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UNIT I

POLICIES
Purpose of the BPCC OTA Student Fieldwork Manual

The Bossier Parish Community College (BPCC) Occupational Therapy Assistant Student Fieldwork Manual serves to inform students about the curriculum, rules, regulations, and policies of the OTA Fieldwork Program at BPCC. It also serves to disseminate clear information and guidelines for use in decision-making. The information in this handbook is intended to provide each student with the knowledge of the intent and expectations of the OTA Program. This Manual is intended to be used in conjunction with the BPCC Catalog, the BPCC Student Handbook, and the BPCC OTA Program Student Handbook.

The student must abide by the policies established by this program, rules and policies of each clinical affiliate and the standards established by the occupational therapy profession.

Bossier Parish Community College (BPCC) complies with the fieldwork (FW) educational Standards for an Associate’s Degree Level Educational Program, established by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA). FW sites are sufficient in number and types to meet the curriculum intent and design.

Fieldwork education is designed to provide occupational therapy assistant students with multiple and varied opportunities to apply the knowledge and skills learned in the classroom to practice in the clinical setting. Fieldwork experiences are designed to enrich the coursework through observation and participation in the occupational therapy process. Under the supervision of FW Educators, students are expected to integrate academic knowledge with practical knowledge with the goal of becoming competent, entry-level generalists who can function and thrive in a rapidly changing and dynamic health and human service delivery system. Fieldwork experiences provide students the opportunity to collaborate with the OTR to identify clients' occupational performance issues and select appropriate theoretical frames of reference to screen and assess the clients. Students develop skills in assisting with the development of action plans with measurable goals and objectives that are matched to client-therapist agreed upon targeted outcomes, carry out interventions and plan for discontinuation of occupational therapy services and/or transition to other services under the supervision of a licensed OTR. Within the fieldwork practice settings, students further develop the professional skills necessary for the establishment of effective client-therapist relationships and for successful collaboration with other members of the client's service delivery team (AOTA, 2003).

Bossier Parish Community College academic coursework divides fieldwork education into three components, identified as Level I-A, Level I-B and Level II. The Accreditation Council for Occupational Therapy Education provides general guidelines regarding fieldwork education,
but the specific nature and structure is determined by the academic faculty in collaboration with the FW educator (AOTA, 1998).

Fieldwork I placements are made with the academic course instructor and AFWC to meet the course learning objectives. The AFWC places students at sites that meet these objectives and also have FW educators that agree with plan.

Fieldwork II placements are assigned to provide students with experiences in a variety of occupational therapy practice settings serving clients experiencing a variety of physical and psychosocial occupational performance issues across the life span (AOTA, 1998).

BPCC OTA students are responsible for reading and knowing information in this manual. Fieldwork seminars are held during the academic semesters for planning and discussing FW procedures. These seminars are mandatory for all students to participate in fieldwork.

Students with disabilities should schedule a meeting with the Coordinator for Section 504 and ADA, (Career Services, Building F, 318-678-6005). The Coordinator for Section 504 and ADA will communicate with the AFWC to determine reasonable accommodations. Every student has completed HIPPA training and is to comply with the HIPPA polices of the organization and BPCC.

*BPCC reserves the right to change and make exceptions to this manual at any time. If changes are made, they will apply to students regardless of the date of admission.*
OTA Program Mission, Philosophy, and Accreditation

OTA Program Mission

The Occupational Therapy Assistant (OTA) program prepares students to work under the direction of occupational therapists to provide patient care in a variety of clinical environments. The mission of the OTA Program at BPCC is to provide students with the academic instruction and support services necessary to earn an associate degree in occupational therapy assistant and graduate well-qualified and board eligible occupational therapy assistants committed to serving the needs of the occupational therapy community, state and nation. The OTA Program supports OT services that promote the therapeutic use of occupation and activity during the OT process to increase a person's health, wellness and personal satisfaction.

OTA Philosophy

The philosophy of the OTA program at Bossier Parish Community College reflects that of the occupational therapy profession as stated in The Philosophical Base of Occupational Therapy (AOTA Representative Assembly, 1979; AOTA, 1995) and the following OT Practice framework statement:

“Occupational therapy is based on the belief that the need to engage in occupation is innate and is related to survival, health, well-being, and life satisfaction. Occupational therapy, therefore, is a profession whose focus is on enabling a person or group of persons to access and participate in activities that are meaningful, purposeful, and relevant to their lives, roles, and sense of well-being (Commission on Practice, August 2000, p. 3).”

In keeping with this statement the following beliefs represent the guiding philosophy for the Bossier Parish Community College Occupational Therapy Assisting program:

We believe that individuals are intrinsically motivated, functionally active and holistically unique in their pursuit of occupation and that all individuals have the right to participate in society and make personal choices. We believe each person has unique personal characteristics which affect their ability to participate in necessary occupations that may impact his or her quality of life. We believe that human development has multiple influences on human behavior which in turn affects occupational performance and outcomes. The OTA faculty believes that OT practitioners are deeply cognizant and keenly aware of the diversity of issues related to a person’s ability to successfully engage in meaningful occupations. We support OT services that promote the therapeutic use of occupation and activity during the OT process to increase a person’s health, wellness and personal satisfaction.
“Engagement in occupation” is the unique contribution of occupational therapy in the process of promoting one’s health, participation and independence in life activities. The successful use of occupation in the OT process means to actively engage the person through participation in purposeful, meaningful activities derived from the person’s values, experiences and culture. Active participation involves learning by doing, allowing individuals to draw from past experiences as they learn and/or relearn various skills. We view occupation as a means to achieve desired goals and as an end which is the desired outcome of intervention.

Occupational therapy assistants work with registered occupational therapists to enable people to engage in self-care, work, and play activities necessary for the highest quality of life possible.

The faculty of Bossier Parish Community College believe that all education should be student learning centered and that all persons learn best when their individual learning styles are addressed. Additionally, the learning experience should be based on a progression from comprehension of foundational information, to application of knowledge, to development of critical thinking through analysis and synthesis. Students learn best when they grasp the relevance of the information and are able to use the information to reach conclusions and solve problems. Further, the faculty members believe that the ultimate goal of their OTA education is the development of life-long learners who possess those affective characteristics identified by the Occupational Therapy Code of Ethics.

We as educators must also create an environment that develops a student's commitment to the profession of Occupational Therapy. Through their commitment to the profession they will be on the cutting edge of emerging trends, emerging technology, research, and evidence-base practices which will help ensure the Centennial vision of our profession:

"We envision that occupational therapy is a powerful, widely recognized, science-driven and evidence-based profession with a globally connected and diverse workforce meeting society’s occupational needs".

The philosophy of the college and the OTA programs reflects the values of the Centennial Vision and conversely the Vision is reflected in the values of the institution and faculty.
Accreditation

The BPCC Occupational Therapy Assistant program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. ACOTE’s telephone number c/o AOTA is (301) 652-AOTA and its Web address is www.acoteonline.org. The certifying agency is the National Board for Certification in Occupational Therapy, Inc. After successful completion of the NBCOT exam, the individual will be a Certified Occupational Therapy Assistant (COTA). Most states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination.

American Occupational Therapy Association (AOTA)
P.O. Box 31220
Bethesda, MD 20824-1220
1-800-SAY-AOTA Ext. 2911 or (301) 652-AOTA (2682)
www.aota.org

National Board for Certification in Occupational Therapy, INC. (NBCOT)
12 South Summit Avenue
Suite 100
Gaithersburg, MD 20877-4150
(301) 990-7979
Fax (301) 869-8492
www.nbcot.org

American Occupational Therapy Association (AOTA)
4720 Montgomery Lane, Suite 200
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National Board for Certification in Occupational Therapy, INC. (NBCOT)
1 Bank St. #300
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C.1.0: FIELDWORK EDUCATION
Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. The fieldwork experience is designed to promote clinical reasoning and reflective practice, transmit the values and beliefs that enable ethical practice, and develop professionalism and competence in career responsibilities. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under the supervision of qualified personnel serving as a role model. The academic fieldwork coordinator is responsible for the program’s compliance with fieldwork education requirements. The academic fieldwork coordinator will:

C.1.1: Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education.

C.1.2: Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students prior to the start of the fieldwork experience.

C.1.3: Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience. Ensure that fieldwork objectives for all experiences include a psychosocial objective.

C.1.4: Ensure that the ratio of fieldwork educators to students enables proper supervision, and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.

C.1.5: Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.4.7.

C.1.6: The program must have evidence of valid memoranda of understanding in effect and signed by both parties from the onset to conclusion of the Level I fieldwork and the Level II fieldwork if it involves an entity outside of the academic program. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.

C.1.7: At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing 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 personnel who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists.

C.1.9: Document that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork.

Ensure that Level I fieldwork enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy process, and includes mechanisms for formal evaluation of student performance.

The program must have clearly documented student learning objectives expected of the Level I fieldwork.

Level I fieldwork may be met through one or more of the following instructional methods:

- Simulated environments
- Standardized patients
- Faculty practice
- Faculty-led site visits
- Supervision by a fieldwork educator in a practice environment

All Level I fieldwork must be comparable in rigor.

The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapy assistants. 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. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will:

C.1.10: Require a minimum of 16 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 placement’s usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.

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 three different settings.

C.1.11: Document and verify that the student is supervised by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the supervision of an occupational therapist) who has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist or occupational therapy assistant prior to the onset of the Level II fieldwork.

Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork. The supervising therapist may be engaged by the fieldwork site or by the educational program.

C.1.12: 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).
Contact Information

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OTA Program Director
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kbrandon@bpcc.edu

Michele Allison, LOTR, CHT
OTA Academic Fieldwork Coordinator (AFWC)
318-678-6515
mallison@bpcc.edu

Shunta Spearman, MT (ASCP)
Program Coordinator
Division of Science, Nursing and Allied Health
318-678-6052 (office)
sspearman@bpcc.edu

Carolyn Burroughs, M.Ed.
Dean, Science, Nursing and Allied Health
318-678-6082
cburroughs@bpcc.edu
**AFWC Contact Information**

While on fieldwork, students should seek to develop open lines of communication with their immediate Fieldwork Educator (FWE) and concerns that are specific to the fieldwork site should be addressed directly to the FWE(s).

If students have questions or concerns which the FWE(s) are unable to adequately address, or which go beyond the scope of the fieldwork site, the student should contact BPCC Academic Fieldwork Coordinator. Students should attempt to contact AFWCs by telephone or email during the normal business hours of 8:00 a.m. to 3:00 p.m. Students may contact AFWC at home by telephone in an emergency, but are asked not to abuse this privilege.

**AFWC Contact Information:**

mallison@bpcc.edu and/or kbrandon@bpcc.edu email is checked throughout the day at work. Be sure to indicate if an immediate email reply or telephone call is required, and if the call should be made to your home, cell phone or to the fieldwork site.

AFWC is generally available to make weeknight calls between 6:30 and 9:30 p.m., and will attempt to return weekend calls in a timely manner. If you leave a message, please indicate if an immediate return call is required, or if the call can be made during the next business day.

Students are also encouraged to use the on-line Level II Fieldwork discussion forums to discuss and seek the opinions of their peers regarding general issues arising in the fieldwork setting.

**An additional resource for students is the AOTA Fieldwork Information Line for Students at 1-800-729-2682, press 5.**
Fieldwork Education Terminology

The Academic Fieldwork Coordinator (AFWC) is the Program faculty member with the academic and administrative responsibility of overseeing the fieldwork education component of the Program.

Responsibilities include:
   a. Liaison between the Program and fieldwork sites/faculty.
   b. Communicates regularly with fieldwork sites and fieldwork educators in planning for student affiliations.
   c. Works with the Clinical Coordinator of the Division (Cherish Henderson) to establish affiliation agreements that meet the needs of the College, student and facility.
   d. Assigns students to sites for fieldwork experiences.
   e. Provides or facilitates continuing education and training of fieldwork educators in collaboration with the facility AFWC.
   f. Monitors and facilitates student progress toward individual and course goals/objectives during fieldwork experiences.
   g. Counsels students individually on fieldwork performance and professional behavior issues.
   h. Determines the grade for fieldwork practice courses.
   i. Evaluates the effectiveness of fieldwork, fieldwork facility student programs, and the Program’s fieldwork education component.
   j. Communicates information related to student fieldwork performance and the effectiveness of the fieldwork education program to the Advisory Committee.

The Center Coordinator of Clinical Education (CCCE) is the individual appointed by the fieldwork education site and designated as the primary contact person for the Program Coordinator and OTA AFWC who is responsible for coordinating student fieldwork education experiences at the fieldwork education site.

Responsibilities include:
   a. Serves as the key contact person for the Program Coordinator and AFWC in planning for upcoming fieldwork education rotations/experiences.
   b. In collaboration with the Science & Allied Health Division Program Coordinator, facilitates on-site the completion of the Affiliation Agreement (Memorandum of Understanding) with the College.
   c. Provides the Program with current information regarding student pre-requisite requirements (immunizations, laboratory tests, certifications, screenings, etc.)
   d. Provides or arranges for education and training of fieldwork educators in collaboration with Program AFWC.
e. Delegates fieldwork supervision of students to approved occupational therapy fieldwork educators
f. Oversees the orientation of the student to the fieldwork facility
g. Acts as a liaison between the student and fieldwork educator
h. Evaluates, in consultation with the AFWC, the effectiveness of the fieldwork education program and the facility’s fieldwork educators
i. Maintains necessary/appropriate documentation related to the site’s fieldwork education program

The **Fieldwork Educator (FWE)** is the occupational therapist or occupational therapy assistant selected by the CCCE with at least one year of clinical experience who directly supervises the student in the Level II fieldwork environment. The FWE for supervision of Level 1 Fieldwork students may include, but are not limited to, academic or fieldwork educators, occupational therapy practitioners initially certified nationally, psychologists, physician assistants, teachers, social workers, nurses, physical therapists, social workers, etc. The supervisors must be knowledgeable about occupational therapy and cognizant of the goals and objectives of the Level 1 Fieldwork experience. It is preferred, but not required, that the Level II FWE have completed the AOTA FWE Certification Course and that the FWE be a member of AOTA.

Responsibilities include:

a. In collaboration with the FWE and AFWC, plans appropriate learning experiences for the student
b. Works with the student and Program to identify appropriate objectives for the fieldwork experience
c. Supervise the student appropriately in order to provide quality learning experiences in the areas of professional skills, data collection, interventions, and site-specific skills
d. Provides both formal and informal feedback to the student regarding his/her performance on a regular basis
e. Communicates with the student and AFWC regarding student performance
f. Completes Program required documentation in a timely manner
g. Makes an effort to address the varying needs of fieldwork students in terms of experience, learning style, progress within the curriculum and interpersonal communication characteristics
h. Serves as a role model for legal, ethical, and professional behavior
**Procedure for Fieldwork Education Placement**

During the OTA Program, students complete four fieldwork experiences of varying lengths. Officially, these experiences are divided into:

- Level I-A fieldwork is integrated into OCTA 203 (Physical Challenges to Occupation), 204 (Mental Challenges to Occupation), and 205 (Developmental Challenges to Occupation)

- OCTA 217 (Fieldwork I-B) - (spring) – Two-one week fieldwork rotations for a total minimum of 70 hours (or full time equivalent) of fieldwork I-B experience

- OCTA 220 (Fieldwork II -A) – (final fall) – full time or full-time equivalent fieldwork experience, 8 weeks

- OCTA 221 (Fieldwork II-B) – (final fall) – full time or full-time equivalent fieldwork experience, 8 weeks

Through communication with the Science, Nursing & Allied Health Program Coordinator, the OTA Program AFWC maintains a record of fieldwork sites/affiliates with current fieldwork education agreements (Memorandum of Understanding) with the School/Program. Additionally, the AFWC tracks the “available” fieldwork placements/slots for each upcoming fieldwork experience. This record is updated regularly through (1) returned *Student Commitment Forms* (annual request for placements) and (2) informal communications with sites regarding available student placements (email, phone calls).

During the first fall semester of the Program, students are prompted to give input into the selection of the sites for their fieldwork rotations through completion of a *Fieldwork Rotation Choices Form* (see copy in “Student Resources” section). Students are instructed to reference the **Fieldwork Site Binders** (located in the OTA classroom B-112) in completing this form. These binders (for active/available fieldwork sites) contain:

- the *AOTA Fieldwork Data Form* which describes the fieldwork setting, including student prerequisites, intervention activities used, and student assignments

- *Evaluations of the Fieldwork Site/Experience Forms* from students who have previously been assigned to the facility (if available)

- the *Fieldwork Site Report Form* which summarizes “logistical” information on the facility (parking, dress code, etc..)

- a color code indicating the “setting” category of the facility with “Physical Dysfunction” = red, “Pediatrics” = green, “Mental Health” = blue and “Specialty” = yellow
Students are instructed to make fieldwork site requests in categories of Physical Dysfunction, Pediatrics, Mental Health (if available) with fourth selection either a Specialty selection or repeat of a required category (3 choices per category) and to list a minimum of one out-of-town fieldwork site (outside of Shreveport-Bossier) on the Fieldwork Rotation Choices Form.

A 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 three different settings. A minimum of 16 weeks of full-time Level II fieldwork must be completed. This may be completed on a part-time basis as defined by the fieldwork placement in accordance with the fieldwork placement’s usual and customary personnel policies as long as it is at least 50% of a full-time equivalent at that site and is completed within 16 months of completion of didactic coursework.

If a student is interested in a fieldwork rotation at a facility not currently contracted with the school, then a Request for Fieldwork Site Development Form must be submitted (form available in “Student Resources” section). The AFWC corresponds with the requested site to investigate the option of planning a student in the facility. If the site/fieldwork educators are deemed appropriate for fieldwork experiences, the Science & Allied Health Programs Coordinator is then contacted to facilitate execution of a Fieldwork Education Agreement Memorandum of Understanding) prior to the student’s fieldwork experience.

The AFWC, who is ultimately responsible for the decisions related to student fieldwork placements, takes into consideration multiple factors in making those fieldwork assignments. Those factors include:

- a) a student’s prior experiences before entering the program and strengths/weaknesses identified during previous fieldwork rotations;
- b) requirement that students are provided experiences in a variety of practice settings;
- c) location of the fieldwork facilities;
- d) communication and learning style of the student;
- e) environment and teaching style of the facility/fieldwork educator(s);
- d) educational and personal goals of the student;
- e) consideration of student requests.

Students are notified of fieldwork II placement decisions a minimum of 4 weeks prior to the start of the rotation in order to arrange transportation/housing if necessary. Complaints and/or appeals of fieldwork placement decisions should be presented directly to the AFWC and are handled on a case-by-case basis.

Students should be aware that depending upon fieldwork site availability, any or all of their fieldwork II experiences may be scheduled outside the Shreveport-Bossier area. Potential hardships related to travel should be presented to the AFWC who may factor in those circumstances when making placement considerations.
Students are typically not placed in facilities in which they are (or have been) employed, in which a family member is employed, or in other settings in which the AFWC deems there is a conflict of interests. Such conditions pose a risk of undue subjectivity in grading.

Students are responsible for the arrangement and cost of transportation and housing for each fieldwork practice course.
Professional Appearance (during fieldwork practice experiences)

OTA students must follow the facility-specific dress code policies of each fieldwork site to which they are assigned. If lab coats and/or scrubs are required by the facility, then the student will be responsible for securing those items. Hair will be fashioned as to not fall forward or over the sides of the face when working with patients/clients. Nails will be kept short in order to enable easy cleaning, prevent puncture of gloves, and prevent injury to the patient/client. Students should not wear excessive fragrance, makeup, or jewelry. Distracting body art such as facial/body piercings or easily visible tattoos may be required to be camouflaged, covered or removed. A BPCC name badge (or facility badge) identifying the student as a “student” or “SOTA” must be worn during all patient interactions (more information below).

The Nevers (adopted form Costa, 2004)

- Never wear tee shirts, tank tops, muscle shirts, sleeveless shirts (unless as underclothing).
- Never wear tight, and/or low riding pants that do not reach the waistline or shirts that do not extend below the waistline. Never wear jeans or sweatpants.
- Never wear Spandex wear, or any clothing that allows cleavage or undergarments to be visible.
- Never wear shoes with open toes, heels above 2”, or work boots.
- Never carry a personal cell phone while on duty. Cell phones are prohibited in many patient care areas. The FWE can inform the student of the approved procedure for family members to contact the student in case of an emergency. No private calls should be made during “on duty” hours.
- Makeup should not be excessive.
- Facial hair in men should be neat and well-groomed.
- Fragrances should not be worn, as many patient and health care workers have allergies, and health care facilities frequently request patients be fragrance free before seeing practitioners.
- Personal hygiene should involve the basics, including attention to any body odor that might be offensive to patients and also hand cleanliness.
- Body piercings should be discouraged (or covered), as some facilities have strict rules on piercing, and students also need to be mindful of any messages that might be inferred and communicated to patients by their piercings.
- Tattoos must be covered with clothing. Most health care facilities require that these cannot be visible.
- Revealing clothing and clothing that reveals undergarments should not be worn – the standard rule is that skin should not show, and students need to be aware of what happens to their clothing when they run, stretch, bend, lift, jump, or twist.
- Shoes should be supportive, comfortable, and professional, as most health care facilities prohibit open-toed or open-backed shoes, and some may prohibit sneakers.
• Jewelry rules vary widely depending on the practice setting: In mental health facilities, heavy neck chains are often prohibited as a safety measure; pierced earrings can be caught on equipment or pulled by patients, and so students should not wear dangling earrings; other practice settings may have rules on rings or bracelets, particularly if they have sharp edges that might injure patients.

• Fingernails should be clean and cut to an appropriate length (not to extend beyond the tip of the finger). In addition, as of January 1, 2004, the Joint Commission on Accreditation of Health Care Organizations has implemented an infection control standard to reduce the risk of health care-acquired infections. Health care facilities are now required to comply with the 2002 Hand Hygiene Recommendations of the Center for Disease Control and Prevention, which prohibit the wearing of artificial nails or extenders when having direct contact with patients who are designated to be at high risk. (p. 252)

**Student Identification**

While in fieldwork rotations students must display facility appropriate identification as specified by the fieldwork site such as a hospital issued ID badge or BPCC issued fieldwork student ID badge. Students must return this security badge/card to the program director by a specified date. Failure to submit the badge/card will result in the immediate release of the student’s name to Bossier Parish Community College’s Office of Student Services. A “Hold” will be placed on the student’s file preventing the release of the student’s records. This will interfere with graduation, registration, or obtaining a copy of official transcripts (transferring to another school). If a “Hold” is placed for this reason, it will be removed once the security badge/card has been returned to the Program Coordinator, Shunta Spearman (B105).
Professional Behaviors/Affective Skills Expectations

In addition to requirements related to technical skill development during fieldwork practice experiences, the Program additionally expects students to demonstrate affective behaviors consistent with a “professional”. Students are expected to conduct themselves in a professional manner at all times during fieldwork experiences. The policies and procedures of the Program and of the Fieldwork Facility must be adhered to and additionally the student should conform to the principles outlined in the AOTA Guide for Professional Conduct and the AOTA Code of Ethics. Specifically, the Program has defined the expected affective behaviors/skills as:

- Commitment to Learning
- Interpersonal Skills
- Communication Skills
- Effective Use of Time & Resources
- Use of Constructive Feedback
- Problem Solving
- Critical Thinking
- Professionalism
- Responsibility
- Stress Management

Preceding the first fieldwork experience, students will receive from the AFWC more detailed descriptions, expectations and examples related to each of the affective skills. Following this lecture series, students will be required to complete a Self-Assessment of Affective Behaviors (sample available in “Student Resources”) and participate in a one-on-one meeting with the AFWC to discuss that assessment and set goals related to affective skill development for the fieldwork experience(s).

Fieldwork educator feedback is solicited during each fieldwork experience on the student’s professional skills and course requirements related to which skills must be “checked off” during the rotation(s) are outlined on each fieldwork practice course syllabus.

Students are expected to comply with BPCC Program policies and procedures as well as facility specific policies and procedures during placement in facility. Students are expected to attend a formal and/or informal facility orientation to be trained about student expectations and facility policies and procedures at the beginning of the fieldwork experience.

