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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, 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.
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.

For additional information or questions please contact:

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Academic Fieldwork Coordinator
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www.midwestern.edu
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 assignments 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 assignments constitute an integral part of the occupational therapy and occupational therapy assistant education curricula. Through fieldwork, 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. While on fieldwork, each student develops competency to ascertain client occupational performance needs to identify supports or barriers affecting health and participation and document interventions provided. Fieldwork also provides opportunities for the student to develop advocacy, leadership, and managerial skills in a variety of practice settings. 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 and Code of Ethics.

As students proceed through their fieldwork assignments, performance expectations become progressively more challenging. Level I fieldwork experiences occur concurrently with academic coursework and are “designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process” (Accreditation Council for Occupational Therapy Education [ACOTE], 2011). 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, 2011). Level II fieldwork assignments feature in-depth experience(s) in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and evidence-based practice through exposure to a “variety of clients across the life span and to a variety of settings” (ACOTE, 2011).

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 (NBCOT) and many state regulatory boards as a legitimate venue for achieving continuing competency requirements for occupational therapy practitioners.

Another benefit to the fieldwork site for sponsoring a fieldwork education program is with 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 first-hand 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 audience 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


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 Recognize that 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 and 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.

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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.

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

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• 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.
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
ANALYSIS OF THE SYSTEM OF CARE

DIRECTIONS: This level I fieldwork assignment requires the student to analyze the system of care and the factors influencing practice at the site. Include the following information in the analysis:

1. Define the system of care by describing:
   - the type of facility (hospital, clinic, non-profit organization, etc.); client specialization or population served – in general, as well as in OT specifically
   - the specific occupational performance problems generally seen
   - how referrals are received
   - average length of stay/number of treatments received
   - Each member of the intervention staff (the “key” individuals – title, credentials, roles and responsibilities)
   - The role of Occupational Therapy in the setting and the responsibilities of the Occupational Therapist. Identify OT’s contributions to the intervention “team”.

2. Describe payment for OT (or other service, if no OT at site) intervention services by identifying:
   - the major source of reimbursement in the system. If there is no direct reimbursement, how is therapy funded in the facility to which you are assigned?
   - OT (or “other”) intervention services for which clients are charged (i.e. evaluations, various treatment interventions, individual and/or group services)
   - amount of charges OT (or “other”) – appreciate that specific charges may be considered sensitive information and some sites may not be willing to share this information with students.
   - the process/method for recording daily charges to clients (describe the service provider’s role/responsibility in submitting paperwork, etc. so that services get paid).
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?)
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 OR PROPOSAL FOR GROUP ACTIVITY

DIRECTIONS: The student may either participate in an established group activity at the site or propose an appropriate group activity that could be used with clients at the site. If possible, those students proposing a group activity should implement the proposed activity during the fieldwork affiliation. Include the following information:

Type(s) and Age(s) of clients for which the activity is appropriate

Type of activity

Objectives of activity (what performance area(s) and performance components are addressed by the activity?)

Rationale for activity (what is the Frame of Reference for the activity selected?)

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, life style, 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
Level I-B & I-C

Evaluation Forms
MIDWESTERN UNIVERSITY - OCCUPATIONAL THERAPY PROGRAM

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:________________

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly agree

SUPERVISION

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There was a well planned FW I program</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. Supervisor provided adequate orientation</td>
<td>1 2 3 4 5</td>
</tr>
<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>
</tr>
<tr>
<td>5. Supervisor provided constructive feedback</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. Supervisor provided useful feedback on professional behavior and communication skills</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. Supervisor provided useful feedback on performance skills</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. Supervisor provided opportunities to discuss background information on patients/clients</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. Supervisor provided opportunities to discuss application of OT on patients/clients</td>
<td>1 2 3 4 5</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>
</tr>
</tbody>
</table>

COMMENTS:

APPLICATION OF KNOWLEDGE

<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Skills attained in class were adequate for experience</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12. Students observed theory demonstrated in practice</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13. There were sufficient opportunities to try skills learned in class</td>
<td>1 2 3 4 5</td>
</tr>
<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>Assignment</th>
<th>Rating</th>
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</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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<tr>
<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>
</tr>
</tbody>
</table>
COMMENTS:

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>
<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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<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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<td>1 = yes</td>
<td>2 = no</td>
<td>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</td>
<td>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)?

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

COMMENTS:

GENERAL COMMENTS:

Student signature_________________________________________ Date _______
Supervisor signature_________________________________________ Date _______

© Philadelphia Region Fieldwork Consortium
LEVEL I FIELDFWORK STUDENT EVALUATION (2nd ed)

Student name_____________________________  Supervisor name (print)_______________________

Site name: __________________________  Practice Area: _____________  Course #:__________  Date: ________________

Student Gender:   [M]   [F]


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.

1. **Time management Skills**
   Consider ability to be prompt, arrive on time, and complete assignments on time.
   Comments:
   1  2  3  4  5

2. **Organization**
   Consider ability to set priorities, be dependable, be organized, follow through with responsibilities
   Comments:
   1  2  3  4  5

3. **Engagement in the fieldwork experience**
   Consider student's apparent level of interest, level of active participation while on site; investment in individuals and treatment outcomes.
   Comments:
   1  2  3  4  5

4. **Self-Directed Learning**
   Consider ability to take responsibility for own learning; demonstrate motivation.
   Comments:
   1  2  3  4  5

5. **Reasoning/Problem solving**
<p>| | | | | |</p>
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<tr>
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</thead>
<tbody>
<tr>
<td>Consider ability to use self-reflection, willingness to ask questions; ability to analyze, synthesize and interpret information; understand the OT process.</td>
<td>1 2 3 4 5</td>
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<td></td>
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</tr>
<tr>
<td>6. Written Communication</td>
<td>Consider grammar, spelling, legibility, successful completion of written assignments, documentation skills.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Comments:</td>
<td>Comments:</td>
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<tr>
<td>7. Initiative</td>
<td>Consider initiative, ability to seek and acquire information from a variety of sources; demonstrates flexibility as needed.</td>
<td>1 2 3 4 5</td>
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<td>Comments:</td>
<td>Comments:</td>
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<tr>
<td>8. Observation skills</td>
<td>Consider ability to observe relevant behaviors related to occupational performance and client factors, and to verbalize perceptions and observations.</td>
<td>1 2 3 4 5</td>
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<td>Comments:</td>
<td>Comments:</td>
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<tr>
<td>9. Participation in the Supervisory Process</td>
<td>Consider ability to give, receive and respond to feedback; seek guidance when necessary; follow proper channels.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Comments:</td>
<td>Comments:</td>
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<tr>
<td>10. Verbal communication and Interpersonal skills with patients/clients/staff/caregivers</td>
<td>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.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Comments:</td>
<td>Comments:</td>
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<td></td>
<td></td>
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<tr>
<td>11. Professional and Personal Boundaries</td>
<td>Consider ability to recognize/handle personal/professional frustrations; balance personal/professional obligations; handle responsibilities; work w/others cooperatively, considerately, effectively; responsiveness to social cues.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>Comments:</td>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Use of professional terminology</td>
<td>Consider ability to respect confidentiality; appropriately apply professional terminology (such as the Occupational Therapy Practice Framework, acronyms, abbreviations, etc) in written and oral communication.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Comments:</td>
<td>Comments:</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

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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.

Item:
Example:
Recommendation:

Item:
Example:
Recommendation:

Item:
Example:
Recommendation:

Item:
Example:
Recommendation:

Student Signature Date Supervisor Signature Date
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 well-being 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.
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 an example on writing site objectives see “Individualizing the Fieldwork Performance Evaluation” in the appendix. 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.

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 insure 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 are provided as examples. Suggested scoring answers can be found in the appendix under “Scoring the Fieldwork Performance Evaluations – Scoring Answers to the Case Examples”. Both the scenarios and the scoring answers were developed by members of the AOTA FWPE Task Force.

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>
<td></td>
</tr>
<tr>
<td>Interprets evaluation results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishes an accurate and appropriate plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documents the results of the evaluation</td>
<td></td>
<td></td>
</tr>
</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

**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.
Level II-A & II-B

Fieldwork

Performance Evaluation
Fieldwork Performance Evaluation  
For The Occupational Therapy Student

<table>
<thead>
<tr>
<th>NAME: (LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COLLEGE OR UNIVERSITY</th>
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</thead>
</table>

**FIELDWORK SETTING:**

<table>
<thead>
<tr>
<th>NAME OF ORGANIZATION/FACILITY</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS: (STREET OR PO BOX)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TYPE OF FIELDWORK</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ORDER OF PLACEMENT: 1 2 3 4 OUT OF 1 2 3 4</th>
</tr>
</thead>
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<table>
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<tr>
<th>FROM</th>
<th>TO</th>
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</table>

<table>
<thead>
<tr>
<th>DATES OF PLACEMENT</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>FINAL SCORE</th>
</tr>
</thead>
</table>

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

**SIGNATURES:**

I HAVE READ THIS REPORT.

<table>
<thead>
<tr>
<th>SIGNATURE OF STUDENT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NUMBER OF PERSONS CONTRIBUTING TO THIS REPORT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE OF RATER #1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PRINT NAME/CREDS/POSITION</th>
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</table>

<table>
<thead>
<tr>
<th>SIGNATURE OF RATER #2 (IF APPLICABLE)</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>PRINT NAME/CREDS/POSITION</th>
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</table>

**SUMMARY COMMENTS:**

(addresses student's clinical competence)
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 assess 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 competence 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 at 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

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Exceeds Standards</td>
<td>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.</td>
</tr>
<tr>
<td>3</td>
<td>Meets Standards</td>
<td>Performance is consistent with entry-level practice. This rating is infrequently given at midterm and is a strong rating at final.</td>
</tr>
<tr>
<td>2</td>
<td>Needs Improvement</td>
<td>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.</td>
</tr>
<tr>
<td>1</td>
<td>Unsatisfactory</td>
<td>Performance is below standards and requires development for entry-level practice. This rating is given when there is a concern about performance.</td>
</tr>
</tbody>
</table>

### 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 clients' 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
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

24. **Modifies task approach, occupations, and the environment** to maximize client performance.
   - 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**

**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

- 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
<table>
<thead>
<tr>
<th>I. FUNDAMENTALS OF PRACTICE</th>
<th>Midterm Ratings</th>
<th>Final Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adheres to ethics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Adheres to safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Uses judgment in safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. BASIC TENETS OF OCCUPATIONAL THERAPY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Articulates values and beliefs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Articulates value of occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Communicates role of occupational therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Collaborates with clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. EVALUATION AND SCREENING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Articulates clear rationale for evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Selects relevant methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Determines occupational profile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Assesses client and contextual factors</td>
<td></td>
<td></td>
</tr>
<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 modifies assessment procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Interprets evaluation results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Establishes case plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Documents results of evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. INTERVENTION</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>
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<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>V. MANAGEMENT OF OT SERVICES</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>
<td></td>
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<tr>
<td>29. Understands costs and funding</td>
<td></td>
<td></td>
</tr>
<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>VI. COMMUNICATION</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>VII. PROFESSIONAL BEHAVIORS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Collaborates with supervisor</td>
<td></td>
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<td>37. Takes responsibility for professional competence</td>
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<td>40. Demonstrates time management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Demonstrates positive interpersonal skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Demonstrates respect for diversity</td>
<td></td>
<td></td>
</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. (Occupational therapy practice framework: Domain and process. American Journal of Occupational Therapy, 56, 606–639.) (5)

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

Entry-level practice: refer to www.aota.org/members/area2/docs/sectionb.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”. (Sackett 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)

Occupational Profile: a profile that describes the client’s occupational history, patterns of daily living, interests, values and needs. (Occupational therapy practice framework: Domain and process. American Journal of Occupational Therapy, 56, 606–639.) (5)

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.) (5)

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.” (Neishtadt and Crepeau, Eds. Willard & Spackman's Occupational Therapy, 9th edition, 1998, p.521)
REFERENCES FOR COMPANION DOCUMENTS/REPORTS

➢ OT Practice Framework: Domain and Process at:
  http://www.aota.org/ajot/abstract.asp?vol=56&iNum=6&ArtID=2&Date=November/December%202002

➢ AOTA Practice Standards for Occupational Therapy at:
  http://www.aota.org/general/otsp.asp

➢ Standards for an Accredited Educational Program for the Occupational Therapist
  (ACOTE Standards) at:

➢ National Board for the Certification of Occupational Therapy (NBCOT) Practice
  Analysis Study 1997 at: http://www.nbcot.org
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 terminology</th>
<th>Fieldwork Performance Evaluations</th>
<th>Your site</th>
</tr>
</thead>
</table>
| Basic Tenets            | - Articulates values and beliefs of OT profession  
- Articulate value of occupation  
- Communicates roles of OT/OTA  
- Uses Evidence based practices | Occupation = Activity  
Roles  
Routines                                      |
| Evaluation              | Assesses occupational profile and performance  
Assesses client factors and context(s)                                                         | Occupational profile = occupational history or intake interview |
| Intervention            | Implements intervention plans that are client-centered  
Implements intervention plans that are occupation-based                                       |                                               |

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/performance 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>Articulate values &amp; beliefs</td>
<td></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>Assess occupational profile and performance</td>
<td></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>
<tr>
<td>Assess client factors and context(s)</td>
<td></td>
</tr>
</tbody>
</table>
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/modify 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
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:
Level II-A & II-B
Student Evaluation
Of Fieldwork Experience
(SEFWE)
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
STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

