any of the following settings or other emerging areas of practice that are available at the time of the fieldwork match.

1. Hospital-based settings
   - In-Patient Acute
   - In-Patient Rehab
   - SNF/Sub-acute/Acute Long Term Care
   - Outpatient Hands
   - Hospital / Unit Pediatrics
   - Pediatric Hospital Outpatient
   - In-Patient Psych/ outpatient

2. Community based settings
   - Pediatric community
   - Behavioral Health
   - Older Adult Community Setting
   - Older Adult Day Program
   - Outpatient/ hand private practice
   - Adult Day Program for DD
   - Home Health
   - Pediatric Outpatient Clinic

Policy Regarding Fieldwork Site Changes

Considerable OT Program, university administration and facility time and effort is required to secure fieldwork rotations for students. Many factors, out of the control of the Academic Fieldwork Coordinator, may, at any time, impact the ability to successfully place a student at a rotation site. Students must, therefore, understand that changes in fieldwork assignments may and sometimes do occur. When this happens, the Academic Fieldwork Coordinator will work closely with the student to secure alternative fieldwork arrangements at a site that meets program requirements.

Policy Regarding Student-Requested Fieldwork Site Changes

As a general rule, once site assignments (local and/or out-of-state) have been made for a student, no student-initiated requests for site changes will be considered. Student-initiated site change requests that are formally submitted to the Academic Fieldwork Coordinator at least 6 months prior to the date of the assigned rotation and with justifiable cause (as determined by the OT Program) for the requested change may be considered. Any alternative site assignment must meet program requirements.
Policy Regarding Failed Fieldwork Rotations

If a student fails a fieldwork rotation for any reason, including performance or behavioral issues, the course failure must be reviewed by the Academic Review Committee. Subsequent site placement to make up the failure is not guaranteed and will be determined following a full review by the committee of the circumstances surrounding the failure. If subsequent site placement is permitted, site assignment setting must meet program requirements and be approved by the Academic Fieldwork Coordinator. Any placement of a student following a failed rotation will be assigned according to the program’s established rotation schedule. Exceptions to this may occur under certain circumstances, but an exception is rare and must not be a student expectation. In the case of a second fieldwork failure, the student may be dismissed from the program.

Policy Regarding Special Requests for Level II Fieldwork

Special Requests are for sites that are out-of-state or for unaffiliated in-state sites.

- For out-of-state sites, it is preferable that students request sites that have a current affiliation agreement with Midwestern University. Due to the abundance of affiliated sites, students are encouraged to consider these site options first, prior to submitting a request for unaffiliated sites.
- For in-state sites, the site must not already have an affiliation agreement with Midwestern University.

Special Request forms are due the first of the month 6 months prior to the Fieldwork rotation: Sept 1st for Spring and Feb 1st for Fall.

International Rotation Policy

The Occupational Therapy Program will consider international rotation requests from “qualified” students. A “qualified” student is one who meets the following criteria:

- Maintains a cumulative GPA of 3.5 or higher
- Demonstrates exemplary professional behaviors
- Demonstrates an acceptable record of leadership (i.e. class officer, event organizer, etc.)
- Has had prior travel experience and is comfortable with living abroad for an extended period
- Has the recommendation of the occupational therapy program faculty based on their interactions with the student in the academic setting or outside the classroom.
All qualified students requesting an international rotation must adhere to the Occupational Therapy Program’s international rotation policy as follows:

- Student must comply with the university’s standard policy on international rotations in addition to complying with the OT Program’s policy

- An international rotation will only be considered for a second level II rotation

- An application must be initiated at least 16 months prior to the rotation start date

- A maximum of 2 students may be considered for international placement per year

- Each potential student must submit to the Academic Fieldwork Coordinator a White Paper of 500 words or less that clearly states why they desire to complete an international rotation (goals and objectives), what contributions they intend to offer to the site, and the anticipated gains that will result from this type of rotation

- The clinical site has the ability and right to turn down a potential / specific student based on their requirements, the student’s white paper, resume, experience or any other rationale considered by the clinical site.

- Each student will submit to the Academic Fieldwork Coordinator a current resume that includes both academic, work, and service/volunteer experiences

- At least nine months prior to the expected placement date, the student will submit to the Academic Fieldwork Coordinator a budget that represents the expected travel and living expenses associated with the international rotation; the budget is to be based on research of the country/area in which the rotation is to occur

- Placement is dependent upon demonstrating continuing academic performance (a GPA of 3.5 or higher), leadership, and professional behaviors up to and throughout the time of the second clinical rotation

- A student must demonstrate housing that is approved by the Occupational Therapy Program and secured prior to 6 months from the time of the rotation start date.

- Once a student has been accepted and arrangements/ contract in place and the site has accepted the student, a student cannot change their mind or decide to withdraw from this fieldwork experience. Only compelling rationale will be considered; and does not include financial reasons; change in plans; engagement; family support. (The student has committed to meeting the financial responsibility with submission of the international travel budget) A student is required to consider seriously all of these aspects prior to submitting a request for an international fieldwork experience.

The university retains the right to decline requests for international placement based on issues of student safety and matters such as health conditions, crime, unusual entry requirements, areas of instability, and the location of the nearest U.S. embassy or consulate in the subject country.
Student Guidelines
and Requirements
**STUDENT GUIDELINES AND REQUIREMENTS**

**Personal and Professional Responsibilities**

Students must know and adhere to regulations of the University and “The Occupational Therapy Code of Ethics” (see Appendix). This also includes regulations of the university, the college, the program, and fieldwork facilities. Student conduct is expected to be exemplary and professional at all times. Refer to the Student Code of Conduct spelled out in the Student University Handbook and the Occupational Therapy Program Manual. Utilization of a facility’s personnel and/or other resources for personal use or gain is not commensurate with professional conduct. Any expenses incurred without prior approval of the Fieldwork Coordinator or the Fieldwork Supervisor(s) are the responsibility of the student. Failure to exhibit professional demeanor jeopardizes a student’s continued participation in the Occupational Therapy Program. During fieldwork experiences, students work closely with other professionals and should make exceptional efforts to establish professional relationships. Poor behavior reflects poorly on the student, the program, the university, and the occupational therapy profession.

Consideration for the dignity and integrity of each individual, patient, client, and family should govern all contacts. “Privileged information” (information concerning patients’ or clients’ diagnoses, care and treatment, prognosis, and/or psychosocial problems) should be guarded carefully and shared only with other professional people concerned with aiding the client/patient/family. Hallways, elevators, dining rooms, etc. are not appropriate places for discussions regarding clients. **Client names should never be mentioned or used as identifying information on any assignments. Unethical and/or unprofessional behavior(s) can be grounds for immediate dismissal from a fieldwork assignment.**

**Professional Attire**

The therapist’s appearance influences patient, client, family and staff reactions to her or him. Students on fieldwork assignments are expected to forego individual tastes and preferences that are not in keeping with professional standards. Identification (ID) badges are required for entrance to all fieldwork settings. Students are required to wear either their MWU ID badge or an ID badge provided by the fieldwork site during the time they are on a fieldwork assignment.

Students are required to wear the type of clothing suggested by the Clinical Fieldwork Instructor and should be discussed prior to starting. Students are expected to conform to the dress requirements established by the setting to which they are assigned. Dress requirements are designed with the client’s and the therapist’s safety and/or comfort in mind. Clothing and footwear should be clean, functional, and modest at all times. When uniforms, lab coats, or smocks are required, the insignia designating student status in the Occupational Therapy Program at MWU is to be worn. The insignia should be sewn securely on the left sleeve of the uniform just below the shoulder. For health and safety reasons, only a minimal amount of simple jewelry is recommended. Hair, if longer than shoulder length, should be held away from the face in some manner. This is necessary for the protection of the student when working with equipment and also as a courtesy to the client. Students are expected to present themselves in a manner that reflects the practice of good hygiene. Students are expected to avoid excessive use of perfumes/colognes, cosmetics, and long fingernails. Failure to follow a designated dress code can be grounds for immediate dismissal from a fieldwork assignment.
Occupational Therapy Code of Ethics

The American Occupational Therapy Association’s *Code of Ethics* is a public statement of the values and principles used in promoting and maintaining high standards of behavior in occupational therapy. The American Occupational Therapy Association and its members are committed to furthering people’s ability to function within their total environment. To this end, occupational therapy personnel provide services for individuals in any stage of health and illness, to institutions, to other professionals and colleagues, to students, and to the general public. Please refer to the Appendix to review the set of principles that applies to occupational therapy personnel at all levels.

Financial Aid

Students completing Level II Fieldwork are still enrolled as full-time students and are required to follow university policy. Therefore, if Fieldwork II rotations should fall outside of university timeframes, it is the students’ responsibility to communicate with the Registrar’s Office and the Financial Aid Department, as there may be financial ramifications.

Scholarships and Financial Assistance Programs

Any student who is receiving financial assistance in the form of scholarships or other resources must inform the Academic Fieldwork Coordinator immediately upon signing a contract. A copy of the contract you sign with the facility should be given to the Academic Fieldwork Coordinator. Due to the conflict of interest, which may arise in this situation, students will not be allowed to do fieldwork in a center where they have made a commitment to work upon graduation in exchange for financial assistance.

Graduation Eligibility

If Level II Fieldwork should extend beyond Winter quarter but be completed by the end of Summer quarter students will be required to petition the Occupational Therapy (OT) Program Academic Review Committee for recommendation to participate in the graduation ceremony. Students should contact the Chair of the OT Program Academic Review Committee for procedural details.

Student Health Records

All students are required to submit a current copy of their immunization and vaccination history as a part of the matriculation agreement. Each student is responsible for the appropriate maintenance of his or her health requirements. Failure to do so will result in a delay of entering fieldwork when scheduled and subsequently graduating on time. Each student should keep current copies of a “Health and Immunization Report” form in their personal fieldwork file.

Universal Precautions

The Occupational Safety and Health Administration (OSHA), requires all students to receive information on Universal Precautions and Blood borne Pathogens. Students will obtain this information through an online program offered by MWU. A review is recommended prior to each Fieldwork I experience and again during Fieldwork II Orientation or prior to arriving at the
fieldwork site. All in-services will be documented, and the student retains a copy of the “certificate of completion” to provide the fieldwork site on request, and/or the certificate will be submitted to the clinical affiliation site on request.

**Cardiopulmonary Resuscitation (CPR) Certification**

All students are required to present evidence of current CPR Certification (infant and adult at the healthcare provider level) prior to each Level I and Level II Fieldwork rotation and when starting at a fieldwork site. CPR Classes may or may not be offered through MWU.

**First Aid Training**

The students are required to present evidence of current first aide training prior to each Level II Fieldwork rotation. The University does not provide this training and students are required to make their own arrangements to complete this requirement and have documentation on request of the fieldwork site.

**Health Insurance Portability and Accountability Act (HIPAA)**

Exposure to this information is required by fieldwork sites. This information will be provided to students during the Interdisciplinary Healthcare course. HIPAA Guidelines for fieldwork assignments can be found on page 154 in the “Resources/Articles” section of this manual.

**Criminal Background Check**

Joint Commission on Accreditation of Hospitals and Healthcare Facilities now requires that all healthcare workers have a criminal background check prior to working within the organization whether they are paid employees or not. This background check may or may not be provided by the university and included in their program fees. If the university does not provide the type of background check required by the fieldwork site, students will be required to comply with individual facility requirements and may be asked to pay for this background check and provide the necessary information to do so through the fieldwork site.

**Fingerprinting**

If the university does not provide fingerprinting, students will be required to comply with individual facility requirements.

**Drug Screening**

If the university does not provide drug screening, students will be required to comply with individual facility requirements.

**Liability Insurance**

The university does provide evidence of liability coverage for each student assigned to a fieldwork rotation. This is submitted annually to the fieldwork sites as directed by the Occupational Therapy Program.
Pregnancy

If a student is or becomes pregnant prior to beginning fieldwork or while on fieldwork, she must notify the Academic Fieldwork Coordinator immediately, as well as inform her clinical supervisor. This is extremely important so appropriate plans can be made for fieldwork. Any student who is pregnant will be required to have a letter from her physician stating that she is capable of assuming the normal clinical responsibilities of an OT student, and that the physician does not have any objection to the student’s specific assignment for fieldwork. Unless otherwise stated by the physician, no pregnant student will be allowed to do fieldwork in a pediatric or school system setting, due to increased probability of exposure to contagious diseases. Please refer to the “Leave of Absence” section of the MWU Student Handbook.

Students with Disabilities

Students should refer to the policy listed under “Disability Services” in the MWU Student Handbook for further information.

Helpful Hints for Fieldwork

- Ask questions! No question is a “silly” question! Students are not expected to “know everything” about Occupational Therapy. It is important, however, to think about the quality of your questions and to consider that formulating thoughtful questions and gathering data to answer questions independently demonstrates good problem-solving skills. Skill in problem solving constitutes a critical component of the Fieldwork Performance Evaluation. Fieldwork is a learning experience; get the information you require in order to facilitate your learning. If your supervisor asks if you have questions, and you do not have any questions at a particular time, refrain from saying, “I don’t have any questions”. Instead, mention that you would like some time to reflect and to formulate your questions/ideas; then follow up with your supervisor at a later time. One of the most frequent complaints of supervisors (and one of the largest contributing factors to many “failed” or “difficult” fieldwork experiences) is the poor and/or lack of communication between the student therapist and his/her supervising therapist(s). Despite planned meeting times with a supervisor, it is not always possible for a supervisor to know when the student has questions, concerns and/or difficulties that are not being addressed. Therefore, students must remember it is their responsibility to schedule meetings with their supervisor for the purpose of getting questions answered, if necessary.

- Be willing to take initiative by “seeking out” and “assuming” additional duties/responsibilities! Fieldwork supervisors like and are impressed by students who take initiative. Taking initiative in and responsibility for one’s own learning is a characteristic that is highly valued by supervisors. Demonstrating these characteristics adds significantly to a supervisor’s positive perception of that student. Students are encouraged to explore what the facility/surrounding community has to offer that will enhance their learning experience without compromising their other obligations. Sometimes, these endeavors may require students to use their own time versus clinical time. The main thing to remember is to “get involved”.

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Students’ Frequently Asked Questions about Fieldwork

This information is provided by The American Occupational Therapy Association (www.aota.org) and provides answers to students about fieldwork requirements, supervision, grading, difficulties with supervisors, failing, unfair treatment, accommodations for a disability, and international fieldwork.

Who sets fieldwork requirements?

The Standards for an Accredited Educational Program for the Occupational Therapist or Occupational Therapy Assistant are the official AOTA documents that govern the length and types of fieldwork required for all students. View the OT Standards or OTA Standards.

How many hours are required for Level I and Level II Fieldwork?

For Level I Fieldwork, AOTA does not require a minimum number of hours. Each program sets the time requirements for students on Level I Fieldwork. For Level II Fieldwork, the standards require a minimum of 24 weeks full-time for occupational therapy students and 16 weeks full-time for occupational therapy assistant students. This may be completed on a full-time or part-time basis, but may not be less than half time, as defined by the fieldwork site. Your academic program determines the required time needed to complete both Level I and II fieldwork in your program. All students must complete the fieldwork required by their academic programs.

Are there mandatory types of Level II fieldwork required for all students?

The Standards recommend that the student be exposed to a variety of clients across the life span and to a variety of settings. While AOTA does not mandate specific types of fieldwork, such as pediatrics or physical disabilities, individual academic programs do have the right to require specific types of fieldwork placement for their students.

How many days off are allowed?

The fieldwork site and the academic program decide time off during fieldwork. You should direct any questions about taking time off to your academic fieldwork coordinator first and your fieldwork educator next. The university guidelines prevail since the student remains in the academic community during the fieldwork. These circumstances can be negotiated if the fieldwork supervisor and fieldwork instructor are in agreement pertaining to the specific requests.

How many times may a student repeat Level II Fieldwork?

Because fieldwork is considered a part of your academic program, your school sets the policy on repeating Level II fieldwork. Check your college catalog or student handbook for a statement of your program’s policy. Also, discuss this issue with your academic fieldwork coordinator to be sure that you understand the policy at your institution.

How much time do you have to finish Level II Fieldwork?

The Standards do not specify time requirements for completion of Level II fieldwork. It should be completed in a reasonable amount of time. You should consult with your academic program if there are unusual circumstances that might make it difficult for you to complete fieldwork within their required time period.
Who is permitted to supervise students?

For Level I fieldwork, a student can be supervised by qualified personnel including, but not limited to, occupational therapy practitioners with initial national certification, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.

For Level II fieldwork, an occupational therapist can supervise an occupational therapy student as long as the therapist meets state regulations and has a minimum of 1 year of practice experience subsequent to the requisite initial certification. An occupational therapist or occupational therapy assistant who meets state regulations and has 1 year of practice experience subsequent to the requisite initial certification can supervise an occupational therapy assistant student.

What is a passing grade for Level II Fieldwork?

Each academic program is responsible for determining its grading criteria. The academic program has the responsibility to assign a letter grade or pass/fail grade, and to determine the number of credit hours to be awarded for fieldwork. **What should you do if your fieldwork grade is lower than you believe you deserve?** Because fieldwork is considered part of your academic program, you will need to follow whatever grade appeal process your program or college requires. The steps involved in that process should be outlined in your college catalog or student handbook. Your academic program makes the final decision on your fieldwork grade.

What should you do if you are asked to perform above or outside your level of practice?

First, discuss this with your fieldwork educator. You may wish to check with the licensure board in the state where you are doing fieldwork for information defining the scope of practice. If you are unable to resolve this issue with the fieldwork site, contact your academic fieldwork coordinator.

What should you do if you are experiencing difficulty during Level II Fieldwork?

The first step is to talk with your fieldwork educator. Before your meeting, try to write down what you perceive as the problems and develop a list of possible solutions. If you are still experiencing difficulty after meeting with your fieldwork educator, contact the academic fieldwork coordinator at your school for a different perspective and advice on other possible solutions. It is very important that the academic fieldwork coordinator hear from you if you are experiencing difficulty.

What happens if you fail fieldwork and you believe you should pass?

First, discuss the situation with your academic fieldwork coordinator. Should you wish to appeal your grade, you must follow the procedures required by your academic program or college. Check your student handbook or college catalog, or contact the Student Affairs office to learn about your school’s procedure. Also, find out what your program’s policy is on repeating a failed fieldwork. If repeating is a possibility, you should request another fieldwork placement to make up for the prior failure.

Can your school drop you from the program for failing fieldwork? What options would you have to get a degree?

Each academic program determines its own criteria for dropping a student from the program. You need to find out your school’s policy. You may wish to appeal the decision according to the procedure for your school or program. Some possible options for students who have been dropped from occupational therapy
education programs include transfer to another major that may have similar course requirements; career counseling; or application to another occupational therapy program. Should you decide to apply to another occupational therapy education program, be aware that the prospective school decides on whether or not your course credits will be accepted.

Are you required to tell the fieldwork site that you have a disability?

Under the Americans with Disability Act, occupational and occupational therapy assistant students with disabilities have the right to decide if and when they disclose their disability to the fieldwork site. Students with disabilities have the right to be seen as qualified capable students first, and secondly as a student who has a disability. Discuss your decision to disclose with your academic fieldwork coordinator. Determine if you will need accommodations to fulfill the essential job functions for a student in your fieldwork setting. After a student is accepted for the fieldwork placement, the student, academic fieldwork coordinator, and fieldwork educator should determine the appropriate and most effective accommodations.

How can you find a fieldwork site outside of your state or region?

First, you should talk with your academic fieldwork coordinator for suggestions. Generally speaking, it is not appropriate for students to contact fieldwork sites independently unless they are told to do so by their school. Another source of information is the state occupational therapy association in the state where you wish to find a fieldwork site. View a list of State OT Associations contacts. AOT A does not maintain a listing of current fieldwork sites.

Can you do a Level II Fieldwork outside of the U.S.?

Depending upon the policies of your academic program, you may be permitted to do fieldwork outside the U.S. The following criteria listed in the ACOTE Standards for fieldwork outside of the U.S. must be met: "Ensure that the student completing Level II fieldwork outside the U.S. is supervised by an occupational therapist who has graduated from a program approved by the World Federation of Occupational Therapists (WFOT) and has 1 year of experience in practice. Such fieldwork shall not exceed 12 weeks."
Fieldwork

Performance Standards
FIELDWORK PERFORMANCE STANDARDS

Satisfactory Performance

Each assignment on an affiliation is an important measure of competency for the practice of Occupational Therapy. Therefore, it is important that students complete all assignments at or above a passing level. Failure to complete any individual assignment at an acceptable level of competence will result in a deficit in professional preparation, as the student will not have attained and/or demonstrated all the necessary competencies for passing the clinical affiliation, the certification examination and/or subsequent professional practice.

Students are expected to complete all assignments either during the working day or on their own time. It is expected that a student can spend up to two hours an evening in preparation for their next day or working on assignments outside of their routine in the clinic or fieldwork venue.

Unsatisfactory Performance

If a student is at risk of failing a fieldwork assignment the Fieldwork Clinical Supervisor is required to call the Academic Fieldwork Coordinator immediately to inform the Program of the student’s status. If there is any question regarding minimum expectations for a student, please do not hesitate to call the Academic Fieldwork Coordinator.

If a student is feeling overwhelmed or uncomfortable with their performance it is their responsibility to contact the Academic Fieldwork Coordinator. When a student’s behavior has the potential to cause dismissal, the clinical supervisor should document the behavior, the plan of remediation, and the result. A “Remediation Form” may be utilized for this purpose. A sample form is included in the Appendix. A student who is failing fieldwork may be asked to leave the fieldwork site before the date on which their assignment ends and will receive a failing grade. Other students may finish the full assignment and still fail. In either case, the decision to ask the student to leave or continue in the affiliation is based on assessment of: 1) the student’s difficulties and the potential to remain in the fieldwork setting without being disruptive to patient/client care; 2) the student’s response to supervisory feedback; and 3) the student’s potential to change skills, judgments, and/or professional behaviors in a reasonable amount of time with normal supervision.

A student who fails to satisfactorily complete an assigned Level II fieldwork experience will be allowed one additional opportunity to complete an affiliation successfully. In order to repeat the fieldwork experience, the student must re-register for the same course during the next quarter in which the course is offered. When repeating a Level II fieldwork experience, the student will only be scheduled during the established time for fieldwork rotations. If failure occurs a second time, the process for dismissal from the Occupational Therapy Program will be initiated.

Penalty for Late Assignments

All clinical assignments are due on the announced time and date. A student may negotiate with the supervisor for an extension of time when having sufficient reasons, and ideally, prior to the date the assignment is due. Assignments received after the due date (or negotiated date) can have clear consequences in the final evaluation of a student’s competency.
If assignments are not completed and turned in on the due date, the clinical supervisor should inform the student that he/she is jeopardizing his/her ability to successfully complete the affiliation. Use of the Remediation Form by the clinical supervisor is recommended (see Appendix).

Continued inability to complete work at the acceptable competency level or inability to submit work on time can result in the initiation of the process for dismissal from the clinical assignment.

**Incomplete in Fieldwork**

Students receiving an INCOMPLETE as a grade for fieldwork are not required to pay tuition during the quarter when the INCOMPLETE is removed. However, the student must pay fees, notify the MWU registrar and financial aid departments, and assume responsibility for any additional expenses incurred due to the extended time frame.

**Attendance**

Students are required to attend all scheduled days, meetings and/or rounds associated with the fieldwork affiliation. If the rotation requires or recommends students to participate in additional activities, the student is expected to do so. **Part-time jobs or extracurricular activities are not acceptable excuses for absences. All students MUST notify the Academic Fieldwork Coordinator AND the Clinical Instructor(s) if they are going to be absent at any time from a rotation. All students are expected to be in daily attendance throughout each rotation unless prior arrangements have been made with their Clinical Instructor(s) AND the Academic Fieldwork Coordinator.** Unexcused absence from a rotation may jeopardize a student’s enrollment in this program. The Occupational Therapy Program will monitor student attendance randomly. Being prompt and on time is essential and if not done by the student, it can have clear consequences for the student evaluations.

Students are expected to consider their education as a priority. When activities other than those related to the educational program conflict with fieldwork, students are expected to change the non-educationally related activities. Making up time is permitted in emergency situations only. Emergencies include accidents, illness, or deaths in the family (things over which a student has no control). **The following are not valid reasons to request a schedule change:**

- Interviews
- Weddings
- Work scheduling conflicts
- Meetings unrelated to OT education
- Non-emergency doctor/dentist appointments
- Travel conflicts to and from the facility
- Vacations

Due to the minimum number of weeks required while on fieldwork, students will be required to make up all time missed due to illness or emergencies. If there are questions regarding the amount of time a student spends on a fieldwork affiliation; or the need to discuss situations that could lead to a student not having the minimum number of weeks arises; please call the Academic Fieldwork Coordinator as soon as the situation is identified. If a fieldwork facility wishes to negotiate an exception to the above guidelines, it should be done by taking into consideration to what degree the request is appropriate and to what degree the request interferes
with patient/client care and staffing. If there are any questions regarding making up time, please contact the Academic Fieldwork Coordinator. Students who do not complete experiential time requirements for Fieldwork I are at risk for failing those courses. Students who do not complete the experiential time requirements for Fieldwork II will fail that course.

Leaves of Absence

Any discontinuation of Fieldwork II as a result of withdrawal, failure, or any other reason the student must formally request a leave of absence (see MWU Student Handbook). A leave of absence is not “automatically granted”.

Grade Appeals

If a student receives a grade in a fieldwork course and believes the grade to be inappropriate, the student should discuss the matter immediately with the supervisor and seek to arrive at a mutual agreement. If after such discussion(s) the student still feels the grade received is inappropriate, the student may make an appeal to the Academic Fieldwork Coordinator. If the issue is not resolved at this level, an appeal may be made to the OT Academic Review Committee by submitting in writing the rationale for the appeal, attaching a copy of any graded assignments in question and/or any formal assessment of clinical competencies which are in question. The appeal can be made only after the course grade is given at the end of the quarter and must be made no later than ten days after the start of the following quarter. The committee acting on behalf of the faculty and in accordance with University policy will impartially review the materials and make a recommendation to the Director of the Occupational Therapy Program, who notifies the student of the decision. If this does not result in a grade that the student considers appropriate, then the student may appeal the grade to the College of Health Sciences Graduation and Promotion Committee. The student must do so within three days of notification by the Program Director of the decision. Appeals should be undertaken only as a last resort and only after substantial discussion of the issue by the parties involved.

Time Limit for Completion of Coursework

The curriculum for the Master of Occupational Therapy degree is a continuous, full-time program, extending 27 months from matriculation to graduation. The maximum allotted time for completion of this program is 40.5 months. It is also required that all Level II fieldwork must be completed within 18 months of completion of the didactic portion of the program.

Technical Standards for Health Professions Programs – General

A candidate must have abilities and skills in five areas: I) observation; II) communication; III) motor; IV) conceptual, integrative, and quantitative; and V) behavioral and social. Technological compensation can be made for some limitation in certain of these areas, but a candidate should be able to perform in a reasonably independent manner. Specific technical standards are specified in the Occupational Therapy Program Manual. The technical standards listed below are a summary of the Program specific technical standards that apply to classroom, laboratory and fieldwork environments.

I. Observation: The candidate must be able to accurately make observations at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation and is enhanced by the functional use of all of the other senses.
II. Communication: The candidate must be able to communicate effectively, efficiently and sensitively in both oral and written form and be able to perceive nonverbal communication.

III. Motor: Candidates must be able to coordinate both gross and fine muscular movements, maintain equilibrium and have functional use of the senses of touch and vision. The candidate must possess sufficient postural control, neuromuscular control and eye-to-hand coordination to perform profession-specific skills and tasks. The Occupational Therapy Program requires a candidate to be able to move at least 50 pounds vertically and horizontally.