Electronic Devices

Electronic communications devices (cell phones, smart watches, beepers, hand-held computers, blackberry’s, I-pods, pagers, etc.) must be silenced, not used, and out of sight (including text messaging) during all fieldwork experiences.
Attendance and Make-up Policy for Lecture, Lab, and Fieldwork Courses:

The BPCC attendance policy states that students are to attend all classes regularly and punctually. The college policy also acknowledges that in clinical and laboratory classes, with regard to both excused and unexcused absences, the student may be expected to abide by additional attendance policies. The OTA program has a more stringent attendance policy because of the condensed delivery format, demands of the OTA curriculum, and the problems encountered when class/laboratory/fieldwork activities are missed. Faculty are charged with ensuring and documenting safety of all skills, and there is a limit to both the quantity and quality of make-up work that faculty can provide. For these reasons, the OTA program has the following expectations regarding student attendance:

A. Definitions
   ○ “Excused Absence” - An absence can be excused ONLY if the student has notified the program office/program faculty member (and fieldwork affiliate if absent from fieldwork hours) prior to the scheduled class/fieldwork time of the missed day. Excused absences could include illness, death of immediate family member, jury duty, military duty, or any circumstance with prior approval by faculty member. Excused absences require documentation at the discretion of the program director/AFWC/instructor.
   ○ “Unexcused Absence” - An absence which does not meet the definition of excused absence or one in which the program office/program faculty member (and AFWC/fieldwork educator if absent from fieldwork hours) were not contacted prior to the scheduled fieldwork time is considered unexcused. Unexcused absences could include car trouble, routine doctor appointments, dentist appointments, child care issues, failure to complete immunization requirements, etc.

B. OTA Program Policy regarding unexcused absences:

For all OTA lecture/laboratory and clinical practice/fieldwork courses, one unexcused absence/incident will result in a written programmatic counseling. Two unexcused absences/incidents will result in a referral to the Office of Student Services with the recommendation for dismissal from the OTA Program. Unexcused hours missed will be applied toward the maximum total contact hours a student may miss in any class as described below.
Any assignments or exams missed because of an unexcused absence will be scored a zero.
ALL unexcused missed fieldwork hours must be made-up.

C. OTA Program Policy regarding excused absences:

For all OTA lecture/laboratory and clinical practice/fieldwork courses, two (2) excused absences will result in a verbal programmatic counseling. Three (3) excused absences will result in a written programmatic counseling. Four (4) or more excused absences may result in a referral to the Office of Student Services with the recommendation for dismissal from the OTA Program. It is at the discretion of the program faculty and AFWC, if the excused FW absence must be made up.

The Standards for an Accredited Educational Program for the Occupational Therapy Assistant require a total of 16 weeks of Level II fieldwork (AOTA, 2018). Students are required to complete two eight week rotations. Students are required to be in attendance during the hours that their FWE works. If the FWE is absent from work, the student is still expected to attend if arrangements have been made for appropriate supervision. If the FWE chooses to give the student the day “off” due to lack of appropriate supervision available, the student is responsible for notifying the AFWC and day(s) must be made up. Actual days of the week and exact number of hours of work per week will vary, depending on the schedule of the FWE to whom the student is assigned. Each rotation will include a 40 hour work week (or full-time equivalent), with several hours each evening devoted to reflection, research, and preparation for the next day. Students should be prepared to plan accordingly. The AFWC must receive prior notification if any variation in this schedule occurs.

Vacation days during Fieldwork are not permitted. The AFWC must be notified when “Comp” time is granted as a result of a change in the typical schedule. Variation from a typical schedule is described as any time outside of the typical 8 hour day/5 days per week work schedule.

The BPCC academic holidays do not apply to fieldwork students unless the fieldwork site recognizes the same holidays. Do not plan family trips, weddings or other scheduled holidays to interrupt a fieldwork placement or events that too closely coincide with the expected completion date of the fieldwork course. Requested time off for unexcused absences as outlined in the BPCC OTA Attendance Policy will result in disciplinary action. School districts or state and federal agencies may have additional holidays. Make up days will be determined by the FWE and AFWC.
The AFWC must be notified prior to all student initiated absences from fieldwork and prior to any variation in the “typical” schedule.

- Typical schedule variation example: The FWE would like for you to work on a Saturday to experience a weekend schedule so he/she gives you a Friday off.
- Student initiated excused example: You call in sick. In this situation, you must contact FWE and AFWC prior to the beginning of the work day. Time will be made up at the discretion of the FWE and with approval from AFWC.
- Student initiated unexcused example: You have a routine doctor’s appointment or car trouble and you miss 3 hours of fieldwork. While you must give prior notice to FWE and AFWC, this is considered unexcused and will result in disciplinary action. Any absence that occurs without giving prior notice to AFWC and FWE is considered unexcused. Refer to BPCC OTA Attendance Policy for additional information.
Fieldwork Performance Evaluation

Level II Fieldwork Practice courses in the OTA Program curriculum are “pass/fail” in nature. A failing grade or failure to complete all fieldwork courses and requirements may result in dismissal from the OTA program. See the policies and procedures associated with failure to complete fieldwork, unsatisfactory performance, withdrawal, or failure for each level of FW in their relative section of the FW manual.

The primary tool utilized by the Program for the evaluation of Level II student fieldwork performance is the **AOTA Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student**. Learning outcomes and course objectives on the course syllabi (OCTA 203, OCTA 204, OCTA 205, OCTA 217, OCTA 220 & OCTA 221) describe the student expectations in order for the student to receive a passing grade for the course.

| Fieldwork I-A- | Student is expected to achieve “entry-level” skill with: |
|fall rotation | • Skill 1 – Interpersonal Skills |
| | • Skill 2 – Communication Skills: Oral & Written |
| | • Skill 3 – Professionalism |
| | • Skill 4 – Participation |
| | Satisfactory completion of Level I-A Fieldwork assignments. |

| OCTA 217 | Student is expected achieve “entry-level” skill with **(must be re-checked)**: |
| (Fieldwork I-B) – | • Skill 1 – Commitment to Learning |
|spring rotation | • Skill 2 – Interpersonal Skills |
| | • Skill 3 – Communication Skills: Oral & Written |
| | • Skill 4 – Effective Use of Time and Resources |
| | • Skill 5 – Use of Constructive Feedback |
| | • Skill 6 – Professionalism |
| | • Skill 7 – Responsibility |
| | • Skill 8 – Problem solving |
| | • Skill 9 – Stress Management |
| | • Skill 10 – Safety |
| | Satisfactory completion of Level I-B Fieldwork assignments. |
OCTA 220 & 221 (Fieldwork II A & B) – summer rotation

Student must be “checked” (deemed entry-level) on all skills from the AOTA Fieldwork Performance Evaluation For the Occupational Therapy Assistant Student

Satisfactory completion of all assignments.

Student performance during fieldwork II experiences is also assessed using the *Midterm conference* communication between AFWC (available in “Student Resources”), FWE and student during the fieldwork experience which provides qualitative information regarding student performance.

Formal evaluations of the student by the fieldwork educator in consultation with the AFWC should occur at “midterm” and at/near the end of each fieldwork rotation. Identified deficits in student performance occurring during these assessments may result in the addition of student assignments, the extension of fieldwork practice hours, and/or the establishment of additional goals/expectations for student performance. Meetings between the student and FWE should occur weekly to establish goals and objectives and assess student performance and expectations. A Weekly Planning/Feedback form is available in the “Student Resources” section.

While information related to student performance is gathered from the fieldwork educator’s comments, documentation and grading/scoring, the responsibility for assigning the fieldwork education course grade ultimately lies with the AFWC who uses that input to objectively assign the pass or fail grade as appropriate.

OTA students from BPCC must complete fieldwork rotations within the continental United States.
Struggling Student

The student is responsible for following the line of authority in the FW setting for discussing any problems or issues that may arise. Discussions should first be conducted with the FW educator. If resolution is not achieved with the FW educator, the student should attempt to resolve the issue with the FW educator and her/his supervisor. The AFWC is available to assist the student in planning how to approach the FWE and/or supervisor, and how to express her/his concerns or issues. If problems or issues are not resolved at this level, the student may contact the Director of the OTA Program.

See Level I-A Action Plan for specific plans, timelines, responsibilities, and requirements for any students receiving a rating of “needs improvement” or “unsatisfactory” on the Level I-A Student Evaluation Form.

See Level I-B Action Plan for specific plans, timelines, responsibilities, and requirements for any students receiving a rating of less than “7” on the Level I-B Student Evaluation Form.

During Level II fieldwork, if the student’s performance is not satisfactory at mid-term or at any point in the FW experiences, the AFWC is notified immediately. A written developmental plan will be developed jointly by the FWE, AFWC and student. The plan includes a description of the problem, suggested learning strategies, outcomes measures, timelines and consequences of success or failure to meet timelines. The FWE monitors the progress and provides written feedback for the student at daily/weekly meetings. AOTA’s Fieldwork Experience Assessment Tool (FEAT) may also be used to structure and promote FW educator/student communication on the learning experience. This tool enables the FW educator and student to reflect and create a plan. The student outcome is to develop clinical skills and appropriate professional behaviors.

If the student wishes to pursue additional discussion and/or a formal complaint, he/she will be directed to speak with the appropriate supervisor at the fieldwork site. The AFWC will keep the OTA Program Director informed of this situation. If the AFWC, the student and the program director determine that another setting is in the best educational interests of the student, then a different fieldwork placement will be arranged for the student.

Students must notify the AFWC or OTA Program Director prior to withdrawing from FW. Any abandonment of one’s professional responsibilities to the patient and facility is considered a serious violation of professional ethics. The student will receive a failing grade if they leave a FW site without notifying BPCC AFWC or Program Director.

See the Failure to Complete Level II Fieldwork in the Level II section of the fieldwork manual for policies and procedures regarding unsuccessful completion.
UNIT II

LEVEL I-A

Fall Semester
COE Guidelines for an Occupational Therapy Fieldwork Experience - Level I

Definition and Purpose

The AOTA ACOTE 2018 Standards describe the goal of Level 1 Fieldwork" to introduce students to fieldwork, apply knowledge to practice, and develop understanding of the needs of clients.”

Level 1 Fieldwork is not intended to develop independent performance, but to "include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process."

Services may be provided to a variety of populations through a variety of settings. Experiences may include those directly related to occupational therapy, as well as other situations to enhance an understanding of the developmental stages, tasks, and roles of individuals throughout the life span. Day care centers, schools, neighborhood centers, hospice, homeless shelters, community mental health centers, and therapeutic activity or work centers are among the many possible sites. Level 1 Fieldwork may also include services management and administrative experiences in occupational therapy settings, community agencies, or environmental analysis experiences. Populations may include disabled or well populations; age-specific or diagnosis-specific clients.

Qualified personnel for supervision of Level 1 Fieldwork may include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists. The supervisors must be knowledgeable about occupational therapy and cognizant of the goals and objectives of the Level 1 Fieldwork experience.
BPCC OTA Level 1-A Fieldwork expectations:

• The Level 1-A Fieldwork experience is designed to build a student’s performance in observation and documentation skills, affective skills, professional behaviors and increase general knowledge and understanding of the analysis of occupational performance in areas of occupation, and becoming familiar with the varying roles of the OT and OTA and their relationships with other healthcare providers in a variety of traditional and non-traditional sites.

• The Level 1-A Fieldwork experience is part of the course requirements of OCTA 203- Physical Challenges to Occupation, OCTA 204 – Mental Challenges to Occupation, OCTA 205- Developmental Challenges to Occupation.

• The students are not expected to participate in direct patient care during Fieldwork 1-A as courses thus far have included foundational knowledge of OT principles and its application to practice. Intervention techniques and strategies will be introduced in the fall semester and expanded upon in the Spring Semester facilitating the progression of comprehending foundational knowledge to application of the knowledge to the development of critical thinking skills (See Program Curriculum in “Student Resources”).

• Fieldwork educators will evaluate the student’s affective skills, professional behaviors, and participation on a satisfactory/needs improvement/unsatisfactory basis using the Fieldwork 1-A Student Evaluation. An action plan will be implemented in the event of any score less than satisfactory. (See Action Plan in this section). The Fieldwork 1-A Student Evaluation is an electronic evaluation and a student specific link will be provided by the AFWC. A paper copy of this form is available at the end of this section and in “Student Resources” for reference) The FWE may complete a hard copy of the form and mail to AFWC or send with the student.

**It is the student’s responsibility to assure the Student Evaluation Form is completed and returned to the AFWC along with any assignment within one week of completing each site visit.

• The objectives that define the affective skills, professional behaviors and participation expectations of each student that the Fieldwork educators will be evaluating are described on affective skills assessment and are condensed on the Student Evaluation Form.

• Fieldwork educators are encouraged to openly communicate with students during patient care by facilitating student feedback regarding basic Occupational Therapy principles, models of practice and frames of reference, the use of Occupation in their practice,
holistic approaches to treatment, questioning observation skills, sharing documentation procedures and any other areas that the Fieldwork Educator deems appropriate to contribute to the successful application and understanding of the Occupational Therapy Process.

- Level 1-A Fieldwork educators are not required to issue assignments. All assignments will be issued by the Class Instructor/Academic Fieldwork Coordinator prior to each site visit.

- Students are expected to complete an Attendance Log at the end of each visit. The Attendance Log lists the name of the site, the total time at the site for each day and the FWE’s signature. This log is due upon completion of all Level I-A rotations. A copy of the Attendance Log can be found in this section, in the “Student Resources” and on CANVAS.

- Students are required to complete a Facility/Fieldwork I-A Evaluation Form for each Fieldwork site and submit to the Academic Fieldwork Coordinator via CANVAS within one week of completing assigned hours at each facility. A copy of this evaluation form is can be found in this section, in “Student Resources” and on CANVAS.

- The time and/or days of the placements are dependent upon the schedule of the facilities and/or fieldwork educators.

- Level I Fieldwork experiences cannot be substituted for any part of Level II Fieldwork.
BOSSIER PARISH COMMUNITY COLLEGE
OTA PROGRAM
FIELDWORK 1-A STUDENT EVALUATION FORM

Student Name:___________________________________
Facility:_________________________________________
Fieldwork Educator(s):_____________________________________

The following evaluation tool should be completed by the fieldwork educator.
Please circle Satisfactory, Needs Improvement, or Unsatisfactory for each area. Comments are vital to student growth and are required if student receives needs improvement or unsatisfactory in any area.

1. **Interpersonal Skills** (respecting others, interacting appropriately and confidently…)  
   SATISFACTORY  NEEDS IMPROVEMENT  UNSATISFACTORY  
   Comments:

2. **Communication Skills** (appropriate verbal and non-verbal communication, listening…)  
   SATISFACTORY  NEEDS IMPROVEMENT  UNSATISFACTORY  
   Comments:

3. **Professional Behaviors** (introduces self, positive attitude, abide by facility and school policies and procedures, AOTA Code of Ethics, patient confidentiality, appropriate dress, demeanor…)  
   SATISFACTORY  NEEDS IMPROVEMENT  UNSATISFACTORY  
   Comments:

4. **Participation** (attendance, punctuality, interaction in open discussion, use of professional language)  
   SATISFACTORY  NEEDS IMPROVEMENT  UNSATISFACTORY  
   Comments:

________________________   __________________________
Student Signature          Date    Fieldwork Educator’s Signature    Date
If a student is rated as needing improvement and/or unsatisfactory on any skill on the Fieldwork Educator’s evaluation of the Level 1-A Fieldwork experience, the student is responsible for scheduling a meeting with the Academic Fieldwork Coordinator and collaborating on a plan for improvement which addresses the identified area(s).

The plan identified may include one or more of the following:

1. Review of the guiding principles behind OT practice with the population on which this fieldwork focuses
2. Review of principles and application of professional behaviors
3. Additional opportunities to refine verbal and/or nonverbal communication skills
4. Revision of written work or supplemental assignments
5. Additional Level 1-A fieldwork experience, if applicable (to be determined by OTA faculty)

Students with less than a 90% average score on Level I-A student evaluations will be given a grade of “Incomplete” in the course or courses most applicable to the fieldwork practice setting receiving the unsatisfactory or needs improvement score, until the plan for improvement is successfully carried out and all course requirements are met. If a student does not successfully complete the Level 1-A fieldwork, he or she must petition the OTA Department one time only for permission to repeat the experience. This request to repeat the fieldwork must be made in writing to the Academic Fieldwork Coordinator within one week of the notification to the student that he/she has failed the Level 1-A fieldwork.

The OTA faculty will meet to review the request. Permission to repeat the fieldwork may or may not be granted and will depend on the reason for the failure. Faculty will not grant permission to repeat the fieldwork if it is felt that it would violate the Occupational Therapy Code of Ethics. If permission is not granted to repeat the Level 1-A Fieldwork, the student will be unable to complete the OTA Program.

If the student is permitted to repeat the fieldwork experience, scheduling will again be dependent upon site and/or fieldwork educator’s availability and may need to be completed after the completion of the semester. The student will receive an “I” in the corresponding course until the Level 1-A fieldwork is successfully completed. The student will be allowed to enroll in the spring semester but will not be allowed to initiate Fieldwork 1-B until Fieldwork 1-A is successfully complete. This grade of “I” will be converted to an “F” if the requirements for Fieldwork 1-A are not successfully completed prior to assigned time to begin Fieldwork 1-B and the student will be unable to complete the OTA program.

If the student successfully completes the Fieldwork 1-A within the designated time frame, the “I” grade will be changed to a letter grade for the course.
Bossier Parish Community College – OTA Program

Level 1-A Fieldwork

Attendance Log/Timesheet

(completed by student)

Student Name: ________________________________

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Additional copies available in “Student Resources” section and on CANVAS
Bossier Parish Community College
OTA Program
Facility/Fieldwork 1-A Experience Evaluation

Student Name:___________________________________
Facility:_________________________________________
Fieldwork Educator(s):_____________________________________

The following evaluation tool should be completed by the student and discussed with the fieldwork educator if possible. A copy should be left with the fieldwork educator and the original returned to the AFWC via CANVAS. A grade will be given for the rotation only after this form has been received. Complete the questions below thoughtfully and accurately. Provide comments for any “No” score.

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

2. FWE and staff provided a supportive attitude for your role as an OTA student.

   YES   NO
   Comments:

3. FWE and staff provided effective role models for problem solving, communication and teamwork.

   YES   NO
   Comments:

4. FWE and staff demonstrated high morale and harmonious working relationships.

   YES   NO
   Comments:

5. FWE and staff adhered to ethical codes and legal statutes and standards (Medicare, HIPAA, AOTA, etc.)

   YES   NO
   Comments:

6. FWE and staff were sensitive to individual differences (race, age, sex, etc.)

   YES   NO
Comments:

7. Was the use of Occupation evidenced in this facility? Explain.

8. What suggestions would you offer the fieldwork site in terms of improving the clinical/learning environment?

9. What suggestions or comments do you have for your FWE to help improve the facility’s student program?

10. What suggestions or comments do you have for the course instructor or fieldwork coordinator to help improve the fieldwork experience?

_____________________________________            _______________________
Student’s Signature      Date

_____________________________________            _______________________
Fieldwork Educator’s Signature     Date

Additional copies available in “Student Resources” section and CANVAS
Specific directions for completing assignments will be provided in their corresponding course (OCTA 203, OCTA 204, OCTA 205) and are based on the area and setting of OT practice in which the fieldwork occurs.
UNIT III

LEVEL I-B

Spring Semester
COE Guidelines for an Occupational Therapy Fieldwork Experience - Level I

Definition and Purpose

The AOTA ACOTE 2018 Standards describe the goal of Level 1 Fieldwork "to introduce students to fieldwork, apply knowledge to practice, and develop understanding of the needs of clients."

Level 1 Fieldwork is not intended to develop independent performance, but to "include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process."

Services may be provided to a variety of populations through a variety of settings. Experiences may include those directly related to occupational therapy, as well as other situations to enhance an understanding of the developmental stages, tasks, and roles of individuals throughout the life span. Day care centers, schools, neighborhood centers, hospice, homeless shelters, community mental health centers, and therapeutic activity or work centers are among the many possible sites. Level 1 Fieldwork may also include services management and administrative experiences in occupational therapy settings, community agencies, or environmental analysis experiences. Populations may include disabled or well populations; age-specific or diagnosis-specific clients.

Qualified personnel for supervision of Level 1 Fieldwork may include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists. The supervisors must be knowledgeable about occupational therapy and cognizant of the goals and objectives of the Level 1 Fieldwork experience.
BPCC OTA Level 1-B Fieldwork expectations:

- The Level 1-B Fieldwork experience is designed to build a student’s performance in skills, attitude, professional behaviors and general knowledge in a variety of traditional and non-traditional sites. Students will increase their observational, assessment, intervention and documentation skills by having the opportunity to apply didactic learning and theory of occupational therapy to real work environments under the supervision of an OTR or COTA.

- The Level 1-B Fieldwork experience is part of the requirements of OCTA 217 – Fieldwork 1-B. Students will be assigned to two-one week fieldwork rotations for a total minimum of 70 hours (or full time equivalent) of fieldwork I-B experience.

- During Level I-B, fieldwork students are supervised by an OTR or COTA and have the opportunity to observe, assess, practice documentation, begin treatment planning and in most cases get some rudimentary hands-on experience. Level I-B can be viewed as a stepping-stone in the synthesis of knowledge and skill required to facilitate future client’s road to function. It can be to the student’s advantage to be assertive asking for hands-on experience with clients. Previous courses taken and current courses are listed under Program Curriculum (available in “Student Resources”).

- The focus of one of the level I-B fieldwork experiences is on the psychological and social factors that influence engagement in occupation regardless of the practice setting.

- Fieldwork educators will evaluate student’s performance using the Fieldwork 1-B Student Evaluation Form (available in this section, on CANVAS and in “Student Resources”). An action plan will be implemented in the event of any score less than 7. (See Action Plan in this section) It is the student’s responsibility to make sure the Student Evaluation Form is completed and returned to the AFWC along with assignments within one week of completing each Level I-B rotation.

- The objectives that define the expected skills and behaviors of each student are described on the student evaluation form.

- Competency form may be used as a guide to assess skills

- Level 1-B Fieldwork educators are encouraged but not required to issue assignments. The I-B Case Story assignment and the Psychosocial Assignment are included in this section for your viewing. Additional assignments may be issued by the Class Instructor/Academic Fieldwork Coordinator prior to each site visit.

- Students are required to complete a Facility/Fieldwork Experience Evaluation Form (available in this section, on CANVAS and in “Student Resources”) for each Fieldwork site and submit to the Academic Fieldwork Coordinator within one week of completing assigned hours at each facility.

- The time and/or days of the placements are dependent upon the schedule of the facilities and/or fieldwork educators.

- Level I Fieldwork experiences cannot be substituted for any part of Level II Fieldwork.
OTA - Level 1-B Fieldwork

Bossier Parish Community College
Student Evaluation Form

The fieldwork educator should keep each of the following areas in mind as the student completes his/her fieldwork. Please complete this form and discuss your grading with the student on their last day of fieldwork.

Comments are vital to student growth. Please include comments about your reasoning for the grade.