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>S</td>
<td>I</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>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Overview of organizational structure</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Services provided by the agency</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Agency/Department policies and procedures</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Role of other team members</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
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<tr>
<td>12. Documentation procedures</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Safety and emergency procedures</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Confidentiality/HIPAA</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. OSHA—Standard precautions</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Community resources for service recipients</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Department model of practice</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Role of occupational therapy services</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Methods for evaluating OT services</td>
<td>S</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Other</td>
<td>S</td>
<td>I</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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>HOW</td>
</tr>
<tr>
<td>MANY</td>
</tr>
<tr>
<td>EDUCATIONAL VALUE</td>
</tr>
</tbody>
</table>

1. Client/patient screening

2. Client/patient evaluations
   *(Use specific names of evaluations)*

3. Written treatment/care plans

4. Discharge summary

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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Purposeful activity (therapeutic context leading to occupation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></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>
<td></td>
<td></td>
</tr>
<tr>
<td>Person–Environment–Occupation Model</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biomechanical Frame of Reference</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation Frame of Reference</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurodevelopmental Theory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensory Integration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviorism</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive Theory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive Disability Frame of Reference</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor Learning Frame of Reference</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (list)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Evidence-based practice presentation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Topic:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revision of site-specific fieldwork objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Program development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Topic:</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>In-service/presentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Topic:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Topic:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other (list)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### ASPECTS OF THE ENVIRONMENT

<table>
<thead>
<tr>
<th>Description</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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Practice Framework was integrated into practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student work area/supplies/equipment were adequate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to network with other professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to interact with other OT students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to interact with students from other disciplines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff used a team approach to care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to observe role modeling of therapeutic relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to expand knowledge of community resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to participate in research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial factors influencing occupational engagement were considered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and integrated into intervention for the development of client centered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>occupation based outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional educational opportunities (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How would you describe the pace of this setting? (circle one)</td>
<td>Slow</td>
<td>Med</td>
<td>Fast</td>
<td></td>
</tr>
<tr>
<td>Types of documentation used in this setting:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending student caseload expectation: _____ # of clients per week or day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending student productivity expectation: _____ % per day (direct care)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</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>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
<td></td>
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<td></td>
</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 2 3 4 5 High</td>
<td>Low High 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></td>
</tr>
<tr>
<td>Human development</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Intervention planning</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Interventions (individual, group, activities, methods)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Theory</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Documentation skills</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Professional behavior and communication</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Therapeutic use of self</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Level I fieldwork</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Program development</td>
<td>1 2 3 4 5</td>
<td></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
- [ ] Env. Competence
- [ ] Interventions
- [ ] Social Roles
- [ ] Occ. as Life Org
- [ ] A & K
- [ ] Foundations
- [ ] Level I FW
- [ ] Neural
- [ ] Administration
- [ ] Prog design/eval
- [ ] Consult/collab
- [ ] Peds electives
- [ ] Peds electives
- [ ] Research courses
- [ ] History
- [ ] Adapting Env
- [ ] Human comp.
- [ ] Other:
- [ ] Env. Competence
- [ ] Research courses
- [ ] History
- [ ] Adapting Env
- [ ] Other:

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

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

**FIELDWORK EDUCATOR NAME:**

**FIELDWORK EDUCATOR YEARS OF EXPERIENCE:**

<table>
<thead>
<tr>
<th>Provided ongoing positive feedback in a timely manner</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided ongoing constructive feedback in a timely manner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Reviewed written work in a timely manner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Made specific suggestions to student to improve performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Provided clear performance expectations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sequenced learning experiences to grade progression</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Used a variety of instructional strategies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Taught knowledge and skills to facilitate learning and challenge student</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Identified resources to promote student development</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Presented clear explanations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Facilitated student’s clinical reasoning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Used a variety of supervisory approaches to facilitate student performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Elicited and responded to student feedback and concerns</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Adjusted responsibilities to facilitate student’s growth</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Supervision changed as fieldwork progressed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>Provided a positive role model of professional behavior in practice</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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</tr>
<tr>
<td>Modeled and encouraged occupation-based practice</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Modeled and encouraged client-centered practice</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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</tr>
<tr>
<td>Modeled and encouraged evidence-based practice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

General comments on supervision:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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.
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.

**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”.**
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 equipments 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 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.
7. 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.
8. manipulate or guide another person’s body in transfers, ambulation, positioning and assisted or facilitated trunk, head and limb movements
9. manipulate bolsters, pillows, plinths, mats, assistive/adaptive devices, and other supports or chairs to aid in positioning, moving, or treating a patient/client effectively.
10. 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
11. demonstrate or complete activities or tests with adequate degree of fine motor dexterity
12. tolerate physical contact with others; tolerate manipulation of his/her own body by peers or instructors for instructional purposes
13. demonstrate a sufficiently high degree of coordination of motor skills and vigilance to respond to emergency situations quickly and appropriately, including performance of CPR.
14. 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.
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 40 clock hours (one quarter credit hour) of clinical education. The second calendar year of the curriculum is composed of four quarters of coursework consisting of 60.5 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 quarters 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
Class of 2015

## FIRST YEAR

<table>
<thead>
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<td>OTHE 510 OT Foundations</td>
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<tr>
<td>OTHE 505 Human Conditions I</td>
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<tr>
<td>OTHE 520 Theoretical Constructs I</td>
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## SECOND YEAR

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<td>OTHE 687 Adult Practice</td>
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## THIRD YEAR

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<td>OTHE 751 Seminar on Clinical Practice</td>
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**Total first year credits - 46.5**
**Total second year credits - 60.5**
**Total third year credits - 24.5**

**TOTAL FOR PROGRAM COMPLETION 133.5**

Note: The Midwestern University College of Health Sciences Occupational Therapy Program reserves the right to alter its curriculum however and whenever it deems appropriate.
Course Descriptions

ANAT 502 Anatomy
This course provides fundamental knowledge of human structure and function. The entire human body is reviewed in both lecture and laboratory formats with an emphasis on the upper and lower extremities. Laboratory sessions include study of human cadaver prosections. Student progress is evaluated through written and practical examinations.
4 credits

ANAT 583 Neuroscience I
This is the first of two courses designed to develop the student's knowledge base of neuroscience to a level required for clinical practice. Throughout the two courses there will be an intertwining of information about principal structural components, corresponding functions of the nervous system and the impact of neurological dysfunction on human occupation.
3 credits

CORE 1560, 1570, 1580 Interdisciplinary Healthcare
The Interdisciplinary Healthcare course involves the Colleges of Dental Medicine, Health Sciences, Optometry, Osteopathic Medicine, and Pharmacy. The course is designed to teach all clinically-based students about each other’s clinical programs and how they interact together as part of an interdisciplinary healthcare team: cardiovascular sciences, clinical psychology, dental medicine, nurse anesthesia, occupational therapy, optometry, osteopathic medicine, pharmacy, physician assistant, physical therapy and podiatry students learn together about the importance of an interdisciplinary approach to patient care. Lectures will be given in a seminar format in conjunction with panel presentations and discussions by interdisciplinary team members from each of the clinical programs.
0.5 credits per quarter

OTHE 500 Fieldwork I-A
Fieldwork experience consisting of guided learning experiences in various health care 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.
0.5 credits

OTHE 505 Human Conditions I
This course is designed to introduce students to issues pertaining to clients with psychiatric disorders, to techniques used in psychiatry to evaluate and diagnose clients, and finally to present an overview of psychiatric conditions within the Diagnostic and Statistical Manual-IV-TR classification system. Implications for occupational therapy practice are introduced.
3 credits

OTHE 510 OT Foundations
This is an introductory course that focuses on the foundations and scope of occupational therapy practice. The philosophy of the profession, with its emphasis on occupation and adaptation will be presented from both historical and current perspectives. The characteristics of the profession, including service delivery models and settings for occupational therapy practice, role delineations and professional ethics will be included.
2 credits

OTHE 520 Theoretical Constructs I
This course is the first of a two course series that introduces the philosophical assumptions, theories, models of practice, and frames of reference within occupational therapy practice. Applications to one’s life and previous exposure to occupational therapy will be incorporated.
3 credits
OTHE 525 Human Conditions II
This course addresses the risk factors, clinical signs and symptoms, pathogenesis, medical tests and treatments, and differential diagnosis of selected diseases/problems most common to the pediatric population. The impact on function is addressed. Prevention of the diseases/problems is emphasized, and current research in etiology and treatment will be discussed.
3 credits

OTHE 526 Human Conditions III
This course addresses the risk factors, clinical signs and symptoms, pathogenesis, medical tests and treatments, and differential diagnosis of selected diseases/problems most common to the adult population. The impact on function is addressed. Prevention of the diseases/problems is emphasized, and current research in etiology and treatment will be discussed.
3 credits

OTHE 528 Research I
This course provides content foundational to understanding and applying current research that affects practice and the provision of occupational therapy services. The importance of research, analysis of current professional literature, understanding and interpreting basic research methodologies/designs will be highlighted. The process of choosing an area of research focus, developing appropriate questions, and beginning the literature review will be emphasized.
3 credits

OTHE 535 OT Group Process
This course provides students with opportunities to learn basic principles of group process and is presented in a laboratory format. Occupational therapy and group application, conflict resolution, problem solving, working with others, and phases of group development are emphasized.
2 credits

OTHE 536 Fieldwork I-B
Fieldwork experience consisting of guided learning experiences in various health care 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

OTHE 540 OT Analysis I
This introductory course emphasizes the value and use of purposeful activities in occupational therapy. The development of occupational performance skills in work, self-care, and play/leisure is highlighted. Activity analysis, problem solving and teaching processes are emphasized.
2 credits

OTHE 541 OT Analysis II
This introductory course emphasizes the recognition, assessment, measurement, and description of normal and abnormal movement in static and dynamic activities. The development of skills necessary to accurately measure and assess joint range of motion and muscle strength is emphasized.
2 credits
OTHE 550 Fieldwork Foundations I
This course introduces the student to the clinical education program, including its goals and objectives, the types of clinical education experiences provided, and the expectations for student participation. Students will also begin to focus on increasing self-awareness through reflective exercises to foster development of professional behaviors.
1 credit

OTHE 551 Fieldwork Foundations II
This course focuses on the clinical education program, including the types of clinical education experiences recently provided, and the outcomes of student participation. The focus of this course is to facilitate student development of “therapeutic attitude” witnessed during fieldwork, and to increase self-awareness through self-reflective and experiential exercises to foster development of professional behaviors.
0.5 credit

OTHE 560 Occupational Roles and Participation
This course provides students with an in-depth inquiry into the essential principle of the profession – occupation – and the ways in which everyday occupation provides meaning, continuity, and perspective to our lives. Occupational engagement, experience, and performance will be addressed, and ways in which occupation contributes to well-being and participation in daily life will be highlighted.
2 credits

OTHE 581 Kinesiology
Basic biomechanical concepts are addressed in this course and their application to occupational therapy treatment in relation to force analysis and its implications on functional movement and activity. The structure and function of joints, connective tissue and muscle are addressed. Components of normal movement in the trunk and extremities are discussed in relation to static and dynamic movement and activity. The influence of task and pathology on function of the musculoskeletal system is discussed.
3 credits
Prerequisite: ANAT 502 Anatomy

OTHE 584 Neuroscience II
This course continues to develop the students’ knowledge base of neuroscience to a level required for clinical practice. It provides opportunities to apply neuroscience principles to the evaluation and treatment of occupational performance. Throughout the two neuroscience courses there is an intertwining of information about principal structural components, corresponding functions of the nervous system and the impact of neurological dysfunction upon human occupation.
3 credits
Prerequisite: ANAT 583 Neuroscience I

OTHE 585 Evaluation and Treatment I: Foundations
This course is an introduction to the occupational therapy process, with learning opportunities designed to develop essential skills required for effective therapeutic intervention. This course emphasizes client-centered approaches to evaluation and intervention with clients throughout the lifespan. Clinical reasoning and critical thinking skill development are emphasized.
5 credits

OTHE 626 Human Conditions IV
This course addresses the risk factors, clinical signs and symptoms, pathogenesis, medical tests and treatments, and differential diagnosis of selected diseases/problems most common to the elderly population. The impact on function is addressed. Prevention of the diseases/problems is emphasized, and current research in etiology and treatment will be discussed.
3 credits
OTHE 630 Research II
This course provides a foundation for understanding and applying qualitative research within the context of developing the skills of being able to evaluate the trustworthiness of qualitative research reports. The course will emphasize the understanding, critiquing and interpretation of basic qualitative research methodologies. Students will conduct instructor guided small group research studies based on qualitative designs including the development of a research proposal, data collection, analysis, final report of findings, and evaluation of the trustworthiness of the performed study.
3 credits
Prerequisite: OTHE 528 Research I

OTHE 631 Research III
This course in combination with Research IV uses the process of conducting a comprehensive systematic review of the research literature to develop advanced skills for evidence based practice. In this course students begin the process by writing a research question, searching for and extracting data from the evidence, and completing the introduction and methods sections of the systematic review paper.
3 credits
Prerequisite: OTHE 630 Research II

OTHE 636 Fieldwork I-C
Fieldwork experience consisting of guided learning experiences in various health care 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

OTHE 641 Orthotics I
This course will introduce the fundamental principles involved in the application of basic orthotic devices within the practice of occupational therapy. Emphasis will be placed on anatomical and biomechanical principles as they pertain to orthotic design and utilization, principles of orthotic selection/application and the fabrication process of three basic orthoses.
2 credits