IV. Intellectual, Conceptual, Integrative and Quantitative Abilities: The candidate must be able to problem solve, measure, calculate, reason, analyze, record and synthesize large amounts of information in a timely manner. The candidate must be able to comprehend three-dimensional relationships and understand spatial relationships.

V. Behavioral and Social Attributes: The candidate must possess the emotional health required for full utilization of his/her intellectual abilities, the exercise of good judgment and the consistent, prompt completion of all responsibilities and the development of mature, sensitive and effective relationships. Candidates must be able to tolerate physically, mentally and emotionally taxing workloads and to function effectively under stress. The candidate must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties. Compassion, integrity, concern for others, effective interpersonal skills, willingness and ability to function as an effective team player, interest and motivation to learn are all personal qualities required during the educational process.

Note: These are general Technical Standards issued by the University for Admission.
Technical Standards Specific to Occupational Therapy Program

Students participating in the Occupational Therapy Program at Midwestern University must have essential skills to perform successfully as a student. These essential skills and abilities entail specific cognitive, sensory, motor, interpersonal, communication and professional domains. These requirements, or technical standards, apply to classroom, laboratory and clinical/fieldwork environments. Students must be able to perform the following essential skills with or without reasonable accommodation:

The student must possess sufficient **cognitive** skills to:

1. Acquire, apply, process, retain and apply knowledge through a variety of instructional methods such as: written materials (i.e., texts, journals, documentation and other written sources), oral delivery, visual demonstrations, laboratory experiences, clinical experiences and independent learning.
2. complete reading assignments, search and analyze professional literature, and apply information gained to guide practice;
3. process (measure, calculate, analyze, synthesize and evaluate) large amounts of complex information; apply theoretical concepts to practice activities and perform clinical problem-solving in a logical and timely manner.
4. perceive and understand three-dimensional relationships and spatial relationships necessary for education and practice related tasks such as moving in a variety of environments, designing treatment equipment and fabricating splints.
5. maintain attention for 2 - 4 hours; tolerate days when classes or fieldwork may last 8 - 10 hours.
6. take and pass tests/quizzes in a variety of formats.
7. complete written assignments and produce written documentation in standard and organized English.
8. apply knowledge and judgment required to demonstrate ethical reasoning and behavior.
9. apply safety knowledge and judgment to a variety of situations.
10. comply with university, Program, and fieldwork site rules and regulations
11. demonstrate problem-solving skills and judgment necessary to modify evaluation or intervention methods when necessary to address the specific needs of individuals (behavioral, cultural, etc.), in order to maximize client performance.
12. apply clinical reasoning and judgment necessary for interpretation of evaluation data and development of treatment plans.
13. identify and select occupations that are goal directed and motivate and challenge clients.
14. demonstrate judgment necessary to establish priorities and develop and use strategies.

The student must possess sufficient **interpersonal skills, communication skills, and affective learning skills** to:

1. demonstrate positive interpersonal skills including, but not limited to, cooperation, flexibility, tact, empathy and confidence.
2. collaborate with classmates, clients, family members, significant others and team members.
3. function successfully in supervisory and instructor-student relationships; change and adjust behavior and performance in the classroom, laboratory or clinic on the basis of instructor feedback.
4. participate equitably in cooperative group learning activities; actively participate in class discussions and as a member of a team.
5. sustain the mental and emotional rigors of a demanding educational program in occupational therapy that includes academic and clinical components that occur within set time constraints and often concurrently
6. orally present information to groups of people.
7. communicate in the English language effectively and clearly in oral and written forms, using proper spelling, punctuation and grammar to explain procedures and teach skills.
8. use language appropriate to the recipient, with faculty, peers, clients and other health professionals from different social and cultural backgrounds; use communication skills needed to practice safely.
9. obtain information from clients, peers, faculty, supervisors and other professionals.
10. use therapeutic communication skills such as attending and active listening during therapeutic interactions; and motivating and facilitating client behaviors in order to maximize client performance.
11. communicate effectively both verbally and non-verbally; elicit and describe factual information and perceive information derived from verbal and non-verbal communication and social cues.
12. be appropriately assertive as required to speak in class, initiate and guide the therapy process, establish limits as needed for the safety of self and clients and establish professional identity within complex systems
13. utilize the computer for communication and class assignments.
14. observe persons and scenarios and elicit relevant information for use in assessment and intervention.
15. plan, guide and implement both individual and group interventions

The student must possess sufficient professional behaviors to:

1. demonstrate respect for diversity, including but not limited to, socio-cultural, socioeconomic, spiritual and lifestyle choices
2. function successfully in supervisory and instructor-student relationships; change and adjust behavior and performance in the classroom, laboratory or clinic on the basis of instructor feedback.
3. exhibit professional demeanor including appropriate language and dress, acceptance of responsibility for conduct
4. demonstrate organizational and time management skills and ability to prioritize activities effectively as needed to attend class and fulfill class requirements.
5. exhibit flexibility and adapt to changing environments and expectations
6. cope with stresses encountered in the intensive educational process as well as clinical practice environments
7. demonstrate consistent work behaviors including initiative, preparedness, dependability, punctual attendance and work site maintenance.
8. tolerate working in environments where there is exposure to disability, illness, pain and death.
9. maintain general good health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical settings.
10. maintain ethical standards including honesty, integrity and confidentiality, at all times.
11. produce the required volume of work in the expected time frame.

The student must possess sufficient **physical and sensory** skills to:

1. tolerate sitting up to 2 hours at a time, over an 8 – 10 hour period.
2. tolerate periods of physical activity up to 8 - 10 hours per day.
3. demonstrate coordination, equilibrium and sensory functioning required to manipulate parts of, or whole bodies of, simulated and real clients for purposes of evaluation and treatment.
4. demonstrate mobility and ability to move within environments adequately to access and maneuver within locations and destinations including classroom, lab and clinical settings.
5. demonstrate lifting ability sufficient to maneuver an individual’s body parts effectively to perform evaluation and treatment techniques including, but not limited to, transferring another person into and out of a wheelchair, to and from the commode or bed, etc.
6. demonstrate sufficient postural control, neuromuscular control, eye/hand coordination, and integrated function of the senses of vision, hearing, tactile sense, vestibular (movement sense) and
7. proprioception (sense of muscles and joints) to manipulate and use common occupational therapy equipment, devices, materials, and supplies and demonstrate competency in the use of these objects within assessment and treatment procedures commonly used in occupational therapy practice.
8. demonstrate motor skill capacities with sufficient levels of strength, endurance and fine and gross motor coordination to safely, accurately and effectively engage in a wide variety of therapeutic techniques, activities and occupations used in the occupational therapy assessment and intervention process; these capacities would include ability to lift and move objects, adequate manual dexterity, arm and hand function needed to use tools and perform other manipulative activities, use of limbs and trunk in bending, twisting, squatting, kneeling, reaching, pushing, pulling, holding, extending and rotation.
9. manipulate or guide another person’s body in transfers, ambulation, positioning and assisted or facilitated trunk, head and limb movements
10. manipulate bolsters, pillows, plinths, mats, assistive/adaptive devices, and other supports or chairs to aid in positioning, moving, or treating a patient/client effectively.
11. legibly record/document evaluations, patient care notes, referrals, etc. in standard medical charts in clinical settings in a timely manner and consistent with the acceptable norms of clinical settings
12. demonstrate or complete activities or tests with adequate degree of fine motor dexterity
13. tolerate physical contact with others; tolerate manipulation of his/her own body by peers or instructors for instructional purposes
14. demonstrate a sufficiently high degree of coordination of motor skills and vigilance to respond to emergency situations quickly and appropriately, including performance of CPR.
15. travel to various community and fieldwork sites for experiential learning, clinical opportunities and fieldwork

**Transportation**
Transportation to fieldtrip sites, experiential learning, and assigned Fieldwork Levels I and II is the student’s responsibility. At no time during clinical placement are students allowed to provide transportation for patients and clients.

**Tutoring**
The Occupational Therapy Program, in collaboration with the Office of Student Services, will arrange for tutors for individual students who require additional assistance to maintain successful performance in the ANAT 503: Anatomy course. The student who requests a tutor for the anatomy course should contact the Program Director to begin the process of acquiring these services. The student will not be required to pay the costs of the tutoring as this is the responsibility of the Program.

Tutoring for other occupational therapy courses has not typically been required. Students are always encouraged to contact the course faculty for specific assistance or additional instruction in the course content related to the occupational therapy curriculum.

**Withdrawal**
Specific instructions relevant to students’ withdrawal from the university have been reported in the current *Midwestern University Catalog.*
Level I

Fieldwork
FIELDWORK LEVEL I DESCRIPTION & OBJECTIVES

Course Description
Practicum experience consisting of guided learning experiences in various health care settings that provide students with direct opportunities to observe and interact with patients engaged in functional living activities that are appropriate for their respective cognitive, psychosocial, and physical stage of development. Observational, documentation skills and professional role delineation are emphasized. Fieldwork seminar sessions ("breakout" sessions), facilitated by the occupational therapy academic faculty, will serve as an adjunct to the practicum experience and will provide the students a forum by which they can benefit from one another’s experiences and synthesize knowledge.

Relationship to the Curriculum Design
The fieldwork program emphasizes providing students with diverse practice sites, in a variety of geographic areas, with exposure to clientele representing a variety of ages, cultures and clinical conditions. These facets of diversity contribute to the Occupational Therapy program’s overarching goal to produce generalists in Occupational Therapy.

Course Objectives
Level I Fieldwork is designed to promote growth of professional behavior skills. It is hierarchical and facilitates a progression from directed learning activities to participation in self-directed learning. This progression will assist the student in their transition from being a passive recipient of information in the classroom, to becoming increasingly more involved in their professional growth.

Opportunities for the student to carry out interventions will vary from site to site. Midwestern University encourages as much “hands on” as possible and appropriate within each fieldwork experience. However, regardless of the amount of “hands on” opportunities the student has during the experience, the expectation for professional behaviors should be the same.

The Level I Fieldwork evaluations are designed to monitor and evaluate the progress the student makes toward becoming a health care professional.

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

1. Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process (B.2.8).

2. Provide 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.5.3).

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).
Credits / Hours
2.5 credits - 0.5 credits for Level I-A (hours according to course instructor) and 1 credit each for Level I-B and I-C Rotations (minimum of 40 hours each)

Prerequisites
OT Foundations and Fieldwork Foundations

Grading Policy
The Level I Fieldwork final grade is recorded as Satisfactory (P) or Unsatisfactory (F). The final grade is arrived at following consideration of the student’s evaluation by the fieldwork supervisor, student behavior, participation and completion of assignments. The Level I Fieldwork grade is assigned by the course instructor.
**Level I Fieldwork Assignments**

Level I rotations are 40 hours (or as designated by course instructor and in collaboration with the site)

Level I-A occurs the first quarter of the first academic year.

Level I-B occurs the third quarter of the first academic year.

Level I-C occurs the first quarter of the second academic year.

Please check with the course instructor of record for additional information related to Level I fieldwork.

**Level I Fieldwork Assignments (may include any one or combination of the following):**

- Analysis of the System of Care
- Interview
- Evaluation
- Treatment Intervention
- Group Activity or Proposal
- Documentation (3 notes)
- Case Study
- Reflection Paper
- Occupation-based Intervention
- Patient Education
- Research
- Activity Analysis (Include outlines)
- Student Learning Objectives
CLIENT / FAMILY INTERVIEW

CLIENT

Cognition / Orientation (These questions may be skipped if the client has no cognitive impairment):

What is your name? (This question is asked to determine if client is oriented to self. It is a question often asked to help in the assessment of cognitive awareness. Please make note of the answer to this question, however, to respect client confidentiality do not write the name of the client or state the client’s name during class discussions.)

Where are you?

What is today’s date?

Why are you here?

CLIENT / FAMILY MEMBER

Background Information / History / Current Situation:

Does client live alone?

What is client’s social support system?

Is client independent with ADL’s? If no, with what does the client need help?

Does client have any physical limitations? What are they?

Does client use any assistive equipment? If yes, what? Is client independent with the use of the equipment?

Does client have a diagnosis? What is it? If not, what is/are client’s presenting problem(s)?

How is client’s life affected by his/her diagnosis or the presenting problem(s)? What impact has it had on the family and what adjustments, if any, has the family had to make?

Has client had therapy in the past? For what reason(s)? What was the outcome?

What therapy services is the client presently receiving? What are client’s / family’s present goals / expectations of therapy?
**OT OR NON-OT PROFESSIONAL INTERVIEW**

**DIRECTIONS:** Student is to interview an OT or a non-OT professional about his/her role and responsibilities at the facility. The interview is to include answers to the following:

- The roles and responsibilities of the interviewee. The interviewee’s perceptions of how their role and responsibilities are included as a part of the treatment team.
- Who are the members of the treatment team? Identify all professionals providing intervention services.
- What are the ways in which this individual collaborates with the other team members to benefit the clients?
- What are the one or two most challenging aspects of your position? Why?
- What do you enjoy the most about your position? Why?
- What continuing education (seminars, topics, etc.) is crucial for maintaining professional competency or facilitating professional growth in this service intervention area?
EVALUATION

DIRECTIONS: The student is to participate in and/or observe one evaluation performed by an OT or other professional. The following information should be gathered from the experience:

Client Diagnosis

Client Age

Type of Evaluation - include performance area(s) and performance component(s) being evaluated

Special Preparation or Set-up Required to Perform the evaluation

Objective Information Obtained from the Evaluation

Observations Noted During the Evaluation

Interpretation of Evaluation (assessment—include performance component(s) strengths and deficits)

Goals, Plan or Intervention Based on Evaluation (Were the client’s goals or expectations taken into consideration in devising the plan/intervention? How?)
TREATMENT INTERVENTION

DIRECTIONS: The student must become acquainted with treatment interventions utilized at the assigned fieldwork setting. The student must either observe a treatment intervention that is currently being implemented by site personnel, or brainstorm other OT treatment intervention possibilities that would be considered appropriate given the clients seen at the fieldwork site. Students should address the following in their consideration of treatment ideas or following observation of a treatment intervention:

1. What are the client’s performance area and performance component deficits?

2. How does the treatment intervention being utilized, or being considered, address the performance area and performance component deficits?

3. What are the equipment needs, space requirements, and other considerations that must be taken into account in order to provide the treatment intervention?

4. How would you explain your rationale for the treatment intervention selected to the client? To a family member? To a supervisor with no OT knowledge? To an OT supervisor?

5. What evaluations or performance criteria are being utilized, or would you utilize, to determine the client’s progress following the treatment intervention?
**GROUP ACTIVITY / GROUP PROPOSAL**

1. Name of Group/Group Topic

2. Purpose of Group (include goals of the intervention)

3. Evidence to support the group intervention – OT Frame of Reference? (utilize one or more resources and include a reference list at the bottom of the outline)

4. Inclusion criteria for participating in the group

5. Condition(s)/Criteria that are contraindicated for participating in the group

6. List and describe the specific tasks

7. Materials, supplies, and equipment needed

8. Time-day-restrictions for conducting the group

9. Duration of the group

10. Location, space, and environmental considerations required for the group

11. Leader responsibilities of the group intervention

12. Any other related/important information not previously noted

Is this an established group activity or one that you proposed?

If an established group activity – did you participate or observe? Were the objectives of the activity accomplished? Why or Why not? Describe your experience.

If you proposed the group activity – did you have the opportunity to implement the group activity? If so, were the objectives of the activity accomplished? Why or Why not? Describe your experience.
DOCUMENTATION ASSIGNMENT

DIRECTIONS: Student is to complete three during the fieldwork rotation. Notes (or a copy of the note) must be reviewed by and signed by the site supervisor and turned into the Academic Fieldwork Coordinator to receive credit for the assignment.

CRITERIA FOR NOTES: The notes may be any combination of the following: initial evaluation, progress note, daily treatment note, or discharge note/summary. Notes should include the content and be completed in the format required by the facility. However, if the facility does not require documentation the student should write a “service intervention” note, include the following content, and write the note in SOAP format:

SUBJECTIVE – S: This section contains information about what the client said, as well as what the family members or significant others reported. This section may include reports about prior level of function; reports about the client’s history, lifestyle, or home situation; reports about attitudes or feelings, goals, complaints, or response to therapy. Information in this section is not measurable.

OBJECTIVE – O: This section contains information taken from the medical record that is relevant to the current problem, and information from the treatment session that is observable and measurable. Examples of this type of information include results of tests or measurements, what was observed during the treatment session, or what activities the client has been participating in, frequency, and media or methods used.

ASSESSMENT – A: This section contains a statement of problems, statements which draw correlations between information in other parts of the note, statements justifying decisions, and statements about the goals of therapy. This section of the note really illustrates the practitioner’s reasoning process.

PLAN – P: This section describes the frequency of planned treatments and the planned treatment progression, including the modalities and interventions to be used, equipment to be provided, client or family education to be provided, plans for further assessment or reassessment, and referral to other resources or services.
CASE STUDY

DIRECTIONS: For each level I fieldwork placement the student will complete a written case study on one client using this outline as a guide.

CASE STUDY OUTLINE

I. Client Background and Psychosocial History
   - Age gender, occupation, marital status, support system, etc.

II. Diagnosis
   - Definition; typical clinical presentation or manifestation; symptoms; prognosis
   - Comparison of client’s actual clinical presentation and prognosis, Symptoms, etc., with the typical clinical presentation

III. Any Secondary Diagnoses or Significant Past Medical History
   - Complications

IV. Medications (This information can be found in the Physician’s Desk Reference which can be found in the library; please use the most current edition)
   - Name(s), Indications, Side Effects

V. OT (or other profession) Prescription
   - Date of OT or other referral and reason for referral
   - Precautions relating to OT or other treatment; Activity restrictions; etc.
   - Current OT and any other related therapies (PT, SLP, Recreational Therapy, etc.) with brief description of goals
   - Any previous OT or other therapies received
   - OT treatment plan (or other therapy plan): Problems; Short-term Goals; Long-term Goals; Treatment modalities; Past and present functional status
   - Future OT (or other) treatment plans / Discharge or continuing treatment: home programs, ADL’s, etc.

VI. Psychosocial Impacts of Diagnosis for the client including Psychosocial Issues Impacting Progress and Adjustment to Diagnosis
OCCUPATION-BASED INTERVENTION

Think of an occupation-based intervention that would be appropriate to offer a client or clients at the facility, but that is not currently being used at the facility where you have been assigned for fieldwork. An occupation-based intervention may be either a meaningful activity intervention or an occupation intervention.

Meaningful Activity Interventions: Any activity that supports the development of performance skills and performance patterns necessary to engage in occupations by facilitating practice and problem solving (i.e. practice dressing, complete a desired craft to improve fine motor skills and sequencing, developing a transportation plan using local bus schedules, etc.)

Occupation Intervention: Any daily life activity that is perceived as desirable, matches individualized/group goals, and occurs in appropriate context (i.e. doing one’s laundry, caring for hair with one’s own supplies, preparing one’s lunch, baking cookies for a friend’s birthday, writing a letter to a friend, etc.)

Identify the contexts/environments important to consider with the activity/occupation chosen and why they are important.

Note: Categorization of interventions should be client specific. For example, an intervention categorized as an activity for one client or group may be categorized as an occupation for another client/group.
PATIENT EDUCATION

Develop and/or Present Patient Education relevant for the client population at the facility by means of one or more of the following:

➢ Education Materials (i.e. a list of community resources, create an informational handout, make a brochure)

➢ Lead a client/group education session on a relevant topic)
RESEARCH

Perform background research that provides evidence (from the OT literature or elsewhere) supporting the use of a treatment or therapeutic intervention used with clients at the facility. Alternatively, research a diagnosis/condition that is often treated at the facility.

Develop an outline that includes the topic and major findings from your research and include a reference list in APA format.
**Activity Analysis**

Complete an activity analysis on an intervention used at the facility—the following resources may be helpful in completing this assignment:

“OT Practice Framework: Domain and Process” and Worksheet (copies on Blackboard)


Include the following in your Activity Analysis:

- Describe the activity
- Describe the tools, materials, and equipment used
- Describe the space demands for the activity (i.e. physical space, lighting requirements, etc.)
- Describe the social and/or cultural aspects/demands
- Describe the sequential steps, and any timing requirements/aspects
- List 5 – 10 performance skills required to perform the activity
- Identify the body structures/anatomical parts are necessary to perform the activity
- List any potential safety hazards
- List any ways in which the activity could be adapted to promote participation
- How could the activity be graded?

  List 2 ways to make the task easier to perform

  List 2 ways to make the task more challenging to perform
WRITING STUDENT PROFESSIONAL GROWTH AND DEVELOPMENT LEARNING OBJECTIVES

Writing learning objectives for fieldwork helps students to develop and improve their professional behaviors, performance skills and OT practice knowledge. Learning objectives can range from means to familiarize oneself with a fieldwork setting, treatment interventions, evaluations, and documentation, etc., to a focus on professional behavioral skills such as time management, interpersonal communication, etc. Practice with writing professional growth learning objectives are designed to engage students in self-directed and self-initiated learning behaviors, both of which are necessary for successful fieldwork performance and professional practice.

NOTE: It is helpful to develop professional growth learning objectives that are closely associated with the performance criteria on the Level I Fieldwork Evaluation.

Professional Growth Learning Objectives should consist of three parts and relate specifically to the Student Self-Assessment of Professional Growth Assignment:

- **Area for Growth:** A behavioral statement or targeted behavior that identifies the behavioral expectation (e.g. Reasoning/Problem Solving)

- **Objective:** A condition statement that identifies the environmental circumstances, including the resources for strategies that must be in place for the stated objective to occur (e.g. Improve understanding of rationale behind OT treatment interventions)

- **Measurable Goals:** A measure or criterion statement (or statements) that identifies the level of performance expected (e.g. Following 2 observed treatment sessions write 3 ways in which OT treatment interventions used might address specific treatment goals for a client; discuss each with supervisor for feedback)
Level I-B & I-C
Evaluation Forms
# Student Evaluation of Level I Fieldwork

**Student name** ___________________________  **Supervisor name (print)** ___________________________

**Site name:** ___________________________  **Practice Area** ________  **Student Age:** ______

**Course number:** ________  **Student Gender:** [ M ] [ F ]

LEVEL I – A __________ DATE: __________
LEVEL I – B __________ DATE: __________

<table>
<thead>
<tr>
<th>Supervision</th>
<th>1=Strongly Disagree</th>
<th>2=Disagree</th>
<th>3=Neutral</th>
<th>4=Agree</th>
<th>5=Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There was a well-planned FW I program</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>2. Supervisor provided adequate orientation</td>
<td>1 2 3 4 5</td>
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<tr>
<td>3. There were regularly scheduled feedback sessions</td>
<td>1 2 3 4 5</td>
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<tr>
<td>4. Supervisor provided positive reinforcement</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>5. Supervisor provided constructive feedback</td>
<td>1 2 3 4 5</td>
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<tr>
<td>6. Supervisor provided useful feedback on professional behavior and communication skills</td>
<td>1 2 3 4 5</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7. Supervisor provided useful feedback on performance skills</td>
<td>1 2 3 4 5</td>
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<tr>
<td>8. Supervisor provided opportunities to discuss background information on patients/clients</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>9. Supervisor provided opportunities to discuss application of OT on patients/clients</td>
<td>1 2 3 4 5</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10. Individual serving as primary supervisor 1= OTR 2= COTA 3= OT student 4= Non-OT</td>
<td>1 2 3 4 5</td>
<td></td>
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</tbody>
</table>

**Comments:**

# Application of Knowledge

<table>
<thead>
<tr>
<th>Application of Knowledge</th>
<th>1=Strongly Disagree</th>
<th>2=Disagree</th>
<th>3=Neutral</th>
<th>4=Agree</th>
<th>5=Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Skills attained in class were adequate for experience</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>12. Students observed theory demonstrated in practice</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>13. There were sufficient opportunities to try skills learned in class</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>14. There was opportunity to participate in occupation-based practice</td>
<td>1 2 3 4 5</td>
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<tr>
<td>15. There were opportunities for “hands-on” involvement</td>
<td>1 2 3 4 5</td>
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</tbody>
</table>

**Assignments:**

Indicate the value of written assignments.

<table>
<thead>
<tr>
<th>Assignments</th>
<th>1= Worthless</th>
<th>2= Minimal value</th>
<th>3= Valuable</th>
<th>4= Very valuable</th>
<th>5= Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>17.</td>
<td>1 2 3 4 5</td>
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<td>18.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>19.</td>
<td>1 2 3 4 5</td>
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</tr>
</tbody>
</table>

**Comments:**

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FACILITY

<table>
<thead>
<tr>
<th>1 = Strongly Disagree</th>
<th>2 = Disagree</th>
<th>3 = Neutral</th>
<th>4 = Agree</th>
<th>5 = Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. The environment was conducive to learning</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>21. There were adequate opportunities to interface with patients/clients</td>
<td>1 2 3 4 5</td>
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<tr>
<td>22. There were adequate interdisciplinary opportunities</td>
<td>1 2 3 4 5</td>
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<tr>
<td>23. This was a valuable experience</td>
<td>1 2 3 4 5</td>
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<tr>
<td>24. Should there be any additions to or deletions from the FWI program?</td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>1 = yes 2 = no Comments:</td>
<td></td>
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<tr>
<td>25. Do you feel the role of OT is (or could be) important to the total treatment program of the patient/client in this facility?</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 = yes 2 = no</td>
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</tbody>
</table>

COMMENTS:

CLINICAL SKILLS
Which clinical skills did you have an opportunity to practice (circle all that apply)?

| 26. A/PROM exercises | 34. HR/BP/respirations | 42. Wellness principles |
| 27. ADL’s | 35. interviewing | 43. Therapeutic use of self |
| 28. chart review | 36. MMT | 44. Behavior management |
| 29. communication skills | 37. Observation | 45. Patient/family education |
| 30. documentation | 38. leading groups | 46. Other assessments: |
| 31. feeding | 39. Sensory integration | 47. Other interventions: |
| 32. fine/gross motor activities | 48. splinting | 49. Other: |
| 33. Goniometry | 50. transfers/mobility techniques | |

COMMENTS:

GENERAL COMMENTS:

Student signature ___________________________ Date ________

Supervisor signature ___________________________ Date ________

Adobe Acrobat XI K2Form

Philadelphia Region Fieldwork Consortium
MIDWESTERN UNIVERSITY - OCCUPATIONAL THERAPY PROGRAM

LEVEL I FIELDDWORK STUDENT EVALUATION (2nd ed)

Student name_________________________ Supervisor name (print)_________________________

Site name: ____________________________ Practice Area: ________________ Course #: ________ Date: ________________ Student Gender: [M] [F]

Supervisor: [ ] OTR [ ] COTA [ ] OTS [ ] NON-OT

Level I A _____ Level I B _________

Indicate the student's level of performance using the scale below.

1=Well Below Standards: Performance is weak in most required tasks and activities. Work is frequently unacceptable.
2=Below Standards: Opportunities for improvement exist however student has not demonstrated adequate response to feedback. Work is occasionally unacceptable.
3=Meets Standards: Carries out required tasks and activities. This rating represents good, solid performance and should be used more than all the others.
4=Exceeds Standards: Frequently carries out tasks and activities that surpass requirements. At times, performance is exceptional.
5=Far Exceeds Standards: Carries out tasks and activities in consistently outstanding fashion. Performance is the best that could be expected from any student.