Circle the number of the appropriate grade or for each area per the following scale:
1-----7 passing------10 A score of ‘7’ is considered ‘average’

Circle the number of the appropriate grade or for each area per the following scale:
1-----7 passing------10 A score of ‘7’ is considered ‘average’

1. **Commitment to Learning**: The ability to self-assess, self-correct and self-direct; identify needs and sources of learning; continually seek new knowledge and understanding.
   **Examples** – asks appropriate questions, is consistently engaged, actively observing and enthusiastic about learning
   
   ![1 2 3 4 5 6 7 8 9 10]
   
   **COMMENTS:**

2. **Interpersonal Skills**: The ability to communicate effectively with patients, families, colleagues, other health care professionals and the community; deals effectively with cultural/ethnic diversity issues.
   **Examples** – shows respect for others, easily and readily establishes rapport, works well with others
   
   ![1 2 3 4 5 6 7 8 9 10]
   
   **COMMENTS:**

3. **Communication Skills**: The ability to communicate effectively (speaking, body language, reading, writing, listening) with a variety of audiences and purposes.
   **Examples** – displays open, alert postures, maintains eye contact, actively listens
   
   ![1 2 3 4 5 6 7 8 9 10]
   
   **COMMENTS:**

4. **Effective Use of Time and Resources**: The ability to obtain the maximum benefit from a minimum investment of time and resources.
   **Examples** – completes task within given time frame, takes initiative to remain productive throughout the day, mindful to not waste resources
   
   ![1 2 3 4 5 6 7 8 9 10]
   
   **COMMENTS:**

---

| Student Name: | 
| Facility: | 
| Fieldwork Educator’s Name: | 
| # of Years Experience: | 
| Fieldwork Population: (circle one) | 
| Infants/Child | Adults | Elders | 
| Fieldwork Area: (circle one) | 
| Physical Dysfunction | Mental Health | Pediatrics | Specialty |
5. **Use of constructed Feedback**: The ability to identify sources, seek out and effectively ask for feedback; effectively use and provide feedback to improve personal interaction.
   **Examples** – takes initiative to ask for feedback and responds accordingly
   
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

   **COMMENTS:**

6. **Problem Solving**: The ability to recognize and define problems, considers options, implement solutions, and critique outcomes.
   **Example** – recognizes potential conflicts generate solutions, choose the best one, and act accordingly – i.e. scheduling conflicts, absences, working with others in the setting
   
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

   **COMMENTS:**

7. **Professional Behavior**: The ability to exhibit appropriate professional conduct and to represent the profession effectively.
   **Examples** – ability to handle personal problems/stress without it interfering with fieldwork duties, express empathy to client situations, arrives to fieldwork at specified time
   
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

   **COMMENTS:**

8. **Professional Appearance**: The ability to demonstrate appropriate professionalism in dress, hygiene, grooming, and alertness.
   **Examples** – adhere to facility dress code, keep hair and nails neat where they do not interfere with duties, give full attention to situation at hand
   
   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

   **COMMENTS:**
9. **Responsibility**: The ability to fulfill commitments and be accountable for actions and outcomes.
   **Examples** – dependable in carrying out given tasks without redirection, timely completion of assignments or group activities, owning up to and apologizing for mistakes and then taking steps to remedy the situation


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**COMMENTS:**

10. **Safety Awareness**: The ability to recognize and respond to the safety needs of clients, self, and other disciplines working in the setting.
   **Examples** – noticing potential hazards in group or ax facilitation, keeping track of and safe handling of all media supplies, monitoring w/c or other equipment for problems, being aware of environment and need to remove all items that may lead to a potential fall or other injury


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**COMMENTS:**

11. **What suggestions or comments do you have for the course instructor or academic fieldwork coordinator to help improve the fieldwork experience?** **Examples** - appropriate objectives, time frame, student preparation

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Fieldwork Educator’s Signature ______________________ Date

Student’s Signature ______________________ Date

*Additional copies available in “Student Resources” section and on CANVAS*
If a student is rated as “needing improvement” (Rating 1-6) on any Affective Skill on the Fieldwork educator’s evaluation of the Level 1-B fieldwork, the student is responsible for scheduling a meeting with the Academic Fieldwork Coordinator and collaborating on a plan for improvement which addresses the identified area.

The plan identified may include one or more of the following:

1. Review of the guiding principles behind OT practice with the population on which this fieldwork focuses.
2. Review of principles and application of professional behaviors.
3. Additional opportunities to refine verbal communication skills.
4. Revision of written work or supplemental assignments.
5. Additional Level 1-B Fieldwork experience

A grade of “Incomplete” will be given until the plan for improvement is successfully carried out and all course requirements are met. If a student does not successfully complete the Level 1-B fieldwork, he or she must petition the OTA Department one time only for permission to repeat the experience. This request to repeat the fieldwork must be made in writing to the Academic Fieldwork Coordinator within one weeks of the notification to the student that he/she has failed the Level 1-B fieldwork.

The OTA faculty will meet to review the request. Permission to repeat the fieldwork may or may not be granted and will depend on the reason for the failure. Faculty will not grant permission to repeat the fieldwork if it is felt that it would violate the Occupational Therapy Code of Ethics. If permission is not granted to repeat the Level 1-B Fieldwork, the student will be unable to complete the OTA Program.

If the student is permitted to repeat the fieldwork experience, scheduling will again be dependent upon site and/or fieldwork educator’s availability and may need to be completed after the completion of the semester. The student will receive an “I” in the course until the Level 1-B fieldwork is successfully completed. The student will not be allowed to enroll in the Level II Fieldwork until Level 1-B Fieldwork is successfully complete. This grade of “I” will be converted to an “F” if the requirements for Fieldwork 1-B are not successfully completed prior to mid-term of the first summer session and the student will be unable to complete the OTA program.

If the student successfully completes the Fieldwork 1-B within the designated time frame, the “I” grade will be changed to a letter grade for the course.
Bossier Parish Community College  
OTA Program  
Level 1-B Facility/Fieldwork Experience Evaluation

Student Name:___________________________________  
Facility:_________________________________________  
Fieldwork Educator(s):_____________________________

The following evaluation tool should be completed by the student and discussed with the fieldwork educator by the last day of the fieldwork rotation. A copy should be left with the fieldwork educator and the original returned to the fieldwork coordinator. A grade will be given for the rotation only after this form has been received. Complete the questions below thoughtfully and accurately. Provide comments for any score for (2) or less.

1. **Facility Orientation** – How would you rank the overall orientation that was provided by the fieldwork site?

<table>
<thead>
<tr>
<th></th>
<th>1 Poor</th>
<th>2 Below Average</th>
<th>3 Average</th>
<th>4 Above Average</th>
<th>5 Exceptional</th>
</tr>
</thead>
</table>

Comments:

2. **Expectations** – Rate your fieldwork educator’s ability to help you clearly understand his/her expectations and assignments for this fieldwork rotation.

<table>
<thead>
<tr>
<th></th>
<th>1 Poor</th>
<th>2 Below Average</th>
<th>3 Average</th>
<th>4 Above Average</th>
<th>5 Exceptional</th>
</tr>
</thead>
</table>

Comments:

3. **Professional Behaviors** – Rate your FWE’s ability to model professional behavior in communication, dress, and treatment skills.

<table>
<thead>
<tr>
<th></th>
<th>1 Poor</th>
<th>2 Below Average</th>
<th>3 Average</th>
<th>4 Above Average</th>
<th>5 Exceptional</th>
</tr>
</thead>
</table>

Comments:
4. **Technical Skills** – Rate your FWE’s ability to teach/model treatment techniques.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Below Average</td>
<td>Average</td>
<td>Above Average</td>
<td>Exceptional</td>
</tr>
</tbody>
</table>

Comments:

5. FWE and staff were sensitive to individual differences (race, age, sex, etc.)

   YES  NO

Comments:

6. Was the use of Occupation evidenced in this facility? Explain.

7. What suggestions or comments do you have for your FWE and/or the facility to help improve the facility’s student program?

8. What suggestions or comments do you have for the course instructor or fieldwork coordinator to help improve the fieldwork experience?

   ____________________________________________________________
   Student Signature      Date

   ____________________________________________________________
   Fieldwork Educator’s Signature    Date

   Additional copies available in “Student Resources” section and on CANVAS
In addition to the Level I-B assignments required for each rotation, you are also required to complete one case story. The case story should be typed, double spaced, and 5-6 pages in length with a bibliography. Carefully select the patient for your story.
The story should include:
- The patient’s diagnosis – additional information about diagnosis that is important
- Presenting problems or reason for referral
- Detailed description of patient history through chart review AND patient interview – you must get to know the patient to get a detailed history
- OT goals, intervention strategies
- Patient goals – (if different from therapist’s goals)
- Address areas of OTPF
  - Occupational Profile
  - Areas of Occupation
  - Performance Skills and Patterns
  - Context(s)
- FWE’s interpretation of patient’s condition, diagnosis, progress, and prognosis
- Your recommendations for intervention strategies/activities, equipment, AT…what would you like to do or try if you were treating this patient OR what recommendations would you make regarding discharge?
- In this clinical setting, what was the mechanism used by OTAs to recommend further evaluation by the OTR or refer clients to other healthcare professionals.
- Therapist’s discharge plan for patient (if different from patient’s discharge plan)
- List statements from patient’s chart (evaluation, progress notes…) that reflect consideration of reimbursement issues
- Identify evidence of clinical reasoning you observed or demonstrated in this rotation (pragmatic, narrative, procedural, conditional, interactive). How has your decision making process changed or evolved during this rotation?
- Culture:
  - How do you see the patient’s culture impacting their perspective on health, recovery, communication with staff/family, participation in therapy, goal setting, etc?
  - How did your own culture impact your interactions with others including patients, families and clinical staff?

Case Story is due ________________.
BPCC OTA Level I-B –
Psychosocial/Occupation Based Practice: Level I-B Fieldwork Assignment

Purpose
The focus of this fieldwork experience is the psychological and social factors that influence engagement in occupation. The assignment provides you with an opportunity to complete an occupational profile with a client and compare your findings with your supervisor’s evaluation and intervention plan.

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

Assignment Directions
1. Identify a client
2. Identify psychological and social factors influencing engagement in occupation in this setting.
   a. Talk with your client and/or family members. Find out who they really are and what is important to them. What is the client’s occupational history (i.e., life experiences, values, interests, and previous patterns of engagement in occupations and in daily life activities, the meanings associated with them)?
   b. During your interview, ask questions related to the COPM. It would be great if you actually could do the COPM, but at least use the style of questions to find out what they are needing support with to increase life participation.
      i. What areas of occupation are successful, and what areas are causing problems or have safety risks?
      ii. What contexts and environments support or inhibit participation and engagement in desired occupations?
      iii. What are the client’s priorities and desired outcomes?
      iv. What are the OT goals that have been written for the client?
   c. In each of the first four days of the fieldwork experience, identify 2 psychological and social factors in the environment and your client’s projected discharge environment that impact occupation.
3. Consider the emotional impact the client is experiencing secondary to the condition that warrants OT services. What coping skills are supporting recovery, which are inhibiting? What seems to motivate this client to want to work with you?
4. Complete all requirements for paper outline as described below

Paper Outline (Although the assignment has multiple parts, turn everything in as one paper)
I. Cover page
II. Occupational Therapy Process (use attached checklist of Client Factors and Contexts)
   a. Describe a minimum of 8 social and/or psychosocial factors that impact your patient’s occupation in the facility environment
   b. In 1-2 paragraphs, describe an example of how an occupational therapist addressed (or could address) social and psychological needs of a client in treatment.
   c. Describe an “ah-ha” moment at this facility when you applied psychosocial content to treatment decisions regarding clients with physical/cognitive disability.
III. Copy of your intervention plan using problem statement, psychosocial goals (one long term and two short term goals that support long term) and two occupation based intervention
IV. If you are able to implement your intervention plan, describe what worked and what didn’t and why. If you are unable to implement your intervention plan, describe the circumstances
Day to Day outline *suggestion* for Psychosocial Fieldwork Completion

**Day 1**

1) Meet with the FWE and discuss the purpose of this assignment. Give the FWE an example of the type of client you will need to complete this assignment.
2) Once the client has been selected, complete a chart review.
3) Observe the client in whatever settings are available (physical therapy, occupational therapy, breakfast, group).
4) Identify two psychosocial and social factors that impact your client’s occupation (use the attached checklist based on the OT Practice Framework)

**Day 2**

1) Identify two more (different than what has already been identified) psychological and social factors in the environment or the anticipated discharge environment that impact occupation.
2) Begin working on intervention plan including setting long term and short term goals.
3) Discuss possible treatment interventions that address the limiting factors you have identified.

**Day 3**

1) Identify two more (different than what has already been identified) psychological and social factors in the environment or the anticipated discharge environment that impact occupation.
2) Develop a list of 3-5 factors that are limiting your client’s participation in occupation. Choose one limiting factor and develop a treatment plan

**Day 4**

1) Review with the FWE the client’s progress and resources available to support continued progress.
2) Identify 2 more psychological and social factors in the environment
Intervention Plan

Make sure your goals and intervention plan address psychological and social factors (see checklist based on the OT Practice Framework).

Limiting Factors:
__________________________________________________________________________________________
__________________________________________________________________________________________

Problem Statement:
__________________________________________________________________________________________
__________________________________________________________________________________________

Psychological and Social Factors:
__________________________________________________________________________________________
__________________________________________________________________________________________

Contraindications/Precautions:
__________________________________________________________________________________________

Psychosocial Goals (use COAST, RUMBA or SMART format)

Long Term Goal:

A. Short Term Goal
   1. Intervention Strategy
   2. Intervention Strategy

B. Short Term Goal
   1. Intervention Strategy
   2. Intervention Strategy

Intervention goals and strategies must be predominantly occupation based, original and not a restatement of the your supervisor’s goals
II. Psychological and Social Factors Impacting Occupation Checklist

### Client Factors

<table>
<thead>
<tr>
<th>Psychological Factors</th>
<th>Support or hinder engagement in occupation - Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to experience pleasure</td>
<td></td>
</tr>
<tr>
<td>Affect</td>
<td></td>
</tr>
<tr>
<td>Attention</td>
<td></td>
</tr>
<tr>
<td>Beliefs about physical deficits</td>
<td></td>
</tr>
<tr>
<td>Beliefs about self</td>
<td></td>
</tr>
<tr>
<td>Contact with reality</td>
<td></td>
</tr>
<tr>
<td>Decision making</td>
<td></td>
</tr>
<tr>
<td>Emotional regulation</td>
<td></td>
</tr>
<tr>
<td>Gender identity</td>
<td></td>
</tr>
<tr>
<td>Insight</td>
<td></td>
</tr>
<tr>
<td>Locus of control</td>
<td></td>
</tr>
<tr>
<td>Memory</td>
<td></td>
</tr>
<tr>
<td>Metacognition</td>
<td></td>
</tr>
<tr>
<td>Mood</td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
</tr>
<tr>
<td>Orientation to self, time and place</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
</tr>
<tr>
<td>Problem solving</td>
<td></td>
</tr>
<tr>
<td>Self-care</td>
<td></td>
</tr>
<tr>
<td>Self-efficacy</td>
<td></td>
</tr>
<tr>
<td>Self-esteem</td>
<td></td>
</tr>
<tr>
<td>Sensory Perception</td>
<td></td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
</tr>
<tr>
<td>Sleep quality</td>
<td></td>
</tr>
<tr>
<td>Spirituality</td>
<td></td>
</tr>
<tr>
<td>Thought content</td>
<td></td>
</tr>
<tr>
<td>Thought Process</td>
<td></td>
</tr>
<tr>
<td>Use of coping strategies</td>
<td></td>
</tr>
</tbody>
</table>

### Sociological Factors

<table>
<thead>
<tr>
<th>Sociological Factors</th>
<th>Support or hinder engagement in occupation - Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepts feedback from others</td>
<td></td>
</tr>
<tr>
<td>Appropriate social touch</td>
<td></td>
</tr>
<tr>
<td>Assertiveness</td>
<td></td>
</tr>
<tr>
<td>Changes behavior based on feedback</td>
<td></td>
</tr>
<tr>
<td>Community engagement</td>
<td></td>
</tr>
<tr>
<td>Conversation, initiate</td>
<td></td>
</tr>
<tr>
<td>Conversation, maintain</td>
<td></td>
</tr>
<tr>
<td>Conversation, terminate</td>
<td></td>
</tr>
<tr>
<td>Cultural identification and awareness</td>
<td></td>
</tr>
<tr>
<td>Cultural values, beliefs, rituals</td>
<td></td>
</tr>
<tr>
<td>Emotional expression</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>---</td>
</tr>
<tr>
<td>Empathy for others</td>
<td></td>
</tr>
<tr>
<td>Family relationships</td>
<td></td>
</tr>
<tr>
<td>Friendship participation</td>
<td></td>
</tr>
<tr>
<td>Gives feedback to others</td>
<td></td>
</tr>
<tr>
<td>Intimacy</td>
<td></td>
</tr>
<tr>
<td>Offers social support</td>
<td></td>
</tr>
<tr>
<td>Parenting</td>
<td></td>
</tr>
<tr>
<td>Religious values, beliefs, rituals</td>
<td></td>
</tr>
<tr>
<td>Requests social support</td>
<td></td>
</tr>
<tr>
<td>Social and personal space</td>
<td></td>
</tr>
<tr>
<td>Social etiquette</td>
<td></td>
</tr>
<tr>
<td>Speech quality &amp; volume</td>
<td></td>
</tr>
<tr>
<td>Values clarification</td>
<td></td>
</tr>
<tr>
<td>Conversation, appropriate content</td>
<td></td>
</tr>
<tr>
<td>Awareness of social cues</td>
<td></td>
</tr>
<tr>
<td>Accepts affection from others</td>
<td></td>
</tr>
<tr>
<td>Regulates amount of social interaction as needed</td>
<td></td>
</tr>
</tbody>
</table>

**Psychological and Social Factors in the Environment**

<table>
<thead>
<tr>
<th>Physical</th>
<th>Support or hinder engagement in occupation - Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client’s personal space, room</td>
<td></td>
</tr>
<tr>
<td>Clutter</td>
<td></td>
</tr>
<tr>
<td>Layout of facility</td>
<td></td>
</tr>
<tr>
<td>Light: natural, amount, source</td>
<td></td>
</tr>
<tr>
<td>Personal items</td>
<td></td>
</tr>
<tr>
<td>Physical accommodations (bathrooms, access to water and food, other comforts)</td>
<td></td>
</tr>
<tr>
<td>Plants</td>
<td></td>
</tr>
<tr>
<td>Signage, cognitive cues</td>
<td></td>
</tr>
<tr>
<td>Smells</td>
<td></td>
</tr>
<tr>
<td>Sound: volume, type, distraction</td>
<td></td>
</tr>
<tr>
<td>Space between people and objects</td>
<td></td>
</tr>
<tr>
<td>Temperature</td>
<td></td>
</tr>
<tr>
<td>Visual intensity, variety, colors</td>
<td></td>
</tr>
</tbody>
</table>

**Social**

# animals, pets
# family members
# of clients
# of staff
Opportunity to interact
Other’s affect or mood
Other’s social skills
<table>
<thead>
<tr>
<th>Category</th>
<th>Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal safety</td>
<td>Proximity of others</td>
</tr>
<tr>
<td></td>
<td>Respect, kindness</td>
</tr>
<tr>
<td></td>
<td>Social climate</td>
</tr>
<tr>
<td></td>
<td>Social engagement by staff, family</td>
</tr>
<tr>
<td></td>
<td>Social support</td>
</tr>
<tr>
<td>Cultural</td>
<td>Cultural sensitivity, competence</td>
</tr>
<tr>
<td></td>
<td>Dress code</td>
</tr>
<tr>
<td></td>
<td>Facility mission, philosophy</td>
</tr>
<tr>
<td></td>
<td>Facility policies, norms</td>
</tr>
<tr>
<td></td>
<td>Family norms</td>
</tr>
<tr>
<td></td>
<td>Gender, ethnicity, SES of others</td>
</tr>
<tr>
<td></td>
<td>Level of professionalism</td>
</tr>
<tr>
<td></td>
<td>Medical model vs. Client-centered</td>
</tr>
<tr>
<td></td>
<td>Participation voluntary or not</td>
</tr>
<tr>
<td></td>
<td>Representation of diversity</td>
</tr>
<tr>
<td></td>
<td>Respect for privacy</td>
</tr>
<tr>
<td></td>
<td>Spiritual climate</td>
</tr>
<tr>
<td></td>
<td>Type of setting (inpatient, clinic, etc.)</td>
</tr>
<tr>
<td>Temporal</td>
<td>Frequency, duration of tx sessions</td>
</tr>
<tr>
<td></td>
<td>Interruptions to routine</td>
</tr>
<tr>
<td></td>
<td>Season</td>
</tr>
<tr>
<td></td>
<td>Temporal cues, schedules visible</td>
</tr>
<tr>
<td></td>
<td>Time of day, routine, randomness</td>
</tr>
</tbody>
</table>
UNIT IV

Level II A and B

Second Fall Semester
LEVEL II FIELDWORK

- Students will be assigned 2 full time placements (for 8 weeks each) at an affiliation site for ~40 hours per week or the Full Time Equivalent at each location. Students will practice and apply skills learned during the academic component of the OTA program. Students will be under the supervision of an OTR or COTA.
- Students may 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 three different settings.
- The ACOTE/AOTA Standards (2018) describes the goal of Level II Fieldwork is... “to develop competent, entry-level, generalist occupational therapy assistants. 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. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings.”
- The fieldwork agency should have currently participated in a review process as established by the appropriate body, such as Joint Commission on Accreditation of Health Care Organizations, the Commission on Accreditation of Rehabilitation Facilities or a state regulatory board. In lieu of this review body there should be a review by the university/program which is using the center as a fieldwork site.
- Fieldwork educators responsible for educating Level II Fieldwork occupational therapy assistant students shall meet state regulations governing practice and have as a minimum 1 year of practice experience, subsequent to initial certification by NBCOT as an occupational therapist or an occupational therapy assistant.
- Level II fieldwork is required and designed to promote clinical reasoning, to perform legally and ethically as outlined in the Standards of Practice and Code of Ethics, to communicate in a professional manner, and to develop and expand skills and performance in selecting and performing appropriate assessments and interventions related to human occupation and performance. Level II fieldwork experience should include in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation.
- In all settings, an understanding of psychosocial factors and their impact on occupations when developing client centered, meaningful, and occupation based outcomes must be addressed.
- Adequate staff to provide occupational therapy services and educational services should be maintained with supervisory and administrative responsibilities clearly defined.
- The ratio of fieldwork educators considered adequate to carry out a fieldwork experience is dependent upon the complexity of the services and the ability to ensure proper supervision and frequent assessment in achieving fieldwork objectives.
- The fieldwork educator should carry out an organized procedure of orientation to the agency, services, and the fieldwork experience.
• The fieldwork placements should provide the student with experience with various groups across the life span, persons with various psychosocial and physical performance challenges, and various service delivery models reflective of current practice in the profession. Within the required total of 16 weeks for the occupational therapy assistant student, there should be exposure to a variety of traditional and emerging settings and a variety of client ages and conditions.

• The fieldwork educator shall provide ongoing supervision of the student.

• The student should be supervised in all aspects of his/her fieldwork experience by adequate supervisory staff who should have full knowledge of and responsibility for all aspects of the program being carried out by the student under her or his guidance and protection.

• The fieldwork educator should have full knowledge of the student's assigned workload and responsibilities and how they are being handled and should be available to the setting and to the needs of the student.

• Ongoing supervision should be provided daily and/or weekly as an essential part of the fieldwork program. It should be flexible in accordance with the interests, needs and abilities of the student. Supervision should begin with more direct supervision and gradually decrease to less direct supervision as the student demonstrates competence with respect to the setting and client's condition and needs.

• The ratio of fieldwork educators to students shall be such as to ensure proper supervision and frequent assessment in achieving fieldwork objectives. The FWE to Student recommended ratio for Level II is 1:1.

• Students will not be placed for a Level II FW in a facility that no OT services exists at this time. However, students are required to serve in non-traditional settings in which OT services do not exist in order to identify the potential need and value of OT. If these sites are determined to become quality fieldwork sites, students may be placed for a Level II placement where no OT services exist. In such a case, documentation and verification of supervision will be provided in the setting where no OT services exist which would include a documented plan for provision of occupational therapy assistant services and supervision by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the direction of an occupational therapist) with at least 3 years’ full-time or its equivalent of professional experience prior to the Level II fieldwork. 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 on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.

• The AOTA Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student should be used as the rating tool. The student should be formally evaluated using this form. Performance should be reviewed by the fieldwork educator and the student at both midterm and end of the fieldwork experience. Other structured
forms of feedback that promote educator/student communication on the student's progress may also be used on an ongoing basis.

- The student shall be evaluated and be kept informed on an ongoing basis of her/his performance status. The use of **Weekly meeting forms** to discuss weekly performance and objectives for following week are encouraged and available in “Student Resources.”