OTHE 642 Orthotics II
This course emphasizes the design and fabrication of complex orthotic devices and adaptive equipment to enhance an individual’s ability to perform work, self-care, and play/leisure activities. The refinement of psychomotor and reasoning skills are highlighted.
2 credits
Prerequisite: OTHE 641 Orthotics I

OTHE 650 Fieldwork Foundations III
This course focuses on the clinical education program, including the types of clinical education experiences recently provided, and the outcomes of student participation. The focus of this course is to facilitate student development of “therapeutic attitude” witnessed during fieldwork, and to increase self-awareness through self-reflective and experiential exercises to foster development of professional behaviors.
0.5 credits

OTHE 652 Upper Extremity Rehabilitation
This course focuses on advanced evaluation and intervention strategies for the remediation of physical limitations that are primarily musculoskeletal in nature. Emphasis will be placed on impairments of the upper extremity and their effect on functional performance.
4 credits

OTHE 655 Evaluation and Treatment II: Children
This course emphasizes the application of selected models of practice and strategies for occupational therapy practice with children who have occupational performance dysfunction related to developmental, neuromotor, psychosocial, or medical disabilities. Therapeutic approaches and clinical skills for working with children and families within the home, community, and clinical settings will be emphasized.
5 credits
Prerequisite: OTHE 585 Evaluation and Treatment I: Foundations

**OTHE 657 Pediatric Practice**
The focus of this course is on the application of occupational therapy evaluation and intervention to practice with children in various settings. Problem-based and case-based methodologies are utilized to facilitate students ability to generate applications to occupational therapy practice.
3 credits
Prerequisite: OTHE 655 Evaluation and Treatment II: Children

**OTHE 661 OT Analysis III**
This course emphasizes the use of activities to facilitate independence in functional living including performance in self-care, work, and play/leisure. Selected assessment procedures and therapeutic adaptations are emphasized.
2 credits

**OTHE 662 Physical Agents**
This course addresses the theoretical principles and physiological, neurophysiological and electrophysical changes that occur as a result of the application of selected physical modalities. Course content includes information on pain control theories, wound healing principles, and the response of tissue to the application of physical modalities. Therapeutic hydrotherapy, thermotherapy, and electrotherapy, when used as an adjunct to, or in preparation for, therapeutic occupation, is highlighted.
2 credits

**OTHE 667 Psychosocial Practice**
This course provides an in-depth analysis of the use of occupational therapy in psychosocial settings. Analysis of current models of practice, philosophical and theoretical frameworks, and occupational therapy practice are critiqued. Analytical thought, clinical reasoning, logic, and critical thinking are emphasized.
3 credits

**OTHE 675 Evaluation and Treatment III: Adult**
This course emphasizes 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 neuromotor disabilities. Therapeutic approaches and clinical skills for working with individuals within the home, community, and clinical settings will be emphasized.
5 credits
Prerequisite: OTHE 655 Evaluation and Treatment II: Children

**OTHE 678 Administration & Leadership**
Basic management skills are emphasized, including strategic planning, business plans, legal issues, fiscal management, reimbursement, organization, personnel management, and grant writing. These applications will provide the tools for the development of occupational therapy service delivery.
3 credits

**OTHE 685 Evaluation and Treatment IV: Seniors**
This course emphasizes the application of selected models of practice and strategies for occupational therapy practice with older adults who have occupational performance dysfunction related to cognitive, psychosocial, neuromotor, and medical disabilities. Therapeutic approaches and clinical skills for working with individuals within the home, community, and clinical settings will be emphasized.
5 credits
Prerequisite: OTHE 675 Evaluation and Treatment III: Adult

OTHE 687 Adult Practice
The focus of this course is on the application of occupational therapy evaluation and intervention to practice with adults in various settings. Problem-based and case-based methodologies are utilized to facilitate students’ ability to generate advanced applications to occupational therapy practice.
3 credits
Prerequisite: OTHE 675 Evaluation and Treatment III: Adult

OTHE 695 Fieldwork II-A
Three months 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

OTHE 720 Theoretical Constructs II
This course focuses on the synthesis and evaluation of specific models of practice and frames of reference as related to occupational therapy practice and education. Application to fieldwork and experiential learning opportunities will be highlighted.
3 credits
Prerequisite: OTHE 520 Theoretical Constructs I

OTHE 733 Research IV
In this course students complete the systematic review begun in Research III. The students critique, analyze and synthesize the data gathered from existing studies and from this data derive implications for practice. Students write the results and discussion sections of the systematic review paper and provide an oral presentation of their findings.
3 credits
Prerequisite: OTHE 631 Research III

OTHE 751 Seminar on Clinical Practice
This course provides an opportunity for students who have completed Fieldwork II-A to focus on, and refine aspects of clinical practice to enhance their experience and performance in Fieldwork II-B, as well as prepare for their transition from student to entry level practitioner.
1 credit

OTHE 789 Work Rehabilitation & Health Promotion
This course focuses on the application of occupational therapy evaluation and treatment approaches to work rehabilitation. The application of ergonomic principles and functional capacity evaluations to varied work settings is emphasized. Health promotion and prevention throughout the lifespan are also highlighted.
3 credits

OTHE 794 Program Development
Using skills from the previous administration course, students work in small groups to develop a realistic model for occupational therapy service provision in an agency or institution not currently accessing such services. Emerging and non-traditional areas of practice are highlighted for the student groups’ end product: the development of a program model for occupational therapy services.
3 credits
Prerequisite: OTHE 678 Administration & Leadership

OTHE 796 Fieldwork II-B
Three months 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

Elective Course Descriptions

**OTHE 800 Independent Study**
This course is designed to facilitate scholarly inquiry into a topic related to a specific component of occupational therapy theory and practice. Course content, assignments and learning outcomes are developed in collaboration with the faculty mentor and the student, and the Program Director must approve the plan. Course credit is variable depending on the scope of work to be accomplished.

1 – 3 credits

Prerequisite: Permission of the Instructor

Faculty

*Evelyn Andersson, Ph.D., OTR*
Texas Women's University
School of Occupational Therapy
Assistant Professor

*Catana Brown, Ph.D., OTR, FAOTA*
University of Kansas
College of Education
Associate Professor

*Kimberly A. Bryze, Ph.D., OTR*
University of Illinois at Chicago
College of Education
Director and Associate Professor

*Froma Cummings, M.ED., OTR*
Arizona State University
College of Education
Assistant Professor

*Christine Merchant, Ph.D., OTR*
Touro University International
College of Health Sciences
Associate Director and Assistant Professor

*Katherine Schofield, M.H.S., OTR, CHT*
University of Indianapolis
School of Occupational Therapy
Instructor

*Brenda K. Taubman, M.A., OTR*
University of Phoenix
College of Business
Coordinator of Clinical Education and Assistant Professor
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

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

<table>
<thead>
<tr>
<th>The fieldwork educator:</th>
<th>Low</th>
<th>CIRCLE ONE</th>
<th>High</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</td>
<td>2</td>
<td>3</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</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Sequences learning experiences to grade progression toward entry-level practice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Facilitates student-directed learning within the parameters of the fieldwork environment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Maximizes opportunities for learning by using planned and unplanned experiences within the fieldwork environment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Uses a variety of instructional strategies to facilitate the learning process (e.g., role modeling, co-intervention, videotaping, etc.).</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Adapts approach to work effectively with all students, including those who have physical and/or psychosocial impairment(s).</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Demonstrates sensitivity to student learning style to adapt teaching approach for diverse student populations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</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/or to process personal feelings/values that interface with practice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Reflects upon educator role as complimentary to OT practitioner role.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Self-identifies and implements a Fieldwork Educator Professional Development Plan. (See page 8 for suggested plan.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Identifies resources to promote student and fieldwork educator professional development (e.g., academic program, student and supervisor mentors, AOTA, Commission on Education, Education Special Interest Section, workshops, in-services, etc.).</td>
<td>1</td>
<td>2</td>
<td>3</td>
</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</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. Uses evidence-based research to guide student performance and learning for effective teaching strategies.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**KEY DEFINITION STATEMENT:** The fieldwork educator facilitates the student's development of professional clinical reasoning and its application to entry-level practice. The fieldwork educator assumes responsibility for ensuring her or his own competence as a fieldwork educator.

**COMMENTS**
C. SUPERVISION COMPETENCIES

<table>
<thead>
<tr>
<th>The fieldwork educator:</th>
<th>KEY DEFINITION STATEMENT: The fieldwork educator facilitates student achievement of entry-level practice through a student-centered approach.</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></td>
<td>1 2 3 4 5</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., student OTA/OT role delineation, Level I/II fieldwork, practice environment, etc.).</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>3. Anticipates and prepares student for challenging situations.</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>4. Provides activities to challenge student's optimal performance.</td>
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<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>
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<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>6. Uses a progression of supervisory approaches throughout the student learning cycle (adapts 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></td>
<td>1 2 3 4 5</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>
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<td>1 2 3 4 5</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>
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<td>1 2 3 4 5</td>
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<tr>
<td>9. Initiates interaction to resolve conflict and to raise issues of concern.</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>10. Elicits and responds to student's feedback and concerns.</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>11. Collaborates with the student and academic fieldwork coordinator to identify and modify learning environments when student experiences difficulty.</td>
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<td>1 2 3 4 5</td>
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<td></td>
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</tr>
<tr>
<td>12. Models appropriate professional behaviors when interacting with students, clients, and peers.</td>
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<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Consults with other FW educators and sites to develop creative learning experiences for the student.</td>
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<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>
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<td>1 2 3 4 5</td>
<td></td>
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</tr>
</tbody>
</table>
### D. EVALUATION COMPETENCIES

<table>
<thead>
<tr>
<th>The fieldwork educator:</th>
<th><strong>KEY DEFINITION STATEMENT:</strong> The fieldwork educator evaluates student performance to achieve entry-level practice in the fieldwork setting.</th>
<th><strong>CIRCLE ONE</strong></th>
<th><strong>COMMENTS</strong></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>
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<td>1</td>
<td>2</td>
</tr>
<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></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Assesses student's performance based on appropriate OTA/OT entry-level roles of the fieldwork practice setting.</td>
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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Facilitates student self-reflection and self-assessment throughout the fieldwork and evaluation process.</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<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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<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. Uses fieldwork evaluation tools to accurately measure student performance and provide feedback.</td>
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<td>1</td>
<td>2</td>
</tr>
<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>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<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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<td>2</td>
</tr>
<tr>
<td>9. Documents student's fieldwork performance recognizing ethical and legal rights (e.g., due process, confidentiality, ADA, integrity).</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
### Self-Assessment Tool for Fieldwork Educator Competency

**ADMINISTRATION COMPETENCIES**

<table>
<thead>
<tr>
<th>The fieldwork educator:</th>
<th>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).</th>
<th>CIRCLE ONE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communicates and collaborates with academic programs to integrate the academic</td>
<td>Low Proficient</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>curriculum design during fieldwork.</td>
<td>1  2  3  4  5</td>
<td>1  2  3  4  5</td>
<td></td>
</tr>
<tr>
<td>2. Implements a model FW program that supports the curriculum of the academic program.</td>
<td>1  2  3  4  5</td>
<td>1  2  3  4  5</td>
<td></td>
</tr>
<tr>
<td>3. Seeks support from 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</td>
<td>Low Proficient</td>
<td>High Proficient</td>
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<td>programs served and in accordance to 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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<tr>
<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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<td>9. Documents behavioral objectives to achieve fieldwork objectives and learning experiences appropriate for entry-level practice.</td>
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<td>10. Is knowledgeable in legal and health care policies that directly influence FW.</td>
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<td>11. Defines essential functions and roles of a 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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<tr>
<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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<tr>
<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:

- 
- 

### Competency Areas to Address

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<th>Competency Areas to Address</th>
<th>Goals</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 OT 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, Prevocational 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
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

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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-protege 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 of 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 a 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 pediatrics 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 a 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 explores 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.

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.


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.


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
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: ________________________________

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Student Signature: ________________________________________________

Clinical Instructor Signature: ____________________________________
LEARNING CONTRACT

Date: ______________

Student Name: ________________________

Clinical Instructor/Educator: ____________________________

Statement of circumstances:

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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:
Occupational Therapy Code of Ethics
Occupational Therapy Code of Ethics and Ethics Standards (2010)

PREAMBLE

The American Occupational Therapy Association (AOTA) Occupational Therapy Code of Ethics and Ethics Standards (2010) (“Code and Ethics Standards”) is a public statement of principles used to promote and maintain high standards of conduct within the profession. Members of AOTA are committed to promoting inclusion, diversity, independence, and safety for all recipients in various stages of life, health, and illness and to empower all beneficiaries of occupational therapy. This commitment extends beyond service recipients to include professional colleagues, students, educators, businesses, and the community.

Fundamental to the mission of the occupational therapy profession is the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. “Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life” (AOTA, 2004). Occupational therapy personnel have an ethical responsibility primarily to recipients of service and secondarily to society.

The Occupational Therapy Code of Ethics and Ethics Standards (2010) was tailored to address the most prevalent ethical concerns of the profession in education, research, and practice. The concerns of stakeholders including the public, consumers, students, colleagues, employers, research participants, researchers, educators, and practitioners were addressed in the creation of this document. A review of issues raised in ethics cases, member questions related to ethics, and content of other professional codes of ethics were utilized to ensure that the revised document is applicable to occupational therapists, occupational therapy assistants, and students in all roles.

The historical foundation of this Code and Ethics Standards is based on ethical reasoning surrounding practice and professional issues, as well as on empathic reflection regarding these interactions with others (see e.g., AOTA, 2005, 2006). This reflection resulted in the establishment of principles that guide ethical action, which goes beyond rote following of rules or application of principles. Rather, ethical action 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.