<table>
<thead>
<tr>
<th>1. Time management Skills</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider ability to be prompt, arrive on time, and complete assignments on time.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Organization</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider ability to set priorities, be dependable, be organized, follow through with responsibilities</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Engagement in the fieldwork experience</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider student's apparent level of interest, level of active participation while on site; investment in individuals and treatment outcomes.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Self-Directed Learning</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider ability to take responsibility for own learning; demonstrate motivation.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>
5. **Reasoning/Problem solving**  
   Consider ability to use self-reflection, willingness to ask questions; ability to analyze, synthesize and interpret information; understand the OT process.  
   Comments: | 1 | 2 | 3 | 4 | 5 |

6. **Written Communication**  
   Consider grammar, spelling, legibility, successful completion of written assignments, documentation skills.  
   Comments: | 1 | 2 | 3 | 4 | 5 |

7. **Initiative**  
   Consider initiative, ability to seek and acquire information from a variety of sources; demonstrates flexibility as needed.  
   Comments: | 1 | 2 | 3 | 4 | 5 |

8. **Observation skills**  
   Consider ability to observe relevant behaviors related to occupational performance and client factors, and to verbalize perceptions and observations.  
   Comments: | 1 | 2 | 3 | 4 | 5 |

9. **Participation in the Supervisory Process**  
   Consider ability to give, receive and respond to feedback; seek guidance when necessary; follow proper channels.  
   Comments: | 1 | 2 | 3 | 4 | 5 |

10. **Verbal communication and Interpersonal skills with patients/clients/staff/caregivers**  
    Consider ability to interact appropriately with individuals, such as eye contact, empathy, limit setting, respectfulness, use of authority, etc; degree/quality of verbal interactions; use of body language and non-verbal communication; exhibits confidence.  
    Comments: | 1 | 2 | 3 | 4 | 5 |

11. **Professional and Personal Boundaries**  
    Consider ability to recognize/handle personal/professional frustrations; balance personal/professional obligations; handle responsibilities; work w/others cooperatively, considerately, effectively; responsiveness to social cues.  
    Comments: | 1 | 2 | 3 | 4 | 5 |
12. Use of professional terminology
Consider ability to respect confidentiality; appropriately apply professional terminology (such as the Occupational Therapy Practice Framework, acronyms, abbreviations, etc) in written and oral communication.
Comments:

<table>
<thead>
<tr>
<th>Item</th>
<th>Example</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Final score: ______________________ [ ] Pass [ ] Fail

Requirements for passing:

- No more than one item below a "2", OR
- No more than two items below a "3"

Student signature
Supervisor signature

For each score of “2” or below please document through examples. Recommendations regarding any item scored “2” or below are appreciated. Students will meet with the Academic Fieldwork Coordinator for further discussion to assist students in devising plans to address areas identified.

Student Signature Date Supervisor Signature Date

Philadelphia Region Fieldwork Consortium
Level II
Fieldwork
FIELDWORK LEVEL II DESCRIPTION & OBJECTIVES

Course Description
Level II fieldwork is considered to be a crucial part of occupational therapy professional preparation, integrating the didactic component of the occupational therapy program for transition to clinical practice. The fieldwork experience is designed to provide the student with the opportunity to carry out professional responsibilities under supervision and for professional role modeling. Students will be exposed to a variety of clients across the life span and to a variety of settings. Level II fieldwork will provide the student with an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and/or research, administration and management of occupational therapy services. Level II fieldwork 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 as career responsibilities. The ultimate goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists.

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

1. Demonstrate task analysis in areas of occupation, performance skills, patterns, activity demands, context(s), 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 include, but are not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, significant others, and community (ACOTE Standard B.4.1).

4. Select appropriate assessment tools based on client needs, contextual factors, and psychometric properties of tests. These must be culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process (ACOTE Standard B.4.2).

5. Use appropriate procedures and protocols (including standardized formats) when administering assessments (ACOTE Standard B.4.3).

7. Interpret the evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks (ACOTE Standard B.4.8).

8. 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).

9. 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 in 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 and address occupational profile, client factors, performance patterns, context, and performance skills (ACOTE Standard B.5.1).

10. Select and provide 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).

11. Provide therapeutic use of occupation, exercises, and activities (e.g. occupation-based intervention, purposeful activity, preparatory methods) (ACOTE Standard B.5.3).

12. 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).

13. 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).
14. Evaluate and adapt processes or environments (e.g., home, work, school, community) applying ergonomic principles and principles of environmental modification (ACOTE Standard B.5.9).

15. Develop and promote the use of appropriate home/community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client (ACOTE Standard B.5.17).

16. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, and other health providers in a professional acceptable manner (ACOTE Standard B.5.20).

17. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context and technological advances (ACOTE Standard B.5.23).

18. Identify and/or demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and/or other professionals on therapeutic interventions (ACOTE Standard B.5.25).

19. Monitor and reassess, in collaboration with the client, caregiver, family and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention (ACOTE Standard B.5.28).

20. Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment (ACOTE Standard B.5.29).

21. Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved (ACOTE Standard B.5.31).

22. 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).

23. 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 to ethical decision making in professional interactions, client interventions, and employment settings (ACOTE Standard B.9.1).
Credits / Hours
Total twenty-four (24) credits / with two minimum 12-week rotations at 12 credit hours.

Prerequisites
All OT coursework and Fieldwork I-A, Fieldwork I-B, and Fieldwork I-C completed successfully.

Grading Policy
The Grade for Level II Fieldwork is **Pass / Fail** and is determined by the final score achieved on “The AOTA Fieldwork Evaluation for the Occupational Therapist”.

Evaluation Methods
The AOTA Fieldwork Evaluation for the Occupational Therapist:
6-week midterm evaluation……………………………………Satisfactory/Unsatisfactory
12-week final evaluation………………………………………Provides a score
Level II-A & II-B

Fieldwork Evaluation Form Instructions
Level II Fieldwork Instructions: Evaluation Forms

Level II AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student (1 booklet) should be filled out and copies made for the site and student. The original booklet should be sent to the University.

Student Evaluation of Level II Fieldwork Experience – SEFWE (3 copies, with one going to the site, one to the student and one copy to the University)

Use of the Evaluation Forms

The Level II AOTA Fieldwork Performance Evaluation (FWPE) for the Occupational Therapy Student form is to be used for the formal mid-point (6th week of fieldwork) evaluation and for the final fieldwork evaluation at the end of the 12-week rotation.

The FWPE was developed by AOTA task force members. The evaluation is designed to measure entry-level competence. Several companion documents were utilized to conceptualize what constitutes entry-level Occupational Therapy practice. These documents include:
- OT Practice Framework: Domain and Process
- AOTA Practice Standards
- Accreditation Commission on Occupational Therapy Education (ACOTE) Standards
- National Board for the Certification of Occupational Therapy (NBCOT) Practice Analysis Study 1997

For more information regarding these documents see “References for Companion Documents/Reports” in the appendix.

The FWPE is best used when supplemented by site-specific objectives. Fieldwork Educators need to develop clearly written, measurable objectives that define entry-level competencies (skills) and that are site-specific vs. supervisor-specific. For information on writing site-specific fieldwork objectives, see “Examples: Site Specific Fieldwork Objectives” on page 139. The FWPE and the objectives should be reviewed with the student on the first day of the fieldwork rotation. At the time of the midterm evaluation, student performance should be related to the site-specific objectives and include relevant comments that provide the student with feedback regarding their performance. Performance expectations for the remainder of the fieldwork rotation should then be identified and clearly communicated to the student.
**Formal Six Week Evaluation**

The copies of the above-noted form should be used by both the Fieldwork Supervisor and the student in the manner described in the form.

The University will provide an original of the Fieldwork Performance Evaluation or the student will bring it when they arrive for their fieldwork experience. The Student Evaluation of Level II Fieldwork Experience form is included in this manual for copying purposes.

**Final Fieldwork Evaluation**

The original booklet must be completed by the Fieldwork Supervisor, and reviewed with the student, upon completion of the 12-week fieldwork rotation. Both the supervisor and the student must sign this form.

The Student Evaluation of Level II Fieldwork Experience form is to be completed by the student sometime during the last week of the fieldwork rotation, but prior to meeting with the Fieldwork Supervisor for the final fieldwork evaluation. The student will provide the Fieldwork Supervisor, for his/her review, the completed form immediately following the supervisor’s final evaluation of the student. Both the supervisor and student should sign this form where indicated. The student should offer the supervisor a copy of this form.

**Fieldwork Completion Instructions**

To receive course credit for Level II fieldwork the student must successfully complete each 12-week fieldwork rotation and the fieldwork evaluation forms must be returned to the Academic Fieldwork Coordinator at the University, no later than one week following the completion of the fieldwork rotation, signed and dated.

Either the student or the Fieldwork Supervisor may return the forms. **However, it is the student’s responsibility to see that the forms are returned.** The forms may be dropped off at the Midwestern University Occupational Therapy Program office or mailed to the attention of the Academic Fieldwork Coordinator. A copy of the forms, for your records, is recommended.

**Learning to Score the Fieldwork Performance Evaluations – Case Scenarios**

Read each scenario. Using the corresponding Fieldwork Performance Evaluation, rate each student’s performance for the designated items (evaluation or intervention). Remember, it is essential to consider the context of the fieldwork rotation when determining how to rate entry-level competency. The context of the fieldwork rotation ascertains the specific knowledge, skills and abilities required for entry-level competency at that site. It is important to realize that the fieldwork educator scores student performance of each item over time, rather than according to
single “incident” in time. Be prepared to support your score, recognizing that the rationale will ascertain if you are interpreting and scoring accurately.

Case Scenario 1: Occupational Therapy Student – Evaluation

John = OT student; Mrs. Erwin = Client

John, the OT student, is in his sixth week of his 12-week fieldwork in a skilled nursing unit. He has been working with several clients from his fieldwork educator’s caseload, all of who are being seen because of difficulties in self-care due to primarily orthopedic conditions. John has had the opportunity to complete several evaluations with guidance from his fieldwork educator. A new client has been referred and his fieldwork educator asked him to complete the evaluation on his own. Before interviewing Mrs. Erwin, John gathers information from her chart, her daughter and her primary nurse and CNA. John then meets with Mrs. Erwin, an 80-year old homemaker, who has been referred to OT following a total hip replacement due to significant arthritic changes. Mrs. Erwin has had a long history of osteoarthritis in her lower extremities and back. After introducing himself, John asks Mrs. Erwin a few questions. He learns that Mrs. Erwin has lived by herself without assistance from others since her husband’s passing 10 years ago. Mrs. Erwin really wants to continue to live and care for herself in her own home. “I love my home, it is all I know.” Following the initial interview, John decides to observe Mrs. Erwin getting dressed from the wheelchair. As John is writing up the evaluation, his fieldwork educator asks him to share what he has done and why. John reports that he completed a self-care assessment through observation following an initial interview because this is what he has done in the past and observed her (his fieldwork educator) doing each time. He shares with his fieldwork educator that he feels Mrs. Erwin will only need a few days of intervention as, “she only requires minimal assist for safety with dressing.” When his fieldwork educator asks him what his goals are for Mrs. Erwin, John states, “independence in her morning routine including taking a shower”. His fieldwork educator then asks John what Mrs. Erwin identified as her goals. John replied, “Living at home independently.” When asked if he considered assessing Instrumental Activities of Daily Living as establishing goals in this area, he stated that Mrs. Erwin was so tired following dressing he did not see how this was possible.” When asked what he thought might be interfering with her ability to engage in activities over time, John responded, “she is just older than most of the other clients I have seen.”
Referring to the evaluation items and the rating scale, score John’s performance:

<table>
<thead>
<tr>
<th>Evaluation Items</th>
<th>Score</th>
<th>Support from Scenario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulates a clear and logical rationale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selects relevant screening and assessment methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determines client’s occupational profile and performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesses client factors and context(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtains sufficient information from resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administers assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusts/modifies the assessment procedures</td>
<td></td>
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<tr>
<td>Interprets evaluation results</td>
<td></td>
<td></td>
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<tr>
<td>Establishes an accurate and appropriate plan</td>
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<tr>
<td>Documents the results of the evaluation</td>
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</tbody>
</table>

**Case Scenario 2: Occupational Therapy Student – Intervention**

Mary = OT Student; Kelly = onsite supervisor

Mary, the OT student is in her 7th week of a 10-week Level II fieldwork placement, where she is working with Kelly, a social worker who provides services to at-risk youth in a small rural area. Services provided to the youth are delivered primarily through school activities and after school programming. Mary has been assisting Kelly in planning and providing Basic Life Skills during Health class for the 9th graders. Often times as Mary is leading the class, Kelly has stepped in to assist with keeping the class on track, and reaching the unit objectives. (Both Kelly and the OT Fieldwork Educator have provided modeling of ways to modify the activities and/or environment several times). In addition, Mary, Kelly (the onsite supervisor) and the OT Fieldwork Educator collaboratively gathered initial information from the various parties involved (students, teachers and administrators, parents and community members) to assess the need for structured youth activities outside of the school day. From the data gathered, the overall program outcome agreed upon was to develop after school and evening programming to promote healthy engagement in community activities by youth ages 12-15. Mary, OTS has been developing some specific ideas for intervention. However, she is feeling uncomfortable and approaches her OT Fieldwork...
Educator stating, “I don’t know where to start in planning activities for the youth. I have read through several articles I found that suggest engagement in “active” doing versus “passive” doing leads to greater health for adolescence, but when I talk with the youth, they say they just want to “hang out”. I am not sure what to do to get them to be involved. I know that if I can have them engage in doing activities overtime, this will help the kids establish some better routines and habits of how they are spending their time. They may also feel more connected with others, and feel better about themselves. Last week I tried having some arts and crafts activities set up at the community center, and while kids came, they just sat around. These were things that they listed on their interest checklist that they were interested in. I am not sure where to go from here.”

Referring to the evaluation items and the rating scale, score Mary’s performance:

<table>
<thead>
<tr>
<th>Evaluation Items</th>
<th>Score</th>
<th>Support from Scenario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulates a clear and logical rationale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilizes evidence to make informed decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chooses occupations that motivate and challenge clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selects relevant occupations to facilitate client reaching goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implements client centered plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implements occupation based plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modifies task approaches, occupations, and environments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Updates, modifies or terminates intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documents client responses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cases developed by Alter & Wimmer 2002/2003
Scoring the Fieldwork Performance Evaluation (FWPE) Form

Remembering the purpose of the FWPE should make scoring it much easier. The primary purpose of the evaluation is to measure entry-level competence. It is designed to provide the student with an accurate assessment of his/her performance over time. The midterm and final scores, therefore, should reflect the student’s growth over the course of the fieldwork rotation.

The FWPE is instrumental in providing necessary feedback to the student and providing an opportunity for student self-assessment. To ensure that this occurs, Midwestern University supports the AOTA-suggested use and scoring of the evaluation (exactly as described on the FWPE form) at the midpoint and end of the fieldwork rotation. In an effort to improve understanding of how a student may be scored using the FWPE, two case scenarios were provided as examples. See the following section “Scoring the Fieldwork Performance Evaluations – Scoring Answers to the Case Examples” for suggested answers to these case examples. Both the scenarios and the scoring answers were developed by members of the AOTA FWPE Task Force.
Scoring the Fieldwork Performance Evaluations – Scoring Answers to Case Examples

The following section provides the fieldwork educator with guidelines for scoring and rationale for the scores.

**Evaluation:** “John

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
<th>Support from scenario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulates a clear and logical rationale</td>
<td>1</td>
<td>States what he did is what he has done in the past, and what he has observed his fieldwork educator doing though this does not match the client’s desired goals. The rationale is not logical.</td>
</tr>
<tr>
<td>Selects relevant screening and assessment methods</td>
<td>1</td>
<td>He selected methods based on his past experiences and the typical assessments used in the setting, but did not select an assessment based on the client’s priorities therefore the methods are not relevant.</td>
</tr>
<tr>
<td>Determines client’s occupational profile and performance</td>
<td>2</td>
<td>Obtain partial information to determine client’s occupational profile; obtains information about client’s self-care needs though does not obtain information about client’s performance in areas that are important to the client. Obtains partial information to determine client’s occupational profile; obtains information about client’s self-care needs though does not obtain information about client’s performance in areas that are important to the client.</td>
</tr>
<tr>
<td>Assesses client factors and context(s)</td>
<td>1</td>
<td>Based on the information given, one would score this section a “1” because he has not assessed all client or context factors. When asked what was interfering with client’s ability to engage in activities, stated, “she’s just older than most clients I’ve seen.” Did not assess home environment. Need further information to completely score this item.</td>
</tr>
<tr>
<td>Obtains sufficient &amp; necessary information from resources</td>
<td>2</td>
<td>Gathers information from a variety of sources including client, medical records, family member, and service providers. However, it is unclear if he gained sufficient information related to client’s home.</td>
</tr>
<tr>
<td>Administers assessments</td>
<td></td>
<td>Unable to score with given information in the case scenario. Would require the fieldwork educator to observe the administration of the assessment procedures.</td>
</tr>
<tr>
<td>Adjusts/Modifies the assessment procedures.</td>
<td>1</td>
<td>Based on the information given, one would score this section a “1” because John quit the evaluation process when client became too tired following dressing. Additional information is needed to accurately score this item and would be gathered through information or further questioning.</td>
</tr>
<tr>
<td>Interprets evaluation results</td>
<td>1</td>
<td>Interpretation of “independent in morning routine” is not related to client’s priorities of returning home to live by herself.</td>
</tr>
<tr>
<td>Establishes an accurate and appropriate plan</td>
<td>1</td>
<td>Plan is based on what John has seen in the past and therefore fits the context of the skilled nursing facility. Plan does not incorporate client’s priorities and there is no evidence of John applying any model of practice or any evidence from the literature to support his plan.</td>
</tr>
<tr>
<td>Documents the results of the evaluation</td>
<td></td>
<td>Unable to score with given information in the case scenario.</td>
</tr>
</tbody>
</table>

John is having difficulty on the evaluation section at midterm. One would expect that John’s performance would improve over the next 6 weeks of the fieldwork experience; however, if his performance did not improve from midterm, he would not pass the evaluation section on final evaluation.
OT Student – Intervention – “Mary”

<table>
<thead>
<tr>
<th>Items</th>
<th>Score</th>
<th>Support from scenario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulates a clear &amp; logical rationale</td>
<td>3</td>
<td>Mary gives a clear understanding of the general principles that are guiding her reason for developing community activities citing relevant sources from the literature and reflecting application of OT theory.</td>
</tr>
<tr>
<td>Utilizes evidence to make informed decisions</td>
<td>3</td>
<td>Examined literature and found evidence to support overall plan</td>
</tr>
<tr>
<td>Chooses occupations that motivate &amp; challenge clients</td>
<td>1</td>
<td>Mary requires assistance in the health class even after modeling and repeated practice, and youth are not participating in activities at the community center.</td>
</tr>
<tr>
<td>Selects relevant occupations to facilitate client reaching goals</td>
<td>1</td>
<td>Based on the information given, one would score this section a “1” because Mary has not been able to facilitate the youth actively engaging in community center activities. Additional information is needed to accurately score this item and would be gathered by having a clearer picture of the client goals, and how occupations were used.</td>
</tr>
<tr>
<td>Implements client-centered plans</td>
<td>2</td>
<td>Chooses activities that were of interest to youth from checklist, but because the youth are not actively engaged in the classroom or community activities, Mary may not have connected with what is meaningful to the youth.</td>
</tr>
<tr>
<td>Implements occupation based plans</td>
<td>2</td>
<td>Chooses leisure activities for community center that reflect the interests of adolescents. However Mary needs to continue to identify and explore the meaningfulness of the activities to the youth.</td>
</tr>
<tr>
<td>Modifies task approaches, occupations, and environments</td>
<td>1</td>
<td>Requires assistance in the health class even after modeling has been provided, and is not able to come up with ideas or strategies to modify activities at the community center that result in the adolescents actively participating.</td>
</tr>
<tr>
<td>Updates, modifies, or terminates intervention</td>
<td>1</td>
<td>Requires assistance in the health class even after modeling has been provided, and is not able to come up with ideas or strategies to modify activities at the community center in order to effectively lead a group of youth.</td>
</tr>
<tr>
<td>Documents client responses</td>
<td></td>
<td>Unable to score with given information in the case scenario.</td>
</tr>
</tbody>
</table>

In general, Mary may be at risk for not passing if her performance does not improve substantially over the next few weeks. This would be a good time for her fieldwork educator to review the specific site objectives for this section, and establish a clear expectation of performance competencies Mary needs to demonstrate to bring up her scores.

All forms developed by Atler and Wimmer 2002/2003
Level II-A & II-B

Fieldwork Evaluation Forms
# Fieldwork Performance Evaluation

For The Occupational Therapy Student

<table>
<thead>
<tr>
<th>MS/NPL</th>
<th>NAME: (LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
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<table>
<thead>
<tr>
<th>COLLEGE OR UNIVERSITY</th>
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**FIELDWORK SETTING:**

<table>
<thead>
<tr>
<th>NAME OF ORGANIZATION/FACILITY</th>
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<table>
<thead>
<tr>
<th>ADDRESS: (STREET OR PO BOX)</th>
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<table>
<thead>
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<th>TYPE OF FIELDWORK</th>
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<table>
<thead>
<tr>
<th>ORDER OF PLACEMENT: 1 2 3 4 OUT OF 1 2 3 4</th>
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<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
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<table>
<thead>
<tr>
<th>DATES OF PLACEMENT</th>
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</table>

<table>
<thead>
<tr>
<th>NUMBER OF HOURS COMPLETED</th>
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</table>

<table>
<thead>
<tr>
<th>FINAL SCORE</th>
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<table>
<thead>
<tr>
<th>PASS:</th>
<th>NO PASS:</th>
</tr>
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</table>

**SIGNATURES:**

I HAVE READ THIS REPORT.

<table>
<thead>
<tr>
<th>SIGNATURE OF STUDENT</th>
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<table>
<thead>
<tr>
<th>NUMBER OF PERSONS CONTRIBUTING TO THIS REPORT</th>
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<table>
<thead>
<tr>
<th>SIGNATURE OF RATER #1</th>
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<table>
<thead>
<tr>
<th>PRINT NAME/CREDENTIALS/POSITION</th>
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<table>
<thead>
<tr>
<th>SIGNATURE OF RATER #2 (IF APPLICABLE)</th>
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<tr>
<th>PRINT NAME/CREDENTIALS/POSITION</th>
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**SUMMARY COMMENTS:**

(ADDRESSES STUDENT’S CLINICAL COMPETENCE)

<p>| |</p>
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Fieldwork Performance Evaluation
For The Occupational Therapy Student

This evaluation is a revision of the 1987 American Occupational Therapy Association, Inc. Fieldwork Evaluation Form for the Occupational Therapist and was produced by a committee of the Commission on Education.

PURPOSE

The primary purpose of the Fieldwork Performance Evaluation for the Occupational Therapy Student is to measure entry-level competence of the occupational therapy student. The evaluation is designed to differentiate the competent student from the incompetent student and is not designed to differentiate levels above entry level competence. For further clarification on entry-level competency refer to the Standards of Practice for Occupational Therapy (1).

The evaluation is designed to measure the performance of the occupational therapy process and was not designed to measure the specific occupational therapy tasks in isolation. This evaluation reflects the 1998 Accreditation Council for Occupational Therapy Education Standards (2) and the National Board for Certification in Occupational Therapy, Inc. Practice Analysis results (3). In addition, this evaluation allows students to evaluate their own strengths and challenges in relation to their performance as an occupational therapist.

USE OF THE FIELDWORK PERFORMANCE EVALUATION FOR THE OCCUPATIONAL THERAPY STUDENT

The Fieldwork Performance Evaluation is intended to provide the student with an accurate assessment of his/her competence for entry-level practice. Both the student and fieldwork educator should recognize that growth occurs over time. The midterm and final evaluation scores will reflect development of student competency and growth. In order to effectively use this evaluation to assess student competence, site-specific objectives need to be developed. Utilize this evaluation as a framework to assist in ensuring that all key performance areas are reflected in the site-specific objectives.

Using this evaluation at midterm and final, it is suggested that the student complete a self-evaluation of his/her own performance. During the midterm review process, the student and fieldwork educator should collaboratively develop a plan, which would enable the student to achieve entry-level competence by the end of the fieldwork experience. This plan should include specific objectives and enabling activities to be used by the student and fieldwork educator in order to achieve the desired competence.

The Fieldwork Educator must contact the Academic Fieldwork Coordinator when: 1) a student exhibits unsatisfactory behavior in a substantial number of tasks or 2) a student’s potential for achieving entry-level competencies by the end of the affiliation is in question.

DIRECTIONS FOR RATING STUDENT PERFORMANCE

• There are 42 performance items.
• Every item must be scored, using the one to four point rating scale (see below).
• The rating scales should be carefully studied prior to using this evaluation. Definitions of the scales are given at the top of each page.
• Circle the number that corresponds to the description that best describes the student’s performance.
• The ratings for the Ethics and Safety items must be scored at 3 or above on the final evaluation for the student to pass the fieldwork experience. If the ratings are below 3, continue to complete the Fieldwork Performance Evaluation to provide feedback to the student on her/his performance.
• Record midterm and final ratings on the Performance Rating Summary Sheet.
• Compare overall midterm and final score to the scale below.

OVERALL MIDTERM SCORE
Satisfactory Performance .................. 90 and above
Unsatisfactory Performance ............... 89 and below

OVERALL FINAL SCORE
Pass ............................................ 122 points and above
No Pass ...................................... 121 points and below

RATING SCALE FOR STUDENT PERFORMANCE

4 — Exceeds Standards: Performance is highly skilled and self-initiated. This rating is rarely given and would represent the top 5% of all the students you have supervised.
3 — Meets Standards: Performance is consistent with entry-level practice. This rating is infrequently given at midterm and is a strong rating at final.
2 — Needs Improvement: Performance is progressing but still needs improvement for entry-level practice. This is a realistic rating of performance at midterm, and some ratings of 2 may be reasonable at the final.
1 — Unsatisfactory: Performance is below standards and requires development for entry-level practice. This rating is given when there is a concern about performance.
RATING SCALE FOR STUDENT PERFORMANCE

4 — Exceeds Standards: Performance is highly skilled and self-initiated. This rating is rarely given and would represent the top 5% of all the students you have supervised.

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1 — Unsatisfactory: Performance is below standards and requires development for entry-level practice. This rating is given when there is a concern about performance.

I. FUNDAMENTALS OF PRACTICE:

All items in this area must be scored a #3 or above on the final evaluation in order to pass fieldwork.

1. Adheres to ethics: Adheres consistently to the American Occupational Therapy Association Code of Ethics (4) and site’s policies and procedures including when relevant, those related to human subject research.

   Midterm 1 2 3 4
   Final    1 2 3 4

2. Adheres to safety regulations: Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.

   Midterm 1 2 3 4
   Final    1 2 3 4

3. Uses judgment in safety: Uses sound judgment in regard to safety of self and others during all fieldwork-related activities.

   Midterm 1 2 3 4
   Final    1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final

II. BASIC TENETS:

4. Clearly and confidently articulates the values and beliefs of the occupational therapy profession to clients, families, significant others, colleagues, service providers, and the public.

   Midterm 1 2 3 4
   Final    1 2 3 4

5. Clearly, confidently, and accurately articulates the value of occupation as a method and desired outcome of occupational therapy to clients, families, significant others, colleagues, service providers, and the public.

   Midterm 1 2 3 4
   Final    1 2 3 4

6. Clearly, confidently, and accurately communicates the roles of the occupational therapist and occupational therapy assistant to clients, families, significant others, colleagues, service providers, and the public.

   Midterm 1 2 3 4
   Final    1 2 3 4

7. Collaborates with client, family, and significant others throughout the occupational therapy process.

   Midterm 1 2 3 4
   Final    1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final

• Final
RATING SCALE FOR STUDENT PERFORMANCE

4 — Exceeds Standards: Performance is highly skilled and self-initiated. This rating is rarely given and would represent the top 5% of all the students you have supervised.