- Formal evaluations of the student by the fieldwork educator in consultation with the AFWC should occur at “midterm” and at/near the end of each fieldwork rotation using the **Mid-Term Conference Form** and the **AOTA Fieldwork Performance Evaluation of the Occupational Therapy Student** (available in “Student Resources.”) Identified deficits in student performance occurring during these assessments may result in additional of student assignments, extension of fieldwork practice hours, and/or establishment of additional goals/expectations for student performance.

- If the student's performance is not satisfactory at mid-term or at any point in the fieldwork experience, both the student and academic institution must be notified immediately and documentation concerning the student's progress and outcomes of interventions should be maintained.
Fieldwork II Preparation

- Study Fieldwork Manual
- Analyze Fieldwork site files
- Submit written request to AFWC (Fieldwork Rotations Choices Form)
- Submit fieldwork letters and personal data sheet via CANVAS to AFWC
- Submit the signed Fieldwork II Agreement Form (in FW manual)
- Send Confirmation Letter and Data Sheet to each site 30 days prior to FW
- Call FWE or CCCE about 3 weeks before each rotation if necessary
- Complete all the FW site prerequisites including Hep B series, BLS, TB
- Have complete physical if required by the site.
- Complete pre-registration if required by the site.

Fieldwork II Completion

- Meet weekly with your FW educator and complete the weekly feedback form.
- Initiate and make an appointment with your FWE and AFWC to review your mid-term evaluation using the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student and the Midterm Conference Form. Grade yourself and compare with FWE’s perception of your performance.
- Complete ALL CANVAS assignments
- At the end of the FW, submit the following to the AFWC
  - Submit Fieldwork Checklist to AFWC
  - Submit weekly conference/feedback forms to AFWC upon completion of each rotation
  - Submit copy of site-specific objectives from each site to AFWC
  - Complete the FEAT in collaboration with your FWE during your Level II rotations (optional)
  - Complete the Student Evaluation of the FW Experience, (SEFWE), and mail original to AFWC.
- Schedule time with your FWE to complete the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student during Final week
- Ask to have a copy of the completed AOTA FWPE for your files. Remind the FW educator to mail the original to the AFWC. PROVIDE an addressed and stamped envelope. Addressed to BPCC OTA Program, Attn. Michele Allison, AFWC; 6220 East Texas Street; Bossier City, LA 71111
- Update the school on address/contact information with each rotation.
- Apply for NBCOT examination application packet ~2 months prior to desired exam date.
- Apply for LA (or other state) OTA license.
### Bossier Parish Community College
### OTA Program
### Criteria for Selection of Fieldwork II Experience- Student Perspective

Name of Site: ______________________    Date: _________________

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>Available</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variety of diagnoses and diverse populations at the site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multidisciplinary approach, with opportunity to observe others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OT evaluations- specific and an appropriate variety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written treatment plan for each patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodic documentation of treatment as determined by patient/client need and facility guidelines</td>
<td></td>
<td></td>
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<tr>
<td>Variety of therapeutic activities used in treatment of patient/client</td>
<td></td>
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</tr>
<tr>
<td>Caseload for student is increased throughout the affiliation, with end competencies equivalent to those of an entry-level therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available resources within facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides weekly supervision to meet students’ needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site-specific objectives established and followed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment accommodates student</td>
<td></td>
<td></td>
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<tr>
<td>Regularly scheduled in-services</td>
<td></td>
<td></td>
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<tr>
<td>Opportunity for oral presentation</td>
<td></td>
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</tr>
<tr>
<td>Completed AOTA Data Form</td>
<td></td>
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</tr>
<tr>
<td>Signed MOU</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>APPROPRIATE QUALIFICATIONS OF SUPERVISOR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum of one year of clinical experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates commitment to meeting students’ educational needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides structure to meet students’ learning needs in orientation, assignments, and behavioral objectives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is able to articulate verbally or in writing, methods used to stay current with knowledge in the area of supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is NBCOT certified or licensed to practice in state</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is able to identify and report a variety of OT treatment approaches used in treatment of patient/client population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfactory scores (or 3 or above) on SEFWE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a Certified FWE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formalized orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adherence to required evaluation procedures for weekly, mid-term and final evaluations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Person interviewed and title(s)

BPCC OTA Student Name
Failure to Complete Level II Fieldwork

**POLICY:** Any student who fails to successfully complete a scheduled fieldwork experience is not allowed to progress in the curriculum which will result in dismissal from the OTA program.

**RATIONALE:** Fieldwork courses are the demonstration of applied knowledge learned in the curriculum. Clinical practice and therefore, by extension fieldwork courses are the primary medium for the implementation of occupational therapy. An inability to demonstrate applied knowledge is justification to limit progress in the curriculum and comply with the Academic Standards in the following manner:

**Fieldwork Circumstances which may result in Programmatic Dismissal:**
Academic Standards for the OTA Program at Bossier Parish Community College Student Handbook state that a student’s academic standing may be jeopardized by one or more of the following:

- Insufficient progress in the development of practice skills (A No Pass score at midterm or at final evaluation equates with insufficient progress)
- Failure to comply with School and fieldwork site’s rules or procedures
- Unprofessional conduct, unethical conduct, or illegal conduct
- Behavior that hinders professional competence and interpersonal or professional relations

Failure to successfully complete a fieldwork experience reflects inadequate integration of skills required for progressing in the curriculum.

**PROCEDURES:** Upon unsuccessful completion or termination from a fieldwork experience the student will:

- Receive an Academic Notice within one week from the Academic Fieldwork Coordinator (AFWC) receiving the final results of the fieldwork
- The Academic Notice will advise the student of the inability to progress in the curriculum with the current fieldwork results.
- The student may request a review of the circumstances by the BPCC OTA faculty (see consideration for repeat fieldwork).
- The BPCC OTA Faculty will evaluate the circumstances surrounding the failure in order to determine if the student should be:
  - Considered for repeat of the fieldwork experience or
  - Dismissed from the program

**A. Consideration for Repeat of Fieldwork**

1) The student contacts the BPCC OTA Academic Fieldwork Coordinator (AFWC) and requests a review of the fieldwork circumstance by the faculty.
2) The student presents to the faculty (in person and in writing) a description of what led to the unsuccessful fieldwork experience. Additionally, the student presents a justification for continuation in the curriculum and the opportunity to repeat the fieldwork.
3) The plan of action should include identification of areas needing improvement and the strategies the student will use to successfully complete a fieldwork.
4) If, due to evidence considered, the faculty decision is to dismiss from the program, the process follows as in section “B” below.
5) If the faculty approves the student’s request to repeat the fieldwork and to continue in the curriculum, the following steps are followed:
   - The Academic Fieldwork Coordinator will schedule another fieldwork experience in the same practice area.
The student will develop an action plan in collaboration with the Academic Fieldwork Coordinator to address identified issues that led to failure.

Remedial fieldwork objectives, timeline, and criteria for receiving a passing grade will be established by AFWC and Program Director. Student will be required to sign plan.

The sequence of the fieldwork will be determined in collaboration with the student and the Program Director, to optimize the potential for the student’s future success.

If the fieldwork sequence can only be completed in the following academic year, the student will audit all coursework previously completed in the semester immediately leading up to the fieldwork placement.

Tuition rates will be determined on a case by case basis.

Failure of the student to successfully complete the repeat fieldwork will result in dismissal from the program.

All Level II fieldwork must be completed within 16 months of completion of didactic coursework.

B. Dismissal from the Program:

Circumstances which warrant dismissal from the program include:

- History of inadequate academic performance in the curriculum;
- Previous failed fieldwork experience;
- Failure to comply with School and fieldwork site’s rule or procedures
- Unprofessional, unethical and/or illegal conduct;
- Compromised patient safety in a clinical setting
- History of behavior that hinders professional competence and interpersonal or professional relations.

The faculty decision may be appealed only if the student can show that:

- There was an error in the procedure used by the faculty
- There is new evidence sufficient to alter the decision
- The sanction imposed was not appropriate to the severity of the violation or professional or academic standards.

All appeals shall be submitted in writing to the Dean of the BPCC Science, Nursing and Allied Health within four working days of receiving the notice of dismissal. For further information regarding the appeals process, see the BPCC Student Handbook.

Students who withdraw or fail a FW II experience are responsible for the tuition associated with repeating the FW II course. Withdrawal and/or failure of a level II FW experience will result in a delay in graduation.
**Problem resolution procedures:**
1. FWE and/or student will identify the problems with specific, documented goals.
2. Either FWE or student will contact AFWC indicating problems.
3. AFWC will attempt to negotiate solutions and also discuss options as related to education.
5. If problems persist, AFWC and FWE will develop specific goals with a time limitation and inform student.
6. Goals and time frame must be documented with a copy to student, AFWC and FWE.
UNIT V

SUMMARY OF RESPONSIBILITIES
Summary of Roles/Responsibilities of the FW Student

While individual fieldwork practice course syllabi describe requirements for each fieldwork experience specifically, OTA students participating in fieldwork education courses have the following global responsibilities:

Prior to Fieldwork Placement:

a. submit requests to the AFWC for fieldwork education placements on the Fieldwork Rotation Choices Form (available in “Student Resources”) by the established deadline
b. secure and wear appropriate uniform/dress designated by each site
c. assume travel and accommodation expenses related to each assigned fieldwork site
d. read and abide by the policies, procedures and standards of the College, the Program, the fieldwork facility and the profession.
e. Complete a Personal Data form (available in “Student Resources”) preceding each fieldwork experience which includes a list of specific goals/objectives
f. fulfill and maintain all prerequisite requirements for fieldwork education identified by the Program and the fieldwork site
g. actively participate in the fieldwork learning process
h. complete Self-Assessment of affective/professional skills (available in “Student Resources”)
Summary of Student Responsibility Agreement

1. The department only guarantees fieldwork placements that meet the AOTA standards and the department requirements. Students may request a specific placement, but the final decision is determined by availability of sites and will be made by the AFWC.

2. FW I experiences may not be substituted for any part of FW II.

3. The BPCC Occupational Therapy Assistant Program requires successful completion of sixteen weeks of Level II Fieldwork Experience, prior to graduation.

4. Students may not participate in clinical or fieldwork courses until all prerequisite course work has been completed successfully. See Provisions for Academic Standards and Remediation in BPCC OTA Student Handbook and Fieldwork Action steps in BPCC OTA Student Fieldwork Manual.

5. BPCC requires that all Level II Fieldwork requirements must be successfully completed within 16 months following completion of didactic coursework.

6. One FW placement will be scheduled outside of the Shreveport/Bossier area.

7. Students assume their own financial responsibility for travel, living accommodations, etc., for each fieldwork placement. Very few facilities offer stipends, housing or meals.

8. After the paperwork has been completed and the fieldwork site has been confirmed by the facility, there will be no changes in the placement. If there is an emergency or dire circumstance, the student may request a change in writing indicating the cause/reason for a change. The department will review the request to determine if a change is possible.

9. A site may change areas of experience (e.g., from rehab to acute). This is not a reason for a student to request withdrawal from the placement contract.

10. The student assumes the responsibility to:

A. Review FW files and consider all contingencies prior to selecting a FW site. The FW experience must provide a variety of diagnoses and age ranges per ACOTE Standards.

B. Meet the pre-requisites of each facility.

C. Submit Personal Data Sheet, letter of intent and any required information to fieldwork educator 30 days prior to schedule starting date.

D. Submit copies of liability insurance, health insurance, CPR, etc. information to department and fieldwork site prior to starting dates and any other forms required by the site.

E. Complete the Student Evaluation of Fieldwork, (SEFWE) after each FW II rotation. Return the original to the AFWC within one week of completion and leave one copy with your FW educator.

F. Complete Fieldwork Evaluation Assessment Tool (FEAT) in collaboration with FWE during each FW II rotation. Return original to the AFWC within one week of completion and leave one copy with FW educator (optional).

G. Complete the Fieldwork Educator/Facility Evaluation after each FW I rotation through CANVAS. Review scores and comments with FEW prior to submitting evaluation. Copies of the completed evaluation must be made prior to submission.
H. Upon completion of Level I-B and Level II fieldwork experiences, writing a brief letter of appreciation to the Director of the OT Program within the facility is recommended.

11. **Only the AFWC contacts FW sites for the purpose of setting up FW placements.** All negotiating of FW II Experiences will be done through this official representative of the school. The FW Contracts are legal matters and must be channeled through this office. No student may contact a site for the purpose of assessing the availability of a student placement or to secure a site for themselves or others.

12. The student is responsible to contact the school when problems arise during fieldwork.

13. **The Standards for an Accredited Educational Program for the Occupational Therapist require a total of 16 weeks of Level II fieldwork (AOTA, 2011).** Students are required to be in attendance during the hours that their FWE works. Actual days of the week and exact number of hours of work per week will vary, depending on the schedule of the FWE to whom the student is assigned. Students should plan on each rotation including a 40 hour work week, with several hours each evening devoted to reflection, research, and preparation for the next day.

14. Two unexcused absences and three excused absences will result in a referral to the Office of Student Services with recommendation for dismissal from the OTA Program.

15. Vacation days or “comp” time is not permitted during fieldwork.

16. The AFWC will perform a **midterm conference** with the **student and FWE** either on site or via conference call. A **midterm performance conference** between the **student and FWE** should be completed **prior** to this conference. The **final performance conference** between the **student and FWE** should be completed during the last week of the rotation. The AFWC will not participate in this conference unless specifically requested by student and/or FWE.

17. All required paperwork completed throughout the Level II rotations (see checklist) is to be turned in to AFWC within 1 week of completion of each rotation.

18. **ALL original FWPEs** should be **mailed** directly to AFWC by FWE in addressed and stamped envelope provided by student.

**E-Mail**

A large portion of communication with students happens through the BPCC e-mail, NOT personal e-mail accounts. Students are expected to check their BPCC e-mail regularly, and to keep their mailboxes “clean” so that efficient communication between students and AFWC can take place. If e-mail cannot be delivered to a student due to a full e-box, the AFWC is not responsible for attempts to deliver the communication.
Facebook Private Page

Please pay attention to the Closed Facebook page, some occasions come up where a quick announcement will be made on the page. If a student chooses not to become a member on the closed page, it is the student’s responsibility to inform AFWC and an alternate means of communication will take place.
Comparison of characteristics of an effective student vs. a challenging student

<table>
<thead>
<tr>
<th>Effective Student</th>
<th>Challenging Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asks questions, speaks to others</td>
<td>Withdrawn</td>
</tr>
<tr>
<td>Energetic, cheerful</td>
<td>Depressed attitude</td>
</tr>
<tr>
<td>Honest, forthright</td>
<td>Manipulative</td>
</tr>
<tr>
<td>Listens carefully to feedback and participates in the problem solving process</td>
<td>Has an excuse for most problems</td>
</tr>
<tr>
<td>Does not discuss the strengths and growth areas of others beyond appropriate conversations</td>
<td>Projects own problems onto others</td>
</tr>
<tr>
<td>Continuously monitors own performance and seeks feedback from a variety of sources</td>
<td>Poor insight</td>
</tr>
<tr>
<td>Develops personal system for organization of tasks and assignments</td>
<td>Poor organizational skills</td>
</tr>
<tr>
<td>Asks questions of others when needing assistance, independently monitors case load, assignments, etc.</td>
<td>Requires a lot of outside pressure to keep up with minimum standards</td>
</tr>
<tr>
<td>Seeks feedback from supervisor, shows initiative in trying new tasks, aware of growth areas but not afraid to try new things</td>
<td>Heavy reliance on supervisor</td>
</tr>
<tr>
<td>Assignments and job tasks are completed in a timely manner</td>
<td>Work is consistently late, incomplete and/or not up to standards set</td>
</tr>
<tr>
<td>Honest</td>
<td>Dishonest</td>
</tr>
<tr>
<td>Is open to hearing constructive feedback and seeks clarification on issues not fully understood</td>
<td>Defensive when given constructive feedback</td>
</tr>
<tr>
<td>Calm, cool and collected</td>
<td>Hostile</td>
</tr>
<tr>
<td>Appreciate the time, energy and efforts put forth by fieldwork site and supervisor</td>
<td>Arrogant</td>
</tr>
<tr>
<td>Flexible</td>
<td>Critical of department, staff, procedures</td>
</tr>
<tr>
<td>Seeks clarification if unsure about performing new tasks, does not hesitate to perform routine tasks</td>
<td>Does not initiate tasks independently</td>
</tr>
<tr>
<td>Manages routine tasks effectively, initiates discussion with supervisor if having difficulty completing assignments</td>
<td>Often overwhelmed</td>
</tr>
<tr>
<td>Gives 110% effort</td>
<td>Attempts to “get by” but falls short</td>
</tr>
<tr>
<td>Effective Student</td>
<td>Challenging Student</td>
</tr>
<tr>
<td>------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Academically prepared, spends own time after work as needed preparing for fieldwork</td>
<td>Poorly prepared and cannot seem to “catch up” on the job</td>
</tr>
<tr>
<td>On time for work, completes paperwork and assignments on time, maintains client schedule</td>
<td>Unreliable</td>
</tr>
<tr>
<td>Learns from mistakes, asks questions, initiates discussion if unsure of how to complete task</td>
<td>Makes same mistakes repeatedly, regardless of how many times discussed</td>
</tr>
<tr>
<td><strong>Effective Student</strong></td>
<td><strong>Challenging Student</strong></td>
</tr>
<tr>
<td>Is aware of strengths and growth areas. Modifies performance after feedback. Critiques own performance – finding both strengths and growth areas with minimal prompting</td>
<td>Extremely self-critical</td>
</tr>
<tr>
<td>Supports school and/or uses professional language when critiquing program</td>
<td>Criticizes school</td>
</tr>
<tr>
<td>Keeps personal issues away from work. If having personal difficulty that interrupts work, discreetly discusses problems with supervisor</td>
<td>Emotional over-reactions; both work and non-work related</td>
</tr>
<tr>
<td>Completes assigned work in a timely manner. While at fieldwork site, concentrates on work related activities</td>
<td>Appears “busy” but not with work related tasks</td>
</tr>
<tr>
<td>Rested</td>
<td>Always tired</td>
</tr>
<tr>
<td>Is friendly to staff and patients</td>
<td>Does not get along with other students and staff</td>
</tr>
<tr>
<td>Requires close supervision at beginning of fieldwork. As fieldwork progresses, supervision can be pulled back due to the increasing level of independent performance</td>
<td>Requires constant supervision for entire fieldwork experience</td>
</tr>
<tr>
<td>Talks with supervisor when unsure of self or stills, or when wants to explore a new/different area of interventions</td>
<td>Does not communicate learning needs</td>
</tr>
<tr>
<td>Follows schedule, attends meetings, mingles well with other staff</td>
<td>Cannot seem to “get into” the routine</td>
</tr>
<tr>
<td>Gets along well with patients, directs intervention so that client feels that “personal touch” has been given and goals are met</td>
<td>Spends more time socializing with patients than treating them</td>
</tr>
<tr>
<td>Is aware of safety hazards and precautions</td>
<td>Poor safety judgment</td>
</tr>
<tr>
<td>Delivers effective therapeutic interventions</td>
<td>Can verbalize ideas but cannot carry them out effectively</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Progresses patients, in a timely manner, towards their long term goals</td>
<td>Difficulty working with patients towards their long-term goals</td>
</tr>
<tr>
<td>Takes responsibility for own learning needs</td>
<td>Does not take responsibility for self or learning experience</td>
</tr>
</tbody>
</table>


**Resource:** The University of Utah: Division of Occupational Therapy. www.health.utah.edu/ot
UNIT VI

Site-Specific Information

Recommended Content for a Student Fieldwork Manual

Example of a Level II Fieldwork Timeline

Example Site-Specific Objectives
(additional site specific objective samples available on BPCC OTA website)

Verification of Understanding
Recommended Content for a Student Fieldwork Manual

1. Orientation Outline
2. Assignments
3. Safety Procedures/Codes
4. Behavioral Objectives
5. Week-by-Week Schedule of Responsibilities
6. Patient Confidentiality Information (Patient Rights)
7. Guidelines for Documentation:
   - Completed samples of all forms
   - Acceptable medical abbreviations
   - Discharge plan
   - Billing
   - Dictation Directions, if applicable
8. The Occupational Therapy Practice Framework: Domain and Process

Additional information that can gradually be added to the student manual

1. Organizational Chart of the Fieldwork Setting
2. History of the Fieldwork Setting
3. Department Information
   - Policy and procedures
   - Mission statement
   - Organizational chart
   - Essential job functions
   - Dress code
4. Regularly Scheduled Meetings:
   - Dates/times
   - Purpose of meeting
5. Special Client Related Groups/Programs
   - Purpose
   - Referral system
   - Operation
   - Transport
6. Patient Confidentiality Information (Patient Rights)
7. Guidelines for Documentation
8. Responsibilities of:
   - Fieldwork educator
   - Student
   - Fieldwork coordinator (if position exists)
9. Performance Evaluation
   Procedure and guidelines used in the evaluation of
   - Student
   - Fieldwork Educator
   - Fieldwork Experience
Material for your student manual can be gathered from other sources within your facility (e.g., employee handbooks, Human Resources Department, etc.)

Feel free to call the academic programs that you have contracts with to get the names of nearby facilities that are similar to your site. Call those facilities and see if they are willing to share their student manual with you.

Don't feel that you need to have a separate manual for students and fieldwork educators. The manuals can be the same.