While much has changed over the course of the profession’s history, more has remained the same. The profession of occupational therapy remains grounded in seven core concepts, as identified in the Core Values and Attitudes of Occupational Therapy Practice (AOTA, 1993): altruism, equality, freedom, justice, dignity, truth, and prudence. Altruism is the individual’s ability to place the needs of others before their own. Equality refers to the desire to promote fairness in interactions with others. The concept of freedom and personal choice is paramount in a profession in which the desires of the client must guide our interventions. Occupational therapy practitioners, educators, and researchers relate in a fair and impartial manner to individuals with whom they interact and respect and adhere to the applicable laws and standards regarding their area of practice, be it direct care, education, or research (justice). Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and dignity of the client, by assisting him or her to engage in occupations that are meaningful to him or her regardless of level of disability. In all situations, occupational therapists, occupational therapy assistants, and students must provide accurate information, both in oral and written form (truth). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions to direct them in their area(s) of practice (prudence). These
seven core values provide a foundation by which occupational therapy personnel guide their interactions with others, be they students, clients, colleagues, research participants, or communities. These values also define the ethical principles to which the profession is committed and which the public can expect.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* is a guide to professional conduct when ethical issues arise. Ethical decision making is a process that includes awareness of how the outcome will impact occupational therapy clients in all spheres. Applications of Code and Ethics Standards Principles are considered situation-specific, and where a conflict exists, occupational therapy personnel will pursue responsible efforts for resolution. These Principles apply to occupational therapy personnel engaged in any professional role, including elected and volunteer leadership positions.

The specific purposes of the *Occupational Therapy Code of Ethics and Ethics Standards (2010)* are to

1. Identify and describe the principles supported by the occupational therapy profession.
2. Educate the general public and members regarding established principles to which occupational therapy personnel are accountable.
3. Socialize occupational therapy personnel to expected standards of conduct.
4. Assist occupational therapy personnel in recognition and resolution of ethical dilemmas.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* define the set of principles that apply to occupational therapy personnel at all levels:

**DEFINITIONS**

- **Recipient of service**: Individuals or groups receiving occupational therapy.
- **Student**: A person who is enrolled in an accredited occupational therapy education program.
- **Research participant**: A prospective participant or one who has agreed to participate in an approved research project.
- **Employee**: A person who is hired by a business (facility or organization) to provide occupational therapy services.
- **Colleague**: A person who provides services in the same or different business (facility or organization) to which a professional relationship exists or may exist.
- **Public**: The community of people at large.
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, 2009). Forms of beneficence typically include altruism, love, and humanity. 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, 2009).

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. Provide appropriate evaluation and a plan of intervention for all recipients of occupational therapy services specific to their needs.
C. Reevaluate and reassess recipients of service in a timely manner to determine if goals are being achieved and whether intervention plans should be revised.
D. Avoid the inappropriate use of outdated or obsolete tests/assessments or data obtained from such tests in making intervention decisions or recommendations.
E. Provide occupational therapy services that are within each practitioner’s level of competence and scope of practice (e.g., qualifications, experience, the law).
F. Use, to the extent possible, evaluation, planning, intervention techniques, and therapeutic equipment that are evidence-based and within the recognized scope of occupational therapy practice.
G. Take responsible steps (e.g., continuing education, research, supervision, training) and use careful judgment to ensure their own competence and weigh potential for client harm when generally recognized standards do not exist in emerging technology or areas of practice.
H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the needs and goals of the recipient have been met or when services no longer produce a measurable change or outcome.
I. Refer to other health care specialists solely on the basis of the needs of the client.
J. Provide occupational therapy education, continuing education, instruction, and training that are within the instructor’s subject area of expertise and level of competence.
K. Provide students and employees with information about the Code and Ethics Standards, opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts.
L. Ensure that occupational therapy research is conducted in accordance with currently accepted ethical guidelines and standards for the protection of research participants and the dissemination of results.
M. Report to appropriate authorities any acts in practice, education, and research that appear unethical or illegal.
N. Take responsibility for promoting and practicing occupational therapy on the basis of current knowledge and research and for further developing the profession’s body of knowledge.
NON-MALFEASANCE

Principle 2. Occupational therapy personnel shall intentionally refrain from actions that cause harm.

Nonmaleficence imparts an obligation to refrain from harming others (Beauchamp & Childress, 2009). The principle of nonmaleficence is grounded in the practitioner’s responsibility to refrain from causing harm, inflicting injury, or wrongdoing others. While beneficence requires action to incur benefit, nonmaleficence requires non-action to avoid harm (Beauchamp & Childress, 2009). 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. If the standard of due care outweighs the benefit of treatment, then refraining from treatment provision would be ethically indicated (Beauchamp & Childress, 2009).

Occupational therapy personnel shall
A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
B. Make every effort to ensure continuity of services or options for transition to appropriate services to avoid abandoning the service recipient if the current provider is unavailable due to medical or other absence or loss of employment.
C. Avoid relationships that exploit the recipient of services, students, research participants, or employees physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.
D. Avoid engaging in any sexual relationship or activity, whether consensual or nonconsensual, with any recipient of service, including family or significant other, student, research participant, or employee, while a relationship exists as an occupational therapy practitioner, educator, researcher, supervisor, or employer.
E. 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.
F. Avoid any undue influences, such as alcohol or drugs, that may compromise the provision of occupational therapy services, education, or research.
G. Avoid situations in which a practitioner, educator, researcher, or employer is unable to maintain clear professional boundaries or objectivity to ensure the safety and well-being of recipients of service, students, research participants, and employees.
H. Maintain awareness of and adherence to the Code and Ethics Standards when participating in volunteer roles.
I. Avoid compromising client rights or well-being based on arbitrary administrative directives by exercising professional judgment and critical analysis.
J. Avoid exploiting any relationship established as an occupational therapist or occupational therapy assistant to further one’s own physical, emotional, financial, political, or business interests at the expense of the best interests of recipients of services, students, research participants, employees, or colleagues.
K. Avoid participating in bartering for services because of the potential for exploitation and conflict of interest unless there are clearly no contraindications or bartering is a culturally appropriate custom.
L. Determine the proportion of risk to benefit for participants in research prior to implementing a study.
AUTONOMY AND CONFIDENTIALITY

Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination.

The principle of autonomy and confidentiality 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 autonomy is referred to as the self-determination principle. However, respect for 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 personal values and beliefs” (Beauchamp & Childress, 2009, p. 103). Autonomy has become a prominent principle in health care ethics; the right to make a determination regarding care decisions that directly impact the life of the service recipient should reside with that individual. The principle of autonomy and confidentiality also applies to students in an educational program, to participants in research studies, and to the public who seek information about occupational therapy services.

Occupational therapy personnel shall
A. Establish a collaborative relationship with recipients of service including families, significant others, and caregivers in setting goals and priorities throughout the intervention process. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention(s); and/or any reasonable alternatives to the proposed intervention.
B. Obtain consent before administering any occupational therapy service, including evaluation, and ensure that recipients of service (or their legal representatives) are kept informed of the progress in meeting goals specified in the plan of intervention/care. If the service recipient cannot give consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for that recipient.
C. Respect the recipient of service’s right to refuse occupational therapy services temporarily or permanently without negative consequences.
D. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program/educational institution.
E. Obtain informed consent from participants involved in research activities, and ensure that they understand the benefits, risks, and potential outcomes as a result of their participation as research subjects.
F. Respect research participant’s right to withdraw from a research study without consequences.
G. Ensure that confidentiality and the right to privacy are respected and maintained regarding all information obtained about recipients of service, students, research participants, colleagues, or employees. The only exceptions are when a practitioner or staff member believes that an individual is in serious foreseeable or imminent harm. Laws and regulations may require disclosure to appropriate authorities without consent.
H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and non-verbal communications, including compliance with HIPAA regulations.
I. Take appropriate steps to facilitate meaningful communication and comprehension in cases in which the recipient of service, student, or research participant has limited ability to communicate (e.g., aphasia or differences in language, literacy, culture).
J. Make every effort to facilitate open and collaborative dialogue with clients and/or responsible parties to facilitate comprehension of services and their potential risks/benefits.
SOCIAL JUSTICE

Principle 4. Occupational therapy personnel shall provide services in a fair and equitable manner.

Social justice, also called distributive justice, refers to the fair, equitable, and appropriate distribution of resources. The principle of social justice refers broadly to the distribution of all rights and responsibilities in society (Beauchamp & Childress, 2009). In general, the principle of social justice supports the concept of achieving justice in every aspect of society rather than merely the administration of law. The general idea is that individuals and groups should receive fair treatment and an impartial share of the benefits of society. Occupational therapy personnel have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009). While opinions differ regarding the most ethical approach to addressing distribution of health care resources and reduction of health disparities, the issue of social justice continues to focus on limiting the impact of social inequality on health outcomes.

Occupational therapy personnel shall

A. Uphold the profession’s altruistic responsibilities to help ensure the common good.
B. Take responsibility for educating the public and society about the value of occupational therapy services in promoting health and wellness and reducing the impact of disease and disability.
C. Make every effort to promote activities that benefit the health status of the community.
D. Advocate for just and fair treatment for all patients, clients, employees, and colleagues, and encourage employers and colleagues to abide by the highest standards of social justice and the ethical standards set forth by the occupational therapy profession.
E. Make efforts to advocate for recipients of occupational therapy services to obtain needed services through available means.
F. Provide services that reflect an understanding of how occupational therapy service delivery can be affected by factors such as economic status, age, ethnicity, race, geography, disability, marital status, sexual orientation, gender, gender identity, religion, culture, and political affiliation.
G. Consider offering pro bono (“for the good”) or reduced-fee occupational therapy services for selected individuals when consistent with guidelines of the employer, third-party payer, and/or government agency.

PROCEDURAL JUSTICE

Principle 5. Occupational therapy personnel shall comply with institutional rules, local, state, federal, and international laws and AOTA documents applicable to the profession of occupational therapy.

Procedural justice is concerned with making and implementing decisions according to fair processes that ensure “fair treatment” (Maiese, 2004). Rules must be impartially followed and consistently applied to generate an unbiased decision. The principle of procedural justice is based on the concept that procedures and processes are organized in a fair manner and that policies, regulations, and laws are followed. While the law and ethics are not synonymous terms, occupational therapy personnel have an ethical responsibility to uphold current reimbursement regulations and state/territorial laws governing the profession. In addition, occupational therapy personnel are ethically bound to be aware of organizational policies and practice guidelines set forth by regulatory agencies established to protect recipients of service, research participants, and the public.
**Occupational therapy personnel shall**

A. Be familiar with and apply the Code and Ethics Standards to the work setting, and share them with employers, other employees, colleagues, students, and researchers.

B. Be familiar with and seek to understand and abide by institutional rules, and when those rules conflict with ethical practice, take steps to resolve the conflict.

C. Be familiar with revisions in those laws and AOTA policies that apply to the profession of occupational therapy and inform employers, employees, colleagues, students, and researchers of those changes.

D. Be familiar with established policies and procedures for handling concerns about the Code and Ethics Standards, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints as well as policies and procedures created by AOTA and certification, licensing, and regulatory agencies.

E. Hold appropriate national, state, or other requisite credentials for the occupational therapy services they provide.

F. Take responsibility for maintaining high standards and continuing competence in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills.

G. Ensure that all duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience, and scope of practice.

H. Provide appropriate supervision to individuals for whom they have supervisory responsibility in accordance with AOTA official documents and local, state, and federal or national laws, rules, regulations, policies, procedures, standards, and guidelines.

I. Obtain all necessary approvals prior to initiating research activities.

J. Report all gifts and remuneration from individuals, agencies, or companies in accordance with employer policies as well as state and federal guidelines.

K. Use funds for intended purposes, and avoid misappropriation of funds.

L. Take reasonable steps to ensure that employers are aware of occupational therapy’s ethical obligations as set forth in this Code and Ethics Standards and of the implications of those obligations for occupational therapy practice, education, and research.

M. Actively work with employers to prevent discrimination and unfair labor practices, and advocate for employees with disabilities to ensure the provision of reasonable accommodations.

N. Actively participate with employers in the formulation of policies and procedures to ensure legal, regulatory, and ethical compliance.

O. Collect fees legally. Fees shall be fair, reasonable, and commensurate with services delivered. Fee schedules must be available and equitable regardless of actual payer reimbursements/contracts.

P. Maintain the ethical principles and standards of the profession when participating in a business arrangement as owner, stockholder, partner, or employee, and refrain from working for or doing business with organizations that engage in illegal or unethical business practices (e.g., fraudulent billing, providing occupational therapy services beyond the scope of occupational therapy practice).
VERACITY

Principle 6. 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 in health care refers to comprehensive, accurate, and objective transmission of information and includes fostering the client’s understanding of such information (Beauchamp & Childress, 2009). Veracity is based on respect owed to others. In communicating with others, occupational therapy personnel implicitly promise to speak truthfully and not deceive the listener. By entering into a relationship in care or research, the recipient of service or research participant enters into a contract that includes a right to truthful information (Beauchamp & Childress, 2009). 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 also requires thoughtful analysis of how full disclosure of information may impact outcomes.