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III. EVALUATION AND SCREENING:

8. Articulates a clear and logical rationale for the evaluation process.
   Midterm 1 2 3 4
   Final 1 2 3 4

9. Selects relevant screening and assessment methods while considering such factors as client's priorities, context(s), theories, and evidence-based practice.
   Midterm 1 2 3 4
   Final 1 2 3 4

10. Determines client's occupational profile and performance through appropriate assessment methods.
    Midterm 1 2 3 4
    Final 1 2 3 4

11. Assesses client factors and context(s) that support or hinder occupational performance.
    Midterm 1 2 3 4
    Final 1 2 3 4

12. Obtains sufficient and necessary information from relevant resources such as client, families, significant others, service providers, and records prior to and during the evaluation process.
    Midterm 1 2 3 4
    Final 1 2 3 4

13. Administers assessments in a uniform manner to ensure findings are valid and reliable.
    Midterm 1 2 3 4
    Final 1 2 3 4

14. Adjusts/Modifies the assessment procedures based on client's needs, behaviors, and culture.
    Midterm 1 2 3 4
    Final 1 2 3 4

15. Interprets evaluation results to determine client's occupational performance strengths and challenges.
    Midterm 1 2 3 4
    Final 1 2 3 4

16. Establishes an accurate and appropriate plan based on the evaluation results, through integrating multiple factors such as client's priorities, context(s), theories, and evidence-based practice.
    Midterm 1 2 3 4
    Final 1 2 3 4

17. Documents the results of the evaluation process that demonstrates objective measurement of client's occupational performance.
    Midterm 1 2 3 4
    Final 1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final

IV. INTERVENTION:

18. Articulates a clear and logical rationale for the intervention process.
    Midterm 1 2 3 4
    Final 1 2 3 4

19. Utilizes evidence from published research and relevant resources to make informed intervention decisions.
    Midterm 1 2 3 4
    Final 1 2 3 4

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20. Chooses occupations that motivate and challenge clients.
   Midterm 1 2 3 4
   Final 1 2 3 4

21. Selects relevant occupations to facilitate clients meeting established goals.
   Midterm 1 2 3 4
   Final 1 2 3 4

22. Implements intervention plans that are client-centered.
   Midterm 1 2 3 4
   Final 1 2 3 4

23. Implements intervention plans that are occupation-based.
   Midterm 1 2 3 4
   Final 1 2 3 4

   Midterm 1 2 3 4
   Final 1 2 3 4

25. Updates, modifies, or terminates the intervention plan based upon careful monitoring of the client’s status.
   Midterm 1 2 3 4
   Final 1 2 3 4

26. Documents client’s response to services in a manner that demonstrates the efficacy of interventions.
   Midterm 1 2 3 4
   Final 1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final

V. MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES:

27. Demonstrates through practice or discussion the ability to assign appropriate responsibilities to the occupational therapy assistant and occupational therapy aide.
   Midterm 1 2 3 4
   Final 1 2 3 4

28. Demonstrates through practice or discussion the ability to actively collaborate with the occupational therapy assistant.
   Midterm 1 2 3 4
   Final 1 2 3 4

29. Demonstrates understanding of the costs and funding related to occupational therapy services at this site.
   Midterm 1 2 3 4
   Final 1 2 3 4

30. Accomplishes organizational goals by establishing priorities, developing strategies, and meeting deadlines.
   Midterm 1 2 3 4
   Final 1 2 3 4

31. Produces the volume of work required in the expected time frame.
   Midterm 1 2 3 4
   Final 1 2 3 4

Comments on strengths and areas for improvement:

• Midterm

• Final
RATING SCALE FOR STUDENT PERFORMANCE

4 — Exceeds Standards: Performance is highly skilled and self-initiated. This rating is rarely given and would represent the top 5% of all the students you have supervised.

3 — Meets Standards: Performance is consistent with entry-level practice. This rating is infrequently given at midterm and is a strong rating at final.

2 — Needs improvement: Performance is progressing but still needs improvement for entry-level practice. This is a realistic rating of performance at midterm, and some ratings of 2 may be reasonable at the final.

1 — Unsatisfactory: Performance is below standards and requires development for entry-level practice. This rating is given when there is a concern about performance.

VI. COMMUNICATION:

32. Clearly and effectively communicates verbally and nonverbally with clients, families, significant others, colleagues, service providers, and the public.
   Midterm 1 2 3 4
   Final 1 2 3 4

33. Produces clear and accurate documentation according to site requirements.
   Midterm 1 2 3 4
   Final 1 2 3 4

34. All written communication is legible, using proper spelling, punctuation, and grammar.
   Midterm 1 2 3 4
   Final 1 2 3 4

35. Uses language appropriate to the recipient of the information, including but not limited to funding agencies and regulatory agencies.
   Midterm 1 2 3 4
   Final 1 2 3 4

Comments on strengths and areas for improvement:
* Midterm
  
  * Final

VII. PROFESSIONAL BEHAVIORS:

36. Collaborates with supervisor(s) to maximize the learning experience.
   Midterm 1 2 3 4
   Final 1 2 3 4

37. Takes responsibility for attaining professional competence by seeking out learning opportunities and interactions with supervisor(s) and others.
   Midterm 1 2 3 4
   Final 1 2 3 4

38. Responds constructively to feedback.
   Midterm 1 2 3 4
   Final 1 2 3 4

39. Demonstrates consistent work behaviors including initiative, preparedness, dependability, and work site maintenance.
   Midterm 1 2 3 4
   Final 1 2 3 4

40. Demonstrates effective time management.
   Midterm 1 2 3 4
   Final 1 2 3 4

41. Demonstrates positive interpersonal skills including but not limited to cooperation, flexibility, tact, and empathy.
   Midterm 1 2 3 4
   Final 1 2 3 4

42. Demonstrates respect for diversity factors of others including but not limited to socio-cultural, socioeconomic, spiritual, and lifestyle choices.
   Midterm 1 2 3 4
   Final 1 2 3 4

Comments on strengths and areas for improvement:
* Midterm
  
  * Final
## PERFORMANCE RATING SUMMARY SHEET

<table>
<thead>
<tr>
<th>Performance Items</th>
<th>Midterm Ratings</th>
<th>Final Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. FUNDAMENTALS OF PRACTICE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Adheres to ethics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Adheres to safety regulations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Uses judgment in safety</td>
<td></td>
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</tr>
<tr>
<td><strong>II. BASIC TENETS OF OCCUPATIONAL THERAPY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Articulates values and beliefs</td>
<td></td>
<td></td>
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<tr>
<td>5. Articulates value of occupation</td>
<td></td>
<td></td>
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<tr>
<td>6. Communicates role of occupational therapist</td>
<td></td>
<td></td>
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<tr>
<td>7. Collaborates with clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>III. EVALUATION AND SCREENING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Articulates clear rationale for evaluation</td>
<td></td>
<td></td>
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<tr>
<td>9. Selects relevant methods</td>
<td></td>
<td></td>
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<tr>
<td>10. Determines occupational profile</td>
<td></td>
<td></td>
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<tr>
<td>11. Assesses client and contextual factors</td>
<td></td>
<td></td>
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<tr>
<td>12. Obtains sufficient and necessary information</td>
<td></td>
<td></td>
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<tr>
<td>13. Administers assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Adjusts/modify assessment procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Interprets evaluation results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Establishes accurate plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Documents results of evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IV. INTERVENTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Articulates clear rationale for intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Utilizes evidence to make informed decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Chooses occupations that motivate and challenge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Selects relevant occupations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Implements client-centered interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Implements occupation based interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Modifies approach, occupation, and environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Updates, modifies, or terminates intervention plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Documents client's response</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>V. MANAGEMENT OF OT SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Demonstrates ability to assign through practice or discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Demonstrates ability to collaborate through practice or discussion</td>
<td></td>
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<tr>
<td>29. Understands costs and funding</td>
<td></td>
<td></td>
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<tr>
<td>30. Accomplishes organizational goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Produces work in expected time frame</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VI. COMMUNICATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Communicates verbally and nonverbally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Produces clear documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Written communication is legible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Uses language appropriate to recipient</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VII. PROFESSIONAL BEHAVIORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Collaborates with supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Takes responsibility for professional competence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. Responds constructively to feedback</td>
<td></td>
<td></td>
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<tr>
<td>39. Demonstrates consistent work behaviors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. Demonstrates time management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Demonstrates positive interpersonal skills</td>
<td></td>
<td></td>
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<tr>
<td>42. Demonstrates respect for diversity</td>
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</tr>
</tbody>
</table>

**TOTAL SCORE**

---

**MIDTERM:**
- Satisfactory Performance: 90 and above
- Unsatisfactory Performance: 89 and below

**FINAL:**
- Pass: 122 points and above
- No Pass: 121 points and below
REFERENCES


GLOSSARY

Client Factors: Those factors that reside within the client and that may affect performance in areas of occupation. Client factors include body functions and body structures

- body functions (a client factor, including physical, cognitive, psychosocial aspects)—the physiological function of body systems (including psychological functions)* (WHO, 2001, p.10)
- body structures—*anatomical parts of the body such as organs, limbs and their components that support body function* (WHO, 2001, p.10)


Code of Ethics: refer to www.aota.org/general/coe.asp

Collaborate: To work together with a mutual sharing of thoughts and ideas. (ACOTE Glossary)

Competency: adequate skills and abilities to practice as an entry level occupational therapist or occupational therapy assistant

Context: refers to a variety of interrelated conditions within and surrounding the client that influence performance. Contexts include cultural, physical, social, personal, spiritual, temporal and virtual.


Efficacy: having the desired influence or outcome (from Neistadt and Crepeau, Eds. Willard & Spackman’s Occupational Therapy, 9th edition, 1998)

Entry-level practice: refer to www.aota.org/members/area2/docs/sections.pdf

Evidence-based Practice: “conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based [health care] means integrating individual clinical expertise with the best available external clinical evidence from systematic research”. (Bosk and colleagues, Evidence-based medicine: How to practice and teach EBM, 1997, p.2) (from the Mary Law article “Evidence-Based Practice: What Can It Mean for ME?”—found online at www.aota.org)

Occupation: Groups of activities and tasks of everyday life, named, organized and given value and meaning by individuals and a culture; occupation is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity); the domain of concern and the therapeutic medium of occupational therapy. (Townsend, editor, 1997, *Enabling Occupation: An Occupational Therapy Perspective*, p.181)

Occupational Performance: The result of a dynamic, interwoven relationship between persons, environment and occupation over a person’s lifespan; the ability to choose, organize, and satisfactorily perform meaningful occupations that are culturally defined and age appropriate for looking after oneself, enjoying life, and contributing to the social and economic fabric of a community. (Townsend, editor, 1997, *Enabling Occupation: An Occupational Therapy Perspective*, p.181)


Spiritual: (a context)—the fundamental orientation of a person’s life; that which inspires and motivates that individual. (Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*. 56, 606–639.)

Theory: “an organized way of thinking about given phenomena. In occupational therapy the phenomenon of concern is occupational endeavor. Theory attempts to (1) define and explain the relationships between concepts or ideas related to the phenomenon of interest, (2) explain how these relationships can predict behavior or events, and (3) suggest ways that the phenomenon can be changed or controlled. Occupational therapy theory is concerned with four major concepts related to occupational endeavor: person, environment, health, and occupation.” (Neistadt and Crepeau, Eds. Willard & Spackman’s Occupational Therapy, 9th edition, 1998, p.521)
STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

Purpose:
This evaluation serves as a tool for fieldwork sites, academic programs, and students. The main objectives of this evaluation are to:

- Enable the Level II fieldwork student who is completing a placement at the site to evaluate and provide feedback to the supervisor and fieldwork setting;
- Enable academic programs, fieldwork sites, and fieldwork educators to benefit from student feedback in order to develop and refine their Level II fieldwork programs;
- Ensure that all aspects of the fieldwork program reflect the sequence, depth, focus, and scope of content of the curriculum design;
- Provide objective information to students who are selecting sites for future Level II fieldwork; and
- Provide a means of evaluation to ensure that fieldwork is performed in settings that provide educational experiences applicable to the academic program.

This form is designed to offer each program the opportunity to gather meaningful and useful information. Sections outlined with thick black double borders are designed to be customized by your program as needed. Pages involving evaluation of individual fieldwork educators have been positioned at the end of the form to allow academic programs to easily remove these pages before making them available for student review, if they choose to do so.

Midwestern University customized 2011
Instructions to the Student:
Complete this STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE) form before your final meeting with your fieldwork supervisor(s). It is imperative that you review the form with your supervisor and that both parties sign on page 1. Copy the form so that a copy remains at the site and a copy is forwarded to your Academic Fieldwork Coordinator at your educational program. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student’s evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

Fieldwork Site _______________________________ Site Code ______
Address _______________________________

Placement Dates: from _______________ to _______________

Order of Placement: [ ] First [ ] Second [ ] Third [ ] Fourth

Living Accommodations: (include type, cost, location, condition)

Public transportation in the area:

Please write your e-mail address here if you don’t mind future students contacting you to ask you about your experience at this site: -

________________________________________

We have mutually shared and clarified this Student Evaluation of the Fieldwork Experience report.

__________________________
Student’s Signature

__________________________
FW Educator’s Signature

__________________________
Student’s Name (Please Print)

________________________________________
FW Educator’s Name and credentials (Please Print)

FW Educator’s years of experience _____________
ORIENTATION
Indicate your view of the orientation by checking “Satisfactory” (S) or “Needs Improvement” (I) regarding the three factors of adequacy, organization, and timeliness.

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>Adequate</th>
<th>Organized</th>
<th>Timely</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Site-specific fieldwork objectives</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Student supervision process</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Requirements/assignments for students</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Student schedule (daily/weekly/monthly)</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Staff introductions</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Overview of physical facilities</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Agency/Department mission</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>8. Overview of organizational structure</td>
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<tr>
<td>9. Services provided by the agency</td>
<td></td>
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<tr>
<td>10. Agency/Department policies and procedures</td>
<td></td>
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<tr>
<td>11. Role of other team members</td>
<td></td>
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<tr>
<td>12. Documentation procedures</td>
<td></td>
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<tr>
<td>13. Safety and emergency procedures</td>
<td></td>
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<tr>
<td>14. Confidentiality/HIPAA</td>
<td></td>
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<tr>
<td>15. OSHA—Standard precautions</td>
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<tr>
<td>16. Community resources for service recipients</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>17. Department model of practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Role of occupational therapy services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Methods for evaluating OT services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments or suggestions regarding your orientation to this fieldwork placement:

________________________________________________________________________

________________________________________________________________________

CASELOAD
List approximate number of each age category in your caseload.

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–3 years old</td>
<td></td>
</tr>
<tr>
<td>3–5 years old</td>
<td></td>
</tr>
<tr>
<td>6–12 years old</td>
<td></td>
</tr>
<tr>
<td>13–21 years old</td>
<td></td>
</tr>
<tr>
<td>22–65 years old</td>
<td></td>
</tr>
<tr>
<td>&gt; 65 years old</td>
<td></td>
</tr>
</tbody>
</table>

List approximate number of each primary condition/problem/diagnosis in your caseload

<table>
<thead>
<tr>
<th>Condition/Problem</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## OCCUPATIONAL THERAPY PROCESS

Indicate the approximate number of screenings/evaluations you did; also indicate their value to your learning experience by circling the appropriate number with #1 being least valuable and #5 being the most valuable.

<table>
<thead>
<tr>
<th>REQUIRED</th>
<th>HOW MANY</th>
<th>EDUCATIONAL VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1. Client/patient screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Client/patient evaluations</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>(Use specific names of evaluations)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. Written treatment/care plans</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. Discharge summary</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

List major therapeutic interventions frequently used and indicate whether it was provided in group, individually, Co-Treatment, or consultation. List other professionals involved.

<table>
<thead>
<tr>
<th>Therapeutic Interventions</th>
<th>Individual</th>
<th>Group</th>
<th>Co-Tx</th>
<th>Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation-based activity, i.e., play, shopping, ADL, IADL, work, school activities, etc. (within client’s own context with his or her goals)</td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
<tr>
<td>Purposeful activity (therapeutic context leading to occupation)</td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
</tr>
</tbody>
</table>
Preparatory methods, i.e., sensory, PAMs, splinting, exercise, etc. (preparation for occupation-based activity)

1.

2.

3.

4.

### THEORY—FRAMES OF REFERENCE—MODELS OF PRACTICE

Indicate frequency of theory/frames of reference used

<table>
<thead>
<tr>
<th>Model of Human Occupation</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Adaptation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ecology of Human Performance</td>
<td></td>
<td></td>
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<tr>
<td>Person–Environment–Occupation</td>
<td></td>
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</tr>
<tr>
<td>Model</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Biomechanical Frame of Reference</td>
<td></td>
<td></td>
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<tr>
<td>Rehabilitation Frame of Reference</td>
<td></td>
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<tr>
<td>Neurodevelopmental Theory</td>
<td></td>
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<tr>
<td>Sensory Integration</td>
<td></td>
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<tr>
<td>Behaviorism</td>
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<tr>
<td>Cognitive Theory</td>
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<tr>
<td>Cognitive Disability Frame of Reference</td>
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<tr>
<td>Motor Learning Frame of Reference</td>
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<tr>
<td>Other (list)</td>
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</tbody>
</table>

### FIELDWORK ASSIGNMENTS

List the types of assignments required of you at this placement (check all that apply), and indicate their educational value (1 = not valuable ------ 5 = very valuable)

<table>
<thead>
<tr>
<th>Assignment</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case study applying the Practice Framework</td>
<td></td>
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<tr>
<td>Evidence-based practice presentation:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Topic</td>
<td></td>
<td></td>
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<td></td>
<td>N/A</td>
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<tr>
<td>Revision of site-specific fieldwork objectives</td>
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<tr>
<td>Program development</td>
<td></td>
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<tr>
<td>Topic</td>
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<td>N/A</td>
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<tr>
<td>In-service/presentation</td>
<td></td>
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<td>N/A</td>
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<tr>
<td>Topic</td>
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<td></td>
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<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Research</td>
<td></td>
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<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Topic</td>
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<td>N/A</td>
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<tr>
<td>Other (list)</td>
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</tbody>
</table>
## ASPECTS OF THE ENVIRONMENT

<table>
<thead>
<tr>
<th>issue</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff and administration demonstrated cultural sensitivity</td>
<td></td>
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<tr>
<td>The Practice Framework was integrated into practice</td>
<td></td>
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<tr>
<td>Student work area/supplies/equipment were adequate</td>
<td></td>
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<tr>
<td>Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides</td>
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<tr>
<td>Opportunities to network with other professionals</td>
<td></td>
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<tr>
<td>Opportunities to interact with other OT students</td>
<td></td>
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<tr>
<td>Opportunities to interact with students from other disciplines</td>
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<tr>
<td>Staff used a team approach to care</td>
<td></td>
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<tr>
<td>Opportunities to observe role modeling of therapeutic relationships</td>
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<tr>
<td>Opportunities to expand knowledge of community resources</td>
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<tr>
<td>Opportunities to participate in research</td>
<td></td>
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<tr>
<td>Psychosocial factors influencing occupational engagement were considered and integrated into intervention for the development of client centered occupation based outcomes</td>
<td></td>
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</tr>
<tr>
<td>Additional educational opportunities (specify):</td>
<td></td>
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</tr>
<tr>
<td>How would you describe the pace of this setting? (circle one)</td>
<td></td>
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</tr>
<tr>
<td>Types of documentation used in this setting:</td>
<td></td>
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</tr>
<tr>
<td>Ending student caseload expectation: ____ # of clients per week or day</td>
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</tr>
<tr>
<td>Ending student productivity expectation: ____ % per day (direct care)</td>
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</tr>
</tbody>
</table>

## SUPERVISION

What was the primary model of supervision used? (check one)
- [ ] one supervisor: one student
- [ ] one supervisor: group of students
- [ ] two supervisors: one student
- [ ] one supervisor: two students
- [ ] distant supervision (primarily off-site)
- [ ] three or more supervisors: one student (count person as supervisor if supervision occurred at least weekly)

List fieldwork educators who participated in your learning experience.

<table>
<thead>
<tr>
<th>Name</th>
<th>Credentials</th>
<th>Frequency</th>
<th>Individual</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
ACADEMIC PREPARATION
Rate the relevance and adequacy of your academic coursework relative to the needs of THIS fieldwork placement, circling the appropriate number. (Note: may attach own course number)

<table>
<thead>
<tr>
<th></th>
<th>Adequacy for Placement</th>
<th>Relevance for Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low 1</td>
<td>High 5</td>
</tr>
<tr>
<td></td>
<td>2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Anatomy and Kinesiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurodevelopment</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Human development</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Evaluation</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Intervention planning</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Interventions</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Professional behavior and communication</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Therapeutic use of self</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Level I fieldwork</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Program development</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

What were the strongest aspects of your academic program relevant to preparing you for THIS Level II fieldwork experience? Indicate your top 5.

- Informatics
- Pathology
- Environment competence
- Interventions
- Social roles
- Occ. as life org
- Neuro
- Research courses
- Evaluations
- History
- A & K administration
- Prog design/eval
- Adapting env
- Occupational sci
- Foundations theory
- Consult/collab
- Human comp.
- Other
- Level I PW
- Ped's electives
- Older adult elect.
- Community elect.

What changes would you recommend in your academic program relative to the needs of THIS Level II fieldwork experience?

________________________________________________________________________

SUMMARY

<table>
<thead>
<tr>
<th>Expectations of fieldwork experience were clearly defined</th>
<th>1 = Strongly disagree</th>
<th>2 = Disagree</th>
<th>3 = No Opinion</th>
<th>4 = Agree</th>
<th>5 = Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectations were challenging but not overwhelming</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiences supported student's professional development</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiences matched student's expectations</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

108
Indicate the number that seems descriptive of each fieldwork educator. Please make a copy of this page for each individual.

<table>
<thead>
<tr>
<th>FIELDWORK EDUCATOR NAME:</th>
<th>FIELDWORK EDUCATOR YEARS OF EXPERIENCE:</th>
<th>FIELDWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Provided ongoing positive feedback in a timely manner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided ongoing constructive feedback in a timely manner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviewed written work in a timely manner</td>
<td></td>
<td></td>
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<tr>
<td>Made specific suggestions to student to improve performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided clear performance expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sequenced learning experiences to grade progression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used a variety of instructional strategies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taught knowledge and skills to facilitate learning and challenge student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identified resources to promote student development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presented clear explanations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitated student’s clinical reasoning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used a variety of supervisory approaches to facilitate student performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elicited and responded to student feedback and concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted responsibilities to facilitate student’s growth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision changed as fieldwork progressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided a positive role model of professional behavior in practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modeled and encouraged occupation-based practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modeled and encouraged client-centered practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modeled and encouraged evidence-based practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Frequency of meetings/types of meetings with supervisor (value/frequency):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

General comments on supervision:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

AOTA SEFWE Task Force, June 2006
Post Fieldwork

Procedures
Post Fieldwork Level I Procedures

At the end of Level I-A and Level I-B fieldwork rotations it is the students’ responsibility to turn in the required assignments for the specific fieldwork rotation they have just completed. The assigned documents are to be presented in a single folder including name and course title to the fieldwork office on the first day students return to classes. There are no exceptions and students should plan accordingly to complete the work and turn it in on a timely basis.

There are two evaluations to be completed. The clinical educator’s evaluation of the student, and the fieldwork students’ evaluation of the site. These are to be signed with both a printed name and signature as well as dated. Copies should go to all parties including the student/ site/ academic fieldwork coordinator.

It is the responsibility of each student to see that these evaluations are completed, signed and returned to the academic fieldwork coordinator on the first day of classes following each Level I experience.

Post Fieldwork Level II-A & Level II-B Procedures

At the end of each Level II clinical rotation it is the students’ responsibility to see that both the site evaluation of the student and the students’ evaluation of the site are signed and original copies are turned in directly or mailed to the Academic Fieldwork Coordinator.

Evaluations:

Level II AOTA Fieldwork Performance Evaluation for Occupational Therapy Students

Student Evaluation of the Level II Fieldwork Experience.

Both evaluations need to be signed by the student and by the clinical educator at the clinical rotation site.

Students will not receive a posted grade at the University until these evaluations are received by the Fieldwork office. If a grade is not posted for Level II A 795 the student will not be able to continue on to the next clinical experience which is Level II B 796.

The names should be both printed and then a signature and date to be valid. Clinicians acting as clinical educators will not be able to receive their professional development certificates from the university if names cannot be identified.

Evaluations need to be returned within 3-4 days of completing each clinical rotation unless the student or site has spoken with the academic fieldwork coordinator in advance.

Students should keep copies of both evaluations for their portfolio files.
Fieldwork

Educators/Instructors

Information
THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

SELF-ASSESSMENT TOOL FOR FIELDWORK EDUCATOR COMPETENCY

Fieldwork education is a vital component in preparing students for entry-level occupational therapy practice. This voluntary self-assessment tool supports the development of skills necessary to be an effective fieldwork educator (FWE) whose role is to facilitate the progression from student to entry-level practitioner. This tool was designed to provide a structure for fieldwork educators to assess their own level of competence and to identify areas for further development and improvement of their skills. Competency as a fieldwork educator promotes the practitioner’s pursuit of excellence in working with students and ensures the advancement of the profession.

PURPOSE

Both novice and experienced OTA and OT fieldwork educators can use this tool as a guide for self-reflection to target areas for professional growth. Proficiency as a fieldwork educator is an ongoing process of assessment, education, and practice. It is essential for fieldwork educators to continually work toward improving their proficiency in all competency areas as they supervise OTA/OT students. Use of this assessment tool is intended to be the foundation from which each fieldwork educator will create a professional growth plan with specific improvement strategies and measurable outcomes to advance development in this area of practice.

CONTENT

The self-assessment tool includes the following features:

1) Addresses fieldwork educator competencies in the areas of professional practice, education, supervision, evaluation, and administration.
2) Uses a numerical rating (Likert) scale from 1 (Low Proficiency) to 5 (High Proficiency) to aid in self-assessment.
3) Includes a “Comment Section” intended to be used by the fieldwork educator in identifying aspects of competency for self-improvement.
4) Results in a “Fieldwork Educator Professional Development Plan.” Fieldwork educators can use the suggested format for recording a professional development plan of action. The suggested format or chart may be copied for additional space. Such a plan helps fieldwork educators meet the standards established for FWEs as stated in the Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guidelines (2006).
5) Explains terminology, which is based on the Practice Framework 2nd Edition.

WHO SHOULD USE THE TOOL

This self-assessment tool is designed to be used by OTA and OT fieldwork educators at all levels of expertise in supervising students. While the tool is primarily oriented toward OTA/OT practitioners who directly supervise OTA and/or OT Level II fieldwork, it can easily be applied to Level I fieldwork and to non-OT supervisors.

Self-Assessment Tool for Fieldwork Educator Competency
DIRECTIONS

Fieldwork educators should determine the relevance of each competency to the role of the OTA/OT in their setting. Some competency statements may not be applicable in their setting and/or in their state (refer to the appropriate OTA/OT role delineation documents). In addition, the “Self-Assessment Tool for Fieldwork Educator Competency” is to be used for professional development only. It is not intended to be used as a performance appraisal. However, the fieldwork educator may certainly include goals articulated in the “Fieldwork Educator Professional Development Plan” in their annual professional goals.

Self-Assessment Tool:

Circle the number that correlates with your level of competence for each item. The “Comments” section can be used to highlight strengths, areas that need improvement, etc.

Development Plan:

It is helpful to prioritize the competency areas that need improvement and to select only a few areas that can realistically be accomplished. Write goals for each of the selected areas and identify strategies to meet the goals at the same time as establishing a deadline for meeting the goals. OT practitioners are adept in assessing, planning, and implementing practical and meaningful continuous quality improvement plans. It is this attribute, plus a desire to support the growth of future practitioners, that motivates OTAs and OTs to seek methods for gaining and maintaining their competence as fieldwork educators. We hope this tool is helpful in guiding fieldwork educators on a journey of self-appraisal and professional development. It meets the immediate need of defining basic competencies of fieldwork educators. It is in this spirit that the “Self-Assessment Tool” was drafted and offered as a means for better serving the needs of individuals and the future of occupational therapy.