10/2/2000

EXAMPLE of a Fieldwork Level II Experience Timeline:

Week 1
- Department Orientation
- Review facility policies and procedures
- Review of Student manual, assignments, and expectations
- Observation with therapists (OT, PT, SP) in setting
- Participate in Department/Patient Care meetings/IEPs
- Review documentation process, equipment, and evaluation tools
- Review chart, observe evaluation/treatment of client which student will assume in week II, discuss treatment plan and goals
- Assist with clinic maintenance
- Meet with FWE to discuss weekly performance and objectives for following week

Week 2
- Assume responsibility for first client and assist FWE with caseload
- Complete appropriate documentation for treatment sessions
- Develop ax plan to meet tx goals
- Assist with collection of evaluation data
- Perform skills learned in academic setting (goniometry, splinting…)
- Use medical terminology appropriately and increase medical vocabulary
- Schedule time with FWE to demonstrate competency with safe transfer techniques using proper body mechanics
- Recognize changes in patient’s/client’s physical/emotional condition and respond appropriately
- Participate in department/patient care meetings
- Determine department in-service project
- Assist with clinic maintenance
- Meet with FWE to discuss weekly performance and objectives for following week

Week 3
- Discuss in-service topic with FWE
- Assume responsibility for second client/patient and assist FWE with caseload
- Complete appropriate documentation for treatment sessions
- Develop activity plan to meet treatment goals
- Professionally communicate with patients and families. Collaborate with them to formulate an effective treatment plan
- Observe and assist with one individualized home program
- Demonstrate ability to explain treatment programs effectively
- Participate in department/patient care meetings
- Assist with collection of evaluation data
- Assist with clinic maintenance
- Meet with FWE to discuss weekly performance and objectives for following week

Week 4
- Assume responsibility for third client and assist FWE with caseload
- Complete appropriate documentation for treatment sessions
- Assist with evaluation data collection
- Develop activity plan to meet goals
- Adapt/modify intervention activities to meet treatment goals
- Continue with in-service development
- Demonstrate ability to organize daily workload and adapt pace according to the needs of the patients/clients
- Become proficient at organizing schedule to allow adequate time for patient treatment as well as documentation
- Participate in department/patient care meetings
- Demonstrate ability to explain treatment programs effectively
- Assist with clinic maintenance
- Meet with FWE to discuss Midterm review. Both student and FWE to complete AOTA evaluation form for mid-term status as well as meeting with AFWC

Week 5
- Assume responsibility of fourth client and assist FWE with caseload
- Present in-service
- Determine department journal article review presentation
- Complete appropriate documentation for treatment sessions
- Assist with evaluation data collection
- Develop activity plan to meet goals
- Adapt/modify intervention activities to meet treatment goals
- Demonstrate ability to organize daily workload and adapt pace according to the needs of the patients/clients
- Become proficient at organizing schedule to allow adequate time for patient treatment as well as documentation
- Student primarily responsible for arranging client/patient schedules
- Demonstrate creative and individualized functional treatment activities with patients
- Participate in department/patient care meetings
- Demonstrate ability to explain treatment programs effectively
- Assist with clinic maintenance
- Meet with FWE to discuss weekly performance and objectives for following week

Week 6
- Assume responsibility of fifth client or maintain present caseload
- Continue Journal article review
- Complete appropriate documentation for treatment sessions
- Assist with evaluation data collection
- Develop activity plan to meet goals
- Adapt/modify intervention activities to meet treatment goals
- Demonstrate ability to organize daily workload and adapt pace according to the needs of the patients/clients
- Become proficient at organizing schedule to allow adequate time for patient treatment as well as documentation
- Student primarily responsible for arranging client/patient schedules
- Demonstrate creative and individualized functional treatment activities with patients
- Participate in department/patient care meetings
- Demonstrate ability to explain treatment programs effectively
- Assist with clinic maintenance
- Meet with FWE to discuss weekly performance and objectives for following week

Week 7
- Begin caseload transition to facility therapists
- Continue with journal article review
- Complete appropriate documentation for treatment sessions
- Assist with evaluation data collection
- Develop activity plan to meet goals
- Adapt/modify intervention activities to meet treatment goals
- Demonstrate ability to organize daily workload and adapt pace according to the needs of the patients/clients
- Become proficient at organizing schedule to allow adequate time for patient treatment as well as documentation
- Student primarily responsible for arranging client/patient schedules
- Demonstrate creative and individualized functional treatment activities with patients
- Participate in department/patient care meetings
- Demonstrate ability to explain treatment programs effectively
- Assist with clinic maintenance
- Meet with FWE to discuss weekly performance and objectives for following week

Week 8
- Complete caseload transition to facility therapists
- Present journal article
- Complete appropriate documentation for treatment sessions
- Assist with evaluation data collection
- Develop activity plan to meet goals
- Adapt/modify intervention activities to meet treatment goals
- Demonstrate ability to organize daily workload and adapt pace according to the needs of the patients/clients
- Become proficient at organizing schedule to allow adequate time for patient treatment as well as documentation
- Student primarily responsible for arranging client/patient schedules
- Demonstrate creative and individualized functional treatment activities with patients
- Participate in department/patient care meetings
- Demonstrate ability to explain treatment programs effectively
- Assist with clinic maintenance
- Exit interview and discussion of AOTA Fieldwork Performance Evaluation form and SEFWE

It is strongly recommended that the OTA students from Bossier Parish Community College participate in the development and presentation of at least one home/independent study assignment to be presented to the fieldwork site’s staff/department. Suggestions for assignments are as follows:

1. Case study – create a patient story to include all aspects of the OT process, implementing the OTPF, treatment goals, and outcomes
2. Clinic project/equipment – provide a project, program or piece of equipment to benefit the clinic. Perform a needs assessment to determine what type of project would be most beneficial to the clinic and the clinic’s population

3. Journal article – research a topic of interest to your clinic through journal review and present findings

4. In-service – research a topic about evidence-based practice and/or emerging areas of practice and present to department

Resources:
AOTA.org
http://www.aota.org/Educate/EdRes/Fieldwork/NewPrograms/38250.asp
Physical Disabilities
Site-Specific Objectives

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

The Students will:

- Demonstrate consistent adherence to professional ethics, codes and adherence to HIPAA regulations for patient confidentiality at all times, including in and out of the hospital setting.
- Maintain all patient related information in compliance with hospital policy on confidentiality.
- Respect patients’ rights of privacy in all spoken communications (no corridor, elevator, cafeteria consultations).
- Consistently demonstrate respect for client confidentiality by protecting written documentation from other people’s view and select private spaces to discuss client information with supervisor or other team members.
- Consistently display sensitivity to client’s values (cultural, religious, social) and ask patients if there are any issues that may conflict with treatment procedures.
- Respect individual goals, wishes, and expectations of patient.
- Immediately report any abusive behavior toward a patient to the immediate supervisor and follow appropriate reporting procedures.
- Demonstrate honesty in billing for time/interventions.
- Demonstrate awareness of the need for assistance and/or seek assistance for supervision.
- Identify coding system for patients.
- Create and maintain a safe environment.
- Demonstrate professional behavior.
- Obtain consent prior to treatment.
- Maximize quality of life and respect privacy and will not misappropriate clients belongings.
- Demonstrate proper safety techniques during functional transfers and ROM testing. All equipment should be checked prior to transfer and set up according to the patients needs. During ROM, skin integrity, joint mechanics/integrity should be assessed prior to ROM testing.

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

Students will:

I. Demonstrate an understanding of environmental factors affecting clients’ safety at all times by:

- Consistently analyze evaluation/treatment space for potential safety hazards prior to bringing the client into the environment.
  1. Equipment is set-up beforehand.
  2. All nonessential items are put way.
  3. Treatment area is scanned for slip and fall prevention.
  4. Is aware of potential hazards of equipment being used.
  5. Aware of sharps at all times.

- Adhere to facility policy regarding use of modalities, use of sharps, and operating equipment in the OT clinic.
- Consistently set-up and clean-up of work environment in a manner that prevents injury.
- Chooses activities that are safe, age appropriate, and appropriate for cognitive/emotional/physical capabilities of clientele.
- Consistently follows equipment safety protocols.
- While evaluating and treating, the student should use judgment in safety.

II. Anticipate and prepare for potential difficulties in the community as demonstrated by:

- Selecting offsite/community activity that demonstrates sound judgment.
- States agencies off-premises safety/emergency protocol prior to engaging in community activities and/or home visits.
- Anticipates problems/possible solutions prior to and during home visit and/or community outings.
III. State universal precautions and will adhere to guidelines at all times.

IV. Adhere to facility policies and regulations and OSHA precautions.

V. Articulate facilities HIPAA regulations and will abide by them by end of first week.

VI. Seek out assistance whenever in doubt.

**Students will:**
- Incorporate fall prevention program into all patient treatment plans.
- Ask for help during unsafe transfer to any functional surface.
- Adheres to safety precaution regarding medical equipment patient-pulse O2, IV, foley catheter, etc.
- Monitor vital signs.
- Demonstrate sound safety and judgment consistent with all patient contact (i.e. transfers to secure surfaces, ROM treatment, activities, obstacles in environment, physical barriers IV poles, catheters, IV's, monitoring devices, adherence to MD orders regarding WB status, OOB, ROM, NPO, dressing change and splints).
- Ensure client’s safety and comfort at all times especially when specialized equipment is involved (i.e., wheelchairs, computers, walkers).

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3. **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.**

**Students will:**
- Clearly define the role of OT and relate it to the activity to the patients.
- Explain the value of activity chosen with respect to clients own life activities/occupations.
- Define the OT process in an effective manner that is understandable to clients, etc.
- Explain to client and family, value of returning to roles, responsibilities to a level of audience understanding.

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4. **Determines client's occupational profile** and performance through appropriate assessment methods.

**Students will:**
- In collaboration with the OTR, obtain a thorough occupational profile through patient's interview, family interview, and review of medical chart documentation.
- Obtain clients role in society with the leisure activities initial evaluation.
- Students will ask client what areas are important to them.
- In collaboration with OTR, interview family when unable to directly interview client about his/her occupational profile.
- Initiate and integrate patient's occupational profile into patient treatment focus under supervision of OTR.
- Investigate client's goals for self and assess relevant areas to help client achieve those goals.
- Demonstrate knowledge of age-specific and/or functional level performance/roles in maintaining and implementation of treatment program

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5. **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.

**Students will:**
- Utilize resources to find information.
- Perform chart review prior to evaluation and treatment planning.
- Be able to determine what extra information will be necessary.
6. **Administers assessments** under supervision of OTR in a uniform manner to ensure findings are valid and reliable.

**Students will:**
- Consult institution manuals and supervisor prior to the administration of standardized tests.
- Understand rationale for performing standardized tests.
- In collaboration with OTR, choose appropriate standardized assessment for patient.

7. **Adjusts/modifies the assessment procedures** based on client’s needs, behaviors, and culture.

**Students will:**
- Notice and respond to client feedback to accommodate assessment as needed.

8. **Articulates a clear and logical rationale** for the intervention process.

**Students will:**
- Describe to the client the reason why the task is being performed in a manner that the client understands.
- Communicate the use of graded occupation as a means to support participation in BADL/IADL.
- Describe purpose of intervention at the client’s level of understanding.
- Demonstrate purpose and goals to implement treatment plan and to carry out.

9. **Clearly and effectively communicates verbally and nonverbally** with clients, families, significant others, colleagues, service providers, and the public.

**Students will:**
- Interact, communicate, and share relevant information with all caretakers, families, and health care professionals.
- Clearly and effectively communicate verbally by stating clear goals and rationale of treatment to patients, family, and colleagues.
- Clearly and effectively communicate with patients, families, and team members to explain possible outcomes of OT.
- Give instructions for the treatment process that are effective, clear, concise, and understandable for each patient’s developmental level and learning style.
- Respond appropriately to behaviors and questions, give feedback, appropriate cues, and the appropriate amount of assistance to enable patient to participate in activity.
- Take into account cultural differences and language barriers (providing handout and information in first language).
- Communicate/demonstrate effective communication skills to meet the needs of each patient.
- Demonstrate good observational skills when communicating with patients, adjusting instructions based on patient’s reactions.
- Be aware of nonverbal communication and body language of patients, families, and colleagues.
- Learn to use and develop therapeutic use of self and maintain rapport with patient.
- Develop boundaries/ability to set appropriate limits with patients.
- Provide appropriate validation, support, and feedback to patients as needed.
- Accept constructive feedback and provide input as part of interpersonal communication.
- Contribute clear, accurate, and concise reports/feedback in team meetings regarding each patient’s progress.
- Clearly and effectively write progress reports based upon and related to changes in a patient’s progress and needs.

10. **Collaborates with supervisor(s)** to maximize the learning experience.

**Students will:**
- Be an active part of supervision and feedback.
- Take initiative to identify difficulties experienced during evaluation/treatment.
• Take initiative to present plan of action to improve performance.
• Use feedback provided to come up with strategies/plans for improvement.
• Incorporate feedback from supervisor into treatment planning and intervention and discuss outcome.

11. Responds constructively to feedback.

Students will:
• Notice and respond to feedback in a way that would encourage an open exchange of ideas and develop entry-level skills in an effective way.
• “Hear” and act upon constructive feedback from supervisor by making suggestions as to what could have been or needs to be changed.
• Demonstrate an active and positive attitude evidenced by body language and use of voice.
• Verbalize understanding of feedback and develop effective and measurable goals for improvement as needed.
• Give ideas and respond to feedback on ways to improve by giving examples of what they would do in future situations.
• Demonstrate change in behavior that shows an understanding of feedback and a movement towards acquiring professional behaviors.
• Articulate positive feedback and strengths pointed out by supervisor.
1. **Adheres to ethics:** Adheres consistently to the American Occupational Therapy Association Code of Ethics and site’s policies and procedures including when relevant, those related to human subject research.

**Students will:**
- Always keep documents in a secure area.
- Avoid holding confidential conversations in public areas.
- Select private areas to discuss patients’ private information.
- Read and practice the patient’s Bill of Rights and HIPAA policies.
- Review safety policies and procedures of the facility.
- Be familiar with who will be attending therapy with the child and what his/her relationship is with the given child.
- Adhere to the American Occupational Therapy Association’s Code of Ethics.
- Review and set up the space for any/all safety issues.
- Never leave a child alone.
- Never talk about a child in front of others.
- Check with supervisor before sharing information with parents.
- Do not discuss patient diagnosis with other patients.
- Do not share personal information.
- Demonstrate the ability to adhere to children’s rights including confidentiality.
- Do not discuss a child’s case or conditions unless in privacy with OT supervisor or other team members directly involved with the treatment of the child.
- Demonstrate respectful manner when approaching clients to include identifying self and the purpose of her (his) session.
- Adhere to HIPAA policies and confidentiality.
- Treat all children equally.
- Be informed of updated information on practice.
- Be knowledgeable of site’s safety precautions (i.e. first aid, fire drill).
- Makes sure all documentation and charts are kept in a private and secure place.
- Consistently obtain signed permission forms from parents after clearly explaining purpose of their child’s participation.
- Consistently display safety within treatment setting.
- Demonstrate respect/sensitivity from client’s space and cultural practice.
- Identify information that is relevant and acceptable in written documentation.
- Can consistently use “person-planning” principles for treatment planning
- Consistently uses person-centered principles to guide treatment.

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

**Students will:**
I. Demonstrate an understanding of environmental factors affecting clients' safety at all times by:

- Consistently analyze evaluation/treatment space for potential safety hazards prior to bringing the client into the environment.
  6. Equipment is set-up beforehand.
  7. All nonessential items are put way.
  8. Treatment area is scanned for slip and fall prevention.
  9. Is aware of potential hazards of equipment being used.
  10. Aware of sharps at all times.
- Adhere to facility policy regarding use of modalities, use of sharps, and operating equipment in the OT clinic.
- Consistently set-up and clean-up of work environment in a manner that prevents injury.
• Chooses activities that are safe, age appropriate, and appropriate for cognitive/emotional/physical capabilities of clientele.
• Consistently follows equipment safety protocols.
• While evaluating and treating, the student should use judgment in safety.

II. Anticipate and prepare for potential difficulties in the community as demonstrated by:
• Selecting offsite/community activity that demonstrates sound judgment.
• States agencies off-premises safety/emergency protocol prior to engaging in community activities and/or home visits.
• Anticipates problems/possible solutions prior to and during home visit and/or community outings.

III. State universal precautions and will adhere to guidelines at all times.

IV. Adhere to facility policies and regulations and OSHA precautions.

V. Articulate facilities HIPAA regulations and will abide by them by end of first week.

VI. Seek out assistance whenever in doubt

Students will:
• Demonstrate safe set-up of transfer to all surfaces.
• Demonstrate proper body mechanics during therapy.
• Demonstrate safe use of equipment.
• Maintain a clutter free treatment environment and return all items to storage.
• Utilize ergonomically appropriate body mechanics.
• Assess environment prior to treatment and throughout treatment process.
• Continuously monitor patient's response to treatment (i.e. pain).

3. 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.

Students will:
• Demonstrate the ability to effectively communicate the purpose of occupational therapy and specific activities to goals of interest to the child, the child’s parents, teachers, and other professionals involved in the care and treatment of the child.
• Provide clear, effective, and efficient documentation of the child’s involvement in functional and productive activities, progress towards goals, and expected outcomes according to the policies and procedures of the facility.
• Demonstrate the ability to communicate with family and other service providers, the child’s activity program, and tasks required for carry-over to home and community function.
• Demonstrate the ability to link clinic and OT room activities to improved classroom functioning.
• Consistently address parent and child’s concerns and goals within the intervention so that the connection is easily understood, motivation is maintained, and participation is consistent.
• Demonstrate the ability to teach the child, family, and others the value of participation in occupational therapy activities.
• Share the goals/purpose of occupation and OT and parents, teachers, music, and dance therapists for specific clients-with less jargon but tying it into OT.
• Talk to the child at his/her level of understanding and engage the child in activities at his/her level of need and ability, while working towards goals of improved functioning.
• Consistently collaborate with the team, which includes patient and patient’s family, in order to develop a complete treatment plan.
• Demonstrate the ability to provide relevant seminar or in-service about an aspect of occupational therapy to consumers and consumer advocates.
• Familiarize self with all test materials and standardized administration protocols prior to using tools with children.
- Demonstrate the ability to effectively and accurately interpret and document evaluation results with moderate assistance through midterm, and efficiently by the seventh week under the supervision of and in collaboration with an OTR.
- Clearly articulate understanding of when and why to use specific evaluations/assessments to be used prior to assisting with the administration with a child.

4. **Determines client's occupational profile** and performance through appropriate assessment methods.

   Students will:
   - Discuss child’s perceived strengths and areas of weakness in areas of self-help, play, education, and social participation with parent or caregiver.
   - Consistently use client-centered practice to gather a global understanding of client’s needs.
   - Gather all necessary information from prior evaluation, charts, client, client’s parent to establish needs, values, interest, daily patterns, and history.
   - Consistently and accurately identify client's values, interests, and needs through appropriate interview questions to guide further treatment and evaluation, within one week.
   - Determine client’s beliefs and goals using assessment results from appropriate tools (i.e., COPM, interest checklist, PEDI).
   - Communicate with parents via log, phone, etc. about their goals/priorities for the child within one week.
   - Interview the child regarding goals.
   - In collaboration with the OTR, gather information on child via parent/child/teacher interview, chart reading, etc (interests, needs, ADLs).
   - Consult with OTR, teacher and parents, as well as other team members in determining goals for child.
   - Consult and document teachers views of child’s ability to function in classroom.
   - Gather information regarding the child’s siblings, pets, family members who have daily contact, and extended family members within the first two family sessions.
   - Clearly articulate to supervisor who are the child’s primary caregivers and what dynamics are observed in the relationship.
   - Identify through clinical observation, parental report, and other clinicians reports child’s preferences and dislikes.
   - In collaboration with the OTR, involve patient’s needs/wants/desires when determining goals and demonstrate client’s agreement with goals of treatment.
   - Interview family members as well as client regarding occupational barriers on a consistent basis.
   - Demonstrate consistent knowledge of age and appropriate roles and patterns of using appropriate language (understandable to client and family) in communication.
   - Utilize formal and informal assessments to determine occupational profile upon initial evaluation.
   - In collaboration with OTR, conduct client interview to determine client’s occupational profile prior to beginning evaluation.

5. **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.

   Students will:
   - Complete chart review before assisting with evaluation.
   - Speak with other therapists that work with child.
   - Be aware of child’s current level of functioning.
   - In collaboration with OTR, conduct a parent interview to gather relevant information about child.
   - Review chart prior to assisting with administration of assessment.
   - Obtain relevant background information from parent/caregiver.
   - Assist OTR in assembling and reviewing information input from teachers, parents, and chart prior to evaluating child.
   - Elicit information from clients’ interests, values, and culture, if indicated prior to and during evaluation.
   - Review social history, past evaluations, and assist in conducting parent/caregiver interview to gather relevant information to create an occupational profile prior to and during an evaluation.
- Assist OTR in obtaining sufficient/necessary information including child/family/provider report prior to evaluation.
- Accurately record and report patient’s personal and background information prior to assisting in administering evaluation/re-evaluation procedures.
- Obtain information from client to complete evaluation/activity.
- Rationalize use of assessment for specific client.
- Adequately obtain relevant information about client necessary to complete planned activity and/or evaluation.
- Demonstrate 90-100% accuracy in obtaining all relevant data/information prior to the evaluation.
- Collect and gather relevant data and information prior to evaluation to select appropriate assessment for clients.
- Obtain information regarding child’s age, presentation concerns, developmental functioning, and context prior to choosing assessment tools
- Consistently elicits information regarding client’s and families interests, values, and culture prior to the evaluation.
- Identify pertinent information prior to treatment or evaluation through methods including but not limited to:
  --other clinicians, clinical observation;
  --parent report, teacher report;
  --and social/educational/psychological evaluation.

6. **Administers assessments** in a uniform manner to ensure findings are valid and reliable.

**Students will:**
- Administers assessments according to test criteria—70% at midterm and 95% at final evaluation.
- Administers testing materials according to standardized protocol.
- Follow standardized assessment protocol with moderate assistance by midterm and independently at end of fieldwork.
- Follow instructions given in test manuals for standardized administration and written interpretation of assessment tools.
- Demonstrate understanding of the difference between standardized and criterion based assessment tools.
- Prepare and administer standardized procedures as defined by specific assessment tools to ensure valid and reliable findings during an evaluation.
- Follow instructions of standardized evaluation.
- Demonstrate difference between standardized and criterion referenced assessment.
- Follows standardized procedures and standards during evaluation for valid and reliable results.
- Properly identify appropriate evaluations/assessments to be used prior to administration.
- Demonstrate rationale for why a specific test was chosen and will be familiar with administration/scoring/validity/implications of results.
- Complete three observations of assessments and be prepared to independently administer three standardized assessment tools with 100% accuracy of data collection, data scoring, and 90% accuracy in data analysis (by midterm).

8. **Adjusts/modifies the assessment procedures** based on client’s needs, behaviors, and culture.

**Students will:**
- Display ability to respond to input and modify approach when client can/will not perform.
- Successfully engage child to perform assessment task within allowable and reasonable parameters.
- Show ability to adapt assessments when needed in order to elicit evaluation information.
- Be sensitive to and recognize the need to modify an environment and assessment procedure to adapt to child’s needs to encourage performance at best ability.
- Adjust/modify assessment procedure if/when needed based upon the child’s needs to ensure child’s best performance.
- Successfully engage child in performing assessment tasks within reasonable/allowable parameters.
- Successfully engage child in evaluation tasks within reasonable and allowable parameters of assessment guidelines.
- Adjust within the parameters of an evaluation tool to meet the needs of a client.
- Successfully engage child with resemble parameters to perform/participate in the evaluation process.
• Demonstrate the ability to adapt the evaluation tool if unable to administer it in the intended manner.
• Demonstrate the ability to change assessment procedures as needed to gain critical information, documenting modification as required (i.e. with standardized tests).
• Demonstrate the ability to observe, through clinical observation, the child’s ability to participate and perform assessment.
• Grade increases or decreases, depending on the child’s mood and success rate, in order to maintain child’s ability to engage in treatment or evaluation.

9. **Articulates clear and logical rationale** for the intervention process.

**Students will:**
• Be able to explain reasons for specific activities being assigned to child.
• Include descriptions of activities to supervisor, which clearly and accurately demonstrate clinical reasoning when creating activity.
• Describe activities to perform in home environment and reasons why they are relevant to child’s ability to increase functional performance.
• Be able to explain clearly to supervisor one’s rationale for selected interventions.
• Be able to explain clearly to clients, families, and team member the rationale for selected interventions.
• Consistently communicate reasoning behind selection of activities to one’s supervisor.
• Consistently communicate the rationale in understandable terms to client families, significant others, colleagues, service providers, and public as experiences arise.
• Explain clearly to supervisor the rationale for their interventions.
• Articulate clinical reasoning process of intervention to supervisor.
• Use simple and clear reasons for each activity and explain how it will help each individual.
• Articulate clear and logical rationale for choice of treatment approach, intervention strategy, and method for different problems of clients.
• When asked, be able to clearly and calmly explain the reasons for techniques, modalities/preparatory and how they tie into the play, educational, and/or self-care areas with relevance to the individuals.
• Discuss intervention, rationale, and functional relevancy of activities of a session with parents.
• Clearly, confidently, and accurately explain the value of activities used to parents, staff, and team.
• Explain what the intervention is to teachers and why you are working on specific area.
• Describe how intervention process and specific activities relate to occupation of client.
• Demonstrate the ability to articulate the rationale for the intervention to the family, colleagues, and care providers with appropriate language for individuals.

10. **Clearly and effectively communicates verbally and nonverbally** with clients, families, significant others, colleagues, service providers, and the public.

**Students will:**
• Demonstrate ability to develop and maintain rapport with child.
• Make effort to engage child in different types of therapeutic play while engaging in an activity.
• Communicate clearly and effectively with other providers and families.
• Present at informal and formal groups of team members and colleagues.
• Demonstrate good observational skills when communicating with clients, adjusting instructions based on clients’ reactions.
• Be aware of nonverbal communication and body language of clients, families, and colleagues.
• Be able to show appropriate emotion for appropriate articulations - through body language, facial expression, and verbal feedback.
• Clearly and effectively give instructions, responds to behaviors and questions, give feedback, and give appropriate cues and assistance.
• Give clear and understandable instructions prior to therapeutic activities.
• Give appropriate cues and assistance during therapy session.
• Speak appropriately in team meeting.
• Give clear and understandable instructions. Respond to questions or behaviors in an appropriate manner.
• Give appropriate amount of cues/assistance for child to participate in activities.
• Take into account cultural differences and language barriers (providing handout and information to parents, relatives, etc., in first language).