Occupational therapy personnel shall
   A. Represent the credentials, qualifications, education, experience, training, roles, duties, competence, views, contributions, and findings accurately in all forms of communication about recipients of service, students, employees, research participants, and colleagues.
   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 activities.
   D. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
   E. Accept responsibility for any action that reduces the public’s trust in occupational therapy.
   F. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, students, research participants, or the public.
   G. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
   H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
   I. Give credit and recognition when using the work of others in written, oral, or electronic media.
   J. Not plagiarize the work of others.
FIDELITY

Principle 7. Occupational therapy personnel shall treat 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 being faithful, which includes obligations of loyalty and the keeping of promises and commitments (Veatch & Flack, 1997). In the health professions, fidelity refers to maintaining good-faith relationships between various service providers and recipients. While respecting fidelity requires occupational therapy personnel to meet the client’s reasonable expectations (Purtillo, 2005), Principle 7 specifically addresses fidelity as it relates to maintaining collegial and organizational relationships. 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.

**Occupational therapy personnel shall**

A. Respect the traditions, practices, competencies, and responsibilities of their own and other professions, as well as those of the institutions and agencies that constitute the working environment.

B. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated by national, state, or local laws or permission to disclose is given by the individual.

C. Take adequate measures to discourage, prevent, expose, and correct any breaches of the Code and Ethics Standards and report any breaches of the former to the appropriate authorities.

D. Attempt to resolve perceived institutional violations of the Code and Ethics Standards by utilizing internal resources first.

E. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.

F. Avoid using one’s position (employee or volunteer) or knowledge gained from that position in such a manner that gives rise to real or perceived conflict of interest among the person, the employer, other Association members, and/or other organizations.

G. Use conflict resolution and/or alternative dispute resolution resources to resolve organizational and interpersonal conflicts.

H. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.
References


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Sample
Student Guidelines
For Fieldwork Experience
OTR Fieldwork II
Claremont Rehab and Living Center
Guidelines for fieldwork experience

Rhonda CI-General, Debbie Kayler CI-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 CI
   b. Documentation to be placed in original progress note once approved by CI
5. Attend Homeward Bound meeting and therapy meetings

Week 2
1. Continue with patients from Week 1
2. Complete 1-2 (if available) new patient evaluations
   a. Thorough Chart Reviews
   b. Evaluations to be observed by CI.
   c. Complete all documentation associated with evaluation
   d. Put documentation in medical record once approved by CI
3. Increase caseload total of 3-5 patients
4. Complete billing report and bill on computer (Under CI)
5. Daily Supervision of notes and treatments by CI
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)
5. Daily supervision of notes and treatments by CI
6. Complete billing report and bill on computer (Under CI)
7. Document directly into progress notes
8. Complete at least 3 bedside ADL treatments (unsupervised)
9. Contact Patient families to update on patient status or meet with families of patients
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., etc)
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 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 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 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 CI
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 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 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

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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 (week 1 max assist with everything; week 2 moderate assist to complete a chart review and perform a treatment; week 3 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.
How Searching for Evidence Changed My Practice

Carrie Carlson

As I began my journey to earn an OTD online at Chatham University (www.chatham.edu), I really didn’t know what was in store for me. It didn’t take me long to realize that the classes on evidence-based practice would become life changing.

Evidence-based practice can sound somewhat overwhelming. I believe it does not have to be, and can even be quite exciting.

Before I started the program I had three notebooks, labeled by topic, with many articles in each. Sensory strategies, fine motor, feeding, positioning—you get the picture. I felt pretty good about having those notebooks. Trouble is, I collected and categorized the articles, but I never really read them. Nice thought, but not very useful.

For the OTD program we have to plan a capstone project on one topic of interest. Because I am a school-based therapist and handwriting is a frequent concern, I was drawn to that subject. My whole focus, opinion, and approach to handwriting has changed dramatically—because of the evidence. I have found enormous amounts of research on the subject—not all from the occupational therapy literature.

A process that we use in my school setting is coming up with a hypothesis about why a child has a particular problem. It might be something like “Johnny is a picky eater because he only likes sweet tastes,” or “Tommy has poor handwriting because he doesn’t pay attention to the lines on the paper.” The second part of the process is writing a prediction statement in the if/then format. This is where the evidence really came to life for me. A prediction statement for Tommy could be “If Tommy had better-developed hand skills, then he would demonstrate better handwriting.” But is there evidence to support such a statement? This is what has changed dramatically for me. My prediction statements are no longer based mostly on experience but are based more on evidence. When making a predictive statement I now ask myself what is best supported in the evidence literature.

Finding the evidence has become an exciting adventure, especially when I discover something that supports what I was already going to do or was already doing. And what a confidence builder. I am no longer just collecting the articles, but reading them, writing notes about them, and organizing them in such a way that they are really useful to me in my everyday practice. I discovered what a great tool the annotated bibliography is, as well as the critically appraised topic (CAT) format we have been using—all wonderful tools to organize literature so that it is useful. I found myself reorganizing work that I had found in two different ways for two different purposes. The first was to put all the occupational therapy literature together in a chart and then continue the chart with the non-OT literature. This makes it easier to compare similar subjects. The second was to put all of the articles related to kindergarten and handwriting together, using a modified CAT format, and leaving teachers with a four-page reference list. This approach gave us some common ground.

I have used OTseeker (www.otseeker.com) some for the occupational therapy articles, but I have also gotten a lot of information from EBSCOhost (www.ebsco.com). The search alerts that can be set up on EBSCO are also a wonderful way to get current articles with no effort. It is easy to set up the alerts, and there are tutorials for doing so right on the EBSCO site. These search alerts keep me reading other material related to topics of interest that are not in the occupational therapy literature, which gives me a broader perspective.

I have written to many of the authors and received responses, which has also broadened my knowledge base. Almost everyone has written back with more information, information about how and why they did the study, and other interesting facts. That also has been a wonderful experience. It has given me the opportunity to communicate with others across the nation about common practice issues.

Even if you aren’t a student, find some way to search out and use the evidence that exists. Pair with a coworker, have learning lunch; set time aside. It is well worth the effort.

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Level II Fieldwork Outlines

Donna M. Costa

When I travel to different parts of the country to give workshops to fieldwork educators, I usually ask how many of them give students outlines for fieldwork. About half of the fieldwork educators I speak to report giving students outlines, while the other half do not. The latter group cite reasons such as preferring to “go with the flow,” giving assignments based on students’ needs and interests, or lack of time to construct an outline. This has gotten me thinking about fieldwork outlines in a new light—that is, they aren’t cure-all syllabi. The “Accreditation Standards for a Master’s-Degree-Level Educational Program for the Occupational Therapist” describe fieldwork as an extension of the curriculum. 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.” (p. 81). To accomplish this objective, it is suggested that a schedule of weekly learning activities be developed. This list of learning activities or assignments is intended to guide students developmentally toward the acquisition of entry-level skills through increased responsibilities, learning activities, and assignments that they must successfully complete. The "Self-Assessment Tool for Fieldwork Educator Competencies" lists several competencies that fieldwork educators should possess that are related to the fieldwork outline:

- B. 2. Sequence learning experiences to grade progression toward entry-level practice. (p. 4)
- B. 4. Maximizes opportunities for learning by using planned and unplanned experiences within the fieldwork environment. (p. 4)
- C. 4. Provides activities to challenge student’s optimal performance. (p. 5)
- E. 5. Documents an organized, systematic fieldwork program (e.g., fieldwork manual, student expectations, weekly sequence, etc.). (p. 7)

Think about a course syllabus as a road map of where the instructor plans on going with the student, and how he or she plans to get there. It is a structural framework that helps to ensure that each planned learning experience leads the student toward achievement of entry-level competencies. The course syllabus communicates the expectations for the student in the learning process, and creates a sense of what is to be accomplished. This student-centered syllabus promotes self-directed learning and encourages active learning. Peer and Martin discussed the implications this approach has in allied health education. "Students want to know what role they will have in the course. The purpose of defining the responsibilities of the student clearly is to promote lifelong learning and self-responsibility for the acquisition of the course content." (p. 8). Students come to fieldwork from the classroom in which they may have been more passive learners, absorbing all that their professors lectured about. In fieldwork, however, the learning becomes more active, with students making connections between previous knowledge and new clinical applications.

I continually revise the fieldwork outline in use with Level II fieldwork students based on learning outcomes and find that it increasingly resembles the course syllabus I construct for my academic classes. I list all written assignments with their due dates and describe their format. There is a list of all assessments that are available for the students to use. Emergency contacts numbers to reach me are provided, along with the times they may call. I have included a list of assigned readings for each week from selected journals and texts that provide information on the learning model, interventions, and other related areas of practice that I use. However, I tell students that I only do this for the first half of the fieldwork. I expect them to bring literature to me that they have found during the second half of the fieldwork experience. I have
learned by trial and error that I must explain what I mean by such statements as "Come prepared for group supervision each Friday from 1:00 to 2:30 p.m.;" therefore, I have recently added the following: "It is expected that students will be prepared for weekly supervision sessions; this means having questions to ask about patients, diagnoses, symptoms, interventions, etc. It means asking where to find resources and sharing research you've done on your own. If you don't talk about it, I won't know if you've done it." Some students come to fieldwork expecting it to be a 9-to-5 job, so I have added a Responsibility for Learning section: "In addition to the above reading and written assignments, it is expected that students will do independent reading and learning outside of working hours. Books may be borrowed and taken home for the evening or weekend. The same applies to videos/DVDs. Ask the supervisor if you need additional materials you cannot locate."

Our educational programs prepare students for fieldwork in which fieldwork educators facilitate active learning. "The role of the student is one of an active participant who is encouraged to become engaged in the learning process through various interactive activities facilitated by the [clinical] instructor. The learning paradigm strives to produce an empowered, informed, and responsible student" (p. 1).56

References

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Learning contracts facilitate students assuming responsibility for their own learning by having them identify what they need to learn, how they will go about learning it, and by what means the learning will be evaluated.

a challenging situation because it may represent a departure from traditional learning. Students who are used to classroom learning often focus on the grade they receive and on meeting their professors’ expectations. Their teachers, both in the classroom and in the clinic, may have to struggle a bit with giving up some of the control they have over students’ learning. In fieldwork sites, the focus is frequently on productivity, with therapists needing to keep up in a fast-paced environment in order to meet the needs of their clients and administrators. Kennedy-Jones stated, “The need for structure and control of the everyday activities of therapists and students usually stems from a need to manage the high volume of tasks associated with the large, complex organizations in which our students undertake their fieldwork” (p. 251).1

Adult education theorists such as Steven Brookfield and Malcolm Knowles have advocated for the use of learning contracts as a primary means for learners to assume responsibility for the direction and focus of their learning. Knowles and colleagues stated, “in traditional education the learning activity is structured by the teacher and the institution. The learner is told what objectives he is to work toward, what resources he is to use and how when he is to use them, and how his accomplishments of the objectives will be evaluated” (pp. 211–212).2 This approach frequently leads to a passive learner and reinforces the student’s focus on imitating his or her supervisor, rather than developing critical thinking skills. In contrast, Knowles described learning contracts as providing “a vehicle for making the planning of learning experiences a mutual undertaking between a learner and his helper, mentor, teacher, and often, peers” (p. 212). Learning contracts facilitate students assuming responsibility for their own learning by having them identify what they need to learn, how they will go about learning it, and by what means the learning will be evaluated. Knowles and colleagues pointed out that, “in field-based education particularly, there is a strong possibility that what is to be learned from the experience will be less clear to both the learner and the field supervisor than what work is to be done. There is a long tradition of field experiences learners being exploited for the performance of menial tasks. The learning contract is a means for making the learning objectives of the field experience clear and explicit for both the learner and the field supervisor.” (p. 212).2

The main components of a learning contract are as follows:

- **Learning needs:** The student needs to be able to self-assess what he or she needs and wants to learn in this particular setting, with an understanding of personal learning style. Included in this self-assessment is an acknowledgment of previous learning that the student will build on.

- **Learning objectives:** What knowledge does the student want to learn, and what skills does he or she want to develop? The objectives need to be stated in specific, behavioral, measurable terms.

- **Strategies and resources:** How will the student go about this new learning? What strategies might be used? What resources are available? Where can he or she find new information?

- **Evidence:** How will the student and supervisor know that the learning objectives have been met? (This is essentially the proof of successful learning, or the outcome.)

- **Criteria:** How will the student’s learning be evaluated? Will he or she be able to demonstrate a skill in front of a supervisor? Or be able to give an in-service presentation to the department?

- **Target dates:** By when does the student say he or she will be able to achieve the learning objectives? This date is an estimate, and may be extended or revised.

- **Signatures:** All parties involved in developing the learning contract.

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OT Practice • July 9, 2007
should sign the document—the student, fieldwork educator, and, if applicable, the academic fieldwork coordinator.

CONCLUSION

Learning contracts can serve as a way to increase students taking responsibility for their own learning. Stephen Brookfield reminded educators that they need to prepare students to become more active learners:

Unless the ground for learning contracts has been well prepared and a detailed case for them has been built, students may interpret their use as evidence of a teacher’s lassiez-faire intellectual relativism. Students can make informed decisions about what they need to know, how they can know it, and how they can know that they know it only on the basis of as full as possible an understanding of the learning terrain they are being asked to explore. Learning contracts therefore should be used only when students know the grammar of the activity. They should understand its internal rules of inquiry, the analytical processes it requires, and the criteria used to judge meritorious achievement in the area. Only if they know these can they make good choices about what and how to learn” (p. 6). 8

References


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I Think I Can, I Think I Can...

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Classroom Clinic
I Think I Can, I Think I Can...

By Barbara Chandler, MOT, OTR, FACTA The 2008 AOTA annual conference is over. Attendees have returned to their homes, offices and responsibilities. Bags have been unpacked, laundry done and e-mail checked. And guess what? All that newfound knowledge, energy, intention, sense of purpose and willingness to do better has run smack dab into reality.