Originally developed in 1997 by the COE Fieldwork Issues Committee.

Revised in 2009 by the Commission on Education:

René Padilla, PhD, OTR/L, FAOTA, Chairperson
Andrea Billics, PhD, OTR/L
Judith Blum, MS, OTR/L
Paula Bohr, PhD, OTR/L, FAOTA
Jennifer Coyne, COTA/L
Jyothi Gupta, PhD, OTR/L
Linda Musselman, PhD, OTR, FAOTA
Linda Orr, MPA, OTR/L
Abbey Sipp, OTS
Patricia Stutz-Tanenbaum, MS, OTR
Neil Harvison, PhD, OTR/L (AOTA Liaison)
## SELF-ASSESSMENT TOOL FOR FIELDWORK EDUCATOR COMPETENCY

### A. PROFESSIONAL PRACTICE COMPETENCIES

**KEY DEFINITION STATEMENT:** The fieldwork educator demonstrates competencies in professional knowledge, skills, and judgment in occupational therapy practice that supports the client's engagement in meaningful occupation.

<table>
<thead>
<tr>
<th>The fieldwork educator:</th>
<th>CIRCLE ONE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses a systematic approach to evaluation and intervention that is science-driven</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>and focused on client's occupational performance needs</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>2. Skillfully collects and analyzes clients' occupational profile and performance in</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>order to develop and implement OT services.</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>3. Considers context, activity demands, and client factors when determining feasibility</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>and appropriateness of interventions.</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>4. Understands clients' concerns, occupational performance issues, and safety factors</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>for participation in intervention.</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>5. Articulates the rationale and theoretical model, frame of reference and/or therapeutic</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>approach for OT services.</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>6. Incorporates evidence-based research into occupational therapy practice.</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>7. Collaborates with the OT/OTA to provide evaluation, interpretation of data,</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>intervention planning, intervention, discharge planning, and documentation.</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>8. Collaborates with individuals, colleagues, family/support system, and other staff or</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>professionals with respect, sensitivity, and professional judgment.</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>9. Works to establish a collaborative relationship that values the client perspective</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>including diversity, values, beliefs, health, and well-being as defined by the client.</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>10. Addresses psychosocial factors across the OT practice setting as a reflection of a</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>client-centered approach.</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>11. Effectively manages and prioritizes client-centered services (e.g., intervention,</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>documentation, team meetings, etc.) that support occupational outcomes.</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>12. Incorporates legal, ethical, and professional issues that influence practice (e.g.,</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>reimbursement, confidentiality, role delineation, etc.).</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>13. Articulates and implements OTA-OT role delineations as relevant to the practice</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>setting.</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>14. Adheres to professional standards of practice and code of ethics as identified by</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>AOTA and state regulatory boards.</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>15. Assumes responsibility for and pursues professional development to expand knowledge</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>and skills (e.g., understands own strengths and limitations, etc.).</td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
<tr>
<td>16. Is knowledgeable regarding entry-level practice skills for the OT and OTA.</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>Proficient</td>
<td>Proficient</td>
</tr>
</tbody>
</table>
## B. EDUCATION COMPETENCIES

<table>
<thead>
<tr>
<th>The fieldwork educator:</th>
<th>Low Proficient</th>
<th>CIRCLE ONE</th>
<th>High Proficient</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provides ongoing assessment of a student's individual learning needs based on review of academic curriculum design, OTA and OT roles, prior experiences, and current performance level.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Collaboratively develops student and fieldwork learning contracts to support occupation-based fieldwork experience (develop outcome-based measurable learning objectives).</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sequences learning experiences to grade progression toward entry-level practice.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Facilitates student-directed learning within the parameters of the fieldwork environment.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Maximizes opportunities for learning by using planned and unplanned experiences within the fieldwork environment.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Uses a variety of instructional strategies to facilitate the learning process (e.g., role modeling, co-intervention, videoconferencing, etc.).</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. Adapts approach to work effectively with all students, including those who have physical and/or psychosocial impairments.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Demonstrates sensitivity to student learning style to adapt teaching approach for diverse student populations.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. Guides student integration of therapeutic concepts and skills (e.g., facilitates discussions to elicit clinical/professional reasoning, convert practice situations into learning experiences, and use personal feelings/values that interact with practice.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Reflects upon educator role as complimentary to OT practitioner role.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11. Self-identifies and implements a Fieldwork Educator Professional Development Plan. (See page 8 for suggested plan.)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Identifies resources to promote student and fieldwork educator professional development (e.g., academic programs, student and supervisor mentors, AOTA, Commission on Education, Education Special Interest Section, workshops, in-services, etc.).</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>13. Provides reference materials to promote student and fieldwork educator professional development and use of EBP (e.g., publications, texts, videos, internet, etc.).</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14. Uses evidence-based research to guide student performance and learning for effective teaching strategies.</td>
<td>1 2 3 4 5</td>
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</tbody>
</table>
### C. SUPERVISION COMPETENCIES

**KEY DEFINITION STATEMENT:** The Fieldwork Educator facilitates student achievement of entry-level practice through a student-centered approach.

<table>
<thead>
<tr>
<th>The fieldwork educator:</th>
<th>Low Proficient</th>
<th>CIRCLE ONE</th>
<th>High Proficient</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses current supervision models and theories to facilitate student performance and professional behavior</td>
<td>1 2 3 4 5</td>
<td></td>
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</tr>
<tr>
<td>2. Presents clear expectations of performance throughout the fieldwork experience, appropriate to entry level OT practice (e.g., role delineation, Level II fieldwork, practice environment, etc.)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<tr>
<td>3. Anticipates and prepares student for challenging situations</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Provides activities to challenge student's optimal performance</td>
<td>1 2 3 4 5</td>
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<tr>
<td>5. Provides the student with prompt, direct, specific, and constructive feedback throughout the fieldwork experience</td>
<td>1 2 3 4 5</td>
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<td></td>
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</tr>
<tr>
<td>6. Uses a progression of supervisory approaches throughout the student learning cycle (adopts the amount and type of supervision, changes approach to support student learning, challenges student at current level of performance) to facilitate student performance</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>7. Uses a variety of strategies to provide communication and feedback to promote student professional development (verbal, non-verbal, group, direct, indirect)</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>8. Is aware of his or her own personal style of supervision and is able to adapt the approach in response to student performance</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>9. Initiates interaction to resolve conflict and to raise issues of concern</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Elicits and responds to student's feedback and concerns</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11. Collaborates with the student and academic fieldwork coordinator to identify and modify learning environments when student experiences difficulty</td>
<td>1 2 3 4 5</td>
<td></td>
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</tr>
<tr>
<td>12. Models appropriate professional behaviors when interacting with students, clients, and peers</td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>13. Consults with other FW educators and sites to develop creative learning experiences for the student</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14. Uses innovation within own fieldwork setting to enhance the student learning experience during fieldwork</td>
<td>1 2 3 4 5</td>
<td></td>
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</tbody>
</table>
### D. EVALUATION COMPETENCIES

**KEY DEFINITION STATEMENT:** The fieldwork educator evaluates student performance to achieve entry-level practice in the fieldwork setting.

<table>
<thead>
<tr>
<th>The fieldwork educator:</th>
<th>Low Proficient</th>
<th>High Proficient</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reviews the evaluation tool and expected entry-level expectations (e.g., behavioral objectives, weekly objectives, etc.) with student prior to mid-term and final.</td>
<td>1 2 3</td>
<td>4 5</td>
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<tr>
<td>2. Assesses student according to performance standards based on objective information (e.g., direct observation, discussion with student, review of student's documentation, observation by others, etc.).</td>
<td>1 2 3 4 5</td>
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<tr>
<td>3. Assesses student's performance based on appropriate OTA/OT entry-level roles of the fieldwork practice setting.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>4. Facilitates student self-reflection and self-assessment throughout the fieldwork and evaluation process.</td>
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<tr>
<td>5. Uses an evaluation process to advise and guide the student regarding strengths and opportunities for growth based on site-specific objectives.</td>
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<tr>
<td>6. Uses fieldwork evaluation tools to accurately measure student performance and provide feedback.</td>
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<tr>
<td>7. Completes and distributes in a timely manner all evaluations regarding student performance, including but not limited to the midterm and final evaluation (e.g., AOTA Fieldwork Performance Evaluation, Fieldwork Experience Assessment Tool [FEAT], etc.).</td>
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<tr>
<td>8. Guides the student in the use of the Fieldwork Performance Evaluation as a method of promoting continued professional growth and development.</td>
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<tr>
<td>9. Documents student's fieldwork performance recognizing ethical and legal rights (e.g., due process, confidentiality, ADA, integrity)</td>
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<tr>
<td>ADMINISTRATION COMPETENCIES</td>
<td>KEY DEFINITION STATEMENT: The fieldwork educator develops and/or implements an organized fieldwork program in keeping with legal and professional standards and environmental factors (physical, social, and cultural).</td>
<td>COMMENTS</td>
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<tr>
<td>The fieldwork educator:</td>
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<tr>
<td>1. Communicates and collaborates with academic programs to integrate the academic curriculum design during fieldwork</td>
<td>Low Proficient</td>
<td>CIRCLE ONE</td>
<td>High Proficient</td>
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<tr>
<td>2. Implements a model FW program that supports the curriculum of the academic program</td>
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<tr>
<td>3. Serves as a liaison between the fieldwork site administration and staff to develop and implement the student fieldwork program</td>
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<tr>
<td>4. Designs and implements the fieldwork program in collaboration with the academic programs served and in accordance with ACOTE standards for Level I and Level II fieldwork (2008) (e.g., academic and fieldwork setting requirements, Standards of Practice, Code of Ethics, etc.)</td>
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<td>5. Ensures that the fieldwork program is sensitive to diversity and multi-cultural issues</td>
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<td>6. Documents an organized, systematic fieldwork program (e.g., fieldwork manual, student expectations, weekly sequence of expectations, etc.)</td>
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<tr>
<td>7. Schedules formal and informal meetings with the student to guide the fieldwork experience</td>
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<td>8. Collaborates with the student to develop student learning objectives</td>
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<tr>
<td>9. Documents behavioral objectives to achieve fieldwork objectives and learning experiences appropriate for entry-level practice</td>
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<tr>
<td>10. Is knowledgeable in legal and health care policies that directly influence FW</td>
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<tr>
<td>11. Defines essential functions and roles of the fieldwork student, in compliance with legal and accreditation standards (e.g., ADA, Family Education Rights and Privacy Act, Joint Commission, fieldwork agreement, reimbursement mechanism, state regulations, etc.)</td>
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<td>12. Provides student work areas appropriate to fieldwork site (e.g., student safety, accessibility, supplies, etc.)</td>
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<td>13. Provides a complete orientation for student to fieldwork site (e.g., policies, procedures, student expectations, and responsibilities, etc.)</td>
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<td>14. Requires student compliance with the fieldwork site policies and procedures (HIPAA, OSHA regulations, mission, goals, philosophy, and safety standards)</td>
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<td>15. Submits required fieldwork documents to academic program in a timely manner to ensure current data is available (e.g., fieldwork evaluation, fieldwork agreements, fieldwork data form, etc.)</td>
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<td>16. Conducts ongoing fieldwork program evaluations and monitors changes in the program with student and staff input (e.g., Student Evaluation of Fieldwork Experience, Self-Assessment Tool for Fieldwork Competencies, etc.)</td>
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FIELDWORK EDUCATOR PROFESSIONAL DEVELOPMENT PLAN

NAME: 

DATE: 

Strengths: 

Areas to Develop: 

<table>
<thead>
<tr>
<th>Competency Areas to Address</th>
<th>Goals</th>
<th>Independent Study</th>
<th>Academic Courses &amp; Continuing Ed.</th>
<th>Student Feedback</th>
<th>Consult with Academic F.W. Coordinator</th>
<th>Presentations</th>
<th>Publications</th>
<th>Research Activities</th>
<th>Mentorships</th>
<th>Peer Review</th>
<th>Shared Supervision of Student</th>
<th>Target Date</th>
<th>Completed Date</th>
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Self-Assessment Tool for Fieldwork Educator Competency

1. AMERICAN OCCUPATIONAL THERAPY ASSOCIATION RESOURCE LIST


STEPS TO STARTING A FIELDWORK PROGRAM

The steps to starting a fieldwork program are outlined below. Do not feel that you need to have an elaborate program in place before you accept your first student. Start with the basics and add as you learn from both the students and staff who participate in the fieldwork program.

I. Analyze Your Facility

Conduct an analysis of your facility. Does your facility's mission and philosophy support the training of future practitioners? Discuss the formation of a student program with the OT practitioners to determine how receptive they are to participating in a fieldwork program. Review your OT program - can it provide a student with the number of appropriate clients and learning opportunities needed to develop entry-level skills?

Gaining support of your facility's management staff is vital for a successful fieldwork program. Arrange a time to meet with your administrator with the sole purpose of discussing the student program. Come prepared with a plan for the fieldwork program and a list of the benefits that a student program can bring to your facility. Take the time to understand the issues that management faces and work together on addressing any areas of concern.

II. Collaboration With the Academic Program(s)

In the preliminary stages of developing a fieldwork program, it is helpful to contact at least one academic program. The academic fieldwork coordinator can provide you with guidance and resource material needed to start a student program.

The academic programs with which you contract will provide
information on their specific OT/OTA program. This information may include the program’s fieldwork objectives, course syllabi, program curricula, and other related information.

Active collaboration between the fieldwork educator and the academic fieldwork coordinator should be ongoing since it is an essential component of a positive fieldwork experience.

III. The Fieldwork Contract or Letter of Agreement

The contract or letter of agreement serves as a legal document between the fieldwork site and the academic program. The contract should state the rights, fieldwork requirements, and obligations of the academic program, fieldwork site, and students. A written agreement is required for all Fieldwork Level I and II placements. The academic program will have a standard contract which you can use. Be sure to have your facility’s legal counsel review the document before it is signed.

Begin this step early, as it may involve several exchanges between both legal counsels of the revised contract.

IV. Develop Student Resources

You can establish the foundation of your fieldwork program by completing the following student resources:

- **Fieldwork Data Form** - This form describes your fieldwork program to the academic fieldwork coordinator and the student. The completed form should be sent to each academic program with which you have a contract.

- **Fieldwork Objectives** - These are the objectives that a student must achieve to successfully complete the fieldwork placement.

  *Level I Fieldwork* - Objectives are usually provided by the academic program.

  *Level II Fieldwork* - Each fieldwork site must develop its site specific behavioral objectives reflecting the entry-level competencies that the student is required to achieve by the end of the affiliation. These objectives serve to guide the student through sequential learning activities that lead to entry-level competency.
Some fieldwork programs correlate their objectives with AOTA’s fieldwork evaluations. Other fieldwork programs write weekly objectives that cumulate in entry-level skills. Writing the learning objectives will prove to be invaluable to both students and fieldwork educators. Obtain examples of objectives from an academic fieldwork coordinator or your regional fieldwork consultant.

- **Fieldwork Student Manual** - The manual will serve as a valuable resource for students and fieldwork educators. See paper titled "Recommended Content for A Student Fieldwork Manual."

- **Schedule of Weekly Activities** - Develop a list of learning activities and /or assignments that will guide a student developmentally toward the acquisition of entry-level skills. Some fieldwork programs have a week by week outline with increasing responsibilities, learning activities, and assignments that students must successfully complete.

- **Prepare an Orientation** - A thorough orientation provides students with the knowledge and understanding needed for a successful fieldwork experience. Topics can include: an overview of the fieldwork site and its fieldwork program, safety procedures, specific evaluation or treatment interventions utilized by the facility, documentation, equipment use, etc. Try to make the sessions as participatory as possible with presentations made by different staff members or experienced students.

Don't spend excess time "reinventing the wheel." Contact your academic fieldwork coordinator or regional fieldwork consultant for examples and assistance.

June 1998
**Recommended Supervision Considerations for Clinical Experiences:**

Supervision by the primary OTR fieldwork supervisor is not less than 50% of the time.

There can be up to 3 supervisors for a Level II fieldwork experience but the primary supervisor would be responsible for determining the standards and competencies of O T student practice at their site for each specific student.

Instruction and feedback in the use of client evaluation, service intervention, treatment planning, discharge planning and documentation be taught/ reviewed and assessed by a single therapist when considering final entry level competencies. Input and feedback by additional staff and supervisors can be taken into consideration.

If there are multiple supervisors and they each have separate areas of expertise (e.g. inpatient acute / outpatient/ hands/ rehab) each supervisor can use a single evaluation form to assess the student’s readiness and entry level competency in that specific area.

Supervision can be a combination of direct and indirect depending on the student competency and the policies of the specific site. At the beginning of any fieldwork experience it is expected that the student will warrant close supervision on a daily basis. As the experience progresses and the student gains competence that is verified by the supervising OTR, supervision can be a combination of both direct and indirect. The clinical instructor should provide weekly formal and more frequent informal supervisory meetings.

Indirect supervision is to enable the student to experience entry level responsibilities and independence. The supervisor should monitor intervention and provide feedback on performance. This will allow the student some autonomy to travel alone as an itinerant to schools, contract agencies and other community settings as appropriate. On Level II fieldwork the student can be more independent once competency is established in the areas of evaluation and intervention required for the clientele at each setting. A healthcare facility or school setting should provide an onsite supervisor assigned to the student at all times. If an emergency or general questions arise. In home care environments, a supervisor should be accessible during working hours by telephone. Each site has their own specific requirements and policies along with individual state requirements through the licensure law.
Recommendations for Expanding Fieldwork

RATIONALE
Traditionally fieldwork has been an experience where a student spends six weeks to three months at one facility with a single supervisor, often at a hospital or primary health care setting. Many factors are influencing the way occupational therapy practice and clinical education are provided. These factors include an increasing demand for OT services in expanding practice arenas, manpower shortages, increasing numbers of students needing fieldwork placements, students with special needs, and a shrinking number of fieldwork placements. Occupational therapy's growth into broader practice arenas provides us with an opportunity to expand and improve the fieldwork education component to reflect current practice. This is an essential consideration in preparing students for entry-level practice.

EXAMPLES
Alternate fieldwork options which reflect current practice might include:

- Part-time scheduling (e.g., half days for six months)
- Flexible fieldwork schedule (e.g., longer than three months at one setting)
- Part-time OT supervisor (e.g., placement with consulting OT)
- Rotating through several programs at one setting
- Multiple sites, either with similar or different caseloads/focus, and with one or more supervisors
- Combined experiences (e.g., psychiatric and physical dysfunction, adult and pediatrics)
- One supervisor supervising more than one student simultaneously
- Newer practice or setting areas such as:

  Chronic Pain Program, Private Practice, Alzheimer Program, Forensic Mental Health Unit, Head Trauma, Adaptive Living Skills Program, Head Start Center, Pre-vocational or Vocational, Senior Citizen Center, Cognitive Retraining, Special Education Center, Health Education Center, Work Hardening/Industrial, Administration/Supervision, Injury Center, Hospice Programs, Rural Home Health, Adaptive Sports, Geropsychiatry, Family Crisis Centers, Wellness Program, AIDS Clinics and Programs, Department of Corrections, Camps, Substance Abuse Center, Homeless Shelters, Soup Kitchens, School Affirmative Action Programs, Community Based Programs, Retirement Homes
CRITERIA
Fieldwork is a collaborative effort between students, clinicians and educators. Ideas for placement may originate with an academic program or with a practitioner. The following criteria may help indicate whether your practice would be appropriate as a fieldwork placement.

- Your practice provides opportunities for a student to:
  - learn OT skills & concepts, either general or specialized
  - apply OT skills & concepts, learned in the academic setting
  - experience success as a result of their OT intervention
  - communicate with other individuals in a professional manner
- You are interested in supervising students
- You are willing to collaborate with an academic fieldwork coordinator to plan and implement a student placement

RESOURCES
Any of the following resources will be able to offer further assistance:

Education Department, AOTA
4720 Montgomery Lane, PO Box 31220
Bethesda, MD 20824-1220
301-652-2682 ext. 2932

Academic Fieldwork Coordinators
(at all OT or OTA educational programs)

Revised ~ September, 2000

Last Updated: 5/21/2007
ACOTE STANDARDS

OCCUPATIONAL THERAPY FIELDWORK GUIDELINES

Accreditation standards for an educational program for the occupational therapist
(Effective 1/1/08)

C.1.4
Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.

C.1.7
Ensure that at least one fieldwork experience (level I or level II) has as its focus psychological and social factors that influence engagement in occupation.

The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. The program will:

C.1.8
Ensure that Level I fieldwork is integral to the program’s curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.

C.1.9
Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed for credentialed occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.

C.1.10
Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any of Level II fieldwork.

The goal of Level II fieldwork is to develop competent, entry level, generalist occupational therapists. Level II fieldwork must be integral to the program’s curriculum design and must include an in depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the life span and to a variety of settings. The program will:

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. The
student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.

C.1.13  
Require a minimum of 24 weeks’ full time Level II fieldwork. This may be completed on a part time basis as defined by the fieldwork placement in accordance with the fieldwork placements usual and customary personnel policies as long as it is at least 50% of a full time equivalent at that site.

C.1.14  
Ensure that the student is supervised by a currently licensed or credentialed occupational therapist who has a minimum of 1 year of practice experience subsequent to initial certification, and is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.

C.1.15  
Document a mechanism for evaluating the effectiveness of supervision (e.g. student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g. materials on supervisory skills, continuing education opportunities, articles on theory and practice).

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 is appropriate for the setting, the severity of the client’s condition, and the ability of the student.

C.1.17  
Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years’ full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An onsite supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.

C.1.18  
Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g. the American Occupational Therapy Association Fieldwork Performance Evaluation for the Occupational Therapy Student or equivalent)

C.1.19  
Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational therapist and has 1 year of experience in practice.
Innovative Fieldwork Annotated Bibliography

The Innovative Fieldwork Bibliography was developed to serve as a resource to facilitate the development of alternative models of fieldwork. Changing health care demands coupled with the shortage of fieldwork sites presents our profession with the challenge of how to best train the next generation of OT practitioners. These articles have been selected because they provide examples of how programs, both academic and practice, have met that challenge. We hope that the articles will assist you in understanding the educational potential of your site and in developing a great fieldwork program.

The articles below are a collection of OT publications that focus on innovative fieldwork programs. This collection will be updated periodically. If you wish to read any of the articles in this bibliography, we urge you to visit or contact a local hospital or medical center library to obtain the selected references. Should no library in your area own a particular title, the librarian will be able to tell you the closest library that does have what you need or be able to get it for you through interlibrary loan. As always, The Wilma L. West Library is available as your back-up resource and does have most of the sources cited in this list. There is a charge for photocopying journal articles.

If you would like to share other articles that you have found helpful or if you would like to discuss fieldwork issues, please don’t hesitate to call the AOTA National Office Education Department ext. 2932 or 1-800-729-2682 (for members).

Community-Based

Bucu, A. (1994). News from the fieldwork corner. OT Week, 8(20), 9.

An OT student shares his Level II fieldwork experience at an adult day care program which services clients diagnosed with AIDS or AIDs related complex with accompanying psychiatric diagnoses.


This group process fieldwork model was developed in a shelter for the homeless and poor. The authors traced the development of the model, its organization and requirements. Program results are discussed including advantages and disadvantages as seen by students and faculty supervisors. The authors believe that this collaborative model can develop effective student therapists, who are able to work from a client-centered approach, and are able to be flexible within a team.


This article summarizes the growing importance that OT students be exposed, through fieldwork, to home and community health care. The author cites several examples of fieldwork settings and programs that support community fieldwork placements. Service learning models for community-based experiences are also explored.

This article draws on the fieldwork experiences of 16 Australian and American occupational therapy students with an emphasis on community-based services for people with psychiatric disorders.


This occupational therapy student writes about her experience at a community rehabilitation facility that focuses on the reentry of individuals with severe mental illness into the community. The author describes her various student responsibilities and projects.


This article highlights a community-based psychosocial drop-in program which accepts OTA students. The COTA is the primary supervisor with the OTR being regularly available for consultation/supervision.


The students in this Level II fieldwork setting split their days between an inpatient day hospital and a community psychosocial program. Supervision is provided by the occupational therapist with direct input from a licensed social worker.

**School Setting**


This article explores the two roles, consultant and direct service provider, inherent in a school-based OT practitioner. The responsibilities of faculty, fieldwork educators and students in obtaining the needed skills to successfully fill these roles are examined. The author outlines behaviors indicative to these two roles that require supervisor feedback.


With some hesitation, Ronald Christopher decided to do his pediatric affiliation in a school system. He shares his reflections on the experience.


This article reviews how the New Mexico Board of Education collaborated with the University of New Mexico to fund two occupational therapy clinical supervisor positions within the school setting. These therapists carry a half-time caseload which includes supervising students and a half-time clinical faculty position.


This article briefly outlines two grant funded programs that address school based fieldwork.


A guide for starting a school-based Level II fieldwork program. This article provides strategies for analyzing your practice, developing objectives, producing appropriate learning activities, defining supervisory skills, and gathering resources.

Findings from the authors' study suggest that school-based practice issues such as working part time, traveling between schools, and using a variety of service delivery models created particular challenges for fieldwork supervisors in schools. A process is outlined for addressing fieldwork supervisors' concerns during recruitment and in a fieldwork supervisor seminar while providing on-going support resulted in successful fieldwork experiences for occupational therapy students.

Stancliff, B. (1997). University, public schools collaboration succeeds in New Mexico. OT Practice, 2(12), 14-17.

A follow-up article on the collaboration between the Albuquerque Public Schools and the University of New Mexico where two clinical faculty positions were established to coordinate the school-based fieldwork program. This article reviews the problems and solutions met by this innovative program.

Home Health


This article gives an overview of the orientation and progression of clinical responsibilities that students follow during this home health fieldwork experience. Special home health practice considerations are mentioned.


This article summarizes the growing importance that OT students be exposed, through fieldwork, to home and community health care. The author cites several examples of fieldwork settings and programs that support community fieldwork placements. Service learning models for community-based experiences are also explored.


The author shares, from her student perspective, the value of participating in a Level II home health experience. Several learning experiences are described.


Since home health is the fastest growing area in OT practice, the author asks how can academic programs prepare students for this field. The author explores the areas of home health competencies and guidelines for students who are in a home health experience.


An overview of a fieldwork experience with Willowbrook Home Health Care, Inc., delivering home health occupational therapy service.


This article reviews a fieldwork program at a community reintegration program for brain injured adults. Students provide OT services in the client's home and supervised living apartments in the community.

The author provides an indepth description of a Level II home health fieldwork experience.

**Rural Setting**


The University of Washington, Seattle, introduces its OT students to rural school systems through a funded grant that reached out to school-based practitioners and provided the supervisors with a program and resources that enable them to work with a Level II fieldwork student. This program also provided the students with a specialized course prior to their fieldwork experience.


A look at a Level II fieldwork placement in which the student works in multiple settings all located within a rural community.

**Collaborative Models**


This article describes a group approach to training occupational therapy students that was used at a mental health fieldwork site. The occupational therapy staff members were each responsible for specific teaching assignments that allowed them to work with a number of students simultaneously. Program development and evaluation meetings created an alternative forum for exploring ideas and practice issues in addition to providing guidance and supervision.


This article describes how through a collaborative learning model a traditional private psychiatric facility moved from taking 2-4 students to now working with 9 students.


In light of the challenges faced by most clinicians secondary to health care reform, an alternative to the one-to-one supervision model is presented. The multiple mentoring model of fieldwork supervision has several advantages: (a) fieldwork educators work with students according to their strengths and interests; (b) the model promotes collegiality and clinical reasoning skills because students use each other as resources and observe different fieldwork educators approaching similar situations; and (c) the model allows a fieldwork site to accept more students at one time, while minimizing stress on any one fieldwork educator. A framework defining the functions of the mentor-protégé relationship is provided.