11. Collaborates with supervisor(s) to maximize the learning experience.

Students will:
• Be an active part of supervision and feedback.
• Take initiative to identify difficulties experienced during evaluation/treatment.
• Take initiative to present plan of action to improve performance.
• Use feedback provided to come up with strategies/plans for improvement.
• Incorporate feedback from supervisor into treatment planning and intervention and discuss outcome.
# Pediatric School System – Site Specific Objectives

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<th>I. Fundamentals of Practice</th>
<th>Site-Specific Objectives</th>
<th>Learning Activities</th>
<th>Completion</th>
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<tbody>
<tr>
<td><strong>1. Adheres to Ethics:</strong> Adheres consistently to American Occupational Therapy Association Code of Ethics and site’s policies and procedures including, when relevant, those related to human subject research.</td>
<td>Adheres to the AOTA Code of Ethics. Adheres to state licensure requirements. Follows organizational policies and procedures of the facility. Follows procedural safeguards in regards to confidentiality.</td>
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<tr>
<td><strong>2. Adheres to safety regulations:</strong> Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.</td>
<td>Follows universal precautions for infection control. Follows district procedures regarding student, faculty, and building safety. Follows district procedures for reporting injuries. Reports potential safety hazards and unusual occurrences to supervisor. Assists with the maintenance of equipment in working order. Contributes to cleanliness of work area and maintains a safe environment. Explains fire extinguisher use and fire procedures within the building.</td>
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<td><strong>3. Uses judgement in safety:</strong> Uses sound judgement in regard to safety of self and others during all fieldwork-related activities.</td>
<td>Removes possible harmful objects from working environment. Observes proper precautions for each student. Follows procedures of safe transfers. Never leaves a child unattended. Identifies changes in client status and the environment which may impact client or staff safety. Seeks assistance when activity or student’s behavior is beyond the level of own experience, knowledge, or student role.</td>
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<tr>
<td><strong>II. BASIC TENETS</strong></td>
<td><strong>Site-Specific Objectives</strong></td>
<td><strong>Learning Activities</strong></td>
<td><strong>Completion</strong></td>
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<tr>
<td>4. Clearly and confidently <strong>articulates the values and beliefs</strong> of the occupational therapy profession to students, families, significant others, colleagues, service providers, and the public.</td>
<td>Articulates the values and beliefs of the occupational therapy profession, as it relates to school-based practice, students, families, etc.</td>
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<tr>
<td>5. Clearly, confidently, and accurately articulates the value of occupation as a method and desired outcome of occupational therapy to students, families, significant others, colleagues, service providers, and the public.</td>
<td>Articulates the value of occupational performance as it applies in the student’s school environment and the student’s educational plan. Articulates best OT practice in the school environment.</td>
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<tr>
<td>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.</td>
<td>Articulates the role of the OT and OTA in the school environment to supervisor, students, families, etc.</td>
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<tr>
<td>7. Collaborates with client, family, and significant others throughout the occupational therapy process.</td>
<td>Recommends OT assessments contributing overall to the team’s evaluation process. Contributes to the development and updates of the educational plan and goals with student, family, teachers, etc. Teams with other professionals to discuss needs, progress and program of the student. Consults with classroom teacher following sessions to discuss student progress and makes recommendations as needed. Incorporates teacher’s requests related to student performance in the classroom. Informs team if needs of the students are beyond the scope of OT practice in the school environment.</td>
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### III. EVALUATION AND SCREENING

<table>
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<tr>
<th>Site-Specific Objectives</th>
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<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8. Articulates a clear and logical rationale for the evaluation process.</strong></td>
<td>Explains the evaluation process within the school district’s program. Explains the focus and purpose of evaluation process. Articulates relevance of evaluation information within the context of the student’s educational program and school environment.</td>
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<td><strong>9. Selects relevant screening and assessment methods while considering such factors as student’s priorities, context(s), theories, and evidence-based practice.</strong></td>
<td>Demonstrates knowledge of the various assessments available for use. Determines which assessments are appropriate for a specific student or program. Demonstrates an understanding of the differences among screening, consult, and evaluation. Discusses rationale for evaluation selection with supervisor.</td>
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<td><strong>10. Determines client's occupational profile and performance through appropriate assessment methods.</strong></td>
<td>Identifies areas of concern related to the student’s occupational history, patterns of daily living, interests, values, and needs in the school environment. Describes the expectations of the student in the school environment.</td>
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<tr>
<td><strong>11. Assesses client factors and context(s) that support or hinder occupational performance.</strong></td>
<td>Identifies student strengths and concerns and the impact on academic performance.</td>
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<tr>
<td><strong>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.</strong></td>
<td>Observes the student in the school environment. Gathers pertinent information from the student’s folder, parents, other staff, and community resources, including previous service received. Obtains relevant information from various team members. Identifies contraindications and precautions. Obtains information on student’s diagnosis or medical condition.</td>
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<td>Explains the importance or relevance of the information gathered.</td>
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</tbody>
</table>
| 13. **Administers assessments** in a uniform manner so as to ensure findings are valid and reliable. | Follows the procedures for administering the evaluation accurately.  
Gathers and prepares materials and equipment required by the assessment.  
Makes accurate, objective observations during the evaluation process.  
Accurately records evaluation information. |
| 14. **Adjusts or modifies the assessment procedures** based on client’s needs, behaviors, and culture. | Changes approach and method of data-gathering according to student’s needs.  
Modifies approach in response to student’s behavior, fatigue, and emotional factors.  
Modifies the environment to obtain best response from the student as needed.  
Adjusts student’s positioning or seating as necessary.  
Distinguishes between actual fatigue, uncooperative behavior, and or manipulation and modifies approach as indicated. |
| 15. **Interprets evaluation results** to determine client’s occupational performance strengths and challenges. | Convert raw scores into meaningful information, according to assessment guidelines.  
Relates assessment findings to functional performance.  
Identifies present level of performance and challenges based on evaluation data. |
| 16. **Establishes an accurate and appropriate plan** based on the evaluation results, through integrating multiple factors such as client's priorities, context(s), theories, and evidence-based practice. | Based on evaluation results, identifies measurable outcomes and short-term objectives to facilitate participation and learning.  
Discusses with supervisor evaluation results and recommended goals.  
Collaborates with classroom teacher, incorporating objectives into student’s IEP.  
Identifies ways to incorporate IEP goals into the classroom schedule/routines. |
| 17. **Documents the results of the evaluation** process that demonstrates objective measurement of client's occupational performance. | Accurately summarizes evaluation data into a formal document according to facility’s |
program making note of any modification to
evaluation procedure.
Identifies specific problem areas.
Documents time, frequency, duration, and
location of OT services in
recommendations.
Documents evaluation results using
terminology appropriate to the recipient.

<table>
<thead>
<tr>
<th>IV. INTERVENTION</th>
<th>Site-Specific Objectives</th>
<th>Learning Activities</th>
<th>Completion</th>
</tr>
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</table>
| **18. Articulates a clear and logical rationale** for the intervention process | Discusses basis for intervention decisions with supervisor.
Identifies correlation between problem areas and activity selected for intervention.
Articulates how activities selected relate to the occupational performance of the student in the context of the school environment.
Recognizes which treatment activities may facilitate or enhance the student’s program and goals. |  |  |
| 19. **Utilizes evidence** from published research and relevant resources to make informed intervention decisions. | Researches evidence-based interventions that could be used in the school environment.
Articulates how to apply evidence from published research and therapist’s expertise to specific students receiving OT services. |  |  |
| 20. **Chooses occupations** that motivate and challenge clients. | Considers student’s preferences that will motivate and challenge him or her.
Considers a variety of activities and goals identified by other team members to reinforce and incorporate during intervention.
Considers home environment and family responsibilities or routines when developing home programs.
Considers classroom or school routines when developing intervention programs.
Identifies a variety of treatment activities to accomplish a goal. |  |  |
<p>| 21. <strong>Selects relevant occupations</strong> to facilitate clients meeting established goals. | Identifies activities to help the student accomplish goals. |  |  |</p>
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<tr>
<td>Identifies and uses activities designed to improve student’s performance in the educational setting. Verbalizes how the activity selected will facilitate the student’s ability to benefit from education.</td>
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<tr>
<td><strong>22. Implements intervention plans that are client-centered.</strong></td>
<td>Uses appropriate frame of reference in the development of treatment plan and in discussions with supervisor. Demonstrates a sequential and timely plan of treatment activities, taking into consideration the functional and emotional needs of the student. Prepares several alternative activities in case the student rejects the planned activity. Demonstrates flexibility to change from one activity to another when the student’s environment, behavior, or emotional response changes. Adapts the activities to meet the student’s physical, cognitive, or behavioral limitations.</td>
</tr>
<tr>
<td><strong>23. Implements intervention plans that are occupation-based.</strong></td>
<td>Implements a plan of treatment that facilitates participation and learning within school environment. Provides services within the student’s natural environment, such as the classroom, bathroom, cafeteria, playground, etc. Utilizes materials available in the natural school environment, so that activities can be incorporated into the student’s daily routines.</td>
</tr>
<tr>
<td><strong>24. Modifies task approach, occupations, and the environment to maximize client performance.</strong></td>
<td>Makes recommendations to supervisor regarding treatment approach in response to changes in student’s condition. Changes treatment approach based on improvement or regression in student’s condition.</td>
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</table>
Changes treatment approach considering the environment and goal being addressed.
Effectively intervenes with student’s inappropriate behavior.
Praises student for appropriate behavior, thus optimizing student’s performance.

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<tr>
<th>25. Updates, modifies or terminates the intervention plan based upon careful monitoring of the client’s status.</th>
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</table>
| Updates plan at required intervals.  
Gathers data in preparation for staff and annual meetings.  
Consults with the team members regarding student’s progress, concerns, and potential for change in services.  
Recommends changes in goals to supervisor based on improvement or regression in student’s condition/behavior.  
Recognizes a plateau in therapy and suggests changes in the student’s intervention plan.  
Prepares student and team members regarding discontinuation of therapy. |

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<th>26. Documents client’s response to services in a manner that demonstrates the efficacy of interventions</th>
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</table>
| Completes therapy notes on student following each treatment session.  
Reports student’s progress to supervisor on an ongoing basis. |

| VI. COMMUNICATION |
|---|---|---|
| Site-Specific Objectives | Learning Activities | Completion |
| 32. Clearly and effectively communicates verbally and nonverbally with clients, families, significant others, colleagues, service providers, and the public. | Communicates with other disciplines regarding goals and methods of treatment to be reinforced.  
Demonstrates active listening skills during interactions.  
Refers questions beyond the scope of OT to the appropriate source.  
Communicates with other team members frequently regarding the student’s progress.  
Communicates effectively with students, parents, or caregivers.  
Communicates effectively with school personnel. | | |
Communicates on a technical level with other OTs and medical professionals.

| 33. **Produces clear and accurate documentation** 
<table>
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<tr>
<th><strong>according to site requirements.</strong></th>
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</table>
| Completes accurate documentation for student attendance. 
Completes progress note for each session. 
Completes evaluation reports according to district’s guidelines. 
Produces measurable IEP goals according to district guidelines. 
Completes accurate documentation for district reimbursement. |

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<th>34. <strong>All written communication is legible, using proper spelling, punctuation, and grammar.</strong></th>
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<td>Produces legible handwritten and computer-generated documents using proper spelling, punctuation, and grammar.</td>
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<tr>
<th>35. <strong>Uses language appropriate to the recipient of the information including, but not limited to, funding agencies and regulatory agencies.</strong></th>
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</table>
| Uses language appropriate to the student. 
Uses language appropriate to the parent or caregiver. 
Uses language appropriate to school personnel. 
Uses language appropriate to other occupational therapists. 
Uses language appropriate to medical personnel. 
Uses language appropriate to outside agencies and community programs. |

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<tr>
<th>VII. PROFESSIONAL BEHAVIORS</th>
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<tr>
<td><strong>Site-Specific Objectives</strong></td>
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<tr>
<td><strong>Learning Activities</strong></td>
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<tr>
<td><strong>Completion</strong></td>
</tr>
<tr>
<td>36. <strong>Collaborates with supervisor(s) to maximize the learning experience.</strong></td>
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</table>
| Informs supervisor of any changes or concerns in student performance. 
Informs supervisor of any changes in schedule. 
Volunteers to assist other school personnel when time permits or help is requested. 
Provides a journal of OT services to enhance learning opportunities in fieldwork, which may include caseload, accomplishments, and areas of personal growth. 
Collaborates with supervisor when ready to assume more responsibility, requiring less supervision. 
Comes prepared and participates in supervisory meetings. |
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<tr>
<th>37. Takes responsibility for attaining professional competence by seeking out learning opportunities and interactions with supervisor(s) and others.</th>
<th>Utilizes free time to read current journals, review videotapes, etc. Request information on areas other than those scheduled to gain overall knowledge of the program. Takes initiative to independently arrange or seek out field trips and peer consultations. Seeks out answers to questions and takes initiative in acquiring knowledge. Seeks supervisor feedback on performance.</th>
</tr>
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<tr>
<td>38. Responds constructively to feedback.</td>
<td>Incorporates suggested changes in treatment or approach immediately, as directed by supervisor. Generalizes supervisor’s suggestions to other situations. Responds to constructive feedback with openness and willingness to hear feedback.</td>
</tr>
<tr>
<td>39. Demonstrates consistent work behaviors including initiative, preparedness, dependability, and work site maintenance.</td>
<td>Is prepared for student sessions. Completes work as assigned. Follows regular schedule, maintaining punctuality. Meets commitments in a timely manner. Maintains work environment and returns items to storage areas.</td>
</tr>
<tr>
<td>40. Demonstrates effective time management.</td>
<td>Completes written documentation within timelines specified by the supervisor (i.e., progress notes, attendance, updates, evaluation completion, annual meeting preparation, etc.) Develops and efficient schedule for assigned workload. Uses free time constructively. Establishes priorities in workload. Requests additional responsibilities as free time becomes available.</td>
</tr>
<tr>
<td>41. Demonstrates positive interpersonal skills including, but not limited, to cooperation, flexibility, tact, and empathy.</td>
<td>Arrives on time for meetings, treatment sessions, etc.</td>
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<tr>
<td>42. Demonstrates respect for diversity factors of others including, but not limited to, sociocultural, socioeconomic, spiritual, and lifestyle choices.</td>
<td></td>
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</table>
12. Responds constructively to feedback.

Students will:
- Notice and respond to feedback in a way that would encourage an open exchange of ideas and develop entry-level skills in an effective way.
- “Hear” and act upon constructive feedback from supervisor by making suggestions as to what could have been or needs to be changed.
- Demonstrate an active and positive attitude evidenced by body language and use of voice.
- Verbalize understanding of feedback and develop effective and measurable goals for improvement as needed.
- Give ideas and respond to feedback on ways to improve by giving examples of what they would do in future situations.
- Demonstrate change in behavior that shows an understanding of feedback and a movement towards acquiring professional behaviors.

Verification of Understanding

This manual is a guide for fieldwork. The Academic Fieldwork Coordinator is available to clarify any information. Review this manual for the policies and procedures relating to the BPCC OTA Fieldwork program and the requirements in accordance with the Standards for an Accredited Program for the Occupational Therapy Assistant. Collaboration with the AFWC is essential in choosing a FW II site. After you complete reading this manual and have discussed the content with the AFWC, please sign and date this page and give to the BPCC AFWC. Please make a copy for yourself.

By signing this paper, you agree to the contents of this manual, course objectives for Level I, and the collaboration between the AFWC and the FWEs in establishing Level II site-specific objectives that reflect both the curriculum design of the BPCC OTA educational program and the model of service delivery of your fieldwork setting.

Signature: ___________________________    Date: ____________________
Printed Name: __________________________

AFWC Signature: ________________________    Date: ____________________
Signature: ___________________________    Date: ____________________
Printed Name: __________________________

AFWC Signature: ________________________    Date: ____________________
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AFWC Signature: ________________________    Date: ____________________
UNIT VII

Frequently Asked Questions (general)
HIPAA Frequently Asked Questions
HIPAA Guidelines for Fieldwork
Occupational Therapy Code of Ethics (2015)

Preamble

The 2015 *Occupational Therapy Code of Ethics* (Code) of the American Occupational Therapy Association (AOTA) is designed to reflect the dynamic nature of the profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in research, education, and practice. AOTA members are committed to promoting inclusion, participation, safety, and well-being for all recipients in various stages of life, health, and illness and to empowering all beneficiaries of service to meet their occupational needs. Recipients of services may be individuals, groups, families, organizations, communities, or populations (AOTA, 2014b). The Code is an AOTA Official Document and a public statement tailored to address the most prevalent ethical concerns of the occupational therapy profession. It outlines Standards of Conduct the public can expect from those in the profession. It should be applied to all areas of occupational therapy and shared with relevant stakeholders to promote ethical conduct.

The Code serves two purposes:
1. It provides aspirational Core Values that guide members toward ethical courses of action in professional and volunteer roles, and
2. It delineates enforceable Principles and Standards of Conduct that apply to AOTA members.

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

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

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

Core Values

The profession is grounded in seven long-standing Core Values: (1) Altruism, (2) Equality, (3) Freedom, (4) Justice, (5) Dignity, (6) Truth, and (7) Prudence. *Altruism* involves demonstrating concern for the welfare of others. *Equality* refers to treating all people impartially and free of bias. *Freedom* and personal choice are paramount in a profession in which the values and desires of the client guide our interventions. *Justice* expresses a state in which diverse communities are inclusive; diverse communities are organized and structured such that all members can function, flourish, and live a satisfactory life. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009).
Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and Dignity of the client, by treating him or her with respect in all interactions. In all situations, occupational therapy personnel must provide accurate information in oral, written, and electronic forms (Truth). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions in professional and volunteer roles (Prudence).

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

**Principles and Standards of Conduct**

The Principles and Standards of Conduct that are enforceable for professional behavior include (1) Beneficence, (2) Nonmaleficence, (3) Autonomy, (4) Justice, (5) Veracity, and (6) Fidelity. Reflection on the historical foundations of occupational therapy and related professions resulted in the inclusion of Principles that are consistently referenced as a guideline for ethical decision making.

**Beneficence**

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

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

**Related Standards of Conduct**

**Occupational therapy personnel shall**

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

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

C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice.

D. Ensure that all duties delegated to other occupational therapy personnel are congruent with credentials, qualifications, experience, competency, and scope of practice with respect to service delivery, supervision, fieldwork education, and research.

E. Provide occupational therapy services, including education and training, that are within each practitioner’s level of competence and scope of practice.

F. Take steps (e.g., continuing education, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice.

G. Maintain competency by ongoing participation in education relevant to one’s practice area.

H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial.

I. Refer to other providers when indicated by the needs of the client.

J. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including determination of potential risks and benefits.

**Nonmaleficence**

**Principle 2. Occupational therapy personnel shall refrain from actions that cause harm.**
Nonmaleficence “obligates us to abstain from causing harm to others” (Beauchamp & Childress, 2013, p. 150). The Principle of Nonmaleficence also includes an obligation to not impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle often is examined under the context of due care. The standard of due care “requires that the goals pursued justify the risks that must be imposed to achieve those goals” (Beauchamp & Childress, 2013, p. 154). For example, in occupational therapy practice, this standard applies to situations in which the client might feel pain from a treatment intervention; however, the acute pain is justified by potential longitudinal, evidence-based benefits of the treatment.

Related Standards of Conduct

Occupational therapy personnel shall:
A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
B. Avoid abandoning the service recipient by facilitating appropriate transitions when unable to provide services for any reason.
C. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.
D. Avoid any undue influences that may impair practice and compromise the ability to safely and competently provide occupational therapy services, education, or research.
E. Address impaired practice and when necessary report to the appropriate authorities.
F. Avoid dual relationships, conflicts of interest, and situations in which a practitioner, educator, student, researcher, or employer is unable to maintain clear professional boundaries or objectivity.
G. Avoid engaging in sexual activity with a recipient of service, including the client’s family or significant other, student, research participant, or employee, while a professional relationship exists.
H. Avoid compromising rights or well-being of others based on arbitrary directives (e.g., unrealistic productivity expectations, falsification of documentation, inaccurate coding) by exercising professional judgment and critical analysis.
I. Avoid exploiting any relationship established as an occupational therapy clinician, educator, or researcher to further one’s own physical, emotional, financial, political, or business interests at the expense of recipients of services, students, research participants, employees, or colleagues.
J. Avoid bartering for services when there is the potential for exploitation and conflict of interest.

Autonomy

Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination, privacy, confidentiality, and consent.

The Principle of Autonomy expresses the concept that practitioners have a duty to treat the client according to the client’s desires, within the bounds of accepted standards of care, and to protect the client’s confidential information. Often, respect for Autonomy is referred to as the self-determination principle. However, respecting a person’s autonomy goes beyond acknowledging an individual as a mere agent and also acknowledges a person’s right “to hold views, to make choices, and to take actions based on [his or her] values and beliefs” (Beauchamp & Childress, 2013, p. 106). Individuals have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, his or her autonomy should be respected through involvement of an authorized agent or surrogate decision maker.

Related Standards of Conduct:

Occupational therapy personnel shall
A. Respect and honor the expressed wishes of recipients of service.
B. Fully disclose the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention.
C. Obtain consent after disclosing appropriate information and answering any questions posed by the recipient of service or research participant to ensure voluntariness.
D. Establish a collaborative relationship with recipients of service and relevant stakeholders, to promote shared decision making.
E. Respect the client’s right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes.
F. Refrain from threatening, coercing, or deceiving clients to promote compliance with occupational therapy recommendations.
G. Respect a research participant’s right to withdraw from a research study without penalty.
H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications, in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act).
I. Display responsible conduct and discretion when engaging in social networking, including but not limited to refraining from posting protected health information.
J. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, culture) with the recipient of service (or responsible party), student, or research participant.

Justice

Principle 4. Occupational therapy personnel shall promote fairness and objectivity in the provision of occupational therapy services.

The Principle of Justice relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2013). Occupational therapy personnel should relate in a respectful, fair, and impartial manner to individuals and groups with whom they interact. They should also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent following of rules to generate unbiased decisions and promote fairness. As occupational therapy personnel, we work to uphold a society in which all individuals have an equitable opportunity to achieve occupational engagement as an essential component of their life.

Related Standards of Conduct

Occupational therapy personnel shall

A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.
B. Assist those in need of occupational therapy services to secure access through available means.
C. Address barriers in access to occupational therapy services by offering or referring clients to financial aid, charity care, or pro bono services within the parameters of organizational policies.
D. Advocate for changes to systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy services.
E. Maintain awareness of current laws and AOTA policies and Official Documents that apply to the profession of occupational therapy.
F. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents.
G. Hold requisite credentials for the occupational therapy services they provide in academic, research, physical, or virtual work settings.
H. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines.
I. Obtain all necessary approvals prior to initiating research activities.
J. Refrain from accepting gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer policies when offered gifts.
K. Report to appropriate authorities any acts in practice, education, and research that are unethical or illegal.
L. Collaborate with employers to formulate policies and procedures in compliance with legal, regulatory, and ethical standards and work to resolve any conflicts or inconsistencies.
M. Bill and collect fees legally and justly in a manner that is fair, reasonable, and commensurate with services delivered.
N. Ensure compliance with relevant laws and promote transparency when participating in a business arrangement as owner, stockholder, partner, or employee.
O. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
P. Refrain from participating in any action resulting in unauthorized access to educational content or exams (including but not limited to sharing test questions, unauthorized use of or access to content or codes, or selling access or authorization codes).

Veracity
Principle 5. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.
Veracity is based on the virtues of truthfulness, candor, and honesty. The Principle of Veracity refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information (Beauchamp & Childress, 2013). Veracity is based on respect owed to others, including but not limited to recipients of service, colleagues, students, researchers, and research participants.
In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. When entering into a therapeutic or research relationship, the recipient of service or research participant has a right to accurate information. In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided.
Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle of Veracity also requires thoughtful analysis of how full disclosure of information may affect outcomes.