Remember though that we are about reconstruction. Wasn’t that our original name? We can construct and reconstruct our reality so that it more closely resembles, maybe even reaches, our goal.

Our profession is about change. We believe that lives can be better and our services can be more effective, more efficient, more meaningful. What we sometimes need is our individual and collective guidance to effect that change. The annual conference provides a collective boost to our *guidance reservoir.* Individually, we sustain that boost or watch it slip away amid the responsibilities of everyday life.

We need strategies that will help to maintain—and replenish—that reservoir, especially at this time of year when the last nine weeks of school are underway and summer vacation is on the horizon (although some of you may still have to look over a snow bank to see it).

Think about and use your self-efficacy—yes, you have self-efficacy!

Self-efficacy, the perspective that one believes one can and will do a certain action or combination of actions, heavily influences what we do on a daily basis. Albert Bandura, the psychologist who first wrote on the topic, identified self-efficacy as emerging from four primary sources or types of experience:

- Vicarious experience: "They did it, so I can, too."
- Social persuasion: "You can do it."
- Physiological state: "I’m ready to do this."
- Mastery experience: "I did it, and I can do it again."

Bandura also states that self-efficacy is context and task specific. For example, I have high self-efficacy for writing this column, but low (actually no) self-efficacy for driving an eighteen wheeler.

We often have vicarious experiences as students on fieldwork, when we are new to a job or a new responsibility is expected of us. We identify how others have approached the task, what they needed to know to do it, what assistance or guidance they sought, and how they actually implemented a course of action. We learn from their successes and, sometimes, from their failures.

Social persuasion often comes through the professional colleagues with whom we work. Indeed, the ideas generated by attending a continuing education event, being mentored, receiving a response to a query posted on a listserv or problem solving a situation with colleagues are all ways that social persuasion influences our self-efficacy.

The physiological state of being ready to do is highly individualized. For some, it is a slow building up of confidence and an emerging sense of readiness. Others prefer to "plow in" when the moment seems right.

We "read" the environment to see when a suggestion or recommendation will most likely be accepted and implemented.

Mastery experiences are built over a career. We have daily successes, some minor, some major. We can probably identify a defining moment when we knew we were never going back to an area of self-doubt.

Dig down in that garden of experience, dip a bucket in the well of reflection and water your self efficacy. The harvest comes all year.

Barbara Chandler, MOT, OTR, FAOTA, has more than 30 years’ experience as a practitioner, manager, advocate and educator. She is currently the occupational therapist with Home Care Services, Haywood Regional Medical Center, Clyde, NC, and chair of the School System Special Interest Section. Contact her at barbara.chandler@haymed.org.
I have just returned from the AOTA conference full of new ideas and excited about the future of our profession. Ideas were percolating on how each of us can contribute to the Centennial Vision. No doubt most saw the huge potential our students have in ensuring this future. Students sensed this as well, as evidenced by their enthusiastic participation in all conference activities. One student even asked me why I focused on fieldwork education. I told her, "It's the best way I know to ensure that I get the best occupational therapy possible. One of you will be my therapist, and I want to make sure you are the best at getting me back to my own occupations to live life fully!"

Since many students will begin fieldwork in summer, Kim Dickinson, chairperson of the Assembly of Student Delegates (ASD), seized the opportunity to coordinate a panel during this leadership meeting to encourage achievement of the Vision through getting the most from their fieldwork experience. I joined five other panelists representing stakeholders in all aspects of fieldwork education: Judy Blum, Robin Johnson, Jaynee Taguchi-Meyer, Jaqueline Weibel and Lynn Hersberg. We presented a plethora of ideas regarding how to get the most from one's fieldwork experience. Here are some of the major golden nuggets presented:

- Take responsibility and be proactive in helping make the fieldwork experience the most that it can be. Share your goals for learning and request your fieldwork educator's help. Be professional and confident, and seek out learning opportunities. Ask your fieldwork supervisor for feedback in areas you have concern. Come motivated to learn the most you can from the fieldwork experience.

- Request learning experiences that you believe will be beneficial to your professional development. If you decide to deliver therapy or service that is not typical in a site or might surprise your fieldwork educator, talk about this before you do so. Take the perspective of your fieldwork educator and remember the responsibility they assume for your performance as you discuss your request or plans.

- Be prepared for what is expected. Consider visiting your site well before fieldwork begins, as this will help lower first-day anxiety and help you familiarize yourself with the environment. Dress according to professional expectations at the site. Typical street clothes are not appropriate for fieldwork; you need the ability to move freely, safely and respectfully. Review student experiences that might be expected before you arrive. Expect to "study up" throughout the fieldwork. Use the evening to review and hone your skills and reasoning for your next day of learning and practice. More importantly, no matter how well you are prepared, be prepared to be surprised! Responding flexibly, reliably and successfully to the unexpected is an important professional skill to develop.

- Meet deadlines; this includes being sure that you arrive promptly and develop good time management skills. If you find a deadline difficult to meet, talk with your fieldwork educator as soon as possible. You might learn some new strategies or be able to negotiate a better timeline. When this is not possible, be adaptable and respond to expectations as any other practitioner must do in your role.

- Enjoy and learn from every experience. If your site is not where you hope to practice, do not regret what your site is not; enjoy it for what it is and look for what you can learn. There are always skills that will generalize to your future practice, and you never know when a skill uniquely learned during fieldwork will unexpectedly be called upon later. Fieldwork is one of the last times you can do nothing but learn. Take calculated risks and focus on your development. Avoid viewing fieldwork as "on-the-job training," view it as education-your education. Celebrate your learning.

- Students are reminded of the wisdom that "there is never a bad question, only a poorly timed one." Consider when and where to ask for supervision. Strive to resolve concerns and challenges as the key to making progress. Come prepared to demonstrate what you do know or understand as a foundation to build upon during your discussions. Your academic fieldwork coordinator on campus can also be a good sounding board. Demonstrate that you learn from supervisory discussions through your work.

http://occupational-therapy.advanceweb.com/Editorial/Content/PrintFriendly.aspx?CC=1... 11/12/2008
• Remember to take care of yourself. Fieldwork is demanding. Adequate sleep, exercise, stress-reducing activities and good nutrition are essential for keeping your energy tank full. Journaling can serve three purposes: stress reduction, working through possibilities and providing a basis for planning to use your next session with your fieldwork educator thoughtfully.

Best wishes for a successful, engaging fieldwork.

Patricia Crist, PhD, OTR, FAOTA, is chair of the occupational therapy department at John G. Rangos School of Health Sciences, Duquesne University, Pittsburgh, PA, and is a member of the AOTA Board of Directors. She has been a fieldwork coordinator for more than 18 years. Readers may contact Dr. Crist by e-mail at crist@duq.edu or at edrl@merion.com, or write to her c/o "Issues in Fieldwork," OT ADVANCE, 2900 Horizon Drive, King of Prussia, PA 19406.
LEVEL-ONE FIELDW...
What's Holding Them Back?
Level-one clinicals are not really affiliations in the sense that level-two affiliations are. The school takes responsibility for the learning curve in level-one fieldwork, not the facility, so there is not nearly as high a level of facility evaluation. In a sense, the level-one fieldwork educators offer themselves as role models for OT students to follow around. These clinicians may or may not have time to interact meaningfully with their protégés. Instead, they demonstrate their practice skills. But should they do more?
It's not just a time issue. In the era of Medicare and other third-party payers, reimbursement regulations are getting more and more stringent. Even in level-two fieldwork, when students get to the point of working on their own with minimal supervision, Medicare does not allow them to charge for their treatment. They are not licensed therapists. So when it comes down to it, the OT must take over the final job.
Julie Buxton, MS, OTR/L, clinical program coordinator at Children's Hospital of Philadelphia, also brought up legal issues.
"There's a huge liability issue here," she said. "A lot of the children are very vulnerable, and I just can't let [level-one students] do it. A lot of them have that 'deer-caught-in-the-headlights' look in their eyes. They're just trying to remember their coordinator's name or where the cafeteria is."

The department of occupational therapy at Thomas Jefferson University/Jefferson School of Health Professionals in Philadelphia hires "consumer instructors," people from the community who have or have had disabilities and are willing to let the students try out basic skills on them. But again, it's an expense that smaller colleges might not have money for. So many OT students (like those in other allied health professions and nursing) practice mostly on each other when it comes to in-class training in hands-on skills like measuring range of motion, manual muscle testing and transferring.

Buxton feels so strongly about the issue that she has submitted a paper for the 2008 AOTA national conference, to be held in Long Beach, CA, next April: "Occupational Therapy Fieldwork: Fostering Initiation, Motivation and Competency in the New Practitioner."

Buxton uses herself as the guinea pig. "I have them do MMT on me at the interview. They won't have had that course yet, but it doesn't have to be exact or perfect. I just want them to get over the hump."

Buxton got her post-professional master's degree after 15 years of practice, and she doesn't think the research aspect of the entry-level master's degree is worth sacrificing the physical training.
"Quite frankly, I don't think they'll understand research until they've had some experience," she said. ADVANCE.

Robbie Johnson agrees. "There are so many people who go to their level-two fieldwork and have never touched someone."

Researching the Disconnect
According to Caryn Johnson, MS, OTR/L, PAOTA, OT fieldwork coordinator at Jefferson, the diversity of OT practice seen in level one is so great that "students in different places aren't going to come away with the same skills."

First of all, level-one clinicals are handled completely differently by different schools. The student may do clinicals from half a day or one full day a week, to a week or a month at a time. He or she may move among various sites after only a few days there. ACOTE is very flexible about level-one fieldwork. The school may choose the sites, or the students themselves may choose, and acceptable educators may work in fields such as psychology, social services, medicine, nursing, PT and others.

Often an academic fieldwork coordinator has contracted with these sites, which are hard to find. They may be anywhere from hospitals to hippotherapy clinics. And they may be in emerging practice sites in the community, where the student is actually helping to introduce occupational therapy to a new audience.

"There must be objectives, of course," said Caryn Johnson. Jefferson evaluates level-one experiences by using the Philadelphia Regional Fieldwork Consortium Student Evaluation of Level One Fieldwork tool, which students complete to assess their own fieldwork experiences on a 5-point Likert scale. The tool asks about adequate supervision, application of knowledge and clinical skills, the value of written assignments, and an assessment of the facility's culture. The eval lists 23 specific clinical skills, of which 12 are common hands-on practice necessities.

It was this tool on which Caryn Johnson and four colleagues based the questionnaire for their 30-month study of the perceptions of 547 level-one OT and OTA fieldwork students enrolled in five programs in the Northeast United States. The study was published in the May-June 2006 issue of AJOT.

The results showed that within physical disabilities settings, only 59 percent of the respondents were getting hands-on practice in taking vital signs, goniometry and splinting.

Caryn Johnson and her colleagues are working on a new study, using a questionnaire for level-one educators as to why they are not doing hands-on work with the students.

As they examine incoming information, researchers are finding the same reasons fieldwork educators interviewed here have expressed: time, reimbursement issues, liability and lack of student confidence.

However, Johnson and other academic coordinators are concerned about something even more important than hands-on practice.

"We found that students are failing not because they lacked clinical skills, but because of their lack of professional behavior," she said.

She's not talking about dress codes or time management, although those things count in that category. What's most important is the students' interest in patients, and their verbal and interpersonal communication skills with patients and caregivers. What many young OT students, especially women, can't do is speak up. They are afraid to ask too many questions, afraid of giving wrong answers, afraid to try out new techniques they haven't learned, and confused about where and how to find clinical answers to their questions from sources other than their supervisors.
The Learning/Practice Line
But over the years, ADVANCE has heard from quite a few fieldwork students in both OT and OTA programs voicing frustration with their fieldwork supervisors; who have no particular training in teaching and who are often overburdened with workloads of their own. Any holes in preparation, then, become breeding grounds for problems in level-two affiliations. Stories like the one in this week’s Sound Off on page 4 are not uncommon. Many students say they are expected to practice at level-two sites, not learn. The gap in expectations can mean trouble.

Kathy Shuman, COTA, now in practice in the South, said she got caught up in a culture conflict at her first level-two site that completely demoralized her.

‘Change your expectation. Train them in what you want them to do.’
---Michelle Marshina, OTR-L

She says her instructor was “tough but fair” during the first half of the affiliation, but after the midtern review she started to come down on Shuman hard about safety issues. She suddenly couldn’t do anything right. Long story short, the clinical educator gave the student a failing grade and a psychological scar.

Shuman is 51. She’s had experience with people. Yet she still lacked the confidence to stand up to her supervisor, who forced her to spend another week there in order to pass her. She began her next level-two fieldwork humiliated and behind her class, and worried that she was a safety risk of some kind. But there she found a completely different experience. Supervisors and instructors were more nurturing, and today, Shuman is working for that facility very successfully. She considers the treatment she got in the first setting abusive, and has had people from the facility imply that.

Michelle Marshina, OTR/L, rehab manager on the brain injury and stroke unit at Philadelphia’s Magee Rehab, says Magee affiliates know the score before they walk in.

“It’s going to be hands-on, and they know that, no ifs, ands or buts. I tell them when I interview them. They’re going to be working with patients who have open airways, behavioral issues and inner-city values.”

Marshina’s students usually ask her what to read up on. “I tell them, ‘the basics. Get out your Trombly and Scott. Tell me about a time you had to use your stress management strategies.’ If I have concerns, I call the school back.”