In its simplest form, this model places more than one student (typically a pair) with one primary supervisor. This article describes this model and includes a discussion of the pros and cons.


This study explores the advantages and disadvantages of the 1:2 ratio in clinical supervision. Supervision strategies for this model are included in this article.
Shared Supervision


This paper describes a model of split clinical placements, one in which students divide their time between two therapists who work in either the same or different areas of clinical practice. The supervision strategies that are most effective with this model are discussed as well as the advantages and disadvantages of this approach.


This paper describes how McMaster University implemented a shared supervision model during an adult physical health placement. The objectives, implementation process, training and orientation process, learning and evaluation process, and outcome of this project are discussed.


This article describes an interagency pediatric affiliation in which the student works in three different settings. This placement provides the student with a range of experience from neonatal through school age children within both a medical and educational model.


This article explores the Central Wisconsin Center's unique fieldwork program as it is structured to work with multiple students being supervised by more than one supervisor.


A mental health setting is highlighted where the supervision of students is shared by part-time and full-time OTRs with input from other disciplines. This site is also exploring the possibility of having students split their affiliation between their site and a community-based center.

Level I Fieldwork


This article describes Level I fieldwork mental health model where an occupational therapy class divides and goes to two separate units under the supervision of college instructors.


Eastern Kentucky University extended their Level I fieldwork sites through a grant that allowed three fieldwork coordinators to take students to more rural areas of that state.


The author was part of a task force that developed a mental health curriculum for a daycare center for homeless children. An outgrowth of this involvement was the opportunity to use the facility as a Level I fieldwork site. This article describes the curriculum and the student program.

A model for Level I fieldwork in which students co-led independent living skills (ILS) groups in clinical settings and observed occupational therapy evaluation and treatment. The evaluation surveys from this study suggest that the model is most effective in courses and clinical settings that deal with adult and young adult client populations.


A one-week Level I fieldwork experience in Mexico is described in this article. Six OT students from the University of Texas Medical Branch travel to Mexico as part of a rehabilitation team to provide health services in rural Mexico.


The innovative principle of offering occupational therapy practice within an educational setting is described in this article. The model was implemented in close cooperation with fieldwork colleagues and as part of the college’s mission statement which makes a commitment of service to the community. This article describes the development of the clinics and the running of one of them, the bathing clinic.


This article presents the conceptualization, site selection, program implementation, and outcome of three faculty-facilitated Level I fieldwork programs, designed for occupational therapy fieldwork students at Eastern Kentucky University. The first program involved moving a faculty member and students to a small town for 4 weeks and assigning the students to pediatric fieldwork at local agencies. The second provided an enrichment opportunity to adult consumers of psychological services. The third provided daycare services to persons with Alzheimer’s disease.


How did New Mexico help increase the number of occupational therapists in mental health? Through a grant to increase the role of occupational therapy in mental health, the school was able to set up creative nontraditional psychosocial Level I fieldwork placements. The article explains the Level I fieldwork program.


Western Michigan University in Kalamazoo offers Level I fieldwork experiences in a variety of nontraditional sites. This article describes how the university developed their Level I experiences and continues on to describe the various settings.


Cooperative education connects classroom learning with paid work experience. This article reviews how the University of North Dakota offers this as a Level I fieldwork experience.

**General Information**


This article examines the current issues which impact on fieldwork education. It challenges some of the myths surrounding fieldwork education and its delivery, and
explore how creative thinking might promote new ventures and enable alternative strategies for fieldwork education to be adopted.


Serving as an introduction to the special fieldwork issue of the American Occupational Therapy Journal, this article highlights the challenges and various solutions that practitioners have applied to fieldwork issues.

Crist, P. (1993). Non-Traditional and Group Fieldwork Models: Their Time has Come. Education Special Interest Section Newsletter, 3(1) 3-4.

The author lists several factors that have had an impact on fieldwork. An extended residency or internship model and the group model (a group of students supervised by a number of practitioners) are explored as possible solutions to meet the need for more fieldwork sites.


This article looks at a variety of solutions to fieldwork problems from group supervision, regional site listings, 12 month paid OT residencies, work agreements, and site certification.


This article reviews the 12-month salaried fieldwork model at the Irene Walter Johnson Institute of Rehabilitation. This particular model is based on motivational theory.

Rogers, C. (1994). News from the fieldwork corner. OT Week, 8(33), 9.

This article describes the Fieldwork Issues Committees "Recommendations for Expanding Fieldwork" document. It provides examples of alternative fieldwork models and a set of criteria for evaluating the appropriateness of a site for a fieldwork program.

Rogers, C. (1994). News from the fieldwork corner. OT Week, 8(50), 8.

The ALS Regional Center's student program highlighted in the Fieldwork Corner because it is a unique practice setting that is providing vast educational opportunities for students.


The following five innovative models are outlined with their advantages, disadvantages, barriers and strategies for success: community-based, remote OT supervision, 2:1 collaborative, non-OT supervisor, consumer-based, and part-time supervision.

12/01/1999
Examples:

Site-Specific Fieldwork Objectives
Individualizing the Fieldwork Performance Evaluation

Answer the following questions to describe OT in your facility:

Describe your site: (practice setting, clientele served, etc.)

What is the purpose of OT at your site? (You role, how you explain OT to staff, clients, etc)

How is occupation present in your practice?

What is the role of the OT and OTA?

Describe the OT evaluation process at your site: (common methods, tools, time frame)

Describe the OT intervention process at your site: (approaches, techniques,...)

How do you decide what evaluations and interventions are used with each client? (Factors that impact decisions – funding, theories, protocols, research, experience)

What defines entry-level practice in your setting?
### Individualizing the Fieldwork Performance Evaluation

Compare/contrast terminology used in the FWPE and your site by completing the table. Some examples are given to get you started.

<table>
<thead>
<tr>
<th>Basic</th>
<th>Fieldwork Performance Evaluations</th>
<th>Your site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Tenets</td>
<td>- Articulates values and beliefs of OT profession</td>
<td>Occupation = Activity Roles Routines</td>
</tr>
<tr>
<td></td>
<td>- Articulate value of occupation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Communicates roles of OT/OTA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Uses Evidence based practices</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td>Assesses occupational profile and performance</td>
<td>Occupational profile = occupational history or intake interview</td>
</tr>
<tr>
<td></td>
<td>Assesses client factors and context(s)</td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>Implements intervention plans that are client-centered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implements intervention plans that are occupation-based</td>
<td></td>
</tr>
</tbody>
</table>

Write Measurable Objectives for your site. How will you measure performance in each section? What are the behaviors required of students in each section? Some examples are provided.

<table>
<thead>
<tr>
<th>FWPE Item Sections</th>
<th>Behaviors/performace required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Tenets</td>
<td>Accurately and clearly explains role of OT to clients, families. Presents information during team rounds that reflects domain of OT.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Accurately completes Role Check List. Effectively uses informal interview to gather client's occupational history. Accurately completes Functional Independent Measure Performs School Function Assessment accurately.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Administers Allen’s Cognitive Level Screening (ACLS) Completes goniometry and manual muscle testing Accurately completes Caregiver Burden Inventory.</td>
</tr>
</tbody>
</table>
OTR Fieldwork II
Claremont Rehab and Living Center Guidelines for fieldwork experience

Rhonda Cl-General, Debbie Kayler Cl-Clinical

Week 1
1. Orientation to Staff, Building, Documentation, Medicare Rules, Scheduling, Policies and Procedures
2. Observation with other departments: PT inpatient, PT Outpatient (modalities), ST, Restorative, Physician Assistant etc...
3. Observe in OT room:
   a. Choose 1-4 patients observed to review medical chart (including therapy documentation), write 1-4 practice progress notes on patients observed
   b. Observe OT evaluations by a variety of OTR/S and practice documentation
4. Initiate with total of 1-3 patient treatments on current patients.
   a. Daily Supervision of notes and treatments by Cl
   b. Documentation to be placed in original progress note once approved by Cl
5. Attend Homeward Bound meeting and therapy meetings

Week 2
1. Continue with patients from Week I
2. Complete 1-2 (if available) new patient evaluations
   a. Thorough Chart Reviews
   b. Evaluations to be observed by Cl.
   c. Complete all documentation associated with evaluation
   d. Put documentation in medical record once approved by Cl
3. Increase caseload total of 3-5 patients
4. Complete billing report and bill on computer (Under Cl)
5. Daily Supervision of notes and treatments by Cl
6. Complete at least 1 bedside ADL treatment (supervised)
7. Complete 1"Activity Analysis" on each patient (typed)
8. Skim through home programs, resource folder and any other pertinent OT supplies, resources and equipment that can be used for treatment
9. Attend Homeward Bound meeting and therapy meetings
10. On Friday, write out daily treatment plans for each patient on caseload (based on evaluation)
Week 3
1. Continue with patients from Week 2
2. Complete 2-3 (if available) new evaluations
3. Increase caseload total 5-7 patients
4. Begin tracking vitals on all patients (see below)
   4. Daily supervision of notes and treatments by CI
5. Complete billing report and bill on computer (Under CI)
6. Document directly into progress notes
7. Complete at least 3 bedside ADL treatments (unsupervised)
8. Contact Patient families to update on patient status or meet with families of patients
9. Attend Homeward Bound meeting and therapy meetings
10. Attend with CI all family conferences
11. On Friday, write out daily treatment plans for each patient on caseload for next week
12. Utilize Clinical Reasoning to develop treatment plans on all patients and provide at least one “research study” to support 1 treatment technique utilized with each patient

Week 4
1. Continue with patients from Week 3
2. Complete at least 3 (if available) new evaluations
3. Increase caseload total 7-9 patients
4. Daily supervision of notes and treatments by CI
5. Complete billing report and bill on computer (Under CI)
6. Document directly into progress notes
7. Complete at least 5 bedside ADL treatments (unsupervised)
8. Contact families to update on patient status or meet with families of patients
9. Attend Homeward Bound meeting and therapy meetings
10. Attend with CI all family conferences
11. On Friday, write out daily treatment plans for each patient on caseload for next week
12. Utilize Clinical Reasoning to develop treatment plans on all patients and provide at least one “research study” to support 1 treatment technique utilized with each patient
13. At least one Co-treat with ST or PT
14. Research 1 diagnosis treated in OT and complete report (cause, symptoms, deficits, treatment techniques, etc.)

Week 5
1. Continue with patients from Week 4
2. Complete at least 3 (if available) new evaluations
3. Increase caseload total 8-10 patients
4. Daily supervision of notes and treatments by CI
5. Complete billing report and bill on computer (Under CI)
6. Document directly into progress notes
7. Complete at least 5 bedside ADL treatments (unsupervised)
8. Contact families to update on patient status or meet with families of patients
9. Attend Homeward Bound meeting and therapy meetings
10. Attend with C1 all family conferences
11. On Friday, write out daily treatment plans for each patient on caseload for next week
12. Utilize Clinical Reasoning to develop treatment plans on any new patients and provide at least one “research study” to support 1 treatment technique utilized with each new patient
13. Pick 4 separate ADL activities and explain how to grade activities (type and present)
14. Attend Homeward Bound meeting and therapy meetings

Week 6
1. Continue with patients from Week 5
2. Complete at least 3 (if available) new evaluations
3. Increase caseload total 9-10 patients
4. Every other day supervision of notes and treatments by C1
5. Complete billing report and bill on computer (Under C1)
6. Document directly into progress notes
7. Complete at least 5 bedside ADL treatments (unsupervised)
8. Contact families to update on patient status or meet with families of patients
9. Attend Homeward Bound meeting and therapy meetings
10. Attend alone family conferences on patients from this week forward
11. On Friday, write out daily treatment plans for each patient on caseload for next week
12. Utilize Clinical Reasoning to develop treatment plans on any new patients and provide at least one “research study” to support 1 treatment technique utilized with each new patient
13. Attend Homeward Bound meeting and be able to advocate for patient and communicate with MD directly about patient
14. Attend alone family conferences on patients from this week forward
15. Develop and complete at least one Group Treatment Session
16. Community Re-entry or Home Assessment with C1
17. MIDTERM

Week 7
1. Continue with patients from Week 6
2. Complete at least 3 (if available) new evaluations
3. Increase caseload total 10+ patients
4. Every other day supervision of notes and treatments by C1
5. Complete billing report and bill on computer (Under C1)
6. Document directly into progress notes
7. Complete at least 5 bedside ADL treatments (unsupervised)
8. Contact families to update on patient status or meet with families of patients
9. Attend Homeward Bound meeting and therapy meetings
10. Attend alone family conferences on patients
On Friday, write out daily treatment plans for each patient on caseload for next week
11. Utilize Clinical Reasoning to develop treatment plans on any new patients and provide at least one “research study” to support 1 treatment technique utilized with each new patient
12. Attend Homeward Bound meeting and be able to advocate for patient and communicate with MD directly about patient
13. Develop and complete at least one Group Treatment Session
14. Complete one case study (type and present at staff meeting)
15. Determine Project/Research to be completed for final evaluation
16. Research 1 more diagnosis treated in OT and complete report (cause, symptoms, deficits, treatment techniques, etc.,)

Week 8
1. Continue with patients from Week 7
2. Complete at least 3 (if available) new evaluations
3. Increase caseload total 10+ patients
4. Every third day, supervision of notes and treatments by CI
5. Complete billing report and bill on computer (Under CI)
6. Document directly into progress notes
7. Complete at least 5 bedside ADL treatments (unsupervised)
8. Contact families to update on patient status or meet with families of patients
9. Attend Homeward Bound meeting and therapy meetings
10. On Friday, write out daily treatment plans for each patient on caseload for next week
11. Utilize Clinical Reasoning to develop treatment plans on any new patients and provide at least one “research study” to support 1 treatment technique utilized with each new patient
12. Attend Homeward Bound meeting and be able to advocate for patient and communicate with MD directly about patient
13. Attend alone family conferences on patients
14. Develop and complete at least one Group Treatment Session
15. Research 1 more diagnosis treated in OT and complete report (cause, symptoms, deficits, treatment techniques, etc.,)

Week 9
1. Continue with patients from Week 8
2. Complete at least 3 (if available) new evaluations
3. Increase caseload total 10+ patients
4. Every third day, supervision of notes and treatments by CI
5. Complete billing report and bill on computer (Under CI)
6. Document directly into progress notes
7. Complete at least 5 bedside ADL treatments (unsupervised)
8. Contact families to update on patient status or meet with families of patients
9. Attend Homeward Bound meeting and therapy meetings
10. On Friday, write out daily treatment plans for each patient on caseload for next week
11. Utilize Clinical Reasoning to develop treatment plans on any new patients and provide at least one “research study” to support 1 treatment technique utilized with each new patient
12. Attend Homeward Bound meeting and be able to advocate for patient and communicate with MD directly about patient
13. Attend all family conferences alone on patients
14. Develop and complete at least one Group Treatment Session
15. Research 1 more diagnosis treated in OT and complete report (cause, symptoms, deficits, treatment techniques, etc.,)
17. Work on project

Week 10
1. Continue with patients from Week 9
2. Complete at least 3 (if available) new evaluations
3. Increase caseload total 10+ patients
4. 1x week, supervision of notes and treatments by CI
5. Complete billing report and bill on computer (Under CI)
6. Document directly into progress notes
7. Complete at least 5 bedside ADL treatments (unsupervised)
8. Contact families to update on patient status or meet with families of patients
9. Attend Homeward Bound meeting and therapy meetings
10. On Friday, write out daily treatment plans for each patient on caseload for next week
11. Utilize Clinical Reasoning to develop treatment plans on any new patients and provide at least one “research study” to support 1 treatment technique utilized with each new patient
12. Attend all family conferences on patients alone
13. Develop and complete at least one Group Treatment Session
14. Try Dove-Tailing treatments with 2-3 patients
15. Work on project

Week 11
1. Continue with patients from Week 10
2. Complete at least 3 (if available) new evaluations
3. Increase caseload total 10+ patients
4. 1x week, supervision of notes and treatments by CI
5. Complete billing report and bill on computer (Under CI)
6. Document directly into progress notes
7. Complete at least 5 bedside ADL treatments (unsupervised)
8. Contact families to update on patient status or meet with families of patients
9. Attend Homeward Bound meeting and therapy meetings
10. On Friday, write out daily treatment plans for each patient on caseload for next week
11. Utilize Clinical Reasoning to develop treatment plans on any new patients and provide at least one “research study” to support 1 treatment technique utilized with each new patient
12. Attend Homeward Bound meeting and be able to advocate for patient and communicate with MD directly about patient
13. Attend all family conferences on patients alone
14. Develop and complete at least one Group Treatment Session
15. Work on project
Week 12
1. Continue with patients from Week 11
2. Complete at least 3 (if available) new evaluations
3. Increase caseload total 10+ patients
4. Every third day, supervision of notes and treatments by CI
5. Complete billing report and bill on computer (Under CI)
6. Document directly into progress notes
7. Complete at least 5 bedside ADL treatments (unsupervised)
8. Contact families to update on patient status or meet with families of patients
9. Attend Homeward Bound meeting and therapy meetings

10 Closure with patients, meet with therapists that are taking patients over
11. Utilize Clinical Reasoning to develop treatment plans on any new patients and provide at least one “research study” to support 1 treatment technique utilized with each new patient
12. Attend Homeward Bound meeting and be able to advocate for patient and communicate with MD directly about patient
13. Attend all family conferences on patients alone
14. Develop and complete at least one Group Treatment Session
15. Present Project to therapy team/Managerial team
16. FINAL EVALUATION

ADDITIONAL GOALS OF FIELDWORK
1. FABRICATION OF SPLINT
2. COMPETENCE ON ASSESSING PATIENT VITALS (BP, HR, RR, RPD, RPE, PAIN)
LOYOLA MEDICAL CENTER- MAYWOOD, ILLINOIS

OUTLINE OF STUDENT INFORMATION / GUIDELINES FOR

LEVEL II CLINICAL ROTATIONS

1. The student's first day is spent in orientation with the resource clinician. The student receives a copy of the clinical education guidelines and expectation for students as well as their schedule for the week.

   Orientation Includes:
   - Mission Statement
   - Expectations for each student performance
   - Medical emergencies
   - Charges and productivity overview
   - HIPPA
   - Model of care overview
   - Dress Code
   - Meetings and in services students will be expected to participate in
   - Hours of operation
   - Emergency contact information
   - Time off requests/ and sick policy for Loyola
   - Pager system and codes
   - Rehab tech supervision
   - Documentation
   - Patient change in status guidelines
   - Patient scheduling
   - Gait belt parameters
   - Location of policy and procedure binders
   - Observational opportunities
   - Student project expectation and guidelines
   - Safety/ and Infection control
   - Competencies expected by students that are to be reviewed and demonstrated during the first two weeks of the clinical rotation. (Orthopedic and total joint competency; body mechanics; transfers; and ICU lines)
   - Loyola encourages teaching while treating but there are also allotted times for additional meetings.(1 Hour daily for the first week; 30 minutes for the next 2 weeks; 15-20 minutes after week four)

The clinical education guidelines provided by Loyola to students includes:

1. Information student must review weekly (evaluation skills including ROM; MMT; sensation; proprioception; balance assessment, functional mobility, review of vital signs.

2. Productivity begins at 1% for week 1 and moves to 75% by week 9.

3. The assistance level a student should be functioning at is also outlined(week1 max assist with everything; week 2 moderate assist to complete a chart review and perform a treatment; week3 moderate assist to perform an evaluation; minimal assist to complete a chart review.
4. Students are expected to observe and assist in the evaluation, development, and implementation of a treatment plan for a caseload of 1-2 patients with max assist the first week; (Week 2) 2-4 patients; (week 3) 6-8 patients.

5. Students / instructors complete a feedback form for the first 6 weeks of a clinical rotation. One column is completed by the student and one by the clinical instructor/educator. This review covers strengths/weaknesses; the best experience; and then establish 3 specific goals for achievement by the following week. This in addition to the AOTA midterm evaluation assures that everyone is clear about the student status and understanding each other moving in the same direction for success.
Occupational Therapy Fieldwork Level II Objectives

Week 1:
- Orientation to facility
- Introduction to staff
- Review forms, required paperwork for billing, documentation, etc.
- Orientation to software used for documentation, billing, etc.
- Review site’s student manual (if available)
- Introduction/familiarization with clinic policies/procedures (i.e. safety, etc.)
- Observe evaluations and treatment sessions
- Complete progress notes on 2 clients with CI assistance
- Meet with CI daily; set up with CI regular weekly (or more frequently, as needed) meeting times for remainder of rotation for feedback regarding performance, etc.
- Observe goniometer, manual muscle testing, and other standardized evaluation methods
- Discuss with CI any specific performance expectations with respect to special project required during rotation; week-by-week productivity (different than outlined in this example); and productivity expectation by end of 12th week
- Review any standard treatment protocols (during weeks 1 and 2)
- Review with CI treatment planning strategies for CI’s clients
- Assist CI with treatment planning and treatment sessions
- Observe use of physical agent modalities

Week 2:
- Participate in all evaluations and treatment sessions with assigned therapist
- Involve in decision making re: appropriate diagnostic protocols and treatment planning
- Apply appropriate diagnostic and treatment modalities with assistance
- Contribute to all progress notes with assistance
- Contribute to all evaluations with assistance
- Review treatment planning strategies with CI (at least weekly)
- Observe PT (and/or other discipline) sometime during weeks 1 – 3
- Practice goniometer and manual muscle testing with assistance
- Administer physical agent modalities with assistance

Week 3:
- Observe orthotic fabrication
- Assist with 2 evaluations
- Fully responsible for treatment planning on 2 – 3 patients daily
- Continue participating with evaluations and treatments as assigned – reviewing with CI
- Provide topic for project/presentation (if required by CI)
- Administer physical agent modalities independently
- Practice fabrication of orthotic
Week 4:
- Continue with evaluations as assigned (review with CI)
- Begin reporting on clients in meetings, to doctors, case managers, family members, etc. as relevant/appropriate
- Continue independent treatment planning and treatment sessions with 3 – 4 clients
- Fabricate one orthotic on client

Week 5:
- Continue with evaluations and treatments as assigned with goal of progressing to independence
- Fully responsible for at least 2 evaluations for the week and 4 treatments daily (review with CI)

Week 6:
- Same as week 5
- Midterm fieldwork performance evaluation with CI

Week 7:
- Independence with 2/3 to full caseload (as per facility) with only minimal CI oversight
- Same as week 5

Week 8:
- Same as week 7

Week 9:
- Independent with full caseload (as per facility) with only minimal CI oversight

Week 10:
- Review project/presentation progress
- Same as week 9

Week 11:
- Same as week 9

Week 12:
- Same as week 9
- Project/presentation due
- Final fieldwork performance evaluation with CI
Resources/Articles

for

Fieldwork Educators and Students
Article References


Hanson, D., Carrison, R., Larson, S., & Prososki, A. (2016). OT and OTA students: Make the most of your level I fieldwork experiences! *OT Practice*. 21 (16), 17-20.


HIPAA Guidelines for Fieldwork

Per HIPAA guidelines, students cannot report this information in fieldwork assignments such as case studies presentations:

- Name
- Location - includes anything smaller than a state, such as street address
- Dates - all, including date of birth, admission and discharge dates
- Telephone numbers
- Fax numbers
- Electronic e-mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate and/or license numbers
- Vehicle identification numbers and license plate numbers
- Device identifiers and their serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic, or code. For

  written reports, the following information can be shared:

- Age (age 90 and over must be aggregated to prevent the identification of older individuals)
- Race
- Ethnicity
- Marital Status
- Codes (a random code may be used to link cases, as long as the code does not contain, or be a derivative of, the person's social security number, date of birth, phone/fax numbers, etc)

Students, as well as therapists, often keep "working files" in their desk. This is still allowed under HIPAA guidelines, however this information must be locked in a file cabinet when not in use, and must be shredded when no longer needed.

Resource: American Occupational Therapy Association (2016). For more information visit the AOTA website: www.aota.org
Fieldwork Educators Certificate Workshop

Fieldwork Educators are encouraged to attend AOTA's Fieldwork Educators Certificate Workshop

Earn 15 Contact Hours/1.5 AOTA CEUs

AOTA Members: $225 Nonmembers: $359

As an occupational therapy fieldwork educator, your knowledge, supervision, and direction are critical to the success of your students and to the future of occupational therapy. AOTA offers the opportunity to advance your skills in this important area through their national Fieldwork Educators Certificate Program (FWECP). This is a 2-day training program designed specifically for fieldwork educators and is held in convenient workshops throughout the country.

The Program provides:

➢ A deeper understanding of your role as a fieldwork educator
➢ Effective strategies to integrate learning theories and supervision models
➢ Increased skills to provide high-quality educational opportunities during fieldwork experiences
➢ Interaction with trainers through dialogue and reflections about fieldwork
➢ Engagement in 4 curricular modules: administration, education, supervision, and evaluation
➢ Analysis of strategies to support best practice in fieldwork education

For more information visit the AOTA website at www.aota.org
A Personal Viewpoint on the Collaborative Model

Grace Wilske

Use of a collaborative model for student supervision offers many benefits to student learning, including increased opportunities for peer learning, which fosters the development of teamwork skills; enhancement of independent learning skills; and increased self-confidence for the student (Bartholomai, & Fitzgerald, 2007; Blakely, Rigg, Joyson, & Oldfield, 2009). Yet the use of the model is limited, possibly due to lack of understanding of model use (Flood, Haslam, & Hocking, 2010). Therapists have expressed concerns about workload increase, difficulty attending to student learning needs, and student competition (O’Connor, Cahill & McKay, 2012). Lack of understanding and familiarity with the model may be the biggest barrier to use (Hanson & Delulis, 2015). The experiences of fieldwork educators who have used this model successfully provide a needed perspective to transcend these barriers.

We ask our clients to try new methods of doing things all the time, so why don’t we? Is it fear of the unknown? Sure, but that comes with anything we try for the first time. It might be hard at first, but with a little practice and repetition, this skill can be mastered! If you enjoy having a student, having two or more is a little more to juggle, but the overall benefits are worth it!

Discovered Benefits
As the clinical educator coordinator at the Minneapolis VAHCS, we accept anywhere from 12 to 16 Level II fieldwork students a year. There are great needs for student placements, and using this model facilitates the growing occupational therapy field, but my greatest finding is that this unique model fosters relationships, natural networking skills, teamwork, collaboration, and numerous opportunities for learning that are unique to this model versus a 1:1 model.

In the last 4 years, and with support from my occupational therapy supervisor, I have accepted two sets of two students in two different inpatient rehab settings: traumatic brain injury and spinal cord injury. The experience was so rewarding that I felt it necessary to share the experience, both the positive and challenging aspects, with my peers. Encouraging others to try the model has been difficult, as their initial response was to turn it down. I hope that by sharing more information in this article I will be able to inspire others, who have the resources, to try this model at least once.

Fieldwork Educator Basics
It was critically important to be organized throughout the process, have the ability to multitask, have good interpersonal skills, and have excellent time management skills. We would start out as a group, treating
The outcome was so rewarding that I encourage everyone to trial it, at least once. The results will speak for themselves!

clients together, and always regroup at our daily scheduled meeting time to reflect on our experiences from the day. Once students demonstrated competency with certain skills, they would treat clients separately with less supervision and progress toward independence while knowing they could reach the fieldwork educator at any given time.

Students met formally with their fieldwork educator 1:1 once a week to review their competency, goals, and objectives. Once students were competent, they carried their own workload. Educator support was often provided to students at similar times, and creative planned scheduling beforehand or splitting time during sessions took place.