Related Standards of Conduct
Occupational therapy personnel shall
A. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication.
B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.
C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities.
D. Identify and fully disclose to all appropriate persons errors or adverse events that compromise the safety of service recipients.
E. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public.
F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
G. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
H. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize).
I. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution. Page 8 of 10
J. Maintain privacy and truthfulness when utilizing telecommunication in delivery of occupational therapy services.

Fidelity
Principle 6. Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity.
The Principle of Fidelity comes from the Latin root fidelis, meaning loyal. Fidelity refers to the duty one has to keep a commitment once it is made (Veatch, Haddad, & English, 2010). In the health professions, this commitment refers to promises made between a provider and a client or patient based on an expectation of loyalty, staying with the patient in a time of need, and compliance with a code of ethics. These promises can be implied or explicit. The duty to disclose information that is potentially meaningful in making decisions is one obligation of the moral contract between provider and client or patient (Veatch et al., 2010).

Whereas respecting Fidelity requires occupational therapy personnel to meet the client’s reasonable expectations, the Principle also addresses maintaining respectful collegial and organizational relationships (Purtilo & Doherty, 2011). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision making and professional practice.

Related Standards of Conduct

Occupational therapy personnel shall
A. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws.
B. Address incompetent, disruptive, unethical, illegal, or impaired practice that jeopardizes the safety or well-being of others and team effectiveness.
C. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.
D. Avoid using one’s position (employee or volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations.
E. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.
F. Refrain from verbal, physical, emotional, or sexual harassment of peers or colleagues.
G. Refrain from communication that is derogatory, intimidating, or disrespectful and that unduly discourages others from participating in professional dialogue.
H. Promote collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients.
I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of interprofessional teams.
J. Use conflict resolution and internal and alternative dispute resolution resources as needed to resolve organizational and interpersonal conflicts, as well as perceived institutional ethics violations.
K. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization’s official and authorized positions.
L. Refrain from actions that reduce the public’s trust in occupational therapy.
M. Self-identify when personal, cultural, or religious values preclude, or are anticipated to negatively affect, the professional relationship or provision of services, while adhering to organizational policies when requesting an exemption from service to an individual or group on the basis of conflict of conscience.

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Frequently Asked Questions – General

The purpose of this information is to provide you with answers to frequently asked questions. Topics covered include levels of fieldwork, supervision requirements, allowed time off for students, grading and the fieldwork evaluation forms, student performance and failure, students with disabilities, reimbursement of student services and note-signing.

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.

What is the Difference Between Level I and Level II Fieldwork?

- Level I Fieldwork, for both OTA and OT students, is 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. Each academic program structures these experiences slightly differently. It is best to discuss the learning objectives and activities with the student’s academic fieldwork coordinator.

- The purpose of Level II Fieldwork is to develop competent, entry-level, generalist occupational therapy assistants. Level II Fieldwork shall include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. For OT students only, not OTA students, Level II Fieldwork may also focus on research, administration and management of occupational therapy services.

- For OT Students, the new Standards require "an equivalent of 24 weeks experience on full-time or part-time basis, but not less than half time as defined by the fieldwork site." Level II Fieldwork may be completed on full- or part-time basis, but may not be less than half time as defined by the fieldwork site. For OTA students, the Standards document increases the requirement for Level II Fieldwork from 12 weeks to 16 weeks.

Who Can Supervise a Level I and Level II Fieldwork Student?

- Level I Fieldwork students may be supervised by a variety of qualified personnel including, but not limited to, occupational therapy practitioners initially certified nationally, teachers, nurses, social workers, physical therapists, physician's assistants. For Level II Fieldwork, OT students must be supervised by an occupational therapist who meets state regulations and has a minimum of one year of practice experience, subsequent to initial certification. For OTA students the supervisor must be an occupational therapy practitioner, OT or OTA, who meets state regulations and has a minimum of one year of practice experience, subsequent to initial certification.

Does the Fieldwork Educator Need to be On-Site All the Time and/or Every Day?

- The Standards state that "supervision should provide 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 client's condition, and the ability of the students." Supervision should also be consistent with state licensure regulations,
reimbursement guidelines such as Medicare and Medicaid, and facility policy. Telephones, mobile phones, or other communications technologies may supplement on-site supervision. Other professionals can participate in student supervision, but the primary supervisor must be an OT practitioner. In such cases, the program must document that there is a plan for the provision of occupational therapy services. On-site supervision must be provided in accordance with the plan and state credentialing requirements, and the student must receive a minimum of 8 hours of occupational therapy supervision per week, including direct observation of client interaction. Additionally, the OT supervisor must be readily available for communication and consultation during work hours.

What Happens if the Fieldwork Educator Becomes Ill or Goes On Vacation During Part of the Fieldwork Experience?
- This situation should be discussed with the student's academic fieldwork coordinator. Any time that the primary supervisor is away, another person must be designated as the responsible party and contact person to whom the student can go for guidance. Any state licensure regulations and reimbursement guidelines such as Medicare or Medicaid must be followed.

How Many Days May a Student be Absent From a Level II Fieldwork?
- The Level II Fieldwork site and the academic program together decide time off during fieldwork. The student is still responsible to meet the time requirements of the placement.

What is the Passing Grade for Level II Fieldwork?
- Each academic program is responsible for determining its grading criteria for Level II Fieldwork, and for assigning the final letter grade, pass/fail, and number of credit hours. Contact the student’s academic fieldwork coordinator with any additional questions.

Where Should the Student’s Fieldwork Evaluation Form Be Sent?
- The completed Fieldwork Evaluation form is only sent to the academic fieldwork coordinator at the student’s school. Do not send this form to AOTA. AOTA National Office does not keep files of completed evaluations.

Can the Fieldwork Evaluation Form be modified to Fit Your Practice Setting?
- Although both the Fieldwork Evaluation Form for Occupational Therapy Assistant Students and the Fieldwork Evaluation for the Occupational Therapist are official AOTA forms, neither is mandatory. The evaluation may be changed as long as the student’s academic program is informed and the final score can be determined. The academic program often requires a final score from the evaluation, which is then converted to a letter grade or pass/fail.

What Should You do if You Think Your Student is at Risk of Failing Fieldwork?
- The first step is to notify the student that he/she is at risk of failing fieldwork. Let the student know that you will now notify the academic fieldwork coordinator and encourage the student to call the coordinator as well. One of the roles of the academic fieldwork coordinator is to serve as a mediator between student and fieldwork educator concerns. The academic fieldwork coordinator can provide you with a different perspective, can advise you on possible solutions, and can guide you through the necessary steps.

How Many Times Can a Student Fail Level II Fieldwork?
• Each academic program establishes policy on fieldwork failure and whether or how many times a student will be allowed to repeat fieldwork. You need to communicate with the student's academic program on this question.

Does The Academic Program Have to Tell The Fieldwork Setting That thee Student Has a Disability?

• The academic program is not required to, nor should it, inform the fieldwork site of a student's disability without the student's permission. It is the student's decision whether or not to disclose a disability. The academic fieldwork coordinator will counsel students on the pros and cons of sharing this type of information prior to beginning fieldwork. If a student decides not to disclose, the academic fieldwork coordinator is legally not allowed to share that information with the fieldwork setting. A fieldwork setting cannot refuse to place a student with a disability unless that student is unable to perform the essential job functions with or without reasonable accommodations. To refuse placement solely on the student's disability is discriminatory and illegal.

How Should the Facility Bill for Services Provided by Students?

• Billing for treatment provided by a student under OT practitioner’s supervision will depend on the payor guidelines of each third-party payor, for example, a private insurance company or a government program such as Medicare or Medicaid. In talking about Medicare, there is no written policy that specifically refers to students. Therefore, for guidance we must rely on state law and regulation which sometimes references students (or aides) and Medicare policy concerning supervision of aides in skilled nursing facilities. For the most updated information, see AOTA's web page on reimbursement.

Source: [http://aota.org/nonmembers/area13/links/LINK03.asp](http://aota.org/nonmembers/area13/links/LINK03.asp)
HIPAA Guidelines for Fieldwork

Per HIPAA guidelines, only the following information obtained on fieldwork can be shared:

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

Students cannot report this information in fieldwork assignments such as case studies:

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

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

Resources: Myths and Facts about the HIPAA Privacy Rule:
http://www.healthprivacy.org/info-url_nocat2303/info-url_nocat_show.htm?doc_id=173435
HIPAA Frequently Asked Questions

What is HIPAA?

The Health Insurance Portability and Accountability Act, otherwise known as HIPAA, was enacted by Congress in 1996 to address insurance portability (when moving from employer to employer), to reduce fraud, and to protect confidential medical information.

What is a "covered entity"?

Under HIPAA, this is a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction.

What is a business associate?

A business associate is a person or organization that performs a function or activity on behalf of a "covered entity."

Do schools and fieldwork programs fall under "business associate" status?

There has been much discussion as to whether a fieldwork contract requires schools to become "business associates" and therefore fall under the HIPAA requirements for each contract.

The decision of whether or not to become a business associate lies with each school. But the argument can be made that the occupational therapy and occupational therapy assistant students and the schools are not business associates using the following information:

- A Business Associate Agreement is required by HIPAA where a person or entity provides services for a covered entity that involve access to patient health information.
- An exception to that is a person who performs "in the capacity of a member of the workforce of [a] …covered entity".
- 45 CFR Sec. 160.103 defines members of the "workforce" as "employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.
- There is a specific exception indicating that a Business Associate Agreement is not required for persons or entities involved in a patient's treatment. 45 CFR 164.502(e)(1).

Is training required for occupational therapy and occupational therapy assistant students? If so, how can it be accomplished?

In order to meet HIPAA guidelines, individual fieldwork sites will require students to be trained, according to HIPAA standards, to follow privacy and confidentiality guidelines. Sites may meet this objective in several ways. They may send a video to the school and require that student watch the video prior to beginning the fieldwork. They may accept HIPAA training that is covered in the academic coursework, or they may stipulate that all HIPAA training be completed at their facility. It is important to remember that the fieldwork site is responsible for making sure that students meet the HIPAA guidelines as interpreted by their facility, and that
there is clear communication between fieldwork site(s) and the school regarding how the school can best help meet those requirements.

*BPCC OTA students receive regular and up to date information on the topic of HIPAA and other Code of Ethics issues in their OTA courses.

**Must fieldwork contracts be updated to include a HIPAA statement?**

For any site that is required to meet HIPAA guidelines, the contract should be updated to reflect any changes in responsibility by the school or the site. This is true with any fieldwork contractual agreement - the contract should reflect shared responsibilities as well as individual responsibilities of the school and the fieldwork site. The school or fieldwork site can choose to initiate these changes per contract guidelines.

*Our Fieldwork Agreements speak to the responsibility of the fieldwork site and staff as well as the responsibility of the OTA program and its students.

**What are the consequences, if any, if a student violates the policy while on fieldwork?**

If a student violates HIPAA guidelines while on fieldwork, the school and fieldwork site should develop an action plan to address the issue. While up to the site and/or school, possible steps to take could range anywhere from a review of HIPAA policy to removal of the student from fieldwork - depending upon the severity of the violation. Schools should work with fieldwork sites so that the action taken with a student violation is similar or no greater than an action that would be taken with an employee.

UNIT VIII

Resources

Program Curriculum/Courses
Short Course Descriptions
Self-Assessment of Affective Skills
Fieldwork I-A Forms/Evaluations
Fieldwork I-B Forms/Evaluations
Fieldwork II A and B Forms/Evaluations
Bossier Parish Community College
Unofficial Curriculum Sheet
Associate of Applied Science in Occupational Therapy Assistant

This unofficial curriculum sheet is established for guidance of students while pursuing an associate degree or certificate at BPCC. Students must earn a minimum grade of C in each course on the curriculum sheet.

2018-19

Name: ____________________________

Address: ____________________________

CWID#: ____________________________

Phone: ____________________________

The following developmental courses that do not appear on your curriculum may need to be taken:

<table>
<thead>
<tr>
<th>Course</th>
<th>Accuplacer</th>
<th>ACT</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>READ 099</td>
<td>&lt;85</td>
<td>&lt;16</td>
<td></td>
</tr>
<tr>
<td>MATH 097</td>
<td>Elementary Algebra &lt;45</td>
<td>&lt;15</td>
<td></td>
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<tr>
<td>MATH 098</td>
<td>Elementary Algebra 46-64</td>
<td>15-16</td>
<td></td>
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<tr>
<td>MATH 099</td>
<td>Elementary Algebra 65-120 College level Math 20-44</td>
<td>17-18</td>
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<tr>
<td>ENGL 098</td>
<td>Sentence skills 20-59</td>
<td>&lt;17</td>
<td></td>
</tr>
<tr>
<td>ENGL 099</td>
<td>Sentence skills 60-85</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

Qualification Courses (must be completed prior to enrolling in program classes)

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Grade</th>
<th>Equivalent / Transfer</th>
<th>Credit hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 101: Composition &amp; Rhetoric I</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>*ENGL 102: Composition &amp; Rhetoric II</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>ENGL 103: Foundations of Professional Writing</td>
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<td></td>
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<tr>
<td>Humanities Elective</td>
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<td></td>
<td>3</td>
</tr>
<tr>
<td>*MATH 102: College Algebra or MATH 101: Algebra for College Students</td>
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<td></td>
<td>3</td>
</tr>
<tr>
<td>PSYC 201: Introduction to Psychology</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>PSYC 220: Developmental Psychology</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>BLGY 110: Medical Terminology</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>BLGY 230: Human Anatomy &amp; Physiology I</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>BLGY 230L: Human Anatomy &amp; Physiology I Lab</td>
<td></td>
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<td>1</td>
</tr>
<tr>
<td>BLGY 231: Human Anatomy &amp; Physiology II</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>ALHT 109: Health Care Systems/Safety</td>
<td></td>
<td></td>
<td>2</td>
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</table>

Total Pre-OTA Hours: 30
**Program Courses (Students are selected by committee to enter the OTA program)**

<table>
<thead>
<tr>
<th>First Semester (Summer Session C)</th>
<th>Grade</th>
<th>Equivalent / Transfer</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCTA 200: Introduction to Occupational Therapy</td>
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<tr>
<td>OCTA 201: Functional Anatomy for OTA</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Semester (Fall)</th>
<th>Grade</th>
<th>Equivalent / Transfer</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCTA 203: Physical Challenges to Occupation</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>OCTA 204: Mental Challenges to Occupation</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>OCTA 205: Developmental Challenges to Occupation</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>OCTA 206: Therapeutic Interventions I</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>OCTA 208: Clinical Documentation I</td>
<td></td>
<td></td>
<td>2</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Third Semester (Spring)</th>
<th>Grade</th>
<th>Equivalent / Transfer</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCTA 210: OTA Seminar</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>OCTA 212: OT Strategies and Interventions for the Elderly</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>OCTA: 213 OT Strategies and Interventions to Physical Challenges</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>OCTA 215: OT Strategies and Interventions to Pediatrics</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>OCTA 216: Therapeutic Interventions II</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>OCTA 217: Fieldwork I – B</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>OCTA 218: Clinical Documentation II</td>
<td></td>
<td></td>
<td>1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Fourth Semester (fall)</th>
<th>Grade</th>
<th>Equivalent / Transfer</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCTA 220: Fieldwork Level II-A</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>OCTA 221: Fieldwork Level II-B</td>
<td></td>
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<td>6</td>
</tr>
</tbody>
</table>

* For transfer to a four year institution, students are strongly advised to take MATH 102 instead of MATH 101, and ENGL 102 instead of ENGL 103. Students must seek the assistance of their advisor to determine the appropriate mathematics and/or English course.

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**Semesters Advised**

FA _____ SP _____ SU _____ FA _____ SP _____ SU _____

---

**Advisor**

---

**Dean**
Prerequisite: Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

OCTA 200
This course provides knowledge in the foundation of OT practice by introducing the historical development, theory, principles, values, and roles and responsibilities in occupational therapy. Topics include OT standards of practice, professional behaviors, educational preparation and certification, code of ethics, emerging trends, practice framework, models of practice and frames of reference. The basic tenets of occupational therapy will also be discussed. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

OCTA 203
This course will provide knowledge of occupational therapy assessments and strategies for the OTA to use along with the OTR in gathering data and in assessing individuals in the adult population with various major medical diagnoses that have altered the individual’s performance in areas of occupation (ADL, IADL, education, play, work, leisure, sleep and social participation). Topics include evaluation and assessment of client factors, activity analysis, intervention principles and the role of the OT practitioner in various practice areas. Students will apply didactic knowledge to the clinical setting in a variety of Level I-A fieldwork settings. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

OCTA 204
This course will introduce the history and theories, contexts, and interactions with individuals with psychosocial issues that alter an individual’s performance in areas of occupation (ADL, IADL, education, play, work, leisure, sleep and social participation). It will explore treatment approaches and techniques for the client with psychosocial dysfunction to be performed by the OTA. Topics include role of the OTA, practice models, behavioral and life span issues, major DSM-V diagnoses, contexts of intervention, symptoms, therapeutic use of self, safety, culture, professional behaviors, communication skills (oral and written), group techniques and planning strategies for group intervention and group activities. The evaluation process and appropriate assessments will be introduced. Students will apply didactic knowledge to the clinical setting in a variety of Level I-A fieldwork settings. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.
OCTA 205
This course will provide knowledge of the role of the OT practitioner within the pediatric population. Topics include normal pediatric and adolescent development, activity analysis, development of occupational performance skills and areas of occupation, intellectual disabilities, and other pediatric disorders that interfere with an individual’s performance in areas of occupation (ADL, IADL, education, play, work, leisure, sleep and social participation). The evaluation process and appropriate assessments will be introduced. Students will apply didactic knowledge to the clinical setting in a variety of Level I-A fieldwork settings. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

OCTA 206
This course will provide knowledge in patient care, body mechanics, therapeutic modalities, and orthotics that will be used to increase the individual’s participation in areas of occupation across the life span. Topics include assessment of vital signs, patient equipment management, transfers and positioning, range of motion, manual muscle testing, assistive technology, functional ambulation and splinting. Skills such as observation, activity analysis, modalities and their therapeutic value will be introduced. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

OCTA 208
This course will provide knowledge of the documentation process for occupational therapy assistants. Topics include clinical reasoning skills, professional behaviors, use of language, ethical and legal considerations, goal writing, SOAP and other methods of documenting, and intervention plans. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

OCTA 210
This course will be a review of skills and principles of the occupational therapy assistant to develop competency as an entry level COTA. Topics include field work practicum expectations and behaviors, professional development, resume writing and interview skills, reimbursement and management skills, preparation for the national certification examination and preparation for state licensure. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.
OCTA 212
This course will provide knowledge about issues related to aging trends, concepts and theories, health and well-being, cultural diversities and ethical aspects related to elders. Topics include emphasis on occupational therapy interventions with the elderly population including working with families and caregivers, mobility and other common medical and psychosocial issues. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

OCTA 213
This course will provide knowledge of occupational therapy strategies and interventions in the adult population for conditions that alter an individual's performance in areas of occupation (ADL, IADL, education, play, work, leisure, sleep and social participation). Topics include common diagnoses, treatment environments and treatment for areas of occupation. Lab activities will concentrate on intervention strategies for visual, neurological, cognitive and orthopedic deficits as well as therapeutic positioning and handling of the adult client. The evaluation process and appropriate assessments will be expanded upon. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

OCTA 215
This course will provide knowledge in occupational therapy strategies and intervention techniques for individuals ranging in age from birth to age 22 that have limitations that affect their performance in areas of occupation (ADL, IADL, education, play, work, leisure, sleep and social participation). Topics include common diagnoses, assessments, treatment environments, and treatment interventions for areas of occupation. Lab activities will focus on applying skills necessary to prevent, remediate, compensate, adapt and promote participation in the pediatric population as well as effectively communicating (verbal and written) with patients/families, caregivers, clinicians and teachers. The evaluation process, appropriate assessments, and documentation skills will be expanded upon. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

OCTA 216
This course will provide knowledge of a variety of remedial and compensatory techniques used to increase the individual’s participation in areas of occupation across the life span. Topics include an emphasis on recognizing and choosing appropriate functional activities based on a person’s needs, abilities and goals and adapting, altering or designing equipment, activities and/or environments that support participation and independence in all areas of performance. An understanding of basic modalities as preparatory techniques prior to occupation-based activities will be expanded upon. Observation skills, activity/task grading and analysis, media and ADL activities and equipment and their therapeutic value will be expanded upon. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.
OCTA 217
This course will provide experience in physical disability, pediatric, and psychosocial clinical settings to increase knowledge and performance in clinical skills, clinical reasoning and documentation skills. Students will be assigned to two different settings, for a minimum of 70 clinical practice hours or full-time equivalent, under the supervision of a licensed OT practitioner. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

OCTA 218
This course will provide opportunities to increase documentation skills throughout the OT process and expand upon clinical reasoning skills. Topics will include documenting skilled services for reimbursement, goal writing, intervention plans, SOAP notes and other forms of documentation, electronic documentation, and the introduction of telehealth as an emerging delivery model. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies.

OCTA 220
This is the first eight week, full time placement at an affiliation site. Students will practice and apply skills learned during the academic component of the OTA program. Specific objectives and assignments relative to each site will be collaboratively developed by the fieldwork educator, academic fieldwork coordinator and the student. Students will be under the supervision of a licensed OTR or COTA. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies. All didactic coursework must be completed prior to placement in Level II Fieldwork.

OCTA 221
This is the second eight week, full time placement at an affiliation site. Students will practice and apply skills learned during the academic component of the OTA program. Specific objectives and assignments relative to each site will be collaboratively developed by the fieldwork educator, academic fieldwork coordinator and the student. Students will be under the supervision of a licensed OTR or COTA. Enrollment in the OCTA program courses is limited to those students who have been selected and admitted to the professional phase of the program. Program courses are sequenced by semester and must be taken as a group each semester per program requirements and policies. All didactic coursework must be completed prior to placement in Level II Fieldwork.
Professional Behavior/ Affective Skills Self-Assessment
Fieldwork

NAME:______________________________________

Referencing the Affective Skills Criteria for Beginning/Developing/Entry Levels of performance, mark the scale/line with an X to indicate where along the spectrum you feel you are at this time for each item below.

<table>
<thead>
<tr>
<th>B = Beginning Level</th>
<th>D = Developing Level</th>
<th>E = Entry Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commitment to Learning</td>
<td>B</td>
<td>D</td>
</tr>
<tr>
<td>2. Interpersonal Skills</td>
<td>B</td>
<td>D</td>
</tr>
<tr>
<td>3. Communication Skills</td>
<td>B</td>
<td>D</td>
</tr>
<tr>
<td>4. Effective Use of Time and Resources</td>
<td>B</td>
<td>D</td>
</tr>
<tr>
<td>5. Use of Constructive Feedback</td>
<td>B</td>
<td>D</td>
</tr>
<tr>
<td>6. Problem Solving</td>
<td>B</td>
<td>D</td>
</tr>
<tr>
<td>7. Professionalism</td>
<td>B</td>
<td>D</td>
</tr>
<tr>
<td>8. Responsibility</td>
<td>B</td>
<td>D</td>
</tr>
<tr>
<td>9. Critical Thinking</td>
<td>B</td>
<td>D</td>
</tr>
<tr>
<td>10. Stress Management</td>
<td>B</td>
<td>D</td>
</tr>
</tbody>
</table>

________________________  ______________________________
Student Signature                       Date                         AFWC Signature  Date

I acknowledge that I have met with the OTA Program AFWC concerning professional behavior/affective skill strengths, weaknesses and expectations as well as concerns about my academic performance to date.

I understand that the intention of the meeting and feedback is to maximize opportunities for successful completion of required OTA skills during clinical practice experiences.

________________________  ______________________________
Student Signature                       Date                         AFWC Signature  Date
Fieldwork Level I-A Documents

- Fieldwork Level I-A Student Evaluation
- FW Level I-A Attendance Log
- FW Level I-A Facility/Fieldwork Experience Evaluation
BOSSIER PARISH COMMUNITY COLLEGE
OTA PROGRAM
FIELDWORK 1-A STUDENT EVALUATION FORM

Student Name:___________________________________
Facility:_________________________________________
Fieldwork Educator(s):_____________________________________

The following evaluation tool should be completed by the fieldwork educator. Please circle Satisfactory, Needs Improvement, or Unsatisfactory for each area. Comments are vital to student growth and are required if student receives needs improvement or unsatisfactory in any area.

1. Interpersonal Skills (respecting others, interacting appropriately and confidently…)
   SATISFACTORY          NEEDS IMPROVEMENT          UNSATISFACTORY
   Comments:

2. Communication Skills (appropriate verbal and non-verbal communication, listening…)
   SATISFACTORY          NEEDS IMPROVEMENT          UNSATISFACTORY
   Comments:

3. Professional Behaviors (introduces self, positive attitude, abide by facility and school policies and procedures, AOTA Code of Ethics, patient confidentiality, appropriate dress, demeanor…)
   SATISFACTORY          NEEDS IMPROVEMENT          UNSATISFACTORY
   Comments:

4. Participation (attendance, punctuality, interaction in open discussion, use of professional language)
   SATISFACTORY          NEEDS IMPROVEMENT          UNSATISFACTORY
   Comments:

____________________________________          _____________________________________
Student Signature          Date    Fieldwork Educator’s Signature          Date
Bossier Parish Community College
OTA Program
Level 1-A Fieldwork
Attendance Log/Timesheet
(to be completed by the student)

Student Name: ____________________________

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Bossier Parish Community College
OTA Program
Facility/Fieldwork 1-A Experience Evaluation

Student Name:___________________________________
Facility:_________________________________________
Fieldwork Educator(s):_____________________________________

The following evaluation tool should be completed by the student and discussed with the fieldwork educator if possible. A copy should be left with the fieldwork educator and the original returned to the fieldwork coordinator. A grade will be given for the rotation only after this form has been received. Complete the questions below thoughtfully and accurately.
Provide comments for any score rated as “No.”

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

2. FWE and staff provided a supportive attitude for your role as an OTA student.
   YES   NO
   Comments:

3. FWE and staff provided effective role models for problem solving, communication and teamwork.
   YES   NO
   Comments:

4. FWE and staff demonstrated high morale and harmonious working relationships.
   YES   NO
   Comments:
5. FWE and staff adhered to ethical codes and legal statutes and standards (Medicare, HIPAA, AOTA, etc.)

   YES               NO
   Comments:

6. FWE and staff were sensitive to individual differences (race, age, sex, etc..)

   YES               NO
   Comments:

7. Was the use of Occupation evidenced in this facility? Explain.

8. What suggestions would you offer the fieldwork site in terms of improving the clinical/learning environment?

9. What suggestions or comments do you have for your FWE to help improve the facility’s student program?

10. What suggestions or comments do you have for the course instructor or fieldwork coordinator to help improve the fieldwork experience?

____________________________________________________________________________________

Student’s Signature                        Date

____________________________________________________________________________________

Fieldwork Educator’s Signature              Date
Fieldwork Level I-B Documents

- FW Level I-B Student Evaluation
- FW Level I-B Facility/Fieldwork Experience Evaluation
OTA - Level 1-B Fieldwork

Bossier Parish Community College
Student Evaluation Form

The fieldwork educator should keep each of the following areas in mind as the student completes his/her fieldwork.

Please complete this form and discuss your grading with the student on their last day of fieldwork.
Comments are vital to student growth. Please document your reasoning for grading.
Circle the number of the appropriate grade or point for each area per the following scale:

1------7 passing------10
(average)

1. **Commitment to Learning**: The ability to self-assess, self-correct and self-direct; identify needs and sources of learning; continually seek new knowledge and understanding.
   Examples - asks appropriate questions, is consistently engaged, actively observing and enthusiastic about learning

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   **COMMENTS:**

2. **Interpersonal Skills**: The ability to communicate effectively with patients, families, colleagues, other health care professionals and the community; deals effectively with cultural/ethnic diversity issues.
   Examples - shows respect for others, easily and readily establishes rapport, works well with others

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   **COMMENTS:**
3. **Communication Skills:** The ability to communicate effectively (speaking, body language, reading, writing, listening) with a variety of audiences and purposes. 
   **Examples** – displays open and alert postures, maintains eye contact, actively listens

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   **COMMENTS:**

4. **Effective Use of Time and Resources:** The ability to obtain the maximum benefit from a minimum investment of time and resources. 
   **Examples** – completes task within given time frame, takes initiative to remain productive throughout the day, mindful to not waste resources

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   **COMMENTS:**

5. **Use of constructed Feedback:** The ability to identify sources, seek out and effectively ask for feedback; effectively use and provide feedback to improve personal interaction. 
   **Examples** – takes initiative to ask for feedback and responds accordingly

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   **COMMENTS:**

6. **Problem Solving:** The ability to recognize and define problems, considers options, implement solutions, and critique outcomes. 
   **Example** – recognizes potential conflicts generate solutions, choose the best one, and act accordingly – i.e. scheduling conflicts, absences, working with others in the setting

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   **COMMENTS:**
7. **Professional Behavior:** The ability to exhibit appropriate professional conduct and to represent the profession effectively.

   **Examples** – ability to handle personal problems/stress without it interfering with fieldwork duties, express empathy to client situations, arrives to fieldwork at specified time

   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

   **COMMENTS:**

8. **Professional Appearance:** The ability to demonstrate appropriate professionalism in dress, hygiene, grooming, and alertness.

   **Examples** – adhere to facility dress code, keep hair and nails neat where they do not interfere with duties, give full attention to situation at hand

   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

   **COMMENTS:**

9. **Responsibility:** The ability to fulfill commitments and be accountable for actions and outcomes.

   **Examples** – dependable I carrying out given tasks without redirection, timely completion of assignments or group activities, owning up to and apologizing for mistakes and then taking steps to remedy the situation

   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

   **COMMENTS:**

10. **Safety Awareness:** The ability to recognize and respond to the safety needs of clients, self, and other disciplines working in the setting.

    **Examples** – noticing potential hazards in group or ax facilitation, keeping track of and safe handling of all media supplies, monitoring w/c or other equipment for problems, being aware of environment and need to remove all items that may lead to a potential fall or other injury

   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

    **COMMENTS:**
11. What suggestions or comments do you have for the course instructor or academic fieldwork coordinator to help improve the fieldwork experience? Examples - appropriate objectives, time frame, student preparation

____________________________________ _____________________
Fieldwork Educator’s Signature        Date

____________________________________ ______________________
Student’s Signature                   Date
Bossier Parish Community College  
OTA Program  
Level 1-B Facility/Fieldwork Experience Evaluation

Student Name:___________________________________

Facility:_________________________________________

Fieldwork Educator(s):_____________________________________

The following evaluation tool should be completed by the student and discussed with the fieldwork educator by the last day of the fieldwork rotation. A copy should be left with the fieldwork educator and the original returned to the fieldwork coordinator. A grade will be given for the rotation only after this form has been received. Complete the questions below thoughtfully and accurately. Provide comments for any score for (2) or less.

1. **Facility Orientation**- How would you rank the overall orientation that was provided by the fieldwork site?

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<th>3</th>
<th>Average</th>
<th>4</th>
<th>Above Average</th>
<th>5</th>
<th>Exceptional</th>
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Comments:

2. **Expectations** – Rate your fieldwork educator’s ability to help you clearly understand his/her expectations and assignments for this fieldwork rotation.

Comments:

3. **Professional Behaviors** – Rate your FWE’s ability to model professional behavior in communication, dress, and treatment skills.

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<th>Poor</th>
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<th>Below Average</th>
<th>3</th>
<th>Average</th>
<th>4</th>
<th>Above Average</th>
<th>5</th>
<th>Exceptional</th>
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Comments:
4. **Technical Skills** – Rate your FWE’s ability to teach/model treatment techniques.

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<tr>
<td>Poor</td>
<td>Below Average</td>
<td>Average</td>
<td>Above Average</td>
<td>Exceptional</td>
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Comments:

5. FWE and staff were sensitive to individual differences (race, age, sex, etc..)

   YES  NO

Comments:

6. Was the use of Occupation evidenced in this facility? Explain.

7. What suggestions or comments do you have for your FWE and/or the facility to help improve the facility’s student program?

8. What suggestions or comments do you have for the course instructor or fieldwork coordinator to help improve the fieldwork experience?

_____________________________________ _______________________
Student Signature      Date

_____________________________________ _______________________
Fieldwork Educator’s Signature    Date
Fieldwork Level II Documents

Weekly Planning/Feedback Form
Midterm Conference Form
Student Evaluation of the Fieldwork Experience (SEFWE)
AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student
Student Weekly Planning Form

Dates: ____________________________     Week Number: _________

Student Review of the Week: (Please give a short summary of the week. List skills/activities performed, progress of any current projects or assignments, any highlights such as a new procedure performed, exposure to new pt. diagnoses, or a positive pt. experience; List any area(s) in which you feel you need improvement.)

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Fieldwork Educator Review of the Week: (Please give a short summary of student’s progress this week. List skills/activities performed, improvements in student’s performance or a positive student/patient interaction; List any area(s) in which you feel you need improvement.)

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Goals for the Upcoming Week of __________________________
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Student Signature___________________________________

FWE Signature      ___________________________________
Weekly Feedback Form

Student and FWE each fill this out separately and collaboratively assess at each meeting.

Student Name: ___________________ Supervisor Name/Credentials: ______________________
Facility Name and Phone and Fax: __________________________________________
Week of Fieldwork: ________________________________________________

Self-rating for this past week: 0-10 scale (0 = poor and 10 = excellent) __________

FWE rating of your performance this past week: __________

1. Write down four specific learning objectives met this week.

2. Write down four specific areas (goals) to improve this week.

3. Write down the methods you will use to meet goals. (Consider using the FEAT form)

4. To Be Checked by the Student:
   _____ I have read the weekly evaluation and agree with the statements as stated.
   _____ I do not agree with the statements in this weekly evaluation.

5. Plan of action to follow-up on agreement/disagreement (circle one):

___________________________ OTAS’s Signature/Date ____________
___________________________ Fieldwork Educator’s Signature/Date

Notify BPCC’S OTA AFWC?  Y / N
### Mid-Term Site Visit Evaluation

**Bossier Parish Community College**  
**Occupational Therapist Assistant Program**  
**Name**  
**____________________________________________**  
**Fieldwork Rotation#**  
**________________________________________________________________**  
**Affiliation Site and Type**  
**________________________________________________________________**  
**FWE/credentials**  
**________________________________________________________________**  
**Email Address:**  
**________________________________**  
**Date:**  
**________________________________**  
**Guest Lecturer availability:**  
**____yes   ____no  Topic:**  
**________________________________________________________________**  
**Requirements:**  

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<th><strong>Fieldwork Educator</strong></th>
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<tr>
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<td><strong>Student’s strengths noted this clinical rotation:</strong></td>
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<tr>
<td><strong>Areas of weakness noted in clinical performance this rotation:</strong></td>
<td><strong>Areas of student’s performance/skills needing improvement:</strong></td>
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<tr>
<td><strong>Types of patient care experiences participated in this rotation:</strong></td>
<td><strong>Communication with student on progress/performance (type, frequency, etc..)</strong></td>
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<tr>
<td><strong>Site specific objectives for the site were reviewed by AFWC and FWE:</strong></td>
<td><strong>FWE’s opinion of adequacy of class/lab preparation for this rotation:</strong></td>
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<tr>
<td><strong>Student demonstrates client centered treatments and/or goals that are meaningful for the patient and take into consideration psychosocial factors which influence engagement in occupation:</strong></td>
<td><strong>Additional samples of site specific objectives were provided to facility:</strong></td>
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### Student

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<th>Strengths exhibited this rotation:</th>
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### Fieldwork Educator

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<th>Student’s strengths noted this clinical rotation:</th>
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<th>Areas of weakness noted in clinical performance this rotation:</th>
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### Fieldwork Educator

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<th>Types of patient care experiences participated in this rotation:</th>
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<th>Communication with student on progress/performance (type, frequency, etc..)</th>
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### Fieldwork Educator

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<th>FWE’s opinion of adequacy of class/lab preparation for this rotation:</th>
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<th>Additional samples of site specific objectives were provided to facility:</th>
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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.
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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Student supervision process</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Requirements/assignments for students</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Student schedule (daily/weekly/monthly)</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Staff introductions</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Overview of physical facilities</td>
<td>I</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. Agency/Department mission</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Overview of organizational structure</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Services provided by the agency</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Agency/Department policies and procedures</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Role of other team members</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Documentation procedures</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>13. Safety and emergency procedures</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Confidentiality/HIPAA</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. OSHA—Standard precautions</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Community resources for service recipients</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Department model of practice</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Role of occupational therapy services</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Methods for evaluating OT services</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Other</td>
<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments or suggestions regarding your orientation to this fieldwork placement:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

## CASELOAD

List approximate number of each age category in your caseload.

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–3 years old</td>
<td></td>
</tr>
<tr>
<td>3–5 years old</td>
<td></td>
</tr>
<tr>
<td>6–12 years old</td>
<td></td>
</tr>
<tr>
<td>13–21 years old</td>
<td></td>
</tr>
<tr>
<td>22–65 years old</td>
<td></td>
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<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>
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<td></td>
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<td></td>
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</tbody>
</table>
OCCUPATIONAL THERAPY PROCESS

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

<table>
<thead>
<tr>
<th>REQUIRED</th>
<th>HOW MANY</th>
<th>EDUCATIONAL VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

1. Client/patient screening

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

   1 2 3 4 5

   1 2 3 4 5

   1 2 3 4 5

   1 2 3 4 5

   1 2 3 4 5

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>1.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Purposeful activity (therapeutic context leading to occupation)</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
3. Preparatory methods, i.e., sensory, PAMs, splinting, exercise, etc. (preparation for occupation-based activity)

<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>
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<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>
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<tr>
<td>Cognitive Theory</td>
<td></td>
<td></td>
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<tr>
<td>Cognitive Disability Frame of Reference</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Motor Learning Frame of Reference</td>
<td></td>
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<td></td>
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<tr>
<td>Other (list)</td>
<td></td>
<td></td>
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</tbody>
</table>
## FIELDWORK ASSIGNMENTS

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

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

## ASPECTS OF THE ENVIRONMENT

<table>
<thead>
<tr>
<th>Aspect</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>
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</tr>
<tr>
<td>Student work area/supplies/equipment were adequate</td>
<td></td>
<td></td>
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<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>
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<tr>
<td>Staff used a team approach to care</td>
<td></td>
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<tr>
<td>Opportunities to observe role modeling of therapeutic relationships</td>
<td></td>
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<tr>
<td>Opportunities to expand knowledge of community resources</td>
<td></td>
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</tr>
<tr>
<td>Opportunities to participate in research</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>
</tbody>
</table>

How would you describe the pace of this setting? (circle one)

- Slow
- Med
- Fast

Types of documentation used in this setting:

<table>
<thead>
<tr>
<th>Documentation</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Ending student caseload expectation: _____ # of clients per week or day

Ending student productivity expectation: _____ % per day (direct care)
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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<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<td></td>
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<tr>
<td>5.</td>
<td></td>
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</tr>
</tbody>
</table>

ACADEMIC PREPARATION

Rate the relevance and adequacy of your academic coursework relative to the needs of THIS fieldwork placement, circling the appropriate number. (Note: may attach own course number)

<table>
<thead>
<tr>
<th></th>
<th>Adequacy for Placement</th>
<th>Relevance for Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low 1 2 3 4 5</td>
<td>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>1 2 3 4 5</td>
</tr>
<tr>
<td>Human development</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Evaluation</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Intervention planning</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Interventions (individual, group, activities, methods)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Theory</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Documentation skills</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Leadership</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Professional behavior and communication</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Therapeutic use of self</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Level I fieldwork</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Program development</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
What were the strongest aspects of your academic program relevant to preparing you for THIS Level II fieldwork experience? Indicate your top 5.

- Informatics
- Pathology
- Env. Competence
- Interventions
- Social Roles
- Occ. as Life Org
- Neuro
- Research courses
- Evaluations
- History
- A & K
- Administration
- Prog design/eval
- Adapting Env
- Occupational Sci
- Foundations
- Theory
- Consult/collab
- Human comp.
- Other:
- Level I FW
- Peds electives
- Older adult elect.
- Community elect.

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SUMMARY

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

What particular qualities or personal performance skills do you feel that a student should have to function successfully on this fieldwork placement?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What advice do you have for future students who wish to prepare for this placement?

- Study the following evaluations:
• Study the following intervention methods:
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

• Read up on the following in advance:
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

Overall, what changes would you recommend in this Level II fieldwork experience?
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

Please feel free to add any further comments, descriptions, or information concerning your fieldwork at this center.
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
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></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided ongoing constructive feedback in a timely manner</td>
<td></td>
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</tr>
<tr>
<td>Reviewed written work in a timely manner</td>
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<tr>
<td>Made specific suggestions to student to improve performance</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Provided clear performance expectations</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sequenced learning experiences to grade progression</td>
<td></td>
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</tr>
<tr>
<td>Used a variety of instructional strategies</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Taught knowledge and skills to facilitate learning and challenge student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identified resources to promote student development</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Presented clear explanations</td>
<td></td>
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<tr>
<td>Facilitated student's clinical reasoning</td>
<td></td>
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<tr>
<td>Used a variety of supervisory approaches to facilitate student performance</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Elicited and responded to student feedback and concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted responsibilities to facilitate student's growth</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Supervision changed as fieldwork progressed</td>
<td></td>
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<tr>
<td>Provided a positive role model of professional behavior in practice</td>
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<tr>
<td>Modeled and encouraged occupation-based practice</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Modeled and encouraged client-centered practice</td>
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<td></td>
</tr>
<tr>
<td>Modeled and encouraged evidence-based practice</td>
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Frequency of meetings/types of meetings with supervisor (value/frequency):

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

General comments on supervision: _____________________________________

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

AOTA SEFWE Task Force, June 2006
Fieldwork Performance Evaluation
For The Occupational Therapy Assistant Student

SIGNATURES:
I HAVE READ THIS REPORT.

SIGNATURE OF STUDENT

NUMBER OF PERSONS CONTRIBUTING TO THIS REPORT

SIGNATURE OF RATER #1

PRINT NAME/CREDS/POSITION

SIGNATURE OF RATER #2 (IF APPLICABLE)

PRINT NAME/CREDS/POSITION

SUMMARY COMMENTS:
(ADDRESSES STUDENT'S CLINICAL COMPETENCE)
Fieldwork Performance Evaluation
For The Occupational Therapy Assistant Student

This evaluation is a revision of the 1988 American Occupational Therapy Association, Inc. Fieldwork Evaluation Form for the Occupational Therapy Assistant and was produced by a committee of the Commission on Education.

PURPOSE

The primary purpose of the Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student is to measure entry-level competence of the occupational therapy assistant 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 competence 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 1988 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 therapy assistant.

USE OF THE FIELDWORK PERFORMANCE EVALUATION FOR THE OCCUPATIONAL THERAPY STUDENT

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

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

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

DIRECTIONS FOR RATING STUDENT PERFORMANCE

• There are 25 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 his/her 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. .......................... 54 and above
Unsatisfactory Performance. .......................... 53 and below

OVERALL FINAL SCORE
Pass ................................................. 70 points and above
No Pass .............................................. 69 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.
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II. BASIC TENETS OF OCCUPATIONAL THERAPY

4. Occupational Therapy Philosophy: Clearly communicates the values and beliefs of occupational therapy, highlighting the use of occupation to clients, families, significant others, and service providers.

Midterm 1 2 3 4
Final 1 2 3 4

5. Occupational Therapist/Occupational Therapy Assistant Roles: Communicates the roles of the occupational therapist and occupational therapy assistant to clients, families, significant others, and service providers.

Midterm 1 2 3 4
Final 1 2 3 4

6. Evidenced-based Practice: Makes informed practice decisions based on published research and relevant informational resources.

Midterm 1 2 3 4
Final 1 2 3 4

Comments on strengths and areas for improvement

• Midterm

• Final
RATING SCALE FOR STUDENT PERFORMANCE

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III. EVALUATION/SCREENING
(includes daily evaluation of interventions)

7. Gathers Data: Under the supervision of and in cooperation with the occupational therapist and/or occupational therapy assistant, accurately gathers relevant information regarding a client's occupations of self care, productivity, leisure, and the factors that support and hinder occupational performance.

   Midterm 1 2 3 4
   Final   1 2 3 4

8. Administers Assessments: Establishes service competency in assessment methods, including but not limited to interviews, observations, assessment tools, and chart reviews within the context of the service delivery setting.

   Midterm 1 2 3 4
   Final   1 2 3 4

9. Interprets: Assists with interpreting assessments in relation to the client's performance and goals in collaboration with the occupational therapist.

   Midterm 1 2 3 4
   Final   1 2 3 4

10. Reports: Reports results accurately in a clear, concise manner that reflects the client's status and goals.

    Midterm 1 2 3 4
    Final   1 2 3 4

11. Establishes Goals: Develops client-centered and occupation-based goals in collaboration with the occupational therapist.

    Midterm 1 2 3 4
    Final   1 2 3 4

IV. INTERVENTION:

12. Plans Intervention: In collaboration with the occupational therapist, establishes methods, duration and frequency of interventions that are client-centered and occupation-based. Intervention plans reflect context of setting.

    Midterm 1 2 3 4
    Final   1 2 3 4

13. Selects Intervention: Selects and sequences relevant interventions that promote the client's ability to engage in occupations.

    Midterm 1 2 3 4
    Final   1 2 3 4

14. Implements Intervention: Implements occupation-based interventions effectively in collaboration with clients, families, significant others, and service providers.

    Midterm 1 2 3 4
    Final   1 2 3 4

Comments on strengths and areas for improvement

- Midterm

- Final
15. Activity Analysis: Grades activities to motivate and challenge clients in order to facilitate progress.
   Midterm 1 2 3 4
   Final 1 2 3 4

16. Therapeutic Use of Self: Effectively interacts with clients to facilitate accomplishment of established goals.
   Midterm 1 2 3 4
   Final 1 2 3 4

17. Modifies Intervention Plan: Monitors the client's status in order to update, change, or terminate the intervention plan in collaboration with the occupational therapist.
   Midterm 1 2 3 4
   Final 1 2 3 4

Comments on strengths and areas for improvement
   • Midterm
   • Final

V. COMMUNICATION

18. Verbal/Nonverbal Communication: 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

19. Written Communication: Produces clear and accurate documentation according to site requirements. All writing is legible, using proper spelling, punctuation, and grammar.
   Midterm 1 2 3 4
   Final 1 2 3 4

Comments on strengths and areas for improvement
   • Midterm
   • Final
VI. PROFESSIONAL BEHAVIORS

20. Self-Responsibility: 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


Midterm 1 2 3 4
Final 1 2 3 4

22. Work Behaviors: Demonstrates consistent work behaviors including initiative, preparedness, dependability, and work site maintenance.

Midterm 1 2 3 4
Final 1 2 3 4

23. Time Management: Demonstrates effective time management.

Midterm 1 2 3 4
Final 1 2 3 4

24. Interpersonal Skills: Demonstrates positive interpersonal skills including but not limited to cooperation, flexibility, tact, and empathy.

Midterm 1 2 3 4
Final 1 2 3 4

25. Cultural Competence: 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
# PERFORMANCE RATING SUMMARY SHEET

<table>
<thead>
<tr>
<th>Performance Items</th>
<th>Midterm Ratings</th>
<th>Final Ratings</th>
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<tbody>
<tr>
<td><strong>I. FUNDAMENTALS OF PRACTICE</strong></td>
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**MIDTERM:**
- Satisfactory Performance ............. 54 and above
- Unsatisfactory Performance .......... 53 and below

**FINAL:**
- Pass .................................. 70 points and above
- No Pass ................................ 69 points and below
REFERENCES


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)

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, 806–839.)

GLOSSARY

Activity Analysis: "A way of thinking used to understand activities, the performance components to do them and the cultural meanings typically ascribed to them." (Neistadt and Crepeau, 1998, *Willard and Spackman's Occupational Therapy*, 9th edition, p. 135)

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

Entry-level practice: refer to www.aota.org/members/area2/docs/session6.pdf