Students at Magee have almost 15 hours of in-service within the first few weeks of their affiliations, and all receive one-on-one direct supervision. “We tried two-on-one, but the students weren’t getting enough hands-on time.”

As for liability in level one, Marshina said it’s a matter of perception. “Level one is the key building block to making them successful. As OTAs, we need to set up the environment for that success. If there’s a patient with very high or low tone, I’ll tell them, ‘Come over here, I want you to feel this.’ Or if we have an interesting vision issue, I’ll bring them in and let them see it. I make them read through the chart and write down questions. Why does this person wear a helmet? Why are they in a safety bed?”

Marshina agrees that some affiliations bring out underlying issues, both in students and instructors, that they must work out. As to her instructors, Marshina said, “I tell them, ‘We have a philosophy – do it right the first time.’ Change your expectation. Train them in what you want them to do. Don’t go with an assumption. Test that assumption.”

In the end, it comes down to educator training and commitment.

“If [level-two] educators want these students to hit the ground running, they have to give them the experience in fieldwork one!” Caryn Johnson concluded.

E.J. Brown is editor of ADVANCE.

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Get the Most from Your Fieldwork

I have just returned from the AOTA conference full of new ideas and excited about the future of our profession. Ideas were percolating on how each of us can contribute to the Centennial Vision. No doubt most saw the huge potential our students have in ensuring this future. Students sensed this as well, as evidenced by their enthusiastic participation in all conference activities. One student even asked me why I focused on fieldwork education. I told her, "It’s the best way I know to ensure that I get the best occupational therapy possible. One of you will be my therapist, and I want to make sure you are the best at getting me back to my own occupations to live life fully."

Since many students will begin fieldwork in summer, Kim Dickinson, chairperson of the Assembly of Student Delegates (ASD), seized the opportunity to coordinate a panel during this leadership meeting to encourage achievement of the Vision through getting the most from their fieldwork experience. I joined five other panelists representing stakeholders in all aspects of fieldwork education: Judy Blum, Robin Johnson, Jaynee Taguchi-Meyer, Jaqueline Webel and Lynn Hersberg. We presented a plethora of ideas regarding how to get the most from one’s fieldwork experience. Here are some of the major golden nuggets presented:

- Take responsibility and be proactive in helping make the fieldwork experience the most that it can be. Share your goals for learning and request your fieldwork educator’s help. Be professional and confident, and seek out learning opportunities. Ask your fieldwork supervisor for feedback in areas you have concern. Come motivated to learn the most you can from the fieldwork experience.

- Request learning experiences that you believe will be beneficial to your professional development. If you decide to deliver therapy or service that is not typical in a site or might surprise your fieldwork educator, talk about this before you do so. Take the perspective of your fieldwork educator and remember the responsibility they assume for your performance as you discuss your request or plans.

- Be prepared for what is expected. Consider visiting your site well before fieldwork begins, as this will help lower first-day anxiety and help you familiarize yourself with the environment. Dress according to professional expectations at the site. Typical street clothes are not appropriate for fieldwork; you need the ability to move freely, safely and respectfully. Review information that might be expected before you arrive. Expect to ‘study up’ throughout the fieldwork. Use the evening to review and hone your skills and reasoning for your next day of learning and practice. More importantly, no matter how well you are prepared, be prepared to be surprised! Responding flexibly, reliably and successfully to the unexpected is an important professional skill to develop.

- Meet deadlines; this includes being sure that you arrive promptly and develop good time management skills. If you find a deadline difficult to meet, talk with your fieldwork educator as soon as possible. You might learn some new strategies or be able to negotiate a better timeline. When this is not possible, be adaptable and respond to expectations as any other practitioner must do in your site.

- Enjoy and learn from every experience. If your site is not where you hope to practice, do not regret what your site is not; enjoy it for what it is and look for what you can learn. There are always skills that will generalize to your future practice, and you never know when a skill uniquely learned during fieldwork will unexpectedly be called upon later. Fieldwork is one of the last times you can do nothing but learn. Take calculated risks and focus on your development. Avoid viewing fieldwork as “on-the-job training;” view it as education—your education. Celebrate your learning.

- Students are reminded of the wisdom that "there is never a bad question, only a poorly timed one." Consider when and where to ask for supervision. Strive to resolve concerns and challenges as the key to making progress. Come prepared to demonstrate what you do know or understand as a foundation to build upon during your discussion. Your academic fieldwork coordinator on campus can also be a good sounding board. Demonstrate that you learn from supervisory discussions through your work.

- Remember to take care of yourself. Fieldwork is demanding. Adequate sleep, exercise, stress-reducing activities and good nutrition are essential for keeping your energy tank full. Journaling can serve three purposes: stress reduction, working through possibilities and providing a basis for planning to use your next session with your fieldwork educator thoughtfully.

Best wishes for a successful, engaging fieldwork. 

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Handling Failure In OT Affiliations

that demonstrate the student is unable to complete the affiliation. Any student’s recorded failure to demonstrate certain skills which have been explicitly stated is valid.

Yes, failing a student is uncomfortable, even when it’s appropriate. But rest assured that student is acutely aware of his or her performance failure and is struggling with professional self-esteem. The decision should not come as a surprise if both student and school have been previously informed of concerns and given an ample time frame in which to correct deficiencies.

Never pass a student as a favor for a hard effort. You may severely hamper that individual’s growth and contribute to skill deficits. But do reframe the situation for such students. In counseling them through this process, remind them that going through a repeat fieldwork experience after failing is a requirement because it is essential that students leave a fieldwork site confident of their clinical competence.

They can never feel this having left in failure; but they can feel it if they repeat the experience and use it to obtain further skills.

Students must accept this real-framing on blind faith. Frequently they continue to express grave doubts about themselves until near the end of a successfully completed fieldwork experience. Then most of them realize it was better to repeat the affiliation.

If you have decided to terminate a fieldwork student, you need to do several things before the student leaves the site.

- Review and sign the student’s self-evaluation of his or her fieldwork experience.
- Prepare a cover letter to go with the evaluation forms, in which you include any recommendations which would assist the student when repeating the experience. This information should be shared with the student and forwarded to the fieldwork coordinator.
- Contact the school. Present your decision and discuss any specific requirements the school has that you need to include in the process.
- Review and sign the final fieldwork evaluation, indicating on the form the number of days or weeks the student completed.
- Follow up with a phone call to the school to indicate all this has been done.

You should make recommendations to new grads who successfully complete their fieldwork regarding their need for supervision on their first jobs. (They will find it in larger OT departments where they will have good role models and exposure to many kinds of patients.) However, many of your students may not actually elect that option. Due to the demand for OTs, they may find themselves in one-person departments.

As a supervisor you can’t be responsible for students who seek that kind of employment and then find themselves drowning or in serious trouble due to a lack of sufficient skills. But at minimum, when you pass a student, you must have personal confidence in his or her basic ability to provide OT.

Helping students understand their current professional levels and what to do when they become aware of skill deficits may be the greatest knowledge you can impart at the close of fieldwork.
Learning Every Day

Genesis Rehab Services’ Student Program

A wise professor once said that if you stop learning something new every day in your job, then it’s time to move on and find a new one. Imagine a practice setting in which you are continually challenged cerebrally, you are limited only by your imagination, and you are surrounded by others with a zest for life. If you don’t believe that this setting exists, then you have not been exposed to skilled nursing.

Students often imagine nursing homes as dingy and depressing. They may think that because most residents are not expected to recover from their impairment, there is little satisfaction in providing occupational therapy. At Genesis Rehab Services (GRS), the Student Program dispels these myths by enabling occupational therapy and occupational therapy assistant students in Level I or II fieldwork to test and apply all the skills, theory, and knowledge they have learned in their academic program in a skilled nursing environment.

Participants in the Student Program provide skilled therapy in diverse settings such as independent living, assisted living facilities, and continuing care retirement communities. In the program, students have access to many specialty programs and units, such as cardopulmonary, dementia, and orthopedics, that complement the skilled nursing setting. In addition, these varied settings offer students the ability to participate in or implement a variety of programs to address disease and disability while also promoting wellness. These programs include osteoporosis screening, aquatic therapy and fitness, low vision, continence management, and falls management.

The knowledge and experience gained through fieldwork in skilled nursing can easily transfer to any other geriatric setting. The skilled nursing environment offers a student, new grad, or experienced clinician endless opportunities to learn something new every day. Skilled nursing is quick-paced, requires fast-thinking, and can challenge the most flexible, adaptable, and experienced clinician. In addition to occupational therapy’s primary role in facilitating activities of daily living (ADL), common areas of focus in the skilled nursing facility include splinting and orthotics, seating and positioning, feeding and dysphagia management, environmental modifications, and instrumental activities of daily living (IADL).

The skilled nursing environment affords fieldwork students the ability to see a client resume participation in occupations over an extended period, setting. In fact, clients who require more time to recover after an immediate medical crisis has passed (e.g., after pneumonia, a cerebrovascular accident [CVA], a broken bone, etc.) tend to be transferred to a skilled nursing facility to achieve maximum level of function before returning home or to a supported living situation.

Students also benefit from the medical complexities of the client population in the skilled nursing environment. It is not unusual, for example, to work with a client who is post-CVA with comorbidities of hypertension, diabetes, and dementia, who wants to resume his role in the community. Remove the diagnosis and co-
KAREN BATTLE
BETH DEVERIX
DIANE DURHAM
ESTELLE STRYDOM

Mobilities and what is left is a person— a man, whose hobby is to whittle wood into figures, who served in World War II, who has a pet fish, who reads the daily newspaper, who is responsible for making coffee for his wife every morning, who is a father, grandfather, friend, and most of all a person who needs an occupational therapist to do what occupational therapists do best—promote independence.

Under the supervision of a clinical fieldwork supervisor, students who complete their fieldwork in a GRS skilled nursing environment will have the opportunity to use traditional clinical activities in conjunction with more creative enhancements to help clients achieve their functional goals. Tai chi groups, dancing groups, or even use of a Nintendo Wii have become common enrichments to traditional intervention sessions.

On dementia units, fieldwork students are able to collaborate with other departments, including Recreation, Nursing, and Administration, in themed sessions that create novel experiences. To celebrate Asian culture, for example, clients may don a kimono as a dressing task or work on range of motion, strength, and activity tolerance; they may attempt origami to address fine motor skills; and they may cool off in a wok to address kitchen safety. These types of activities give students the ability to integrate classroom and clinic, taking any activity and, through activity analysis, making it purposeful and occupation-based.

ABOUT THE STUDENT PROGRAM AT GRS

GRS is dedicated to quality care for the geriatric population, and believes that clinical education is an integral component of developing skilled, confident, and dedicated health care professionals. The Student Program provides opportunities for students to apply their classroom knowledge and theory to real people in a variety of postacute settings, to receive feedback, make mistakes, and learn from them; to receive guidance and mentoring and to mature, develop confidence, and gain competencies for best practice.

By taking an active role in students’ education, and partnering with college and university occupational therapy programs, we strive to develop clinicians who are prepared to meet the challenges of the geriatric population and who will contribute to the knowledge base within the profession.

To ensure continuity among students’ fieldwork experiences, we created a model in which we employ nine regional student coordinators who are responsible for placing students in fieldwork sites throughout 25 states. The student coordinators serve as the single point of contact with school-based academic fieldwork coordinators for fieldwork placement opportunities. They develop relationships with academic programs, and serve as the liaison between GRS and the affiliating colleges and universities. This approach enables us to develop strong and lasting partnerships with schools rather than simply accommodating students in our facilities. It also allows for open communication and constructive feedback, which enhances the quality of education and improves the fieldwork experience.

Student coordinators work closely with GRS program managers (onsite clinical and operational managers of rehab services) and GRS clinical specialists (area-based clinical experts who support and promote the delivery of quality care within a designated geography). Program managers have also been trained in the philosophy of the student program, and they provide additional facility-based support for the student—clinical fieldwork supervisor.

Top to bottom: Quintenplace University; Jenna Neubauer of Brandywine Hall; Jenna working with a client to resume his gardening occupation. Gardening with a functional hand splint.
The GRS Program in Action

Christina Battisini was an occupational therapy student at the Richard Stockton College of New Jersey. Like many students seeking Level II fieldwork placements, she was unsure of which practice area would best suit her interests, but she knew that she wanted a placement that was close to both home and school.

"When my academic fieldwork coordinator, Diane Durham, suggested that I explore an opportunity with Genesis Rehab Services (GRS) at Millville Center in New Jersey, I agreed to give the skilled nursing environment a try. I tried to keep an open mind about this population, but at the same time I did not want to come across as a particular setting," Christina shares.

Diane's recommendation to Christina was, in part, a product of the relationship that she had developed with Nancy Jordan, the GRS regional student coordinator. Diane, who became familiar with the Millville Center and its clinical fieldwork supervisor, Karen Giggs, from previous Level II affiliations, was able to share Christina's specific learning style and objectives with Nancy in order to identify the most appropriate setting for her fieldwork placement. According to Diane, facility visits were also a valuable component of the placement process. "The on-site visits that I made to the GRS facilities with Nancy and the GRS clinical specialist were beneficial because I could see, firsthand, the knowledge and expertise of the clinical fieldwork supervisors and program managers," she says. Based on this information, Diane knew the fieldwork at Millville Center would be a positive growth experience for Christina.

Christina did not know what to expect from her fieldwork experience, and she was nervous about applying the knowledge she'd obtained from her academic program to real clients. Karen knew that many students share this concern, so as the clinical fieldwork supervisor she worked to ensure that Christina's 12-week affiliation did as much to build her confidence as a practitioner as it did to develop her clinical skills.

On Christina's first day at Millville Center, Karen gave her a thorough orientation to the facility and to the GRS student program. Because Nancy had already mailed Christina her initial paperwork and forms, they were able to spend Christina's first day acclimating her to the center rather than doing administrative work. Christina recalls that "I was introduced to the facility, the department, the people, and the resources of Millville on day one. Karen told me that if I had any questions, I should "just ask and we will point you in the right direction." Christina was given a copy of the GRS Student Manual, which detailed the responsibilities and expectations of fieldwork students, and which supplemented the fieldwork manual from Stockton.

At the end of her first day, Christina felt more comfortable with her affiliation. "The orientation was thorough and prepared me for what to expect," she says. Diane followed up with Christina and Karen after 2 weeks to make sure that the fieldwork was progressing as expected.

Most surprising to Christina was the type of clients she saw. She commented that, "I went into my affiliation thinking that the residents would be sicker or more impaired." She quickly learned that she held some misconceptions about the population in the skilled nursing environment, and was pleased to help many clients regain their independence and return home.

Christina's biggest concern, translating her academic experiences to the "real world," was addressed through regular communication with Diane and Karen. Christina believes that one of the biggest sources of help for her was the way Karen worked to make sure she paced her day in an organized manner. They also met weekly to discuss clients, progress, and treatment planning, which helped her during her transition into the clinic.

As Christina developed her clinical skills, Karen was very supportive of her progress. According to Christina, "She explained everything well and gave the right amount of supervision when I needed it—but also gave me the autonomy I needed to develop my skills. I was given the opportunity to plan and implement a weekly therapeutic group with my clinical fieldwork supervisor. The topic and activities were up to me."

Christina was grateful for the support she received from both the academic and center staff. "My 12-week fieldwork experience at Millville Center gave me a level of confidence and comfort that I didn't expect to find from a clinical affiliation. I enjoyed the teamwork aspect of the affiliation with GRS as well as the amount and quality of supervision that I received," she says.

By the midterm of her fieldwork experience, Christina knew that she wanted to pursue a career in the skilled nursing environment and that Millville Center was the place for her. "I was confident in my skills and looked forward to becoming a member of the team here."
Lastly, the student coordinator, in conjunction with the clinical specialist, works to provide solutions to challenging situations students may face in the clinic. For example, high patient caseloads combined with productivity demands may compete for the time that clinical fieldwork supervisors want and need to give to their students. In these situations, the student coordinator and clinical specialist may encourage the clinical fieldwork supervisor to provide alternative learning experiences for the student, or may work with students by scheduling alternative learning experiences, traveling with students to cover interventions at more than one site, or assigning students to more than one clinical fieldwork supervisor. Because most students have a strong educational background in theory, but lack confidence or experience in the skills of evaluation and intervention, the student coordinator and clinical specialist may work with the clinical fieldwork supervisor to develop strategies to provide students with additional direction, time, and training. The more supporting both the clinical fieldwork supervisor and the student.

An exciting enhancement of the Student Program is the addition of formal educational programs for clinical fieldwork supervisors, currently in the pilot phase. This “Clinical Instructor’s Basics Training” discusses the benefits of serving as a clinical fieldwork supervisor, reviews the responsibilities and expectations regarding student supervision, and suggests strategies for a successful fieldwork placement. This course complements the existing GRS.

Top: Interviewing a client to identify the goals that are important to her. Lower left: Reviewing lower-extremity dressing techniques with a client. Right: Working to regain independence in the kitchen.

At the conclusion of a student’s fieldwork, we hope to have shown that the growing geriatric population demands creative, dynamic, and highly skilled occupation-based intervention.

the clinical-operational management team to decrease the clinical fieldwork supervisor’s productivity requirements for the first few weeks of the student’s fieldwork. On the other end of the spectrum, small caseloads or declining numbers of clients may mean there are too few clients for the clinical fieldwork supervisor to treat, never mind enough for a supervisor and a student. In this case, student coordinators and clinical specialists may provide support for the clinical fieldwork supervisor. Difficult situations can be managed in close collaboration with the college or university. In many instances, co-visits can be arranged with the school and the student coordinator to resolve the situation and provide the highest quality fieldwork experience. Recently, GRS started to use Webcams in selected areas to allow student coordinators to conduct virtual meetings with students and clinical fieldwork supervisors. In each of these scenarios, the program manager plays an integral role in Clinical Instructor and Student Manuals, both of which are available on the company intranet. Additionally, GRS sponsors American Physical Therapy Association clinical instructor credentialing courses. These courses, which credential physical therapy practitioners, provide valuable information and instruction to occupational therapists and occupational therapy assistants as clinical fieldwork supervisors. As a result of our strong partnerships with academic institutions, GRS is
collaborating with several schools to provide additional training to clinical fieldwork supervisors, including a course that would review all aspects of student supervision. This course would ensure that academic and fieldwork objectives are in sync.

The support that GRIS provides for the Student Program ensures that, through daily on-site supervision of a student, clinical fieldwork supervisors will develop their clinical teaching skills while gaining basic supervisory responsibilities, including establishing and communicating expectations, monitoring performance, providing feedback, and performing evaluations. In recognition of the time, investment, and energy that go into serving in this role, we acknowledge clinical fieldwork supervisors through a comprehensive Clinical Recognition Program. Because we value our clinical fieldwork supervisors and understand the time commitment involved, at the conclusion of a student's fieldwork we pay their state license fees and provide a budget to their department to purchase instructional tools and resources. Each clinical fieldwork supervisor also receives a gift card, certificate of recognition, and professional development units toward their designated professional association. Some colleges and universities also offer free or discounted education as an incentive for clinical fieldwork supervisors.

**IMPLICATIONS FOR THE FUTURE**

Because a significant percentage of students are influenced by their fieldwork, a Student Program has tremendous implications for a new generation of clinicians who practice in a geriatric setting. The American Occupational Therapy Association document *The Purpose and Value of Occupational Therapy Fieldwork Education* states, "The goal of fieldwork education is to develop competent, entry-level generalists. . . . The fieldwork experience is designed to promote best practice" (p. 644). 1

In general, clinical supervisors who facilitate positive learning experiences with geriatric clients can influence students' perceptions of the skilled nursing environment, prompting them to pursue a career in this practice area.

A structured, well-coordinated student program in which clinical fieldwork supervisors serve as role models provides students with valuable opportunities to practice the knowledge they learned in the classroom while gaining clinical experience in geriatric rehabilitation. By exposing occupational therapy students to the varied skilled nursing settings, we are preparing a future generation of occupational therapists and occupational therapy assistants for practice in geriatric rehab.

Our goal for the regular meetings between clinical fieldwork supervisors, student coordinators, and academic fieldwork coordinators is to promote idea sharing related to evaluation and intervention approaches in the skilled nursing environment, which may ultimately lead to enhancements of a school's geriatric occupational therapy curriculum. Through the development of creative fieldwork that incorporates curriculum design, we strive to demonstrate the expertise of our clinicians for the practice of skilled nursing and geriatric rehabilitation.

At the conclusion of a student's fieldwork, we hope to have shown that the growing geriatric population demands creative, dynamic, and highly skilled occupation-based intervention. And through a formal evaluation system, we encourage students, clinical fieldwork supervisors, and academic fieldwork coordinators to provide feedback that will continue to strengthen the fieldwork experience. Using a deliberate combination of support, guidance, and strong supervision to create a positive fieldwork experience, we strive to spark interest in the skilled nursing environment, and hope that our fieldwork students choose Genesis Rehab Services as they launch their careers in geriatric rehabilitation.

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*References*


Karin Boll, MA, OTR/L, a graduate of the University of Southern California, is a clinic specialist with Genesis Rehab Services. She has worked in geriatric rehab for 17 years in a variety of settings.

Bonny Orpade, OTR/L, BHSc, OTR/L, a clinical specialist with Genesis Rehab Services in the Northeast Region. She is a GRIS Master Clinician in Dementia and a graduate of Queen's University.

Diane P. Durand, MS, OTR, a graduate of Thomas Jefferson University, is director of education and staff development at Genesis Rehab Services. She recently served as the OT Fieldwork Coordinator at Stockton College of New Jersey.

Estelle Stenberg, OTR/L, a clinical specialist and regional staff coordinator for Genesis Rehab Services. She is a GRIS Master Clinician in Seating and Positioning and a graduate of the University of Pretoria, South Africa.

Genesis Rehab Services is a leader in the long-term care rehabilitation industry. We are one of the largest and strongest rehabilitation organizations in the country, serving more than 700 skilled nursing centers, acute care facilities, hospitals, home health companies, subacute-care programs, and outpatient clinics. Our success stems from our commitment to those we serve. We truly are a patient-centered and employee-focused company. GRIS is proud to be a national partner with the American Occupational Therapy Association. Visit us at www.rehab.com.
Journey Into Fieldwork Supervision

SUMMARY

How does one prepare for the journey into fieldwork supervision? An analogy can be made to preparing for a trip. The traveler has a clear destination in mind; however, there may be a number of different turns along the way depending on the climate, the conditions, and one's own preferences.

Before the supervision journey begins, consider the prevailing climate of your clinical environment. Is the environment welcoming? Are staff members aware that a student will soon be on board? Have space needs been addressed to accommodate an additional member of the clinical team? Have additional opportunities been arranged that will provide further enrichment during the fieldwork experience? Are you prepared to meet the standards set forth by the Accreditation Council for Occupational Therapy Education? These questions need to be answered before a student begins a fieldwork journey with your program.

ESTABLISHING THE FOUNDATION

Journeys into new territory often require a travel guide. The student journey into occupational therapy is no different, and the occupational therapy supervisor needs to be prepared to guide the student’s journey. The best travel guides are those who know their territory well, are flexible and adaptable to any situation, and who seek out unusual experiences for their traveler.

After you have determined that you are prepared to be the travel guide (supervisor), ground rules for the journey can be discussed with the student. These ground rules include maintaining a positive regard for one another, being actively involved, fostering open communication, and providing ongoing feedback. Above all, each individual needs to be mindful of the importance of negotiating the journey together.

When planning a successful journey, one establishes an itinerary. The itinerary for the journey into fieldwork supervision, as identified by the facility and the fieldwork supervisor, will provide the structure for the fieldwork placement. Although the itinerary provides a guide, it must allow for flexibility to accommodate the needs of the student, supervisor, and facility. The American Occupational Therapy Association (AOTA) recommends creating a student manual specific to the facility, which should include general information about the facility, a weekly schedule for the student, assignments, orientation schedule, doc-
Journey Into Supervision Framework

Junction. The clinician who has limited, if any, supervisory experiences may be interested in developing the role of a clinical educator. At this junction of professional development, as the clinician ponders whether to embark on student supervision, questions of preparedness, who to go to for assistance, facility expectations, and self-actualization may be among the thoughts that contribute to the decision to further investigate this role.

Opportunity. Student supervision provides the opportunity for professional growth and satisfaction. Contributing to the education of occupational therapy students provides an additional incentive to stay current in the field, share expertise, contribute to the profession, and develop supervisory skills that may lead to higher-level employment opportunities.

Understand. It is imperative that the novice supervisor understands the roles of the student, supervisor, academic fieldwork coordinator, academic institution, and facility. In applying David Kolb’s four-step cycle of learning—(a) experiencing, (b) processing, (c) generalizing, and (d) applying—through examples of student experiences helps the novice supervisor to facilitate student clinical learning. Concrete experiences, reflective observation, abstract conceptualization, and active experimentation help the clinical educator apply the learning process to the occupational therapy clinic.

Realize. The significance of the role of clinical student supervision must be realized, and taken very seriously. Supervision takes a conscientious effort, and competence develops through both experience and continuing education. In addition, identifying their own strengths and challenges as well as those of the student will enable clinical educators to best meet the needs of students as individuals.

Needs. The needs of all parties involved with the fieldwork need to be addressed, including those of the client, student, supervisor, facility, academic institution, and facility. Anthony Gregor’s Style Delineator is one of several learning style inventories that could be used to determine the learning style of students. Student supervisors are also encouraged to evaluate their own learning styles to better understand how their own style will affect students. The abstract sequential learner, abstract random learner, concrete random learner, and concrete sequential learner all have very different ways of absorbing and applying new information. Understanding how these learning styles affect occupational therapy students can help supervisors meet the needs of students as individuals without compromising the objectives or rewriting the student manual for each individual learning style.

Exemplify. Because the fieldwork supervisor is a primary role model for occupational therapy students, the importance of one’s behavior cannot be overstated. A student supervisor must consistently exemplify the professional behaviors embraced by the profession. Attitude, respect, appropriate dress, and strong interaction and communication skills are just the tip of the iceberg. The exemplary supervisor is involved in the profession; participates in research; is a member of and presents at local, state, and national conferences; attends lobby day, and routinely promotes occupational therapy.

You & Me. Supervision is a dynamic process that includes directing, coaching, supporting, and delegating. The student and supervisor create a relationship that requires communication, communication, and communication! Establishing an atmosphere that is conducive to positive learning is essential in this collaborative effort toward a successful fieldwork experience.
FEAT

AOTA's Fieldwork Evaluation Assessment Tool (FEAT) was developed to stimulate reflection and problem solving discussions between students and fieldwork educators. It is based on an American Occupational Therapy Foundation qualitative study showing that a positive balance between among three key components—the environment, fieldwork educator, and student—leads to a positive fieldwork experience. FEAT can be accessed by going to www.aota.org and clicking on Academic & International Affairs, then on Fieldwork Evaluation Assessment Tool.