Expectations were established in the very beginning to clarify the goals and objectives of the student fieldwork. It was imperative to state out loud the obvious, including that there was no competition between students, and that such rivalries would not be tolerated. Each student had their own expectations—there would be no favoritism, and supervision was going to be graded according to the needs of the student.

It was very important to have the students sit next to each other (or within the same office) during meetings to allow for spontaneous discussion, answer questions, foster a team relationship, and listen to information provided by the fieldwork educator. Due to limited office space, one set of meetings took place in the same space and the other was down the hall from my students. My role as a fieldwork educator was to help with problem solving and then facilitate conversation that would naturally occur in an office setting. I found that prior basic management skills, interpersonal skills, and team facilitation skills were helpful to handle difficult situations, but I also believe these skills can be learned as part of the process.

Student Benefits

Students who were placed together formed a team dynamic immediately, and they learned how to communicate with both their peers and the fieldwork educator early on. They discussed expectations, reviewed requests, and clarified information jointly prior to talking to the fieldwork educator. Some students reported feeling less intimidated speaking to their peer than to the fieldwork educator, which gave them an opportunity to talk through issues.

Students shared experiences and learned from each other’s mistakes, thus reinforcing what the fieldwork educator was teaching. Often times, students would role model with one another, use each other as a test subject, or practice basic skills. These types of opportunities facilitated peer feedback and review of processes, allowing initial kinks to be naturally worked out prior to discussing treatment ideas with the fieldwork educator.

Team collaboration fosters the increased need for its members to do their part. Students provided feedback that they were more accountable for their responsibilities during their rotation. Managing their time, attending morning scheduled meetings, and sharing experiences became important roles for each of them.

Challenges

Students have personality differences, but so do colleagues. Use of the model fostered the need for respectful professional behaviors and communication styles within our team dynamics, and it offered an importance glimpse of future collaboration with colleagues. This need for constant communication facilitates the expectation to share learned experiences with one another, thus maximizing the opportunities for learning during the fieldwork. As the fieldwork educator, it was important for me to facilitate discussion, guide the topics of conversation, and just listen while the students shared experiences.

Clinical instruction had the potential to be challenging with students of varying levels of learning. Instructors should demonstrate competence in the ability to be flexible in their teaching styles and to accommodate their students as needed. Students were asked whether their needs were met during their weekly formal meeting with the fieldwork educator and adjustments were made if necessary.

The fieldwork educator had to be ready to use varying resources for teaching, whether it was written information, role modeling, visual demonstration, or delegating assignments. Goals were shared during the 1:1 formal meetings to specifically identify goals to challenge students and meet their needs. It also allowed for a private, safe place for sharing any issues, conflicts, or challenges each student had.

Conclusion

Supervising students using the collaborative model fostered growth and teamwork that I could not have accomplished with just one student. The spontaneous conversations between students facilitated clinical reasoning and so much more that would otherwise stay silent within one student, unless they were very outgoing or had previous experience. Student development of collaborative skills was readily apparent, as students saw themselves as teammates and would offer ideas to help each other out, collaborating as I do with my own team members. The outcome was so rewarding that I encourage everyone to trial it, at least once. The results will speak for themselves.

References


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Fieldwork Issues

Creating a High-Quality Fieldwork Experience
What the Best Fieldwork Educators Do

Debra Hanson
Cherie Graves

What makes a quality fieldwork learning experience? Generally, it's a combination of planning, attention to detail, mindfulness about the interaction of context and personalities, and the flexibility to change as needed along the way. Several studies have explored the markers of quality supervision, which include a well-planned orientation, a sequenced structure of learning experiences, flexibility in adapting structure to fit student learning needs, attention to developing clinical reasoning, time set aside for providing constructive and supportive feedback (Kirke, Layton, & Sim, 2007; Koski, Simon, & Dooley, 2013; Richard, 2008; Rodger, Fitzgerald, Davila, Millar, & Allison, 2011), and consistency in student assessment.

A Well-Planned Orientation
A complete orientation to the fieldwork site is essential to start the fieldwork placement on a positive note (Koski et al., 2013). Specific expectations for student performance should be both written and discussed during the early weeks of the placement (Richard, 2008). Orientation should include not only an overview of the site and site-specific learning objectives, but also an orientation to the fieldwork educator's teaching style, and an opportunity for students to discuss their learning styles. Providing students with a clear schedule, especially during the early weeks of the placement, helps them feel secure in their setting. Besides specific assignment of clients and other therapies to be observed, specific meeting times for supervision should be established. The American Occupational Therapy Association. (2006) Student Evaluation of the Fieldwork Experience provides several critical aspects of a comprehensive orientation, and it can serve as a guide to orientation planning.

A Sequenced Structure of Learning Experiences
According to the accreditation standards, “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” (Accreditation Council for Occupational Therapy Education, 2012). Setting up a 12-week schedule of learning activities helps the fieldwork educator plan for increased levels of student independence throughout the experience. Such a schedule might detail the type and number of clients assigned, and time set aside for direct instruction, inservices, and structured observation of the clients or of the supervisor. In the early days of the fieldwork placement, direct instruction and structured observation of clients are often used as teaching methods. Students benefit
from practicing writing treatment notes or observation records with the fieldwork educator or from observing the fieldwork educator modeling this skill on someone else (Richard, 2008). Experienced fieldwork educators are intentional in their efforts to help students feel secure in the learning environment by scheduling consistent times for supervision, conveying clear expectations that are both written and discussed, providing a daily schedule, and giving specific client assignments. Experienced fieldwork educators use direct instruction and structured observation of clients or of the supervisor as initial teaching methods but provide increased levels of independence once competency has been established (Richard, 2008).

**Flexibility in Adapting Structure to Fit Student Learning Needs**

Although the site-specific fieldwork objectives provide an overview of site expectations, it is also helpful for students to identify their own learning objectives (Koski et al., 2013). This can be accomplished through setting up a learning contract, in which the student and fieldwork educator mutually identify learning goals, strategies to accomplish goals, supports to be provided, and a date for goal achievement. Exceptional fieldwork educators maximize planned and unplanned learning opportunities, and demonstrate sensitivity to students’ learning styles by adapting their teaching approaches accordingly. Students’ learning opportunities are enhanced when they are provided with “hands-on” experience at their skill level; this also allows students to be active in the learning process (Kirke et al., 2007; Rodger et al., 2014). Also important is providing an optional, or “just-right” challenge.

In a qualitative research study analyzing written nomination documents for practice educator awards, Rodger et al. (2014) found the overarching theme that students identified providing the just-right challenge as symbolizing excellence in practice education (p. 161).

**Attention to Clinical Reasoning Development**

Exceptional fieldwork educators model reflective practice with their students by talking about their own work and demonstrating self-critique to portray to students the importance of reflective practice. They use questioning strategies to help students engage in reflective practice by asking them to evaluate and reflect on their work prior to providing input (Richard, 2008). Reflective writing is often used to review the goals of a specific intervention, what happened during a treatment session, the factors contributing to the outcome, and plans for future revision (Hanson, Larsen, & Nielsen, 2011).

**Constructive and Supportive Feedback**

Effective feedback provided by fieldwork supervisors is not only clear, consistent, and timely, but it also needs to be delivered in a supportive and structured environment that is sensitive to the student’s learning needs (Kirke et al., 2007; Koski et al., 2013; Richard, 2008). The manner in which the feedback is delivered is as important as the content of the feedback; students value working with fieldwork educators who are not only competent, but also whom they perceive as approachable, supportive, open-minded, honest, patient, empathetic, and enthusiastic (Rodger et al., 2014). Important fieldwork educator skills include clear communication in describing expectations as well as providing timely, consistent, constructive feedback relating to student performance. Active listening demonstrating acceptance, flexibility, commitment, and sensitivity to the student’s needs is a key component to good communication (Kirke et al., 2007; Koski et al., 2013; Richard, 2008; Rodger et al., 2011).

**Consistency in Student Assessment**

Student assessment can be understood as formative and summative; formative assessment, in the form of written weekly feedback as well as verbal feedback, is used liberally by exceptional fieldwork educators. Students appreciate summative assessment that is provided according to performance standards based on objective information; they appreciate evaluation that identifies both their strengths and areas of need/opportunities for growth (Koski et al., 2013). Ideally, initial interaction between supervisor and student involves teaching key concepts and providing structured learning opportunities, which evolve into feedback and reflection, creating a “feedback loop” between them. The feedback loop is an interactive and social process used to facilitate learning. It is characterized by clear, consistent, and timely feedback from supervisors, delivered in a supportive and structured environment, and followed by a period of reflection in which the student evaluates and critiques his or her own performance (Richard, 2008).

Whether you are a novice or experienced fieldwork educator, attention to these best practices of exceptional fieldwork educators can help you align your own education practices to best support students in the fieldwork education process.

**References**


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Evidence-Based Practice Resources for Educators and Fieldwork Educators

Marian Arbesman
Melissa Stutzbach
Deborah Lieberman

Dear AOTA Evidence-Based Practice Project,

I recently began teaching the pediatrics courses in an occupational therapy program, and I want to ensure that the content and resources provided in the pediatric courses are informed by evidence. Also, I have been receiving inquiries from fieldwork sites about incorporating evidence-based assignments into the fieldwork experience. I want to make sure my students understand the value of evidence-based practice (EBP), and prepare them to apply EBP as fieldwork students and new practitioners. Could you please provide some information that could help me get started?

Thanks,

Elena.

Elena,

Thanks for your question. We are so glad that you are interested in ways to foster the use of evidence in practice. The best place to start to find answers for both of your questions is on the AOTA website, which features the following resources under Education & Careers, Resources for Educators (www.aota.org/education-careers/educators/evidence).

Critically Appraised Topics (CATs) provide a brief, easily digestible, and comprehensive systematic review of the evidence for a specific condition or practice area. CATs include a summary of key findings and the bottom line for occupational therapy practice. More scholarly summaries of systematic reviews in all areas of practice are available in special issues of the American Journal of Occupational Therapy (AJOT). These AJOT articles provide members with comprehensive reviews on a topic and include detailed information on the background, methods, results, and implications for the systematic review.

For resources with evidence-based cases, information on assessment, and evidence-based recommendations for intervention, consider the Occupational Therapy Practice Guidelines, which are available for a variety of practice areas, and define the domain and process of occupational therapy services. Updated every 5 years with the latest research findings, the guidelines can support the design of evidence-based curricula that provide authentic learning experiences in the classroom.

Other resources that can be helpful are the Evidence-Based Resource Directory, Journal
Submit a CAP

For hands-on opportunities to critically appraise evidence, students and faculty can work together through AOTA's Evidence Exchange to submit Critically Appraised Papers (CAPs), which are at-a-glance summaries of the findings and methods of individual articles. Educators are also well positioned to serve as CAP reviewers for the Evidence Exchange. Learn more at www.aota.org/practice/researchers-evidence-exchange.

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Club Toolkit, and Everyday Evidence Podcast series. The Evidence-Based Resource Directory is an online tool that links users to Internet sites related to the evidence-based practice (EBP) of occupational therapy. The directory includes EBP resources in a variety of practice areas as well as tutorials for acquiring basic and intermediate-level skills to search and interpret the literature. The Resource Directory is a one-stop place for students to locate many online evidence-based resources needed for their coursework assignments.

The Everyday Evidence Podcast Series features discussions with experts on the implications of evidence on everyday life. The podcasts are a quick, easy way to relate current evidence of interest to students. They can also highlight occupational therapy's distinct value in specific practice areas to the general public. The podcasts provide great examples of how students can communicate the evidence to those in the community and during their fieldwork.

If you are interested in having students delve more deeply into the critical appraisal of research literature, the Journal Club Toolkit is a good place to start. The Journal Club Toolkit offers documents and resources for planning and implementing a journal club. Sample fliers, worksheets, references, critical appraisal guides, a statistical reference sheet, and continuing education documentation are provided to reduce the preparation time needed for a journal club session. Students can use the toolkit to start a journal club in the classroom, with student occupational therapy association groups, or at a fieldwork site.

In addition to the resources already mentioned, a separate section of AOTA's website is devoted to EBP Resources for Fieldwork Educators (www.aota.org/education-careers/fieldwork/incorporate-ebp). This is critical as fieldwork students are required to demonstrate use of evidence during fieldwork and are evaluated on this criterion on the Fieldwork Performance Evaluation. Numerous suggestions can be found there, including:

- Encourage students to start a journal club, or lead an existing journal club.
- Provide readings and assignments about evidence-based assessments and interventions.
- Incorporate evidence into a presenation.

In addition, fieldwork educators can guide students through treatment planning using EBP. This process can include supervising students to familiarize themselves with a new client, find and report on evidence for interventions that may be appropriate for the client, collect pre-test data, implement the intervention(s), collect post-test data, and report the results. This process is an excellent way to link education, clinical practice, and research.

We hope that you find these resources helpful, and keep in mind that using evidence in the classroom and during fieldwork is a skill that needs to be developed—whether one is a faculty member, fieldwork educator, or student! ©

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OT Fieldwork Issues

OT and OTA Students: Make the Most of Your Level I Fieldwork Experiences!

Debra Hanson
Roberta Carrison
Sydney Larson
Ashley Prososki

How can you make the most of your Level I fieldwork learning experiences? You can strategically plan for a positive learning experience by organizing yourself in advance, taking steps to orient yourself to the environment of your fieldwork site, practicing good communication skills, taking the initiative for feedback, taking steps to actively manage your stress levels, and viewing each experience as a stepping stone to your future career.

Organize Yourself in Advance
The goal of Level I fieldwork is to introduce students to the fieldwork experience, apply knowledge to practice, and develop an understanding of the needs of clients (Accreditation Council for Occupational Therapy Education [ACOTE], 2012). Keep these three key goals in mind throughout the Level I fieldwork experience.

Once given a placement, you’ll want to gain a basic understanding of the site. Visit the site’s website to learn about the population served and the typical conditions seen. Some questions to consider as you explore the website might include:

- What population or common conditions are treated at the site?
- What populations/common conditions are treated by occupational therapy?
- What are the most common difficulties experienced by the population treated?
- What assessments are used most often by the occupational therapist(s)?
- What interventions are commonly provided by the occupational therapy practitioner(s)?

If there is an occupational therapist on site, determine the general roles of occupational therapy and the types of occupational therapy specializations. For example, the site may specialize in feeding, sensory integration, routines, mental health, or activities of daily living. If there is not an occupational therapist on site, determine the disciplines that are. These may include psychologists, physician assistants, teachers, social workers, nurses, and physical therapists. Research the roles and disciplines of the professionals within the setting, to understand their main roles relative to the clients. For example, a social worker in a drug and alcohol rehabilitation setting may focus on behavioral issues.

From this information, determine the course material you need to review and the resources you should bring to the site. It is wise to create a folder (digital or hard copy) to store documents and organize the information collected over the next few months prior to beginning your fieldwork.
Next, visit with other students who have been to the site. Glean information about their experience and ask questions, such as what professionals they followed for the week, what the typical schedule was, and what types of assessments and interventions they used. It is also a great opportunity to ask specific questions about the site population and common conditions. Students who have previously been placed at the site can also offer valuable information regarding logistics. For example, they can share potential housing options for the week, expected travel time, and parking options.

After obtaining a basic understanding of the site, meet with relevant professors to discuss possible assessments and interventions best used with the particular population and conditions. If there is not an occupational therapist on site, discuss with the professor what the role of occupational therapy in the setting could be, how an occupational therapist would interact with other disciplines, and what to look for during fieldwork to maximize the role of occupational therapy. Make a plan to speak with professors during fieldwork to help guide your thinking regarding what you have observed and possible interventions. Develop a cheat sheet with these ideas that you can bring along each day for reference during fieldwork.

Before starting your assignment, contact the fieldwork coordinator or fieldwork educator at the site to determine logistical information, which may include parking, arrival time, hours each day, lunch options, potential housing, the dress code, relevant maps, and preparatory materials. Be forewarned: prerequisites—such as immunizations, basic certifications, and site-specific onboarding requirements—can be extensive, so you’ll want to get started on this well in advance of your placement date. At least 2 to 3 months in advance is advised!

After you make your initial contact with your assigned fieldwork educator, it may take a few days for a response. Your site contact likely has many responsibilities in addition to working with students. If you have not received a response within 1 week, follow up with a phone call or reminder email, and be sure to inform your academic fieldwork coordinator of your difficulty in making contact.

Meeting With the Fieldwork Educator
At the initial meeting with the fieldwork educator, determine the expectations of you for the week. Topics to address may include the typical schedule, amount of interaction with clients, and intervention planning. If the university has not already shared its expectations with the fieldwork educator, bring a written document outlining them to the meeting. It is important to discuss the expectations together at the initial meeting so that both you and your fieldwork educator have a clear understanding of each other’s goals.

Next, share your personal goals for learning and observation during the week. Ask if it is possible to carry out some of these goals. Sample goals for Level 1 fieldwork include administering an assessment independently, interacting with clients and family members, or leading an intervention activity.

Ask your supervisor for a tour of the facility and to be introduced to the other team members. Determine who you will be following during the fieldwork. Keep in mind that it may be someone from another discipline, such as psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.

Finally, determine broad guidelines for the appropriate level of interaction with clients and families. It is best to clarify expectations with your supervisor well in advance of actual sessions. Specific guidelines may include whether you are to observe at a distance, engage the client, or complete activities/simple interventions under the direction of the supervising therapist.

Levels of interaction often shift during a placement. For example, it is common to observe initially; then both plan and participate in a select aspect of the assessment or intervention; and, finally, take ownership for leading a larger portion of the assessment/treatment session. The opportunities for involvement may vary, depending on the setting and the acuity of the client’s condition or circumstances for seeing treatment.

Communication
Getting off on the right foot often involves setting the tone for respectful communication. The challenge, however, is determining what respectful communication looks like, especially with limited exposure to practice settings. For example, although asking questions is encouraged in the classroom, you may get the feeling that questions are not welcomed by your fieldwork site. Be sure that your expectations and those of your fieldwork educator are congruent. To clarify details, it is often helpful to make a statement first, and then ask a question. For example:

- “There are so many things I want to learn during this fieldwork, but I realize it might not be appropriate to be asking questions continually and with clients. When is the best time and place for me to ask questions?”
- “I see that it is lunchtime and others are leaving the facility. Could you tell me what options are available for lunch and the time period I should plan for?”

Not all communication is verbal; nonverbal communication can play a significant role in student-supervisor relationships. Many students find it difficult to remain engaged in learning when observing, especially for long time periods. Lack of engagement may be viewed by the fieldwork educator as boredom or lack of interest. To counter this problem, make the most of observation time by asking the fieldwork educator what you should observe during the session. For example:

- “What goals/behaviors will be targeted during this session?”
- “What client reactions should I watch for?”
- “What therapeutic approaches will you [the therapist] use?”
- “What outcomes should I observe for?”
- “At what point do you think I can become more involved, and what cues should I look for from you [the therapist] to signal increased participation?”

Feedback and Evaluation
Most students arrive at their Level 1 fieldwork site with a formal evaluation tool that will be filled out by their fieldwork educator at the conclusion of the fieldwork experience. To make it more effective, use it as a guide for everyday interactions with your supervisor! During your initial meeting, ask whether
will be a few minutes each day to discuss how the day went and to set the agenda and expectations for the next day. Ask for opportunities for active learning as well as feedback on your performance, using specific items from the evaluation form as a guide. For example:

"Today I was able to observe some wonderful sessions and have made some notes to myself for documentation. Can I plan to write a formal note for a couple of the sessions I participate in tomorrow and receive feedback on my observations?"

"Today it was difficult for me to figure out what follow-up questions to ask clients after their initial interview. I'd like to take a copy of the interview form home with me and generate a list of questions for the initial evaluations scheduled for tomorrow, and I wonder if you could give me feedback on my listed questions. ... Could I try again to ask follow-up questions during the interviews scheduled for tomorrow?"

It is always easier for your fieldwork educator to provide feedback if you take the lead in identifying areas of discomfort or difficulty, as this signals an openness to learning. By asking for feedback in areas already targeted on your formal evaluation, you help your fieldwork educator observe your performance in these focus areas. In contrast, supervisors will be very reluctant to provide feedback if you signal to them that you are not interested in their perspective or you are too fragile to openly explore areas of difficulty. Supervisors might gauge your responsiveness to feedback by making a broad observation followed by a question, such as, "You looked uncomfortable during the assessment session. What was going through your mind?" This is an opportunity for you to acknowledge your discomfort and ask for assistance or feedback on how to proceed.

The best way to respond to feedback is to acknowledge the feedback given and demonstrate that you are open to further learning. For example, if the provided feedback was, "You seemed hesitant to interact with that client," you might respond by saying, "I did not realize that I came across that way; could you tell me a little more about my body language or interactions that gave that impression? I really want to learn to be more involved with my clients!" If you struggle with receiving feedback, consider way to practice this skill so it becomes more natural for you. Do not try to justify your behavior or get defensive. Examples of justification or defensiveness include, "No, I'm fine; I was just a little tired" or "I'm fine, and the assessment session was just a little too long—that's all." Both of these responses discount your supervisor's observations about your performance.

It is important to follow through with feedback. If you are not sure about how to address a behavior, ask your supervisor for suggestions. Write them down. Doing so helps your supervisor know that you are taking your learning seriously and that you intend to follow through with the feedback. Do not expect instant perfection, but continue to ask for feedback and try different techniques. It is helpful to think of feedback and evaluation as a marathon rather than a sprint.

Once you are in the habit of viewing feedback as tool for learning, formal evaluation can be regarded in its proper
perspective—as a written document outlining your present strengths and areas of continued learning. If you have been using the formal tool to guide your interactions with your supervisor throughout your Level I experience, you will find fewer surprises at the conclusion of the experience. Prior to your formal evaluation session, you will feel more prepared if you fill out the evaluation on yourself, noting areas of both strength and need. You can then compare the feedback given by your fieldwork educator with your own perceptions. Discrepancies are an opportunity to get more information from your supervisor as to why a particular rating was given, which will help you gain a broader perspective on your abilities and help you set goals for future learning experiences.

**Stress Management**

Professional confidence is a dynamic, maturing personal belief that includes understanding your role, scope of practice, and significance of the profession (Holland, Middleton, & Uys, 2012). Keep in mind that (1) it is a requirement of the occupational therapy program to participate in a Level I fieldwork, and you have earned the right to be at that site; (2) the team is there to teach and is usually accustomed to having a student on site to observe; and (3) your fieldwork educator was also a student and has some awareness of the stressors and emotions you may be experiencing!

It is normal to feel anxious, nervous, or intimidated during the first fieldwork experience, as your learning environment has changed, your typical routine has been disrupted, and the support system you usually use may be absent. You may feel that you are “in the way” or slowing down the therapy process. As a consequence of all of these changes, you may feel stressed. It is important to recognize the stressors that are causing your anxiety and know how to combat them. Some strategies to include stress might include using positive self-talk or relaxation techniques, talking to others for support, or asking to take a 5-minute break. If conversation with unfamiliar people is difficult for you, make a list of potential questions to ask. If it is difficult to adopt a new routine, set aside time each day for an occupation that is personally meaningful. Keep in mind that some of the usual ways to manage stress may not be appropriate in the clinical environment. For example, it is unprofessional to retreat to using a cell phone to connect with friends.

Another technique to combat anxiety is to practice professional confidence. St. Dennis (2016) suggested, “How we are perceived by others is as important as how we perceive ourselves” (p. 17). She suggested that confidence can be accomplished through conscious attention to body language, verbal and nonverbal communication, and dressing professionally.

**Conclusion**

After your fieldwork is complete, take time to thank your fieldwork educator for working with you. Recount the value of specific learning experiences you received and thank all those involved for their efforts. In doing so, not only do you have an opportunity to put your experience in perspective, but you are building your repertoire of professional relationships. You will be surprised at when and how this will be important to your future! Taking the time to build solid skills in organization, communication, and stress management for your Level I fieldwork will not only positively impact subsequent Level II experiences, but it will set the stage for a positive professional career.

**References**


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Preparing Students to Be More Confident
A Dynamic and Evolving Process

Cathleen St. Dennis

The outcome of educating students is to produce confident and competent protégés who succeed in and contribute to the profession. Occupational therapy programs focus heavily on facilitating appropriate knowledge, skills, and attitude. This includes a strong emphasis on professional behaviors. Instead of directly teaching some of these behaviors, such as therapeutic use of self, the behaviors usually are expected outcomes of repeated critical analyses, clinical reasoning, and self-reflection. Across business literature, certain "soft skills" identified as interpersonal, self-management, and self-efficacy, or confidence are considered intangible and personality specific, and are highly desirable (McIn & Biswal, 2012). Confidence is also an expected professional developmental behavior in occupational therapy (Ledet, Eparza, & Pelouquin, 2005). Perhaps we assume that confidence automatically develops from repeated exposure and practice. Students certainly receive an abundance of practice opportunities throughout their educational curricula. However, confidence built out of simulated experiences tends to dissipate quickly when students encounter “real life” situations as in fieldwork.

A study comparing medical students’ experience, confidence, and competence during simulated assessment showed a strong correlation between repeated practice and confidence, but it still showed a low correlation with actual performance (Morgan & Cleave-Hogg, 2002). In this study, the simulation was an unfamiliar experience. This may indicate the need to focus on adaptability to different environments and contexts instead of repeated practice in one situation. The authors further emphasized the importance of developing “educational strategies by which students can accurately judge their capabilities” (p. 538). How others, such as clients and fieldwork educators, perceive a student may not be congruent with how the student perceives his or her own competence, whether positive or negative. The study further identified that the enthusiasm of the instructor, and student-perceived importance of the skill played a critical part in increasing competent performance. Simply using positive or negative encouragement to instill or deplete confidence impacts motor performance (Stole, 1999). This concept corresponds with several studies across disciplines of sports, art, business, and health care that have shown a strong relationship between competence and self-perceived confidence, or self-efficacy. So do academic programs need to change or expand their methods to improve student skill development?

The Importance of Confidence

The Fieldwork Performance Evaluation for the Occupational Therapy Student (PWPE; American Occupational Therapy Association [AOTA], 2002) refers to confidence in Basic Tenets, that the student “clearly and confidently [emphasis added] articulates the values and beliefs...articulates the value of occupation...communicates the roles of the occupational therapist and occupational therapy assistant” (Section II, 4-6). When reviewing written comments on the PWPE, the word confidence is mentioned by fieldwork educators throughout the seven sections. Often, the written reference is to the student lacking confidence, building confidence, or finally achieving confidence. As an academic fieldwork coordinator, I have been asked by fieldwork educators for strategies to help increase confidence in struggling students. It seems that when an issue is not related to a lack of knowledge, skills, or attitude, then it is an issue...
of confidence. Any therapist or educator can tell you that projecting and instilling confidence in clients or students alike is critical for establishing trust and credibility in therapeutic relationships. The climate of clinical practice today is that clinicians face increased productivity and less time to train or provide students with repeated exposure to clinical situations until the students feel confident enough to take over. Thus, students continue to face higher expectations to achieve this skill (Hanson, 2013). If development of confidence is indeed an evolving process, can the pace of this process keep up with expectations and demands of today's practice settings?

Nature vs. Nurture

The Occupational Therapy Practice Framework: Domain and Process, 3rd Edition (AOTA, 2014) identifies confidence as part of a person's inherent temperament and personality. Holland, Middleton, and Uys (2012) analyzed professional confidence and proposed that it is engrained as a personality characteristic and a result of prior positive life experiences. The authors further suggested that the assessment of a student's historic and repeated trait to "venture into uncharted territory" (p. 220) be a factor considered for admission criteria into occupational therapy programs. Certainly finding the "right fit" for a student to a program and to a fieldwork site helps create a mutually beneficial experience. On the other hand, given that occupational therapists understand the complexities of the environment and contextual influence on psychological function, and that occupational therapists routinely coach others to increase self-efficacy to adopt lifestyle changes, we can believe that confidence is also a learned skill.

Strategies to Increase Confidence

At various times throughout professional careers, especially when new learning or transition is involved, a person cannot always feel confident. But knowing how important it is to project confidence to others, one can develop the skill to portray outward confidence despite inward uncertainty. Popular across all types of disciplines is the concept of "fake it until you make it." How we are perceived by others is as important as how we perceive ourselves. Hence, the adage "Perception is reality." This can be done using confident body language and voice projection, using positive self-talk and visualization, and dressing professionally. I can recall feeling like a real medical professional the first time that I wore scrubs. Might this be an argument for imposing dress codes in academic programs? It is important to note that faking it pertains to portraying confidence, not pretending that you have knowledge or skill that you do not. It equally projects confidence to say, "I don't know, but I know how to find out." A seasoned professor in education gave his opinion on how to act confidently amidst unfamiliarity: over prepare, anticipate all possible scenarios, demonstrate passion about a topic, and have a true desire for the other person to succeed (T. Whipple, personal communication, July 31, 2015). Occupational therapy practitioners at any career stage certainly convey passion and desire toward their learner, so teaching students to prepare themselves by anticipating and creating multiple backup plans may help to alleviate some anxiety. As indicated earlier, practice in adapting to a variety of clinical situations may improve the confidence needed for fieldwork.

Across several studies illustrating professional confidence, strategies and suggestions emerge. Honest self-awareness by completing a personal SWOT (strengths, weaknesses, opportunities and threats) analysis and by obtaining feedback from others, including both critics and respected professionals, is essential (Mohr & Biswal, 2012). Client-based (live cases) and real experiential learning opportunities increase soft skills development, along with observing (modeling
appropriate and inappropriate behavior), hearing from others about success, and receiving positive affirmations (McCale, 2008). In the classroom, recommendations include active, team-based learning versus lecture, and frequent feedback and reflection to increase professional confidence (Holland et al., 2012; Nealy, 2005). Specific to Level II fieldwork, hearing from successful students (bring those new grads back), creating opportunities to share experiences while on fieldwork (e.g., online discussions), and preparing in advance for expectations (e.g., fieldwork educator and academic fieldwork coordinator collaboration and developing site objectives) all foster the progression of confidence (Hanson, 2013, 2014).

Conclusion
Across all professions, soft skills are just as important as hard skills. Hard skills may get the job, but soft skills keep the job (Moin & Biswal, 2012). The adequately confident student may be better prepared to accept challenges and leadership roles needed in the profession than the student who is unsure of how to assume his or her professional role. Confidence is an expected outcome in Level II fieldwork, yet its development is a process that is dynamic and evolving. It is a combination of nature (prior experiences) and nurture (needs to be cultivated). Awareness of its importance and increased focus on this particular soft skill may help students be successful despite the increasing demands of clinical education and practice.

References


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Education

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Transitioning From Clinician to Fieldwork Educator

Lynne Margaret Chapman, MS, OTR/L, LICDC

Throughout the fieldwork education process, the amount and type of involvement of both the educator and the student change. As the amount of direction by the educator decreases, the amount of participation by the student increases. Students may be performing at any stage in the continuum of learning to apply knowledge and skills in the fieldwork setting, depending upon the variables specific to the setting and the knowledge base and skill set of the student. It is important that the fieldwork educator modify the approach to education in response to the unique challenges of the learning environment and knowledge base and skill set of the student at each stage of fieldwork development.

Many practitioners enter into the role of fieldwork educator without adequate preparation (Dowling, 2001; McCrea & Brashear, 2003; Spence, Wilson, Kavanagh, Strong, & Worrall, 2001). Without preparation, fieldwork educators may default to their own student experiences as a source for methodologies and have misperceptions related to students' fieldwork preparation. They tend to use the same method with all students, regardless of the students' knowledge or skill levels, and without regard for each student's learning style, which can result in passive student involvement, dependence on the fieldwork educator, and diminished critical thinking and problem-solving skills (Dowling, 2001; McCrea & Brashear, 2003). Training specific to fieldwork education can expose the fieldwork educator to strategies and behaviors that promote student learning and development.

Practitioners may not have been taught methods specific to helping students apply concepts learned in the classroom to practice (American Occupational Therapy Association, 2009; Christie, Joyce, & Moeller, 1985; Costa, 2004; Herkt, 2005; Illott, 1995; Johnson, Haynes, & Oppermann, 2007; Kautzmann, 1990; Quilligan, 2007). They may possess supervisory skills but lack expertise in instructional design.

One reason for this lack of training may be that limited empirical evidence exists in the area of fieldwork education, especially as it relates to fieldwork outcomes. Knowledge about fieldwork education has primarily come from descriptive studies that have led to the identification of methods for selecting various teaching styles and facilitating critical thinking in students (Dowling, 2001; McCrea & Brashear, 2003). Fieldwork educators can benefit from research that has been conducted in the area of fieldwork education specific to developing relationships with students, analyzing and applying evidence-based research regarding educator and student behaviors, and understanding and applying principles related to conflict resolution.

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Based on a review of the literature, one of the most influential factors relevant to the effectiveness of the fieldwork educator is the ability to communicate effectively (Quilligan, 2007). Adopting an effective style of communication with students has been shown to improve student performance. Research has supported a correlation between superior student performance and a student’s perception of being able to share their thoughts and feelings with the fieldwork educator without fear of judgment, verbalize their learning needs, and ask questions. Students’ performance has been positively affected by positive reinforcement and constructive feedback that is provided with perceived genuineness and empathy (McCrea & Brasseur, 2003).

Methods to Enhance Fieldwork

In addition to enhancing their communication skills, fieldwork educators need to help the student systematically develop goals and design and implement interventions based on the results of a client evaluation. Given the current shift from fieldwork supervision to fieldwork education, practitioners may not be prepared to apply instructional design principles to create the most effective learning experiences if they have not been educated in how to design learning in a systematic way. Instructional design is the practice of creating educational experiences with the goal of maximizing the efficiency and effectiveness of knowledge and skill acquisition (Stutzer-Tanenbaum & Hooper, 2009). The fieldwork educator assesses the student’s knowledge and skills, establishes goals of instruction, and designs interventions to assist in the process of learning. Instructional design includes the analysis, design, development, implementation, and evaluation of instructional experiences. The fieldwork educator demonstrates knowledge about the subject matter being taught; interacts effectively with the student; demonstrates leadership and administration skills; and possesses the skills required for designing learning experiences (Fink, 2003). The effectiveness of the fieldwork experience is influenced by the competency of the educator in implementing effective and efficient instructional design principles.

During a positive fieldwork experience, the student experiences a role shift from student to practitioner and professional and becomes increasingly aware of his or her own values, perceptions, biases, and ethics. The student’s relationships shift from those with classmates and professors to those with coworkers and clients and/or caregivers. The student develops a sense of identity as a professional as he or she begins to articulate and demonstrate the values and perceptions of role models and to blend personal style with practice. Students grow and develop through reflective practice. The student’s role also shifts from recipient of knowledge to provider-teacher of knowledge, routinely incorporating teaching into practice (Johnson et al., 2007). As practitioners, students become accountable to clients, caregivers, employers, and inter-professional team members.

Methods of teaching to facilitate a positive experience can include using graded learning with the intent to increase the student’s responsibility for learning (Provident, Leibold, Dolhi, & Jefco, 2009). The student can provide input into the development of goals, which can enhance his or her sense of empowerment and accountability. Graded learning can be effective in situations where a specific learning need is identified. The educator can provide the student with opportunities for observation by serving as a role model. The student can be challenged by using strategies that include cues, probing questions, and selective trial and error.

Satisfaction with learning is linked to quality and timeliness of feedback (De Beer & Mårtensson, 2015). Students who receive feedback perform better when strengths and areas for growth related to performance and behaviors that need to be changed are identified (Quilligan, 2007). Through feedback, barriers to learning and subsequent ways to achieve the goals are identified, and the student is encouraged to explore alternative methods. Self-reflection strategies designed to increase student self-awareness can include written, verbal, audio, or video mediums.

Styles may include feedback that is direct, indirect, sandwiched, constructive rather than destructive, nonverbal, ongoing versus intermittent, specific versus generic, active versus passive, and formal versus informal. Effective feedback can be provided through partnership, empathy, acknowledgement of barriers to learning, respect, legitimizing feelings, and supporting efforts towards improvement. Strategies for providing effective feedback include identifying the source(s) of the feedback that are credible and well-intentioned; modifying feedback based on the student’s level of experience or education; and briefly summarizing. When providing effective feedback, it is important to be mindful of student self-esteem, maintain a focus on the behavior versus the student, allow the student time to respond, relate feedback to the learning goal, preface feedback with “I” statements, be non-judgmental, and avoid making assumptions. Effective feedback should be provided routinely, sought by the student, accurate, factual, clear, relevant, descriptive, timely, and private. A feedback checklist can help the educator provide feedback that is well-timed, expected, based on firsthand or observed data, appropriate in amount, focused on changeable behaviors, phrased in descriptive and nonjudgmental language, specific to performance versus generalities, identifies subjective data, and avoids assumptions. A feedback grid can encourage the student to continue to demonstrate performance skills and behaviors that have been effective by citing specific examples that include a description of his or her impact and identify performance skills and behaviors that the educator would like the student to develop or demonstrate more often. The educator can identify an area of potential growth for the student that could include decreasing or terminating specific performance skills or behaviors that are not helpful or even potentially harmful by predicting their potential impact (Quilligan, 2007).

About the Education SIS

The Education Special Interest Section (EDIS) members share a common interest in the field of occupational therapy education and include program directors, fieldwork educators, academic fieldwork coordinators, and faculty. The EDIS has a Fieldwork Subsection for fieldwork educators and academic fieldwork coordinators, and a Faculty Subsection. The EDIS strives to share current evidence-based teaching and learning tools and strategies in order to facilitate best practices in occupational therapy and occupational therapy assistant education.

- Meet the EDIS committee members at www.aota.org/EDIS.
Clinical reasoning is developed through students planning, directing, performing, and reflecting on client care (Cohn, 1989), and assists them with integrating therapeutic concepts and skills. Clinical reasoning can be developed through having discussions; processing personal feelings and/or values; establishing accurate and appropriate intervention plans based on evaluation results by integrating client priorities, context(s), theories, and evidence-based practice; and articulating a clear and logical rationale for the intervention process. Clinical reasoning skills can be evaluated by questioning what the student knows and evaluating his or her level of performance. Effective questions include informational, which refers to asking the student for specific information; application, which asks the student to apply knowledge to a specific situation; and problem-solving, which asks for principles and creative answers to new ideas (Crist & Scaffa, 2004).

Reflection promotes the application of newly learned skills to improve student outcomes. Reflection involves thinking in both retrospective and prospective ways (Cohn, Schell, & Bledsed Crepeau, 2010). Retrospective reflection involves processing the results of what happened and considering one’s response to it. Prospective reflection identifies goals, and strategies for achieving those goals. Effective strategies to encourage student reflection include planning key questions in advance; phrasing questions clearly and specifically; adapting questions to accommodate the student’s needs and level of understanding; avoiding answering the question; and allowing the student to question the educator. As the student responds, the educator can provide positive reinforcement, pose additional probing questions, ask for justification, clarify questions, elaborate, or re-direct the question to another student for additional perspectives.

Conclusion

Fieldwork educators are the primary resource in supporting practice through developing innovative and evidence-based approaches to intervention, implementing health care changes, and expanding client-centered approaches. We need to be leaders who demonstrate the ability to integrate the roles of practitioner and educator as we engage students in learning opportunities.

References


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Help the Profession be More Science-Driven and Evidence-Based

What can you do as an educator to help the profession be more science-driven and evidence-based? Through AOTA’s Evidence Exchange, students and faculty are able to contribute to the critical appraisal of evidence by submitting Critically Appraised Papers (CAPs), at-a-glance summaries of the findings and methods of individual articles. Educators are also well positioned to serve as Evidence Exchange CAP reviewers. To learn more about the program and review the CAP toolkit, guidelines, and research statistics resources, visit www.aota.org/EvidenceExchange.

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Occupational Therapy
Code of Ethics
Occupational Therapy Code of Ethics (2015)

Preamble

The 2015 Occupational Therapy Code of Ethics (Code) of the American Occupational Therapy Association (AOTA) is designed to reflect the dynamic nature of the profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in research, education, and practice. AOTA members are committed to promoting inclusion, participation, safety, and well-being for all recipients in various stages of life, health, and illness and to empowering all beneficiaries of service to meet their occupational needs. Recipients of services may be individuals, groups, families, organizations, communities, or populations (AOTA, 2014b).

The Code is an AOTA Official Document and a public statement tailored to address the most prevalent ethical concerns of the occupational therapy profession. It outlines Standards of Conduct the public can expect from those in the profession. It should be applied to all areas of occupational therapy and shared with relevant stakeholders to promote ethical conduct.

The Code serves two purposes:

1. It provides aspirational Core Values that guide members toward ethical courses of action in professional and volunteer roles.

2. It delineates enforceable Principles and Standards of Conduct that apply to AOTA members.

Whereas the Code helps guide and define decision-making parameters, ethical action goes beyond rote compliance with these Principles and is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage. Recognizing and resolving ethical issues is a systematic process that includes analyzing the complex dynamics of situations, weighing consequences, making reasoned decisions, taking action, and reflecting on outcomes. Occupational therapy personnel, including students in occupational therapy programs, are expected to abide by the Principles and Standards of Conduct within this Code. Personnel roles include clinicians (e.g., direct service, consultation, administration); educators; researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.

The process for addressing ethics violations by AOTA members (and associate members, where applicable) is outlined in the Code’s Enforcement Procedures (AOTA, 2014a).

Although the Code can be used in conjunction with licensure board regulations and laws that guide standards of practice, the Code is meant to be a free-standing document, guiding ethical dimensions of professional behavior, responsibility, practice, and decision making. This Code is not exhaustive; that is, the Principles and Standards of Conduct cannot address every possible situation. Therefore, before making complex ethical decisions that require further expertise, occupational therapy personnel should seek out resources to assist in resolving ethical issues not addressed in this document. Resources can include, but are not limited to, ethics committees, ethics officers, the AOTA Ethics Commission or Ethics Program Manager, or an ethics consultant.

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Core Values

The profession is grounded in seven long-standing Core Values: (1) Altruism, (2) Equality, (3) Freedom, (4) Justice, (5) Dignity, (6) Truth, and (7) Prudence. Altruism involves demonstrating concern for the welfare of others. Equality refers to treating all people impartially and free of bias. Freedom and personal choice are paramount in a profession in which the values and desires of the client guide our interventions. Justice expresses a state in which diverse communities are inclusive; diverse communities are organized and structured such that all members can function, flourish, and live a satisfactory life. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009).

Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and Dignity of the client by treating him or her with respect in all interactions. In all situations, occupational therapy personnel must provide accurate information in oral, written, and electronic forms (Truth). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions in professional and volunteer roles (Prudence).

The seven Core Values provide a foundation to guide occupational therapy personnel in their interactions with others. Although the Core Values are not themselves enforceable standards, they should be considered when determining the most ethical course of action.

Principles and Standards of Conduct

The Principles and Standards of Conduct that are enforceable for professional behavior include (1) beneficence, (2) fidelity, (3) justice, (4) autonomy, (5) non-maleficence, (6) respect for persons, (7) personal integrity, and (8) protection of confidentiality. These eight principles are supported by historical foundations of occupational therapy and related professions resulting in the inclusion of Principles that are consistently referenced as a guideline for ethical decision making.

BENEFICENCE

Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.

Beneficence includes all forms of action intended to benefit other persons. The term beneficence connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2013). Beneficence requires taking action by helping others, in other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2013).

RELATED STANDARDS OF CONDUCT

Occupational therapy personnel shall

A. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs.

B. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised.

C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice.
D. Ensure that all duties delegated to other occupational therapy personnel are congruent with credentials, qualifications, experience, competency, and scope of practice with respect to service delivery, supervision, fieldwork education, and research.

E. Provide occupational therapy services, including education and training, that are within each practitioner’s level of competence and scope of practice.

F. Take steps (e.g., continuing education, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice.

G. Maintain competency by ongoing participation in education relevant to one’s practice area.

H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial.

I. Refer to other providers when indicated by the needs of the client.

J. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including determination of potential risks and benefits.

NONMALEFICENCE

Principle 2. Occupational therapy personnel shall refrain from actions that cause harm.

Nonmaleficence “obligates us to abstain from causing harm to others” (Beauchamp & Childress, 2013, p. 150). The Principle of Nonmaleficence also includes an obligation to not impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle often is examined under the context of due care. The standard of due care “requires that the goals pursued justify the risks that must be imposed to achieve those goals” (Beauchamp & Childress, 2013, p. 154). For example, in occupational therapy practice, this standard applies to situations in which the client might feel pain from a treatment intervention; however, the acute pain is justified by potential longitudinal, evidence-based benefits of the treatment.

RELATED STANDARDS OF CONDUCT

Occupational therapy personnel shall

A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.

B. Avoid abandoning the service recipient by facilitating appropriate transitions when unable to provide services for any reason.

C. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.

D. Avoid any undue influences that may impair practice and compromise the ability to safely and competently provide occupational therapy services, education, or research.

E. Address impaired practice and, when necessary, report it to the appropriate authorities.

F. Avoid dual relationships, conflicts of interest, and situations in which a practitioner, educator, student, researcher, or employer is unable to maintain clear professional boundaries or objectivity.

G. Avoid engaging in sexual activity with a recipient of service, including the client’s family or significant other, student, research participant, or employee, while a professional relationship exists.
H. Avoid compromising the rights or well-being of others based on arbitrary directives (e.g., unrealistic productivity expectations, falsification of documentation, inaccurate coding) by exercising professional judgment and critical analysis.

I. Avoid exploiting any relationship established as an occupational therapy clinician, educator, or researcher to further one’s own physical, emotional, financial, political, or business interests at the expense of recipients of services, students, research participants, employees, or colleagues.

J. Avoid bartering for services when there is the potential for exploitation and conflict of interest.

AUTONOMY

Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination, privacy, confidentiality, and consent.

The Principle of Autonomy expresses the concept that practitioners have a duty to treat the client according to the client’s desires, within the bounds of accepted standards of care, and to protect the client’s confidential information. Often, respect for Autonomy is referred to as the self-determination principle. However, respecting a person’s autonomy goes beyond acknowledging an individual as a mere agent and also acknowledges a person’s right “to hold views, to make choices, and to take actions based on [his or her] values and beliefs” (Beauchamp & Childress, 2013, p. 106). Individuals have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, his or her autonomy should be respected through involvement of an authorized agent or surrogate decision maker.

RELATED STANDARDS OF CONDUCT

Occupational therapy personnel shall

A. Respect and honor the expressed wishes of recipients of service.

B. Fully disclose the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention.

C. Obtain consent after disclosing appropriate information and answering any questions posed by the recipient of service or research participant to ensure voluntariness.

D. Establish a collaborative relationship with recipients of service and relevant stakeholders to promote shared decision making.

E. Respect the client’s right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes.

F. Refrain from threatening, coercing, or deceiving clients to promote compliance with occupational therapy recommendations.

G. Respect a research participant’s right to withdraw from a research study without penalty.

H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications, in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act [Pub. L. 104–191], Family Educational Rights and Privacy Act [Pub. L. 93–380]).

I. Display responsible conduct and discretion when engaging in social networking, including but not limited to refraining from posting protected health information.
J. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, culture) with the recipient of service (or responsible party), student, or research participant.

**JUSTICE**

**Principle 4. Occupational therapy personnel shall promote fairness and objectivity in the provision of occupational therapy services.**

The Principle of Justice relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2013). Occupational therapy personnel should relate in a respectful, fair, and impartial manner to individuals and groups with whom they interact. They should also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent following of rules to generate unbiased decisions and promote fairness. As occupational therapy personnel, we work to uphold a society in which all individuals have an equitable opportunity to achieve occupational engagement as an essential component of their life.

**RELATED STANDARDS OF CONDUCT**

**Occupational therapy personnel shall**

A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.

B. Assist those in need of occupational therapy services in securing access through available means.

C. Address barriers in access to occupational therapy services by offering or referring clients to financial aid, charity care, or pro bono services within the parameters of organizational policies.

D. Advocate for changes to systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy services.

E. Maintain awareness of current laws and AOTA policies and Official Documents that apply to the profession of occupational therapy.

F. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents.

G. Hold requisite credentials for the occupational therapy services they provide in academic, research, physical, or virtual work settings.

H. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines.

I. Obtain all necessary approvals prior to initiating research activities.

J. Refrain from accepting gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer policies when offered gifts.

K. Report to appropriate authorities any acts in practice, education, and research that are unethical or illegal.

L. Collaborate with employers to formulate policies and procedures in compliance with legal, regulatory, and ethical standards and work to resolve any conflicts or inconsistencies.

M. Bill and collect fees legally and justly in a manner that is fair, reasonable, and commensurate with services delivered.
N. Ensure compliance with relevant laws, and promote transparency when participating in a business arrangement as owner, stockholder, partner, or employee.

O. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.

P. Refrain from participating in any action resulting in unauthorized access to educational content or exams (including but not limited to sharing test questions, unauthorized use of or access to content or codes, or selling access or authorization codes).

VERACITY

Principle 5. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Veracity is based on the virtues of truthfulness, candor, and honesty. The Principle of Veracity refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information (Beuchamp & Childress, 2013). Veracity is based on respect owed to others, including but not limited to recipients of service, colleagues, students, researchers, and research participants.

In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. When entering into a therapeutic or research relationship, the recipient of service or research participant has a right to accurate information. In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided.

Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle of Veracity also requires thoughtful analysis of how full disclosure of information may affect outcomes.

RELATED STANDARDS OF CONDUCT

Occupational therapy personnel shall

A. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication.

B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.

C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities.

D. Identify and fully disclose to all appropriate persons, errors or adverse events that compromise the safety of service recipients.

E. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public.

F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.

G. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.

H. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize).
I. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution.

J. Maintain privacy and truthfulness when using telecommunication in the delivery of occupational therapy services.

FIDELITY

Principle 6. Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity.

The Principle of Fidelity comes from the Latin root fidelis, meaning loyal. Fidelity refers to the duty one has to keep a commitment once it is made (Veatch, Haddad, & English, 2010). In the health professions, this commitment refers to promises made between a provider and a client or patient based on an expectation of loyalty, staying with the client or patient in a time of need, and compliance with a code of ethics. These promises can be implied or explicit. The duty to disclose information that is potentially meaningful in making decisions is one obligation of the moral contract between provider and client or patient (Veatch et al., 2010).

Whereas respecting Fidelity requires occupational therapy personnel to meet the client’s reasonable expectations, the Principle also addresses maintaining respectful collegial and organizational relationships (Purtilo & Doherty, 2011). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision making and professional practice.

RELATED STANDARDS OF CONDUCT

Occupational therapy personnel shall

A. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws.

B. Address incompetent, disruptive, unethical, illegal, or impaired practice that jeopardizes the safety or well-being of others and team effectiveness.

C. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.

D. Avoid using one’s position (employee or volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations.

E. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

F. Refrain from verbal, physical, emotional, or sexual harassment of peers or colleagues.

G. Refrain from communication that is derogatory, intimidating, or disrespectful and that unduly discourages others from participating in professional dialogue.

H. Promote collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients.

I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of interprofessional teams.

J. Use conflict resolution and internal and alternative dispute resolution resources as needed to resolve organizational and interpersonal conflicts, as well as perceived institutional ethics violations.
K. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization’s official and authorized positions.

L. Refrain from actions that reduce the public’s trust in occupational therapy.

M. Self-identify when personal, cultural, or religious values preclude, or are anticipated to negatively affect, the professional relationship or provision of services, while adhering to organizational policies when requesting an exemption from service to an individual or group on the basis of conflict of conscience.

References


Ethics Commission

Yvette Hachtel, JD, OTR/L, Chair (2013–2014)  
Lea Cheyney Brandt, OTD, MA, OTR/L, Chair (2014–2015)  
Ann Mookey Ashe, MHS, OTR/L (2011–2014)  
Joanne Estes, PhD, OTR/L (2012–2015)  
Loretta Jean Foster, MS, COTA/L (2011–2014)  
Linda Scheirton, PhD, RDH (2012–2015)  
Kate Payne, JD, RN (2013–2014)  
Margaret R. Moon, MD, MPH, FAAP (2014–2016)  
Kimberly S. Erler, MS, OTR/L (2014–2017)  
Kathleen McCracken, MHA, COTA/L (2014–2017)  
Deborah Yaretz Slater, MS, OT/L, FAOTA, AOTA Ethics Program Manager

Adopted by the Representative Assembly 2015AprilC3.

Note. This document replaces the 2010 document Occupational Therapy Code of Ethics and Ethics Standards (2010), previously published and copyrighted in 2010 by the American Occupational Therapy Association in the American Journal of Occupational Therapy, 64, S17–S26. http://dx.doi.org/10.5014/ajot.2010.64S17

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Appendix
CRITICAL INCIDENT REPORT

Record each entry clearly and concisely without reflecting any biases. Fax / email / mail a copy to the Academic Fieldwork Clinical Coordinator.

Student: ________________________________

Clinical Instructor/Educator: ________________________________

Observer if different than Clinical Instructor: ________________________________

<table>
<thead>
<tr>
<th>Date/Time</th>
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<th>Behaviors</th>
<th>Consequences</th>
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Student Signature: __________________________________________

Clinical Instructor Signature: __________________________________
**LEARNING CONTRACT**

Date: ______________

Student Name: __________________________

Clinical Instructor/Educator: __________________________

Statement of circumstances:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

<table>
<thead>
<tr>
<th>Objective &amp; Time Frame</th>
<th>Methods</th>
<th>Resources</th>
<th>Outcome Measurement</th>
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WEEKLY SUMMARY FORM

Date: __________

Student: ____________________

Clinical Instructor: ____________________

Week: _________

Achievements:

Areas of Growth:

Weekly Goals:
STUDENT QUESTIONNAIRE

This tool is effective at the beginning/mid-term and two weeks from completion of a clinical experience

Name __________

1. What do you perceive as your clinical areas of strength?

2. What do you perceive as your areas needing further development?

3. Identify what areas you want to strengthen during your clinical experience here?

4. Describe special learning experiences you would like while here?

5. Do you prefer to learn ........
   - Under pressure with specifically defined goals and deadlines? ____
   - Under limited pressure with general goals and flexible deadlines? ____
   - In a relaxed atmosphere with minimal pressure? ____

6. Do you describe yourself as generally....... 
   - Reserved ____
   - Outgoing ____

7. Do you prefer to receive feedback ........
   - Frequently when you are in a new situation and less frequently as you become more comfortable in that environment? ____
   - Frequently until I have mastered the particular skill, then infrequently? ____
   - Frequently, even after mastering a skill or becoming comfortable in an environment? ____

8. Do you like to....... 
   - To be told exactly how tasks are expected to be done? ____
   - To be given choices of how you could do the tasks that are expected of you? ____

9. Do you like to be given challenges and many opportunities early in your clinical rotation? ____

10. What has been the most effective leaning experience to date?

11. What do you feel you need to focus on before you complete your rotation here?

12. What would you change about your clinical experience here?
STUDENT SELF-ASSESSMENT

Name ________
Date ________
Week ________

My strongest clinical skills are:

My weakest clinical skills are:

Areas of need to work on:

What do I need from my clinical instructor/educator:

What do I need to do to increase my weak areas?

Resources or learning tools / methods:
REMEDIATION FORM

MIDWESTERN UNIVERSITY

Student:

Date of initial problem:

Concern (attach supportive documentation if applicable):

Plan of action (please include specific time frame):

Follow-up to initial plan:

Resolved

Not resolved. Continue with plan, with adjusted time frame.

Identification of second phase of plan. Document below:

Student's Signature:

Supervisor's Signature:

Date: