**LSUHSC-N.O. Department of Occupational Therapy Fieldwork Educator Manual**

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Goals and Standards of Fieldwork Education
Introduction

Welcome to Fieldwork Education! This handbook is meant to orient you to Fieldwork (FW) policies and guidelines related to the requirements for FW education at the LSUHSC-N.O. Master of Occupational Therapy Program.

Clinical education provides opportunities for students to develop necessary skills and abilities expected for entry-level proficiency in occupational therapy. There is a strong emphasis on encouraging clinical reasoning and critical thinking in working with clients of all ages, cultures, and disability status. The LSUSHC-N.O. Master of Occupational Therapy Program is committed to preparing practitioners who can successfully fulfill the responsibilities of assuming the professional role in an ever-changing healthcare environment.

Please review this manual prior to the start of your FW student to become familiar with the processes and your responsibilities during this phase of occupational therapy education.

Dates for 2018 /2019 Fieldwork

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level II</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOT Class of 2019</td>
<td>Oct. 8 – 12, 2018</td>
<td>Jan. 7 – March 29, 2019</td>
</tr>
<tr>
<td>MOT Class of 2020</td>
<td>Oct. 8 – 12, 2018</td>
<td>May 6 – July 26, 2019</td>
</tr>
<tr>
<td></td>
<td>Oct. 7 – 11, 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td>March 11 – 15, 2019</td>
<td></td>
</tr>
</tbody>
</table>

Useful Contact Information

<table>
<thead>
<tr>
<th>LSU Health Sciences Center</th>
<th>Ingrid Franc, PhD, LOTR</th>
</tr>
</thead>
<tbody>
<tr>
<td>School of Allied Health Professions</td>
<td>Academic Fieldwork Coordinator</td>
</tr>
<tr>
<td>Department of Occupational Therapy</td>
<td>O: 504-568-4304</td>
</tr>
<tr>
<td>1900 Gravier Street, 8th floor</td>
<td>C: 504-613-8267</td>
</tr>
<tr>
<td>New Orleans, LA 70112</td>
<td><a href="mailto:Ifran1@lushsc.edu">Ifran1@lushsc.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lee Barton</th>
<th>Kelly Alig, PhD, LOTR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Coordinator</td>
<td>Department Head</td>
</tr>
<tr>
<td>504-568-4302</td>
<td>504-568-4303</td>
</tr>
<tr>
<td><a href="mailto:lbart1@lsuhsc.edu">lbart1@lsuhsc.edu</a></td>
<td><a href="mailto:KAlig@lsuhsc.edu">KAlig@lsuhsc.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Affairs</th>
<th>Student Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>504-568-4254</td>
<td>2020 Gravier St., 7th floor</td>
</tr>
<tr>
<td><a href="https://alliedhealth.lsuhsc.edu/admin/studentaffairs.aspx">https://alliedhealth.lsuhsc.edu/admin/studentaffairs.aspx</a></td>
<td>New Orleans, LA 70112</td>
</tr>
<tr>
<td></td>
<td>504-525-4839</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.lsuhsc.edu/orgs/studenthealth/">http://www.lsuhsc.edu/orgs/studenthealth/</a></td>
</tr>
</tbody>
</table>

See Appendix I for full list of faculty and staff.
AOTA Purpose of Fieldwork Education

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

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

LSUHSC-N.O. Department of Occupational Therapy Mission Statement

The mission of the Occupational Therapy Program at Louisiana State University Health Sciences Center—New Orleans is to:

- Educate students to become reflective and empathetic practitioners who provide excellent quality care while maintaining high ethical standards.
- Foster a spirit of inquiry and scholarly development so both faculty and students experience intellectual growth and cultivate habits that support life-long learning.
- Provide service in university, local, and state communities, and at national and international levels, to promote health and wellness for fellow human beings.

See Appendix I/page 83 for full OT Department Conceptual Model.

Prerequisite Coursework for Fieldwork

See the following table for coursework completed prior to fieldwork. The first Level I fieldwork and first Level II (Level IIa.) fieldwork have been highlighted. By the second Level II fieldwork (Level IIb.), all coursework has been completed. See Appendix I, for course descriptions.
LSUHSC-N.O. Master of Occupational Therapy Program

COURSE SEQUENCE

<table>
<thead>
<tr>
<th>Semester</th>
<th>Credits</th>
<th>Course</th>
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<tbody>
<tr>
<td>Spring I</td>
<td>4</td>
<td>OCCT 6410: Concepts of Occupation</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>OCCT 6512: Occupational Performance Across the Lifespan</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>OCCT 6624: Pathophysiology and Medical Conditions</td>
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<tr>
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<td>3</td>
<td>OCCT 6418: Interactive Reasoning</td>
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<td></td>
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<td>18 credits</td>
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<tr>
<td>Summer I</td>
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<td>ANAT 6522: Human Anatomy</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>OCCT 6524: Applied Kinesiology</td>
</tr>
<tr>
<td></td>
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<td>8 credits</td>
</tr>
<tr>
<td>Fall I</td>
<td>3</td>
<td>OCCT 6450: Measurement and Evaluation</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>OCCT 6522: OT for Neurological Conditions</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>OCCT 6530: Applications I: General Practice Concepts</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>OCCT 6524: OT for Mental Health</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>ANAT 6533: Neuroanatomy</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>OCCT 6540: Fieldwork Experience I &amp; Seminar</td>
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<td></td>
<td></td>
<td>18 credits</td>
</tr>
<tr>
<td>Spring II</td>
<td>3</td>
<td>OCCT 6432: Assistive Technology</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>OCCT 6614: OT for Orthopedic Conditions</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>OCCT 6620: OT for Geriatrics</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>OCCT 6640: Documentation</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>OCCT 6650: Research I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>17 credits</td>
</tr>
<tr>
<td>Summer II</td>
<td>6</td>
<td>OCCT 6670: Fieldwork Experience II a.</td>
</tr>
<tr>
<td>Fall II</td>
<td>3</td>
<td>OCCT 6716: Management</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>OCCT 6718: Community-Based &amp; Specialized Practice</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>OCCT 6720: Principles of Practice: Early Life</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>OCCT 6730: Applications II: Across the Lifespan</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>OCCT 6750: Research II</td>
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<td></td>
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<td>16 credits</td>
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<tr>
<td>Spring III</td>
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<td>OCCT 6770: Fieldwork Experience II b.</td>
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<tr>
<td></td>
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<td>OCCT 6850: Research III</td>
</tr>
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<td></td>
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<td>9 credits</td>
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<tr>
<td></td>
<td></td>
<td>May Graduation</td>
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<tr>
<td>TOTAL</td>
<td>90</td>
<td>Revised 11.22.17</td>
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</table>
# Student Requirements to Participate in Fieldwork Level II

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Activity</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Health and Accident</td>
<td>Student obtains insurance through student health service or other insurance carrier. Student keeps department updated on any changes to insurance.</td>
<td>Provide department with insurance number at the start of the program. Provide the department with written notice of any changes to the insurance agency or policy number.</td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization Record</td>
<td>Student obtains this prior to admission to the program. All records are recorded in Student Health.</td>
<td>A copy of the updated immunization is provided to the department by the student prior to fieldwork.</td>
</tr>
<tr>
<td>Tuberculosis Test</td>
<td>Student is responsible for having TB test performed every 12 months. This can be done at student health service or other medical site.</td>
<td>Copies of the record of TB test results and dates are provided by the student to the department.</td>
</tr>
<tr>
<td>CPR</td>
<td>Students must maintain current CPR certification through the Sources: American Heart Association (*healthcare provider required).</td>
<td>Copies of the record of CPR results and dates are provided by the student to the department.</td>
</tr>
<tr>
<td>Drug Testing</td>
<td>Student must obtain Drug Screen through Tulane Drug Analysis Laboratory. Cost $25.</td>
<td>Student will upload proof of having completed the drug screen to CORE.</td>
</tr>
<tr>
<td>OSHA Training &amp; Bloodborne</td>
<td>Student will complete OSHA and Bloodborne Pathogens Training.</td>
<td>Student will complete all compliance training required by the university.</td>
</tr>
<tr>
<td>Pathogens Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Background Check</td>
<td>Students will obtain a criminal background check through Certiphi. A link will be provided to complete this. Cost $82.</td>
<td>Dean’s list of completed and missing background checks is provided to the AFWC.</td>
</tr>
<tr>
<td>Liability Insurance</td>
<td>Each student is responsible for acquiring professional liability insurance prior to fieldwork experience ($1,000,000/$3,000,000).</td>
<td>Student is required to provide copy of professional liability coverage to the department.</td>
</tr>
<tr>
<td>HIPAA Training</td>
<td>Each student is required to have completed the on-line HIPAA training course provided through the Office of Compliance</td>
<td>Student will complete recommended compliance training as required.</td>
</tr>
</tbody>
</table>
LSUHSC-N.O. Fieldwork I Objectives

Fieldwork provides the student with the opportunity to integrate academic knowledge with the application of skills at higher levels of performance and responsibility. Upon completion of Level I fieldwork experiences, students will:

1. Demonstrate an understanding of the basic tenets of occupational therapy.
2. Display behaviors indicative of reflective, empathetic, and ethical practitioners.
3. Demonstrate cultural competence.
4. Demonstrate an understanding of the theoretical bases of occupational therapy.
5. Apply theoretical constructs to practice.
6. Demonstrate an understanding of the process of screening and evaluation.
7. Build a knowledge base of varied screening and evaluation tools.
8. Interpret and apply evaluation findings appropriately.
9. Develop an understanding of the process of intervention.
10. Develop occupation-based intervention plans for various practice settings.
11. Collaborate with clients, caregivers, and other professionals to create intervention plans.
12. Communicate and document effectively through written, verbal, and nonverbal means.
13. Exhibit the ability to appropriately adapt occupations and the environment.
14. Demonstrate an understanding of various contexts in which occupational therapy services are provided.
15. Exhibit professional work behaviors, i.e., proper maintenance of practice environments, time management, respectful treatment of others.
16. Understand the importance of working collaboratively with other occupational therapy personnel, and other service providers.
17. Demonstrate the ability to work collaboratively with clients, their caregivers, and other service providers.
18. Understand and appreciate the ethics and values of the profession.
LSUHSC-N.O. Fieldwork II Objectives

Fieldwork provides the student with the opportunity to integrate academic knowledge with the application of skills at higher levels of performance and responsibility. Upon completion of Level II fieldwork experiences students will:

1. Demonstrate an understanding of the basic tenets of occupational therapy.
2. Display behaviors indicative of reflective, empathetic, and ethical practitioners.
3. Demonstrate cultural competence.
4. Demonstrate an understanding of the theoretical bases of occupational therapy.
5. Apply theoretical constructs to practice.
6. Utilize clinical/professional reasoning throughout the occupational therapy process.
7. Demonstrate an understanding of the process of screening and evaluation.
8. Build a knowledge base of varied screening and evaluation tools.
9. Select appropriate assessment tools based on their psychometric properties and on characteristics of person and context.
10. Appropriately administer selected assessments and use occupations for assessment purposes.
11. Interpret and apply evaluation findings appropriately.
12. Develop an understanding of the process of intervention.
15. Collaborate with clients, caregivers, and other professionals to create intervention plans.
16. Demonstrate an ability to use a variety of teaching/learning techniques, with clients, other health care providers, and the public.
17. Communicate and document effectively through written, verbal, and nonverbal means.
18. Exhibit the ability to appropriately adapt occupations and the environment.
19. Know when to refer clients to other health professionals within and outside the profession.
20. Demonstrate accountability for reimbursement of services.
21. Possess individual and group interaction skills for use with clients, other health care providers, and the public.
22. Monitor, reassess, and modify interventions as needs of client changes.
23. Discharge clients using appropriate procedures.
24. Demonstrate an understanding of various contexts in which occupational therapy services are provided.
25. Apply principles of management and systems to the provision of occupational therapy services.
26. Understand implications of State and Federal legislation in the delivery of occupational therapy services and credentialing of occupational therapy personnel.
27. Maintain records required of various practice settings.
28. Advocate for the profession and the consumer.
29. Demonstrate an understanding of reimbursement policies and procedures and their effects on clients.
30. Exhibit professional work behaviors, i.e., proper maintenance of practice environments, time management, respectful treatment of others.
31. Understand the supervisory process of occupational therapy and non-occupational therapy personnel.
32. Acknowledge the ongoing professional responsibility for providing fieldwork education and supervision.
33. Understand the importance of working collaboratively with other occupational therapy personnel, and other service providers.
34. Demonstrate the ability to work collaboratively with clients, their caregivers, and other service providers.
35. Develop an ability to understand and apply research findings to practice.
36. Appropriately use professional literature to make practice decisions; display evidence-based practice skills.
37. Understand and appreciate the ethics and values of the profession.
### ACOTE Standards Related to Fieldwork Level I

<table>
<thead>
<tr>
<th>C.1.8</th>
<th>Ensure that level I fieldwork is integral to the program’s curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.1.9</td>
<td>Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.</td>
</tr>
<tr>
<td>C.1.10</td>
<td>Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that level I fieldwork is not substituted for any part of Level II fieldwork.</td>
</tr>
</tbody>
</table>

### ACOTE Standards Related to Fieldwork II

| 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. 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 supervision of a qualified occupational therapy practitioner 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 |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>C.1.1.</td>
<td>Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education.</td>
</tr>
<tr>
<td>C.1.2.</td>
<td>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.</td>
</tr>
<tr>
<td>C.1.3.</td>
<td>Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.</td>
</tr>
<tr>
<td>C.1.4.</td>
<td>Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.</td>
</tr>
<tr>
<td>C.1.5.</td>
<td>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.4.14.</td>
</tr>
<tr>
<td>C.1.6.</td>
<td>The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I or Level II fieldwork experience. (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.</td>
</tr>
<tr>
<td>C.1.7.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

| C.1.11. | Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities. |
| C.1.12. | Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings. |
| C.1.13. | Require a minimum of 24 weeks’ full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement’s usual and customary personnel policies, as long as it is at least 50% of an FTE at that site. |
| C.1.14. | Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program. |
| C.1.15. | Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice). |
| C.1.16. | Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client’s condition, and the ability of the student. |
| C.1.17. | Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years’ full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site. |
| C.1.18. | Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student or equivalent). |
| C.1.19. | Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice. |
Supervision Requirements for Level II Fieldwork

Fieldwork Level II and Occupational Therapy Students: A Position Paper (AOTA, 2012)

The purpose of this paper is to define the Level II fieldwork experience and to clarify the appropriate conditions and principles that must exist to ensure that interventions completed by Level II fieldwork students are of the quality and sophistication necessary to be clinically beneficial to the client. When appropriately supervised, adhering to professional and practice principles, and in conjunction with other regulatory and payer requirements, the American Occupational Therapy Association (AOTA) considers that students at this level of education are providing occupational therapy interventions that are skilled according to their professional education level of practice.

AOTA asserts that Level II occupational therapy fieldwork students may provide occupational therapy services under the supervision of a qualified occupational therapist in compliance with state and federal regulations. Occupational therapy assistant fieldwork students may provide occupational therapy services under the supervision of a qualified occupational therapist or occupational therapy assistant under the supervision of an occupational therapist in compliance with state and federal regulations.

Occupational therapy Level II fieldwork students are those individuals who are currently enrolled in an occupational therapy or occupational therapy assistant program accredited, approved, or pending accreditation by the Accreditation Council for Occupational Therapy Education (ACOTE; 2012a, 2012b, 2012c). At this point in their professional education, students have completed necessary and relevant didactic coursework that has prepared them for the field experience.

The fieldwork Level II experience is an integral and crucial part of the overall educational experience that allows the student an opportunity to apply theory and techniques acquired through the classroom and Level I fieldwork learning. Level II fieldwork provides an in-depth experience in delivering occupational therapy services to clients, focusing on the application of evidence based purposeful and meaningful occupations, administration, and management of occupational therapy services. The experience provides the student with the opportunity to carry out professional responsibilities under supervision and to observe professional role models in the field (ACOTE, 2012a, 2012b, 2012c).

The academic program and the supervising OT practitioner are responsible for ensuring that the type and amount of supervision meets the needs of the student and ensures the safety of all stakeholders. The following General Principles represent the minimum criteria that must be present during a Level II fieldwork experience to ensure the quality of services being provided by the Level II student practitioner:¹

a. The student is supervised by a currently licensed or credentialed occupational therapy practitioner who has a minimum of 1 year of practice experience subsequent to initial certification and is adequately prepared to serve as a fieldwork educator.

¹When the term occupational therapy practitioner is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2006).

b. Occupational therapy students will be supervised by an occupational therapist.
Occupational therapy assistant students will be supervised by an occupational therapist or an occupational therapy assistant in partnership with the occupational therapist who is supervising the occupational therapy assistant (AOTA, 2009).

c. Occupational therapy services provided by students under the supervision of a qualified practitioner will be billed as services provided by the supervising licensed occupational therapy practitioner.

d. Supervision of occupational therapy and occupational therapy assistant students in fieldwork Level II settings will be of the quality and scope to ensure protection of consumers and provide opportunities for appropriate role modeling of occupational therapy practice.

e. The supervising occupational therapist and/or occupational therapy assistant must recognize when direct versus indirect supervision is needed and ensure that supervision supports the student’s current and developing levels of competence with the occupational therapy process.

f. Supervision should initially be direct and in line of sight and gradually decrease to less direct supervision as is appropriate depending on the
• Competence and confidence of the student,
• Complexity of client needs,
• Number and diversity of clients,
• Role of occupational therapy and related services,
• Type of practice setting,
• Requirements of the practice setting, and
• Other regulatory requirements. (ACOTE, 2012a, 2012b, 2012c)

In all cases, the occupational therapist assumes ultimate responsibility for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process involving the student. This also includes provision of services provided by an occupational therapy assistant student under the supervision of an occupational therapy assistant (AOTA, 2009).

h. In settings where occupational therapy practitioners are not employed,
   1. Students should be supervised daily on site by another professional familiar with the role of occupational therapy in collaboration with an occupational therapy practitioner (see b above).

   2. Occupational therapy practitioners must provide direct supervision for a minimum of 8 hours per week and be available through a variety of other contact measures throughout the workday. The occupational therapist or occupational therapy assistant (under the supervision of an occupational therapist) must have three years of practice experience to provide this type of supervision (ACOTE, 2012a, 2012b, 2012c).

i. All state licensure policies and regulations regarding student supervision will be followed including the ability of the occupational therapy assistant to serve as fieldwork educator.

j. Student supervision and reimbursement policies and regulations set forth by third-party payers will be followed.
It is the professional and ethical responsibility of occupational therapy practitioners to be knowledgeable of and adhere to applicable state and federal laws, and payer rules and regulations related to fieldwork education.

References


Authors:
Debbie Amini, EdD, OTR/L, CHT, Chairperson, Commission on Practice
Jyothi Gupta, PhD, OTR/L, OT, Chairperson, Commission on Education for The Commission on Practice
Debbie Amini, EdD, OTR/L, CHT, Chairperson and The Commission on Education:
Jyothi Gupta, PhD, OTR/L, OT, Chairperson
Adopted by the Representative Assembly Coordinating Council (RACC) for the Representative Assembly, 2012 in response to RA Charge # 2011AprC26.
Note. This document is based on a 2010 Practice Advisory, “Services Provided by Students in Fieldwork Level II Settings.” Prepared by a Commission on Practice and Commission on Education Joint Task Force:
Debbie Amini, EdD, OTR/L, CHT, C/NDT
Janet V. DeLany, DEd, OTR/L, FAOTA
Debra J. Hanson, PhD, OTR
Susan M. Higgins, MA, OTR/L
Jeanette M. Justice, COTA/L
Linda Orr, MPA, OTR/L
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LSUHSC Policies for Compliance with the AOTA Position Paper and ACOTE Standards for Level II Fieldwork Student Supervision

1. Each Fieldwork Educator (FWE) will upload either verification from their state OT licensing body, or a copy of their state OT license to practice, on to LSUHSC’s CORE system. Expiration date will be checked by the AFWC prior to student placement (ACOTE C.1.14).

2. LSUHSC-N.O. will utilize the AOTA Fieldwork Data Form, and the LSUHSC-N.O. Credentialing Form on the CORE system, to ensure that each FWE has at least one year’s professional experience for traditional fieldwork site and at least three years’ experience in a setting where no OT services exist (ACOTE C.1.14; C.1.17).

3. LSUHSC-N.O. will ensure each FWE is ‘adequately prepared’ with the following order of preference for compliance: (ACOTE C.1.15; C.1.16)
   a. The FW Educator (FWE) has completed the AOTA Fieldwork Educator Certification program.
   b. The FWE has attended documented continuing education related to fieldwork supervision.
   c. The FWE has completed a self-assessment of skills using the AOTA Self-Assessment Tool for Fieldwork Educator Competency (SAFECOM).
   d. The FWE is at a facility that has a designated, experienced, Fieldwork Coordinator for FWE supervision and guidance.
   e. The FWE has read the LSUHSC-N.O. Fieldwork Educator Manual and has viewed the LSUHSC-N.O. power point presentation, Fieldwork 101: A Guide for Fieldwork Educators on the OT department website.
   f. The fieldwork site has indicated readiness of its FWEs on the AOTA Fieldwork Data Form (see Appendix F) and on the LSUHSC-N.O. Credentialing Form on the CORE system.

4. To ensure a quality fieldwork experience with adequate supervision, the AFWC will utilize the AOTA Fieldwork Data Form (see Appendix F), the Student Evaluation of the Fieldwork Experience (SEFWE, Appendix C), the LSUHSC-N.O. Department of OT’s Fieldwork Essentials form (see Appendix G), student feedback, verbal and e-mail communication with Fieldwork Site Coordinators and individual Fieldwork Educators, and site visits (ACOTE C.1.4; C.1.11; C.1.15).
Medicare Guidelines Regarding Student Supervision

Medicare has required line-of-sight supervision of OT/OTA students in the past in order to bill the patient for services rendered. However, for inpatient settings/Part A billing, this changed on 10/1/2011 as follows:

Medicare Part A- Acute hospital, Inpatient Rehabilitation, SNF, Hospice, and Home Health:

Medicare guidelines state that,“... each provider will determine for itself the appropriate manner of supervision of therapy students consistent with state and local laws and practice standards.”

Medicare Part B- Outpatient, CORF, Part B services in a Nursing Home, Acute Care Hospital, and Home Health:

The services of students directly assisting an OT practitioner are covered when: (1) the OT is directing the service, making the skilled judgment, and responsible for the assessment, (2) the OT practitioner is in the same room as the student during patient treatment, (3) the OT practitioner is not simultaneously treating another patient, and (4) the OT practitioner signs all documentation.

Fieldwork Expectations
LSUHSC Expectations of the Student on FW Level II

Students will:

- Take responsibility to provide feedback to fieldwork educator (FWE) to enhance learning experiences.
- Develop learning objectives with the fieldwork educator to tailor learning to preferred style and professional areas of growth.
- Complete any readings and research daily to be better prepared each day of fieldwork.
- Be an active learner, ask questions, and use all resources available in the fieldwork setting.
- Demonstrate initiative for learning by showing self-direction.
- Be familiar with and abide by the policies and procedures of the site that impacts you as a student.
- Receive and be responsive to feedback and criticism with an open mind.
- Integrate feedback into behavioral changes.
- Learn from mistakes by self-correcting and growing.
- Utilize any down-time in a productive manner.
- Communicate with the academic and/or clinical fieldwork coordinator regarding concerns and questions with the fieldwork experience.
- Communicate with the fieldwork educator regarding your learning style and collaborate on matching your learning style to the FWE’s supervisory style.
LSUHSC Expectations of the Fieldwork Educator for Level II Fieldwork

Fieldwork Educators will:

- Provide a structured learning experience by organizing specifics weekly objectives to guide the student and fieldwork educator expectations.
- Expose the student to practice through observation, assisting, co‐treating and role-modeling.
- Demonstrate how psychosocial factors that influence engagement in occupation are understood and integrated in the development of client-centered, meaningful, occupation-based outcomes in all settings.
- Challenge student performance gradually by reducing direction, and asking probing questions to support progressively greater independence.
- Guide student’s critical thinking to support professional reasoning.
- Design the fieldwork experience to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.
- Ensure that the FW experience is consistent with the curriculum of the LSUHSC – New Orleans MOT program.
- Collaborate with the student to match your supervisory style to student’s learning style and needs.
- Ensure that the student has timely and confirming feedback throughout the fieldwork experience.
- Act as a role-model by engaging the student as a collaborator and team member.
- Deliver a balance of positive and constructive feedback.
- Provide weekly formal supervisory meetings throughout the 12 week fieldwork experience.
- Provide formal meeting at midterm and final evaluation of the student incorporating student’s self-evaluation, and input from other professionals in the setting.
- Collaborate with the academic fieldwork and/or the clinical fieldwork coordinator regarding concerns and questions with the student’s fieldwork experience.

To ensure there is an effective learning experience during fieldwork, a shared responsibility of both the student and fieldwork educator is expected. The student needs to be an active participant and an engaged self-advocate. The fieldwork educator needs to prepare a plan ahead of time with weekly expectations and provisions for opportunities for student learning. There may be a need to adjust your approach to supervision to the student’s learning style as they progress through the fieldwork experience.

LSUHSC Department of Occupational Therapy Policies Related to Fieldwork

Dress Code (IF 7/2018)
1. All students are to comply with the dress code requirements of the facility in which they are assigned.
2. At minimum, students should wear LSUHSC-N.O. OT polo shirts, full-length pants, socks, and appropriate footwear to include flat shoes with closed heels and toes.
3. The student’s LSUHSC-N.O. identification badge should be worn at all times, unless an I.D. badge has been issued by the fieldwork site.
4. Students should use the following checklist as a guide for professional attire:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Met</th>
<th>Not Met</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall neat &amp; clean grooming</td>
<td></td>
<td></td>
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<tr>
<td>No strong perfume or cologne</td>
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<tr>
<td>Piercings are minimized (studs only)</td>
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<tr>
<td>Conservative use of jewelry/accessories</td>
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<tr>
<td>Tattoos are covered</td>
<td></td>
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<tr>
<td>Nails are neat and trim (tip no longer than ¼”; natural nails only)</td>
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<td></td>
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<tr>
<td>Overall neat &amp; clean appearance of clothing</td>
<td></td>
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<tr>
<td>Appropriate fit to clothing (not too tight nor too baggy)</td>
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<tr>
<td>Appropriate shirt choice (opaque; no text/glitter/bedazzling)</td>
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<tr>
<td>Conservative neckline</td>
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<tr>
<td>Chest/cleavage remains concealed when bending forward</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen/low back remain concealed when reaching overhead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate choice of pants (slacks, khakis)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Low back remains concealed when sitting</td>
<td></td>
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<tr>
<td>Low back remains concealed when performing a transfer</td>
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<tr>
<td>Low back remains concealed when kneeling on floor and reaching forward</td>
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</tr>
<tr>
<td>Undergarments remain concealed during all movements</td>
<td></td>
<td></td>
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<tr>
<td>Appropriate footwear (flat shoes with closed heels and toes)</td>
<td></td>
<td></td>
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<tr>
<td>Wearing watch (should not rely on cell phone for time)</td>
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</table>
Confidentiality

All students enrolled at LSUHSC- N.O., are required to complete continuing compliance training through LSUHSC – N.O. Office of Compliance Programs, and in accordance with federal and state laws, including:

- Code of conduct
- HIPAA Privacy
- HIPAA Security
- Security and Confidentiality Statement (related to internet and email use)
- Family Educational Rights and Privacy Act (FERPA)
- The Breach Notification Rule

Students who do not complete all compliance training will be removed from their FW II site and will not be allowed to continue until all training modules are completed.

HIPAA Guidelines for Fieldwork

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

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

For written reports, the following information can be shared:

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

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

See more at HIPAA Frequently Asked Questions: http://www.aota.org/Education-Careers/Fieldwork/Supervisor/HIPAA.aspx#sthash.1qvnCYQb.dpuf

Social Media

Students should use the following guidelines when using any type of social media:

1. Always use good judgment about content and respect privacy laws. Do not include confidential information about LSUHSC – N.O., its faculty/staff, or its students.
2. Post should include only appropriate language. Inappropriate language includes, but is not limited to, obscene or threatening language or defamation (hate speech) based on race, sex, gender, religion, national origin, age, or disability.
3. Do not post information, photos or videos that will reflect negatively on you, your FW II facility, your FW educator, the OT department, or the institution.
4. It is strongly advised to avoid participating in actions that may be harmful or have a negative impact on the reputation of LSUHSC – N.O. and the services it offers.
5. Engaging in social networking during facility work hours is strictly prohibited.
6. Do not post personal information that can be used to locate someone offline, such as pictures, location, patient identifiers, ID badges, phone numbers, home/local addresses, birthdate, and email addresses.
7. Do not “friend” clients or caregivers on social media websites unless the friendship predates the clinical relationship. Do not “friend” your FW educator until after the experience is over.
8. Do not disclose confidential or derogatory information about the FW II site, its staff, or clients. Do not discuss personal opinions about a FW site and/or its clients and staff.
9. Under current law, it is forbidden to disclose any personal health information, including imaging of patients, or to discuss patient cases in any social network or digital media. Such behavior is a direct violation of HIPAA guidelines.

Cell Phone Use

Students should use official communication channels to communicate with their FW educators. It is left to the discretion of the FW educator whether or not he/she would like to provide personal phone numbers to students. Students should not use texting as a means of communication with their FW educator, unless this communication method has been approved by the FW educator. During facility work hours, students should keep their cell phones muted and not engage in active cell phone activity.
Attendance

- Students must complete 12 weeks/60 days of full time fieldwork for each experience; therefore, the student should plan to be at the fieldwork site daily for the duration of the rotation, requesting no days off.
- Obviously, absences can occur. Whether due to illness, religious observance, bereavement, or any other circumstance, **any missed days must be made up**. If the facility has weekend work hours, the day/s can be made up on a weekend. If the facility has no weekend work hours, the day/s will be added on to the end of the fieldwork rotation.
- The only exception to the above are pre-approved ‘professional days’. Professional days will not have to be made up. Professional days include any involvement in LEND or, for example, a capstone related clinic that must be attended. Professional days must be pre-approved by the AFWC or the faculty Capstone advisor.
- Students must promptly contact the Fieldwork Educator to report any absences or late arrivals. The student should discuss the preferred method of contact with the FWE on the first day of fieldwork.
- The student must report any absences to the AFWC by entering them on the CORE ELMS site, same day.
- The student must accommodate their schedule to that of the fieldwork site; this could include working weekends and holidays.
- Students receiving legal notice of jury duty or other court related appearances while on FWII should contact the AFWC. We will help the student request an extension or postponement of this obligation.
- Level II fieldwork must be completed within 24 months of finishing OT didactic coursework.

Safety Policies and Procedures

**Student Conduct**

During the academic and clinical portions of the program, all LSUHSC-N.O. occupational therapy students are required to abide by LSUHSC-N.O. School of Allied Health Professions “Policy and Procedures Related to Student Conduct”. Students are provided this document at new student orientation. All students are expected to review this document and must sign a form stating that they have done so.

**Substance Abuse**

All students at LSUHSC-N.O. are required to adhere to Chancellor’s Memorandum 23 (CM-23) – LSU Health Sciences Center New Orleans Drug Free Workplace and Workforce. Students are required to complete compliance training annually in the following areas:

- The Drug-Free Workplace Policy & Drug Testing Program
- Drug Free Schools and Communities

Students are also subject to the substance abuse policies set forth by their Level II Fieldwork site.

**Safety in the Clinic**

All LSUHSC-N.O. students are required to complete training via the Office of Compliance in the following areas:

- Quarterly Safety Training, to include:
1. Safety responsibilities, general safety rules, fire safety, possible hazards (biological, chemical, and radiation), hazard communication, MSDS, reducing hazard exposure, emergency response, and hazardous waste procedures.
2. Incident/accident reporting and investigation training.
3. Personal protective equipment and job safety analyses.
4. Use of fire extinguishers.
   - Bloodborne Pathogens
   - Internet/Network Safety

Students are taught Standard Universal Precautions and clinic safety during course work. Student are also required to adhere to all safety policy and procedures set forth by the Level II Fieldwork site.

**Communication between the University and the Fieldwork Site**
- Four weeks prior to the start of the FW II rotation, the assigned student will directly contact the FWE by email to provide their Personal Data Form and to ascertain information they will need to be successful at the site.
- Prior to the start of the FW II rotation, the Academic Fieldwork Coordinator (AFWC) will email the FW Educator a link and password to access the CORE ELMS site. An instructional PowerPoint presentation on use of the CORE ELMS site will also be email’ed to the FWE. The FWE have access to the following on CORE ELMS:
  o The Week Three Level II FW Update
  o The AOTA Fieldwork Performance Evaluation (FWPE)
  o The Student Final Evaluation of the Fieldwork Site (SEFWE)
  o The student’s completed Personal Data Form, immunization record, professional liability insurance and any other site-required student documentation.
- The AFWC will contact the FWE periodically during the fieldwork, including email reminders for appropriate evaluations at 3 weeks, mid-term, and final.
- The AFWC may make site visits to facilities in the metro New Orleans area while the student is on fieldwork, and will do so at FWE’s request.
- The AFWC will collaborate with the site and the FWE to maximize the learning process and troubleshoot any problems that may develop.
- The FWE will complete the Week Three Level II FW Update form, and the AOTA FWPE at both mid-term and final on the CORE ELMS system.
- FWEs are encouraged to view the *Fieldwork 101: A Guide for Fieldwork Educators* PowerPoint presentation on the LSUHSC-N.O. Department of Occupational Therapy’s home page. [http://alliedhealth.lsuhsc.edu/ot/default.aspx](http://alliedhealth.lsuhsc.edu/ot/default.aspx)
- Fieldwork sites are encouraged to contact the AFWC for any assistance or questions regarding completion of the AOTA Fieldwork Data Form or the LSUHSC-N.O. Fieldwork Essentials form.
• If the FWE or Site Coordinator has specific concerns regarding the MOT program or the clinical education program, the clinician is asked to contact the AFWEC, Ingrid Franc, PhD, LOTR (504-568-4304; ifran1@lsuhsc.edu). If this is not possible, the clinician should contact the Department head, Kelly Alig, PhD, LOTR (504-568-4303; KAlig@lsuhsc.edu)

**Communication between the Facility and the Student**

The student will initiate contact with the facility as stated above in the first point of the section, *Communication between the University and the Fieldwork Site.*

During the affiliation, it is expected that communication between the student and FWE will be ongoing, mutual, and constructive. The FWE has the responsibility to continuously assess student performance and recognize when the performance is at the correct level, above the expected level, or below the expected level. In the event the FWE determines that there is a problem, an early warning system will give the student an opportunity to improve.

See *Remediation Plan Procedure* on page 39.

It is expected that students will take the responsibility to develop a good working relationship with their FWE. It is recommended that students and FWEs set aside time during the day to discuss patient issues and progress.

**Communication between the University and the Student**

• The AFWC will contact students during the fieldwork for progress reports via e-mail, telephone, or in person.

• Students should contact the AFWC at any time for discussion or problem solving. **If a problem develops at any point, students must contact the AFWC immediately.**

• The AFWC will provide all students with phone numbers to use for phone contacts. The AFWC will be available on evenings and weekends for phone contacts.

• The students will complete the Week Three Level II FW Update (see Appendix A) and the SEFWE (see Appendix C) on the CORE ELMS system.

• The students will acknowledge review of the final FWPE by checking the ‘I have read this report’ box on the document in CORE.

• The student will communicate any absences on CORE ELMs system, same day.

• Students must check their LSUHSC e-mail daily.
Recommendations for Fieldwork Sites

(For Delivery of a Smooth, Quality Fieldwork Experience)
AOTA-Recommended Content for a Student Fieldwork Manual

Recommended Content for a Student Fieldwork Manual
1. Orientation Checklist
2. Assignments
3. Facility Safety Procedures/ Codes
4. Any Behavioral or Site-Specific Objectives other than those on the FWPE
5. Week-by-Week Schedule of Responsibilities (see sample on pg.28)
6. Facility Patient Confidentiality Information (Patient Rights)
7. Guidelines for Documentation:
   - Completed samples of all forms (Important! Students learn best with examples)
   - 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.

**Sample Week-by-Week Schedule of Responsibilities**

Weekly Learning and Responsibility Schedule for Level II Fieldwork

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Suggested Activity/Responsibility</th>
<th>Check as Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tour facility, complete required Orientation modules, read relevant dept P&amp;Ps. Review content with fieldwork educator (FWE).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Become familiar with electronic documentation and billing</td>
<td></td>
</tr>
</tbody>
</table>
|        | Observe assigned staff therapist with a minimum of the following:  
  • Initial evaluation  
  • Treatment intervention session  
  • Write two progress notes |                   |
|        | Become familiar with facility records through chart review of one patient; student will ask for clarification of all terminology that is not understood |                   |
|        | Attend treatment/team meetings as scheduled |                   |
|        | Administer two to three selected assessment tools, including gathering needed equipment and clarifying any areas of assessment protocol not understood. |                   |
|        | Tentative assignment of two patients for next week |                   |

<table>
<thead>
<tr>
<th>Week 2</th>
<th>Suggested Activity/Responsibility</th>
<th>Check as Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Construct treatment plans for two assigned patients, identifying intervention methods appropriate for goals. Gain FWE approval of plan before carrying out intervention.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Independently determine appropriate assessment protocol for one new patient; complete and document assessment results with minimal assistance from FWE.</td>
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</tr>
<tr>
<td></td>
<td>Complete all patient related documentation with FWE feedback as needed.</td>
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</tr>
<tr>
<td></td>
<td>Report in team meeting the progress of assigned clients</td>
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</tr>
<tr>
<td></td>
<td>Shadow PT or SLP for half of one day.</td>
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</tr>
<tr>
<td></td>
<td>Brainstorm ideas for inservice to be given by student to OT staff in last week of FW.</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Week 3</th>
<th>Suggested Activity/Responsibility</th>
<th>Check as Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student is assigned 3 to 4 clients, treating 2 of these independently (after determination of competence by FWE) and 1-2 in co-treatment/shadowing of FWE.</td>
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<tr>
<td></td>
<td>Construct treatment plans for all assigned patients, identifying intervention methods appropriate for goals. Gain FWE approval of plan before carrying out intervention.</td>
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<td></td>
<td>Lead any group treatment sessions.</td>
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<td></td>
<td>Complete all patient related documentation with FWE feedback as needed.</td>
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<tr>
<td></td>
<td>Shadow PT or SLP for half of one day.</td>
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<tr>
<td>Week</td>
<td>Assignment and Activities</td>
<td>Notes</td>
</tr>
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<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
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<tr>
<td>Week 4</td>
<td>Student is assigned 4-5 clients; 3-4 of which student is treating independently. Continue reporting in team meetings, completing documentation on all assigned clients, leading group treatment, creating appropriate treatment plans and gaining approval for the plans before implementing with clients.</td>
<td>Meet with patient and/or family to review results of treatment, with minimal assistance from FWE. All documentation is completed within the time frame required by the site.</td>
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<tr>
<td>Week 5</td>
<td>Student is assigned 5-6 clients, treating 4-5 independently. Continue reporting in team meetings, completing documentation on all assigned clients, leading group treatment, creating appropriate treatment plans and gaining approval for the plans before implementing with clients.</td>
<td>Focus on broadening complexity of clients. Complete an evaluation using a new (to the student) assessment tool. Co-treat with a COTA if available. Utilize the assistance of a Rehab Tech, supervising the tech’s interactions with the client. Student and FWE will complete the Mid-term Fieldwork Performance Evaluation at end of the week for review next week.</td>
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<tr>
<td>Week 6</td>
<td>Student is assigned 6 to 8 clients (or whatever is considered to be 80% of entry-level therapist caseload). Student will treat all but the most complex of the clients independently. Determination of complex clients requiring FWE shadowing to be determined jointly by student and FWE.</td>
<td>Continue reporting in team meetings, completing documentation on all assigned clients, leading group treatment, creating appropriate treatment plans and gaining approval for the plans before implementing with clients. Meet with FWE at end of week to complete mid-term evaluation. Create goals for rest of fieldwork experience. Determine inservice topic.</td>
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<tr>
<td>Weeks 7-10</td>
<td>Student continues to treat patients as assigned, gradually assuming the entire caseload of the supervision therapist. With more complex clients, the FWE acts as a consultant, providing direction and assistance as needed.</td>
<td>Student demonstrates increased competency in specific assessments assigned and researches one to two additional assessments that would be appropriate in the facility.</td>
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<tr>
<td>Weeks 11-12</td>
<td>Student continues to treat patients as assigned, assuming the entire caseload of the supervising therapist. Present professional inservice to appropriate Rehab staff personnel. Increase opportunities to supervise Techs and COTAs.</td>
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<tr>
<td>Student plans and prepares for closure with clients, providing treatment plans to other therapists as needed.</td>
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<tr>
<td>Student completes the AOTA Student Evaluation of the Fieldwork Experience form, providing feedback to the FEW in a professional manner.</td>
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<tr>
<td>FEW gathers supporting information from other therapists and staff as needed to complete the FWPE. FWE reviews the AOTA FWPE with the student.</td>
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</tbody>
</table>

*Adapted from the University of North Dakota Occupational Therapy Department; retrieved from file://C:/Users/ifran1/Desktop/Fieldwork/fieldwork-weekly-schedule.pdf*
Sample Weekly Communication Forms

Washington University School of Medicine
Program in Occupational Therapy

STUDENT/SUPERVISOR WEEKLY REVIEW

Week #: ___ Student _____________ Fieldwork Instructor: ______________

STRENGTHS

GROWTH AREAS

GOALS FOR NEXT WEEK

MEETINGS, ASSIGNMENTS DUE, ETC.
University of North Dakota
Occupational Therapy Student Weekly Review Form

Student Name: ____________________________

Fieldwork Educator Name: ____________________________

Date: ____________________________ Week #: ____________________________

<table>
<thead>
<tr>
<th>FUNDAMENTALS/BASIC TENETS OF PRACTICE</th>
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</thead>
<tbody>
<tr>
<td>Areas of Strength</td>
<td></td>
<td>Areas of Need</td>
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<tr>
<td>EVALUATION AND SCREENING</td>
<td></td>
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<tr>
<td>Areas of Strength</td>
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<td>Areas of Need</td>
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<tr>
<td>INTERVENTION</td>
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<tr>
<td>Areas of Strength</td>
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<td>Areas of Need</td>
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<tr>
<td>MANAGEMENT OF OT SERVICES</td>
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<tr>
<td>Areas of Strength</td>
<td></td>
<td>Areas of Need</td>
</tr>
<tr>
<td>COMMUNICATION/PROFESSIONAL BEHAVIORS</td>
<td></td>
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<tr>
<td>Areas of Strength</td>
<td></td>
<td>Areas of Need</td>
</tr>
</tbody>
</table>
### PROGRESS SUMMARY

<table>
<thead>
<tr>
<th>Student Initiated Objectives</th>
<th>Activities to Achieve Goals</th>
<th>Desired Supervisor Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

**Fieldwork Schedule Revisions**

**Additional Student Support Needed**

---

Student Signature: ___________________________ Date: ____________

Fieldwork Educator Signature: ___________________________ Date: ____________

*Reprinted with permission of the University of North Dakota.*
Creating Site-Specific Fieldwork II Objectives

Creating site-specific objectives beyond the ‘generic’ objectives on the AOTA Fieldwork Performance Evaluation is encouraged. Site-specific objectives may be especially relevant for specialist fieldwork experiences, i.e. hand therapy, pediatrics using an SI approach, acute care that has a heavy ICU focus, lymphedema, work hardening, non-traditional community practice, etc.

When creating site-specific objectives, please keep the following in mind:

1. Collaborate with the school by emailing the objectives to the Academic Fieldwork Coordinator (AFWC).
2. Remember that the over-arching AOTA goal for Level II Fieldwork is to develop independent generalist OT practitioners. It may not be realistic to expect full independence in all aspects of evaluation and intervention in specialty fieldwork sites, and the site-specific objectives should reflect that.

The link below is to AOTA’s website page with specific examples of site-specific objectives by facility type, i.e. acute care, inpatient rehab, school system, mental health, etc:

https://www.aota.org/Education-Careers/Fieldwork/SiteObj.aspx

The link below is a power point presentation on the AOTA’s website with step-by-step instructions on how to create site-specific objectives:

https://www.aota.org/~media/Corporate/Files/EducationCareers/Educators/Fieldwork/SiteObj/fwppepre.ppt

The form below is a simple template for creating site-specific objectives:

Writing Site-Specific Objectives for the FWPE Forms
2004 AOTA Conference – Minneapolis, MN

What are the knowledge, skills, and abilities required of a ‘new hire’ to carry out the provision of occupational therapy services at your practice setting?

- Evaluation Process
- Intervention Process
- Manage/organize services

Roberta Wimmer, OTR/L; School of OT/Pacific University
Fieldwork Evaluation and Problem Resolution
Evaluation and Grading for Level I Fieldwork

Level I Fieldwork performance will be graded by the FWE using the LSUHSC-N.O. Dept. of Occupational Therapy’s *Evaluation of Professional Behavior* form (see Appendix D). The student must score 25 points or above to pass the FW I experience.

The student will bring a paper copy of the form with them to the fieldwork site. The FWE will complete at the end of the week and review with the student.

The student is responsible for turning the completed form in to the AFWC.

The student may also be required to complete assignments for class during the FW I experience. These assignments will be graded by the appropriate faculty member at LSUHSC-N.O.

The student will complete the *Student Evaluation of Fieldwork Experience: Level I* form and turn in to the AFWC. See Appendix E.
Evaluation Methods and Grading for Level II Fieldwork

The *Week 3 Update* (see Appendix A), will be completed at the end of the third week of fieldwork by both the FWE and the student, using separate forms on CORE. The student will review their *Week 3 Update* with the FWE and the FWE will review their Week 3 Update with the student. The AFWC will review all *Week 3 Updates* within three days of receiving them but any safety issues or other serious issues identified at this time should be brought to the attention of the AFWC by the student and/or FWE.

The *AOTA Fieldwork Performance Evaluation (FWPE)* (See Appendix B) is completed at mid-term (6 weeks). The mid-term should be completed on CORE ELMs by the FWE and reviewed with the student. The AFWC will review all Mid-terms within three days of receiving them but students who are not demonstrating satisfactory performance by achieving a score of below 90 points at mid-term must immediately contact the Academic Fieldwork Coordinator by phone for discussion. A learning plan will be collaboratively developed between the site Fieldwork Educator, Academic Fieldwork Coordinator, and student.

The *AOTA Fieldwork Performance Evaluation (FWPE)* is also completed at the end of the Level II experience. The final should be completed on CORE ELMs by the FWE and reviewed with the student. After the student has reviewed the FWPE with the FWE, the student must sign-in to CORE, view the completed FWPE, and click the ‘I have read this report’ box.

A grade of Satisfactory/Unsatisfactory will be recorded by the Academic Fieldwork Coordinator. 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. An overall final score must be 122 points and above to receive a passing grade. The final grade for level II fieldwork will be assigned by the Academic Fieldwork Coordinator.

The student completes the *Student Evaluation of Fieldwork Experience* (SEFWE; see Appendix C) at the end of the Level II experience on the CORE ELMs system.
Introduction and Purpose of a Remediation Plan

The vast majority fieldwork experiences go smoothly for the student and the Fieldwork Educator (FWE). In the event that issues arise with student performance, a remediation plan will be put into effect. The purpose of a remediation plan is to facilitate student success on the fieldwork, and should not be viewed as a punitive measure. A remediation plan will detail the expected student performance and give a date for expected achievement of the objective. In addition, resources will be suggested so that students can take initiative in improving their performance in the areas that need strengthening.

Remediation

Grounds for Remediation:

1. If the student does not follow the policies and procedures of the facility, including, but not limited to, violations of patient/facility confidentiality, patient safety, attendance, and professional behavior.
2. If the student does not abide by the American Occupational Therapy Association Code of Ethics of Beneficence, Nonmaleficence, Autonomy, Justice, Veracity, and Fidelity (see Appendix N), or the Policies and Procedures Related to Student Conduct of the LSUHSC-N.O. School of Allied Health Professions.
3. If the student does not meet the objectives and goals of the facility, and the course, within an agreed-upon time frame.
4. If the student does not follow the verbal and/or written recommendations that have been given to the student by the FWE in an effort to improve patient care and treatment.
5. If the student does not fulfill all duties and verbal and/or written assignments made by the FWE within the agreed-upon time limit.

Remediation Plan Procedure for Fieldwork

1. The FWE and/or student will identify the problem(s) and attempt solution(s) with specific documented goal(s). The use of a learning/remediation contract is highly recommended. See Appendix H.

2. The FWE will contact the Academic Fieldwork Coordinator (AFWC) by phone or e-mail indicating problem(s).

3. Should the FWE and student be unable to develop a solution/remediation plan, the AFWC will meet with FWE and student and attempt to negotiate solution(s)/remediation plan. A learning/remediation contract format will be used.

5. The AFWC will notify student of options as related to education, including determination of whether switching student to another fieldwork site is feasible and/or appropriate, withdrawing from the course, timeline for repeating the course, effect on graduation date.
6. Goals and time frame must be documented with a copy to student, Academic Fieldwork Coordinator and Fieldwork Educator.

Withdrawal/Termination from Fieldwork

Grounds for Termination:

1. If it is determined by the Fieldwork Educator that the student’s behavior may cause harm to patients, self, the FWE, or other employees of the facility. The AFWC will make an administrative referral to the Campus Assistance Program (CAP) as needed.
2. Unsafe practice, substance abuse, failure to complete expected requirements may result in termination of the fieldwork.
3. Insubordination, excessive tardiness, and/or risks to patient care may result in termination of the fieldwork.
4. Continued unsatisfactory performance, as evidenced by lack of achievement of all or part of the agreed-upon goals and objectives on the learning/remediation contract within the agreed-upon time limit may result in termination of the fieldwork.

Withdrawal/Termination Procedures:

1. A student request to withdraw from the Fieldwork Assignment must be made in writing to the FWE with a copy to the AFWC, indicating reasons for withdrawal and the commitment to fulfill final patient-related obligations as determined by the facility. The AFWC, in conjunction with the program’s Clinical Education Committee, will review the request for withdrawal, and the AFWC will communicate to the student their opinion. Depending on the reasons given for withdrawal and the opinion of above faculty, possible outcomes could include encouraging the student to stay at the current site, locating an alternative site, or completing the fieldwork at a different time, possibly delaying graduation. After fulfillment of patient-related obligations, the student’s withdrawal from the facility is complete.
2. Following a failed remediation plan, a FWE request for the student to be withdrawn from fieldwork must be made in writing to the AFWC, including reasons for termination. The FWE will then complete the following steps:
   a. The student and FWE will meet to determine the professional obligations related to patient care that must be fulfilled prior to final exit.
   b. The FWE and student will schedule an exit interview to ensure all patient-care related obligations have been met.
   c. The FWE will contact the AFWC after the exit interview to confirm separation of the student from the clinical site.
   d. After completion of steps 2a-c above, withdrawal from the facility is complete.

Note: All meetings, goals, and action taken must be documented.
Appendices
Appendix A
Week 3 Level II Fieldwork Update
Department of Occupational Therapy – Week Three Level II Fieldwork (FW) Update

Please complete on CORE, fax to 504-568-4306 or scan and email to ifran1@lsuhsc.edu.

PART A

Student Name: _______________________________________________________________

Facility Name: ________________________________________________________________

FW Educator Name:____________________________ Department Phone#: _____________

FW Educator Email Address & Phone #: ___________________________________________

Date(s) Absent: _______________________________ Makeup Dates: __________________

PART B – To be completed by student (check only one answer per question)

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you making progress towards your goals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are you receiving adequate constructive formative and summative feedback?</td>
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<td></td>
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<tr>
<td>3. Are you receiving daily feedback and mentorship?</td>
<td></td>
<td></td>
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<tr>
<td>4. Do you feel prepared for this experience?</td>
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<td></td>
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<tr>
<td>5. Are you seeing a good variety of clients, intervention approaches, and experiences?</td>
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</tr>
<tr>
<td>6. Do you need a phone call or email?</td>
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</tbody>
</table>

Please comment on any negative responses:

Student Signature____________________________________Date_________________

Part C – To be completed by the Fieldwork Educator

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the student academically prepared to meet the demands of the clients?</td>
<td></td>
<td></td>
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<tr>
<td>2. Is the student integrating classroom knowledge with clinical application?</td>
<td></td>
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<tr>
<td>3. Is the student making progress on meeting his/her goals?</td>
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<tr>
<td>4. Is the student receptive to your feedback and mentorship?</td>
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<tr>
<td>5. Does the student demonstrate effective communication skills with clients, families, team members, and you? (verbal, nonverbal, written, listening)</td>
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<tr>
<td>6. Is the student safe in clinical application, judgment, &amp; professional conduct?</td>
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<tr>
<td>7. Do you need a phone call or email?</td>
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</table>

Comments:

FWE Signature_____________________________________Date________________
Appendix B
AOTA Fieldwork Performance Evaluation (FWPE)
Fieldwork Performance Evaluation
For The Occupational Therapy Student

NAME: (LAST) (FIRST) (MIDDLE)

COLLEGE OR UNIVERSITY

FIELDWORK SETTING:

NAME OF ORGANIZATION/FACILITY

ADDRESS: (STREET OR PO BOX)

CITY STATE ZIP

TYPE OF FIELDWORK

ORDER OF PLACEMENT: 1 2 3 4 OUT OF 1 2 3 4

FROM TO:

DATES OF PLACEMENT

NUMBER OF HOURS COMPLETED

FINAL SCORE

PASS: NO PASS:

SUMMARY COMMENTS:
(Addresses student's clinical competence)

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
Fieldwork Performance Evaluation
For The Occupational Therapy Student

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

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

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

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

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

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

DIRECTIONS FOR RATING STUDENT PERFORMANCE
- There are 42 performance items.
- Every item must be scored, using the one to four point rating scale (see below).
- The rating scales should be carefully studied prior to using this evaluation. Definitions of the scales are given at the top of each page.
- Circle the number that corresponds to the description that best describes the student's performance.
- The ratings for the Ethics and Safety Items must be scored at 3 or above on the final evaluation for the student to pass the fieldwork experience. If the ratings are below 3, continue to complete the Fieldwork Performance Evaluation to provide feedback to the student on 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: 90 and above
- Unsatisfactory Performance: 89 and below

OVERALL FINAL SCORE
- Pass: 122 points and above
- No Pass: 121 points and below

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

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

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.

I. FUNDAMENTALS OF PRACTICE:

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

1. Adheres to ethics: Adheres consistently to the American Occupational Therapy Association Code of Ethics (4) and site's policies and procedures including when relevant, those related to human subject research.
   Midterm 1 2 3 4
   Final 1 2 3 4

2. Adheres to safety regulations: Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.
   Midterm 1 2 3 4
   Final 1 2 3 4

3. Uses judgment in safety: Uses sound judgment in regard to safety of self and others during all fieldwork-related activities.
   Midterm 1 2 3 4
   Final 1 2 3 4

Comments on strengths and areas for improvement:

* Midterm
* Final

II. BASIC TENETS:

4. Clearly and confidently articulates the values and beliefs of the occupational therapy profession to clients, families, significant others, colleagues, service providers, and the public.
   Midterm 1 2 3 4
   Final 1 2 3 4

5. Clearly, confidently, and accurately articulates the value of occupation as a method and desired outcome of occupational therapy to clients, families, significant others, colleagues, service providers, and the public.
   Midterm 1 2 3 4
   Final 1 2 3 4

6. Clearly, confidently, and accurately communicates the roles of the occupational therapist and occupational therapy assistant to clients, families, significant others, colleagues, service providers, and the public.
   Midterm 1 2 3 4
   Final 1 2 3 4

7. Collaborates with client, family, and significant others throughout the occupational therapy process.
   Midterm 1 2 3 4
   Final 1 2 3 4

Comments on strengths and areas for improvement:

* Midterm
* Final

* Final
RATING SCALE FOR STUDENT PERFORMANCE

4 — Exceeds Standards: Performance is highly stylized and self-initiated. This rating is rarely given and would represent the top 8% 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.

III. EVALUATION AND SCREENING:

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

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

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

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

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

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

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

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

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

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

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

IV. INTERVENTION:

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

19. Utilizes evidence from published research and relevant resources to make informed intervention decisions.
    Midterm 1 2 3 4
    Final 1 2 3 4
20. Chooses occupations that motivate and challenge clients.
   Midterm 1 2 3 4
   Final 1 2 3 4

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

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

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

   Midterm 1 2 3 4
   Final 1 2 3 4

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

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

Comments on strengths and areas for improvement:

- Midterm

V. MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES:

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

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

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

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

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

Comments on strengths and areas for improvement:

- Midterm

- Final
RATING SCALE FOR STUDENT PERFORMANCE

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

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

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

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

VI. COMMUNICATION:

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

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

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

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

Comments on strengths and areas for improvement:

* Midterm

* Final

VII. PROFESSIONAL BEHAVIORS:

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

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

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

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

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

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

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

Comments on strengths and areas for improvement:

* Midterm

* Final
## PERFORMANCE RATING SUMMARY SHEET

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

**TOTAL SCORE**

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

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


GLOSSARY

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

(Continued on page 52)

Entry-level practice: refer to www.aota.org/members/area2/docs/section6b.pdf

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

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

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

Occupational Profile: a profile that describes the client's occupational history, patterns of daily living, interests, values and needs.

(Spiritual: (a context)—the fundamental orientation of a person's life; that which inspires and motivates that individual. (Occupational therapy practice framework: Domain and process. American Journal of Occupational Therapy, 56, 606–639.) (5)

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

Student Evaluation of the Fieldwork Experience (SEFWE)
STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

Purpose:

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

- Enable the Level II fieldwork student who is completing a placement at the site to evaluate and provide feedback to the fieldwork educator[s] 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
- Provide objective information to students who are selecting sites for future Level II fieldwork

This form is designed to offer each program the opportunity to gather meaningful and useful information. Programs may adapt this form to suit their needs.

Instructions to the Student:

Complete the SEFWE before your final meeting with your fieldwork educator(s). Make a copy of the form for yourself. This form gets submitted to your fieldwork educator during or after you review your final fieldwork performance evaluation (FWPE). The SEFWE is signed by you and the fieldwork educator(s).

Instructions to the Fieldwork Educator(s):

Review the SEFWE with the student after the final Fieldwork Performance Evaluation (FWPE) has been reviewed and signed. The SEFWE is signed by both the fieldwork educator(s) and the student. Return both the FWPE and SEFWE promptly upon completion of the fieldwork to the academic fieldwork coordinator.
STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE

Fieldwork Site: ____________________________________________________________

Address: __________________________________________________________________________

Type of Fieldwork: ________________________________________________________________

Placement Dates: from _________________________ to _________________________

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

Student work schedule:
Hours required: __________ per week
☐ Weekends required ☐ Evenings required
☐ Flex/Alternate Schedules Describe: ________________________________________________

Identify Access to Public Transportation: ___________________________________________

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 on _______________________.

(date)

________________________________________  __________________________________________
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—WEEK 1
Indicate the adequacy of the orientation by checking “Yes” (Y) or “Needs Improvement” (I).

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>Adequate</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site-specific fieldwork objectives</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Student supervision process</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Requirements/assignments for students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student schedule (daily/weekly/monthly)</td>
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<tr>
<td>Agency/Department policies and procedures</td>
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<tr>
<td>Documentation procedures</td>
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<tr>
<td>Safety and Emergency Procedures</td>
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</tbody>
</table>

CLIENT PROFILE
Check age groups worked with

<table>
<thead>
<tr>
<th>Age</th>
<th>Occupational Performance Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5 years old</td>
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<tr>
<td>6–12 years old</td>
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<tr>
<td>13–21 years old</td>
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<tr>
<td>22–65 years old</td>
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<tr>
<td>65+ years old</td>
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</tbody>
</table>

Describe the typical population:
## OCCUPATIONAL THERAPY PROCESS

### I. EVALUATION

<table>
<thead>
<tr>
<th>List assessment tools used</th>
<th>Observed</th>
<th>Performed</th>
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</thead>
<tbody>
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</table>

### II. INTERVENTION

List major therapeutic interventions frequently used and indicate whether each was provided as individual, group, or co-treatment, or as a consultation. List other professionals involved.

<table>
<thead>
<tr>
<th>Types of Intervention</th>
<th>Individual</th>
<th>Group</th>
<th>Co-Tx</th>
<th>Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupations: client-directed life activities that match/support/address identified goals</td>
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<tr>
<td>Activities: meaningful to client, address performance skills and patterns to facilitate occupational engagement</td>
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<tr>
<td>Preparatory methods: modalities, devices and techniques. These are provided to the client, no active engagement</td>
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<tr>
<td>Preparatory tasks: actions that target specific client factors or performance skills. Requires client engagement</td>
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</tbody>
</table>
Education: provides knowledge & enhances understanding about occupation, health and well-being to client to develop helpful behaviors, habits, routines

Training: develops concrete skills for specific goal attainment. Targets client performance

Advocacy: promotes occupational justice and empowers clients

Identify theory(ies) that guided intervention: __________________________________________________________

III. OUTCOMES

Identify the types of outcomes measured as a result of OT intervention provided:

<table>
<thead>
<tr>
<th>Type of outcome</th>
<th>yes</th>
<th>no</th>
<th>Provide example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Performance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Health &amp; Wellness</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Quality of Life</td>
<td></td>
<td></td>
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<tr>
<td>Participation</td>
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<td></td>
<td></td>
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<tr>
<td>Role competence</td>
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<td></td>
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<tr>
<td>Well-being</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Justice</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**OTPF-III terminology

ASPECTS OF THE ENVIRONMENT

<table>
<thead>
<tr>
<th>The current Practice Framework was integrated into practice</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

| Evidence-based practice was integrated into OT intervention |     | |

57
There were opportunities for OT/OTA collaboration

There were opportunities to collaborate with other professionals

There were opportunities to assist in the supervision of others— specify: 

There were opportunities to interact with other students

There were opportunities to expand knowledge of community resources

Student work area/supplies/equipment were adequate

Additional educational opportunities provided with comments (specify):

________________________________________________________________________

**DOCUMENTATION AND CASE LOAD**

Documentation Format:

- [ ] Narrative
- [ ] SOAP
- [ ] Checklist
- [ ] Other: _______________________
- [ ] Hand-written documentation
- [ ] Electronic

If electronic, name format & program: ________________________________

Time frame & frequency of documentation: ________________________________

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 fieldwork educator : one student
- [ ] one fieldwork educator : group of students
- [ ] two fieldwork educators : one student
- [ ] one fieldwork educator : two students
- [ ] distant supervision (primarily off-site)
- [ ] three or more fieldwork educators : one student (count person as fieldwork educator if supervision occurred at least weekly)

Frequency of meetings/types of meetings with fieldwork educator (value/frequency):
General comments on supervision: ____________________________________________________________

_________________________________________________________________________________________
_________________________________________________________________________________________

SUMMARY of FIELDWORK EXPERIENCE

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectations of fieldwork experience were clearly defined</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Expectations were challenging but not overwhelming</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Experiences supported student’s professional development</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Circle one

_________________________________________________________________________________________
_________________________________________________________________________________________

What particular qualities or personal performance skills should a student 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.

_________________________________________________________________________________________
_________________________________________________________________________________________
Would you recommend this fieldwork site to other students? Yes or No __
Why or why not? ____________________________________________________________ __

INSTRUCTIONS
One form must be completed for each fieldwork educator who provided supervision. You can detach this page and make more copies as needed.

Check the box that best describes your opinion of the fieldwork educator’s efforts in each area

<table>
<thead>
<tr>
<th>FIELDWORK EDUCATOR NAME:</th>
<th>1 = Strongly Disagree</th>
<th>2 = Disagree</th>
<th>3 = Neutral</th>
<th>4 = Agree</th>
<th>5 = Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIELDWORK EDUCATOR YEARS OF EXPERIENCE: __________</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

| Provided ongoing positive feedback in a timely manner | __ | __ | __ | __ | __ |
| Provided ongoing constructive feedback in a timely manner | __ | __ | __ | __ | __ |
| Reviewed written work in a timely manner | __ | __ | __ | __ | __ |
| Made specific suggestions to student to improve performance | __ | __ | __ | __ | __ |
| Provided clear performance expectations | __ | __ | __ | __ | __ |
| Sequenced learning experiences to grade progression | __ | __ | __ | __ | __ |
| Used a variety of instructional strategies | __ | __ | __ | __ | __ |
| Taught knowledge and skills to facilitate learning and challenge student | __ | __ | __ | __ | __ |
| Identified resources to promote student development | __ | __ | __ | __ | __ |
| Presented clear explanations | __ | __ | __ | __ | __ |
| Facilitated student’s clinical reasoning | __ | __ | __ | __ | __ |
| Used a variety of supervisory approaches to facilitate student performance | __ | __ | __ | __ | __ |
| Elicited and responded to student feedback and concerns | __ | __ | __ | __ | __ |
| Adjusted responsibilities to facilitate student’s growth | __ | __ | __ | __ | __ |
| Supervision changed as fieldwork progressed | __ | __ | __ | __ | __ |
| Provided a positive role model of professional behavior in practice | __ | __ | __ | __ | __ |
| Modeled and encouraged occupation-based practice | __ | __ | __ | __ | __ |
| Modeled and encouraged client-centered practice | __ | __ | __ | __ | __ |
| Modeled and encouraged evidence-based practice | __ | __ | __ | __ | __ |
| Modeled and encouraged interprofessional collaboration | __ | __ | __ | __ | __ |
| Modeled and encouraged intra-professional collaboration | __ | __ | __ | __ | __ |
Appendix D

Evaluation of Professional Behavior for Fieldwork I
School of Allied Health Professions  
Department of Occupational Therapy  

Evaluation of Professional Behavior for Fieldwork I  

Student Name__________________________ Clinical Educator (please print) ___________________________

CE (email address) ________________________________

_________________________________________________

Facility_________________________________ FW Experience Area____________________________________

Instructions: Identify the student’s performance using the rating scale below.

4= Exceeds Standards   Performance is exceptional and above that expected of any student. Self-initiated and consistently outstanding performance.
3= Meets Standards    Performance is consistent with meeting requirements. Occasionally exceptional in performance.
2= Improvement Needed  Performance is progressing however still requires constant feedback in particular areas.
1= Below Standards    Performance is inconsistent and unsatisfactory in most required tasks and activities.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1. **Responsibility**
   - Demonstrates ability to complete assigned tasks; assumes responsibility for own actions; prioritizes self and tasks; follows through with assigned tasks; punctual.
   - Comments:

2. **Attitude**
   - Actively participates in sessions; seeks and responds to feedback; attentive and asks questions; respectful of those in authority and ability to work cooperatively and effectively with others.
   - Comments:

3. **Interpersonal/Communications Skills**
   - a. With Client - demonstrates ability to establish rapport; initiates interaction; responds appropriately to client’s actions.
   - b. With Staff - demonstrates ability to initiate interaction; receives feedback in a professional manner; contributes in meetings when appropriate; responds in a positive manner to questions, suggestions, and/or constructive criticism.
   - c. Written Form - demonstrates ability to express thoughts on paper, reports and documentation in a clear and concise manner; writes legibly and uses acceptable grammar, correct punctuation and spelling.
   - Comments:

4. **Time Management**
   - Demonstrates ability to organize assignments, treatment interventions, documentation and review of charts/records.
   - Comments:
### 5. Professionalism
Conducts all client-care activities with respect for client’s rights, e.g. confidentiality, modesty; abides by professional code of ethics; attire is appropriate for environment and related tasks and activities; respectful of those in authority; and manages personal affairs in a manner that does not interfere with professional responsibilities.

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

### 6. Self-awareness:
Demonstrates ability to modify behavior in response to client’s unique situation; ability to recognize/handle own frustrations/problems by demonstrating effective coping skills; seeks assistance when needed.

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

### 7. Knowledge & Skills:
Possesses skills, knowledge and competencies to perform Level I fieldwork; ability to understand and verbalize the OT process; able to make pertinent and accurate observations; ability to appropriately apply professional terminology in written and oral form; ability to analyze, synthesize and interpret information.

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

### 8. Initiative/Adaptability:
Independent, decisive, resourceful and flexible; able to perform alternative solutions to identified problems; capable of meeting new situations; seeks and requests opportunities to gain new knowledge, e.g., in-service programs, literature; makes use of own resources before asking for help; self-starts own projects.

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

---

**Total score**: ____________________  ( ) Pass  ( ) No Pass

**Criteria:**
- **25** points or above (pass)
- **24** points and below (no pass)

Student signature: ________________________________

Clinical educator signature: ________________________________

Contact # if no email available: ________________________________

Date: ______________

---

*Thank you for your willingness to host our Level I students. We appreciate and value your partnership in educating our students.*

---

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Appendix E

Student Evaluation of Fieldwork Experience: Level I
Student Evaluation of Fieldwork Experience: Level I

Student name: ____________________________

Facility: ________________________________

Fieldwork Educator: _____________________ E-mail: _________________________

1. Describe the population served at this facility (i.e. pediatrics, mental health, acute care, hands/ortho, etc)

2. Describe the treatment approaches demonstrated in this program.

3. Describe the level of interaction with your Fieldwork Educator. Was this adequate to meet your learning needs? Were they able to answer your questions?

4. Describe the ease of completion of the assignments associated with the Mental Health class.

5. Briefly describe any difficulties that you encountered during the FW experience.

6. Was this experience what you’d expected? If not, how were things different and how did you adjust?

7. Would you recommend this site to another student? Why or why not?

8. Additional Comments:

IF 7/2018
Appendix F

AOTA Fieldwork Data Form
AOTA FIELDWORK DATA FORM

Introduction:

The primary purpose of the Fieldwork Data Form is to summarize information regarding the program at a fieldwork site. Occupational therapy (OT) and occupational therapy assistant (OTA) students will find valuable information describing the characteristics of the fieldwork setting; the client population; commonly used assessments; interventions; and expectations and opportunities for students. The Fieldwork Data Form has been developed to reflect the *Occupational Therapy Practice Framework: Domain and Process, 3rd Edition* (American Occupational Therapy Association [AOTA], 2014) terminology and best practice in occupational therapy to promote quality fieldwork experiences. The data gathering processes used in completion of this form entails a collaborative effort that facilitates communication between OT and OTA academic programs, students, and fieldwork educators. This form may be completed by the combined efforts of the fieldwork educator, the OT or OTA student assigned to the site for fieldwork, and/or the Academic Fieldwork Coordinator (AFWC) from the program. Fieldwork sites are encouraged to update the form annually and provide a copy to the educational program(s) where they have a current memorandum of understanding (MOU).

The secondary purpose of the Fieldwork Data Form is to document the connection between the curriculum design of a given OT or OTA educational program with its fieldwork component. The AFWC will use the data entered on the form to document fieldwork related Accreditation Council for Occupational Therapy (ACOTE) Standards (ACOTE, 2012). The standards are outlined in Section C of the 2011 ACOTE standards and are denoted on the form. Educational programs can revise the form to suit the needs of their respective fieldwork programs.

The Fieldwork Data Form was developed through the joint efforts of the Commission on Education (COE) and the Academic Education (formerly Education) Special Interest Section Fieldwork Community of Practice with input from many dedicated AFWCs and fieldwork educators.
AOTA FIELDWORK DATA FORM

Date: 
Name of Facility: 
Address: Street: 
City: 
State: 
Zip: 

<table>
<thead>
<tr>
<th>FW I</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Credentials:</td>
<td></td>
</tr>
<tr>
<td>Initiation Source:</td>
<td></td>
</tr>
<tr>
<td>Corporate Status:</td>
<td>Preferred Sequence of FW:</td>
</tr>
<tr>
<td>Director:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
</tr>
<tr>
<td>Website address:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FW II</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Credentials:</td>
<td></td>
</tr>
<tr>
<td>Initiation Source:</td>
<td></td>
</tr>
<tr>
<td>Corporate Status:</td>
<td>Preferred Sequence of FW:</td>
</tr>
</tbody>
</table>

OT Fieldwork Practice Settings:

<table>
<thead>
<tr>
<th>Hospital-based settings</th>
<th>Community-based settings</th>
<th>School-based settings</th>
<th>Age Groups:</th>
<th>Number of Staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Acute</td>
<td>Pediatric Community</td>
<td>Early Intervention</td>
<td>0-5</td>
<td>OTRs:</td>
</tr>
<tr>
<td>Inpatient Rehab</td>
<td>Behavioral Health Community</td>
<td>School</td>
<td>6-12</td>
<td>OTAs/COTAs:</td>
</tr>
<tr>
<td>SNF/Sub-Acute/Acute Long-Term Care</td>
<td>Older Adult Community Living</td>
<td>Other area(s)</td>
<td>13-21</td>
<td>Aides:</td>
</tr>
<tr>
<td>General Rehab Outpatient</td>
<td>Older Adult Day Program</td>
<td>Please specify:</td>
<td>22-64</td>
<td>PT:</td>
</tr>
<tr>
<td>Outpatient Hands</td>
<td>Outpatient/hand private practice</td>
<td></td>
<td>65+</td>
<td>Speech:</td>
</tr>
<tr>
<td>Pediatric Hospital/Unit</td>
<td>Adult Day Program for DD</td>
<td></td>
<td>Resource Teacher:</td>
<td></td>
</tr>
<tr>
<td>Pediatric Hospital Outpatient</td>
<td>Home Health</td>
<td></td>
<td>Counselor/Psychologist:</td>
<td></td>
</tr>
<tr>
<td>Inpatient Psychiatric</td>
<td>Pediatric Outpatient Clinic</td>
<td></td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

Student Prerequisites (check all that apply): ACOTE Standards C.1.2, C.1.11

<table>
<thead>
<tr>
<th>Health requirements:</th>
<th>Physical Check up</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR</td>
<td>Varicella</td>
</tr>
<tr>
<td>Medicare/Medicaid fraud check</td>
<td>Influenza</td>
</tr>
<tr>
<td>Criminal background check</td>
<td>HepB</td>
</tr>
<tr>
<td>Child protection/abuse check</td>
<td>MMR</td>
</tr>
<tr>
<td>Adult abuse check</td>
<td>Tetanus</td>
</tr>
<tr>
<td>Fingerprinting</td>
<td>Chest x-ray</td>
</tr>
<tr>
<td></td>
<td>Drug screening</td>
</tr>
<tr>
<td></td>
<td>TB/Mantoux</td>
</tr>
<tr>
<td></td>
<td>Please list any other requirements:</td>
</tr>
</tbody>
</table>

Please list how students should prepare for a FW II placement such as doing readings, learning specific evaluations and interventions used in your setting: ACOTE Standards C.1.2, C.1.11

<table>
<thead>
<tr>
<th>Student work schedule and outside study expected:</th>
<th>Other</th>
<th>Describe level of structure for student?</th>
<th>Describe level of supervisory support for student?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule hrs/week/day: Room provided</td>
<td>High</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>Do students work weekends? Yes No</td>
<td>Meals</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Do students work evenings? Yes No</td>
<td>Stipend amount:</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe the FW environment/atmosphere for student learning:

Describe available public transportation:
Types of OT interventions addressed in this setting (check all that apply):

<table>
<thead>
<tr>
<th>Occupations: Client-directed occupations that match and support identified participation level goals (check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities of Daily Living (ADL)</strong></td>
</tr>
<tr>
<td>□ Bathing/showering</td>
</tr>
<tr>
<td>□ Toileting and toilet hygiene</td>
</tr>
<tr>
<td>□ Dressing</td>
</tr>
<tr>
<td>□ Swallowing/eating</td>
</tr>
<tr>
<td>□ Feeding</td>
</tr>
<tr>
<td>□ Functional mobility</td>
</tr>
<tr>
<td>□ Personal device care</td>
</tr>
<tr>
<td>□ Personal hygiene and grooming</td>
</tr>
<tr>
<td>□ Sexual activity</td>
</tr>
<tr>
<td><strong>Rest and Sleep</strong></td>
</tr>
<tr>
<td>□ Rest</td>
</tr>
<tr>
<td>□ Sleep preparation</td>
</tr>
<tr>
<td>□ Sleep participation</td>
</tr>
<tr>
<td><strong>Play</strong></td>
</tr>
<tr>
<td>□ Play exploration</td>
</tr>
<tr>
<td>□ Play participation</td>
</tr>
<tr>
<td><strong>Activities: Designed and selected to support the development of skills, performance patterns, roles, habits, and routines that enhance occupational engagement</strong></td>
</tr>
<tr>
<td>□ Practicing an activity</td>
</tr>
<tr>
<td>□ Simulation of activity</td>
</tr>
<tr>
<td>□ Role play</td>
</tr>
<tr>
<td>Examples:</td>
</tr>
<tr>
<td><strong>Instrumental Activities of Daily Living (IADL)</strong></td>
</tr>
<tr>
<td>□ Care of others/pets</td>
</tr>
<tr>
<td>□ Care of pets</td>
</tr>
<tr>
<td>□ Child rearing</td>
</tr>
<tr>
<td>□ Communication management</td>
</tr>
<tr>
<td>□ Driving and community mobility</td>
</tr>
<tr>
<td>□ Financial management</td>
</tr>
<tr>
<td>□ Health management and maintenance</td>
</tr>
<tr>
<td>□ Home establishment and management</td>
</tr>
<tr>
<td>□ Meal preparation and clean up</td>
</tr>
<tr>
<td>□ Religious / spiritual activities and expression</td>
</tr>
<tr>
<td>□ Safety and emergency maintenance</td>
</tr>
<tr>
<td>□ Shopping</td>
</tr>
<tr>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>□ Formal education participation</td>
</tr>
<tr>
<td>□ Informal personal education needs or interests exploration</td>
</tr>
<tr>
<td>□ Informal personal education participation</td>
</tr>
<tr>
<td><strong>Work</strong></td>
</tr>
<tr>
<td>□ Employment interests and pursuits</td>
</tr>
<tr>
<td>□ Employment seeking and acquisition</td>
</tr>
<tr>
<td>□ Job performance</td>
</tr>
<tr>
<td>□ Retirement preparation and adjustment</td>
</tr>
<tr>
<td>□ Volunteer exploration</td>
</tr>
<tr>
<td>□ Volunteer participation</td>
</tr>
<tr>
<td><strong>Social Participation</strong></td>
</tr>
<tr>
<td>□ Community</td>
</tr>
<tr>
<td>□ Family</td>
</tr>
<tr>
<td>□ Peer/friend</td>
</tr>
<tr>
<td><strong>Leisure</strong></td>
</tr>
<tr>
<td>□ Leisure exploration</td>
</tr>
<tr>
<td>□ Leisure participation</td>
</tr>
<tr>
<td><strong>Preparatory Methods and Tasks: Methods, adaptations and techniques that prepare the client for occupational performance</strong></td>
</tr>
<tr>
<td>□ Preparatory tasks</td>
</tr>
<tr>
<td>□ Exercises</td>
</tr>
<tr>
<td>□ Physical agent modalities</td>
</tr>
<tr>
<td>□ Splinting</td>
</tr>
<tr>
<td>□ Assistive technology</td>
</tr>
<tr>
<td>□ Wheelchair mobility</td>
</tr>
<tr>
<td>Examples:</td>
</tr>
<tr>
<td><strong>Theory/Frame of Reference/Models of Practice</strong></td>
</tr>
<tr>
<td>□ Acquisitional</td>
</tr>
<tr>
<td>□ Biomechanical</td>
</tr>
<tr>
<td>□ Cognitive/Behavioral</td>
</tr>
<tr>
<td>□ Coping</td>
</tr>
<tr>
<td>□ Developmental</td>
</tr>
<tr>
<td>□ Ecology of Human Performance</td>
</tr>
<tr>
<td>□ Model of Human Occupation (MOHO)</td>
</tr>
<tr>
<td>□ Occupational Adaptation</td>
</tr>
<tr>
<td>□ Occupational Performance</td>
</tr>
<tr>
<td>□ Person-Environment-Occupation (PEO)</td>
</tr>
<tr>
<td>□ Person-Environment-Occupational Performance (PEOP)</td>
</tr>
<tr>
<td>□ Psychosocial</td>
</tr>
<tr>
<td>□ Rehabilitation frames of reference</td>
</tr>
<tr>
<td>□ Sensory Integration</td>
</tr>
<tr>
<td>□ Other (please list):</td>
</tr>
</tbody>
</table>

Method of Intervention

<table>
<thead>
<tr>
<th>Direct Services/Caseload for entry-level OT</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ One-to-one:</td>
</tr>
<tr>
<td>□ Small group(s):</td>
</tr>
<tr>
<td>□ Large group:</td>
</tr>
</tbody>
</table>

Discharge/Outcomes of Clients (% clients)

| □ Home                                      |
| □ Another medical facility                 |
| □ Home health                               |

Outcomes of Intervention

| □ Occupational performance improvement and/or enhancement |
| □ Health and Wellness                                |
| □ Prevention                                         |
| □ Quality of life                                    |
| □ Role competence                                    |
| □ Participation                                      |

OT Intervention Approaches

| □ Create, promote health/habits                    |
| □ Establish, restore, remediate                    |
| □ Maintain                                         |
| □ Modify, facilitate compensation, adaptation      |
| □ Prevent disability                               |

Please list the most common screenings and evaluations used in your setting:
<table>
<thead>
<tr>
<th>Identify safety precautions important at your FW site</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Medications</td>
</tr>
<tr>
<td>- Postsurgical (list procedures)</td>
</tr>
<tr>
<td>- Contact guard for ambulation</td>
</tr>
<tr>
<td>- Fall risk</td>
</tr>
<tr>
<td>- Other (describe):</td>
</tr>
<tr>
<td>- Swallowing/choking risks</td>
</tr>
<tr>
<td>- Behavioral system/ privilege level (locked areas, grounds)</td>
</tr>
<tr>
<td>- Sharps count</td>
</tr>
<tr>
<td>- 1 to 1 safety/suicide precautions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Performance skills, patterns, contexts and client factors addressed in this setting (check all that apply): ACOTE Standard C. 1.12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Skills:</strong></td>
</tr>
<tr>
<td>- Motor skills</td>
</tr>
<tr>
<td>- Process skills</td>
</tr>
<tr>
<td>- Social interaction skills</td>
</tr>
<tr>
<td><strong>Performance Patterns:</strong></td>
</tr>
<tr>
<td><strong>Person:</strong></td>
</tr>
<tr>
<td>- Habits</td>
</tr>
<tr>
<td>- Routines</td>
</tr>
<tr>
<td>- Rituals</td>
</tr>
<tr>
<td>- Roles</td>
</tr>
<tr>
<td><strong>Group or Population:</strong></td>
</tr>
<tr>
<td>- Habits</td>
</tr>
<tr>
<td>- Routines</td>
</tr>
<tr>
<td>- Rituals</td>
</tr>
<tr>
<td>- Roles</td>
</tr>
<tr>
<td><strong>Most common services priorities (check all that apply):</strong></td>
</tr>
<tr>
<td>- Direct service</td>
</tr>
<tr>
<td>- Discharge planning</td>
</tr>
<tr>
<td>- Evaluation</td>
</tr>
<tr>
<td><strong>Target caseload/productivity for fieldwork students:</strong></td>
</tr>
<tr>
<td>- Productivity (%) per 40-hour work week:</td>
</tr>
<tr>
<td>- Caseload expectation at end of FW:</td>
</tr>
<tr>
<td>- Productivity (%) per 8-hour day:</td>
</tr>
<tr>
<td>- Number groups per day expected at end of FW:</td>
</tr>
<tr>
<td><strong>Administrative/Management Duties or Responsibilities of the OT/OTA Student:</strong></td>
</tr>
<tr>
<td>- Schedule own clients</td>
</tr>
<tr>
<td>- Supervision of others (Level I students, aides, OTA, volunteers)</td>
</tr>
<tr>
<td>- Budgeting</td>
</tr>
<tr>
<td>- Procuring supplies (shopping for cooking groups, client/intervention-related items)</td>
</tr>
<tr>
<td>- Participating in supply or environmental maintenance</td>
</tr>
<tr>
<td>- Other:</td>
</tr>
<tr>
<td><strong>Handwritten documentation:</strong></td>
</tr>
<tr>
<td><strong>Computerized medical records:</strong></td>
</tr>
<tr>
<td><strong>In-service participation/grand rounds:</strong></td>
</tr>
<tr>
<td><strong>Fieldwork project (describe):</strong></td>
</tr>
<tr>
<td><strong>Field visits/rotations to other areas of service:</strong></td>
</tr>
<tr>
<td><strong>Observation of other units/disciplines:</strong></td>
</tr>
<tr>
<td><strong>Other assignments (please list):</strong></td>
</tr>
</tbody>
</table>
OPTIONAL DATA COLLECTION:
The question includes in this section may be used by academic programs to demonstrate compliance with the Accreditation Council for Occupational Therapy Education (ACOTE) Standards documentation for fieldwork.

1. Please identify any external review agencies that accredit/recognize this FW setting and year of accreditation/recognition. Examples: JCAHO, CARF, Department of Health, etc.

   Agency for External Review: (name)
   Year of most recent review:
   Summary of outcomes of OT Department review:

   Agency for External Review: (name)
   Year of most recent review:
   Summary of outcomes of OT Department review:

   Agency for External Review: (name)
   Year of most recent review:
   Summary of outcomes of OT Department review:

2. Describe the fieldwork site agency stated mission or purpose (can be attached).

3. OT Curriculum Design Integrated with Fieldwork Site (insert key OT academic curricular themes here) ACOTE Standards C.1.2, C.1.3, C.1.7, C.1.8, C.1.11, C.1.12
   a. How are occupation-based needs evaluated and addressed in your OT program?
   b. Describe how you seek to include client-centered OT practice. How do clients participate in goal setting and intervention activities?
   c. Describe how psychosocial factors influence engagement in occupational therapy services.
   d. Describe how you address clients’ community-based needs in your setting.

4. How do you incorporate evidence-based practice into interventions and decision making? Are FW students encouraged to provide evidence for their practice? ACOTE Standards C.1.3, C.1.11

5. Please describe the FW Program and how students fit into the program. Describe the progression of student supervision from novice to entry-level practitioner using direct supervision, co-treatment, and monitoring, as well as regular formal and informal supervisory meetings. Describe the fieldwork objectives, weekly fieldwork expectations, and record keeping of supervisory sessions conducted with student.
   Please mail a copy of the FW student objectives, weekly expectations for the Level II FW placement, dress code, and copy of an entry-level job description with essential job functions to the AFWC. ACOTE Standards C.1.1, C.1.2, C.1.3, C.1.4, C.1.8, C.1.9

6. Please describe the background of supervisors by attaching a list of practitioners who are FW educators including their academic program, degree, years of experience since initial certification, and years of experience supervising students) ACOTE Standards C.1.9, C.1.14, C.1.17, C.1.19

7. Describe the training provided for OT staff for effective supervision of students (check all that apply). ACOTE Standards C.1.9, C.1.15, C.1.16
   □ Supervisory models
   □ Training on use of FW assessment tools (such as the AOTA Fieldwork Performance Evaluation–FWPE, the Student Evaluation of Fieldwork Experience–SEFWE, and the Fieldwork Experience Assessment Tool–FEAT)
   □ Clinical reasoning
Comments:

8. Please describe the process for record keeping of supervisory sessions with a student, the student orientation process to the agency, OT services, and the fieldwork experience. *ACOTE Standards C.1.2, C.1.3, C.1.10*

**Supervisory Patterns—Description** (respond to all that apply)
- □ 1:1 Supervision model:
- □ Multiple students supervised by one supervisor:
- □ Collaborative supervision model:
- □ Multiple supervisors share supervision of one student; number of supervisors per student:
- □ Non-OT supervisors:

9. Describe funding and reimbursement sources and their impact on student supervision.

### STATUS/TRACKING INFORMATION SENT TO FACILITY:

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACOTE Standard C.1.6</strong></td>
</tr>
<tr>
<td><strong>Which documentation does the fieldwork site need?</strong></td>
</tr>
<tr>
<td>□ Fieldwork Agreement/Contract?</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>□ Memorandum of Understanding (MOU)?</td>
</tr>
<tr>
<td><strong>Which FW Agreement will be used?</strong></td>
</tr>
<tr>
<td>□ OT Academic Program Fieldwork Agreement</td>
</tr>
<tr>
<td>□ Fieldwork Site Agreement/ Contract</td>
</tr>
</tbody>
</table>

| **Title of parent corporation** (if different from facility name): |
| **Type of business organization** (Corporation, partnership, sole proprietor, etc.): |
| **State of incorporation:** |
| **Fieldwork site agreement negotiator:** | **Phone:** | **Email:** |
| **Address** (if different from facility): |
| **Street:** | **City:** | **State:** | **Zip:** |

| **Name of student:** | **Potential start date for fieldwork:** |
| Any notation or changes that you want to include in the initial contact letter: |

| **Information Status** *ACOTE Standards C.1.1, C.1.2, C.1.3, C.1.8,* |
| □ New general facility letter sent: |
| □ Level I Information Packet sent: |
| □ Level II Information Packet sent: |
| □ Mail contract with intro letter (sent): |
| □ Confirmation sent: |
| □ Model behavioral objectives: |
| □ Week-by-week outline: |
| □ Other information: |
| □ Database entry: |
| □ Facility information: |
☐ Student fieldwork information:
☐ Make facility folder:
☐ Print facility sheet:
Appendix G
LSUHSC-N.O. Fieldwork Essentials Form
FIELDWORK ESSENTIALS

The Standards for an Accredited Educational Program for the Occupational Therapist, established in 1998 by the Accreditation Council for Occupational Therapy Education (ACOTE) and revised in 2006 and 2011, describe Level II Fieldwork as a crucial part of professional preparation. The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists rather than advanced specialists. The fieldwork experience provides students with the opportunity to integrate academic knowledge with the application of skills in a practice setting.

In order to best prepare our students as entry-level therapists, we need to ensure that the fieldwork sites in which they are educated provide an in-depth experience in the delivery of occupational therapy services to clients that incorporates and extends on what they learn during the didactic portion of their occupational therapy education. We have therefore established a list of “Fieldwork Essentials” that are consistent with our curriculum design and provide a bridge for our students into their fieldwork experiences. Our goal is to have collaborative continuity between the students’ didactic learning and fieldwork experiences. With this intent, we would appreciate it if you would review each of the items below and indicate whether your site meets each “essential”. Thank you in advance for your cooperation.

Date__________________________

Name of Fieldwork Site ____________________________________________________________
Address ________________________________________________________________
Telephone Number ______________________________________________________________
E-mail Address: ________________________________________________________________
Contact Person ________________________________________________________________

Type of Facility

_____ Community agency (e.g., Psychosocial Program, Homeless Shelter)
_____ Hospital (e.g., Acute Inpatient, Outpatient, Rehab Unit)
_____ Nursing Home (e.g., Rehab Unit, Long Term Care)
_____ Private practice (e.g., Pediatrics, Psych, Home Health)
_____ Residential Program (e.g., Developmental Delay)
_____ School (e.g., Public School System)
_____ Other, Please specify __________________________________________________________
<table>
<thead>
<tr>
<th>A.</th>
<th>GENERAL FIELDWORK SITE INFORMATION</th>
<th>Meets Requirements</th>
<th>Needs Improvements</th>
<th>Comments/Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Students are given a program manual at the beginning of their fieldwork, indicating learning objectives, student and fieldwork educator expectations, student assignments, schedule, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Students are given an organized orientation to the fieldwork site, (i.e., mission statement, philosophy, policies and procedures.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The site views the purpose of Level II Fieldwork is to prepare competent, entry-level, generalist occupational therapists rather than advanced therapists or specialists.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>The fieldwork site is regulated by an accrediting body, i.e., CARF, Joint Commission. <strong>Please specify in comment section.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Resources are available for students related to occupational therapy service delivery and pertinent topics associated with the patient populations seen at this fieldwork site.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>OTAs and technicians are employed at this site. A documented policy on OT supervision of these personnel is shared with students.</td>
<td></td>
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<tr>
<td>7</td>
<td>There is opportunity for continuing education and professional development for staff and students at this fieldwork site.</td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td>A minimum of 12 weeks of full-time fieldwork II experience can be provided at this site.</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>This fieldwork site works collaboratively with <em>LSUHSC-New Orleans</em> in developing student learning objectives by communicating with the AFWC.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>STUDENT OPPORTUNITIES</th>
<th>Meets Requirements</th>
<th>Needs Improvements</th>
<th>Comments/Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Students will have the opportunity to:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>a) Demonstrate application of the theoretical bases of occupational therapy.</td>
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</tbody>
</table>
b) Demonstrate an understanding of the process of screening and evaluation.

<table>
<thead>
<tr>
<th>B. STUDENT OPPORTUNITIES</th>
<th>Meets Requirements</th>
<th>Needs Improvements</th>
<th>Comments/Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>c) Develop an understanding of the process of intervention.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>d) Work with clients and their families at this site.</td>
<td></td>
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<tr>
<td>e) Demonstrate an understanding of various contexts that impact OT service delivery.</td>
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<tr>
<td>f) Apply principles of management and systems to the provision of occupational therapy services.</td>
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<tr>
<td>g) Work collaboratively with other occupational therapy personnel, and other service providers from other disciplines.</td>
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<tr>
<td>h) Develop an ability to apply evidenced-based practice.</td>
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<td></td>
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<tr>
<td>i) Demonstrate ethical practice and the values of the profession.</td>
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<td></td>
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</tbody>
</table>

C. CLINICAL EDUCATORS

12 Clinical Educators at this site have:
   a) NBCOT certification
   b) A minimum of one (1) year of OT experience
   c) Meet state regulatory requirements for OT (i.e., must have completed 12 contact hrs. or 1.2 ceu/s yearly)

13 Clinical Educators are members of:
   a) American Occupational Therapy Association
   b) State OT Association

14 Clinical Educators at this site have knowledge of:
   a) Occupational Therapy Code of Ethics and Ethics Standards (AOTA, 2010)
   b) Standards of Practice for Occupational Therapy (AOTA, 2010)
Clinical Educators are aware of the theoretical bases of occupational therapy practice and can articulate them to students.

<table>
<thead>
<tr>
<th></th>
<th>Clinical Educators at this site use a variety of supervisory approaches with students (e.g., written, verbal, formal, informal, 1:1, 1:2, 2:1, input from other staff, etc.). Please describe in comment section.</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td></td>
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</tbody>
</table>

### C. CLINICAL EDUCATORS

<table>
<thead>
<tr>
<th>Meets Requirements</th>
<th>Needs Improvements</th>
<th>Comments/Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Students receive a minimum of eight (8) hours of OT supervision per week, including direct observation of client interactions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Each student has a Fieldwork Educator assigned to him or her throughout the entire duration of the clinical rotation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>OT student supervisor is readily available for communication and consultation during the students’ regular working hours. An on-site supervisor designee (may be an individual in another profession) must be assigned while the OT supervisor is off site.</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Students are given formal written evaluations: a) Midterm b) Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>The fieldwork site is aware that the academic site should be notified as soon as a student develops difficulty.</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>
Appendix H

Learning Contract Template & Sample Learning Contract
# Learning Contract Template

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Strategies and Resources needed to meet the objectives</th>
<th>Evidence (How will I demonstrate that I have learned?)</th>
<th>Criteria for Evaluation (How will I be evaluated?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(What do I need to learn?)</td>
<td>(How will I learn?)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Signature:__________________________________    Date:__________________
Fieldwork Educator Signature:____________________________
# Section 3: Learning Contract

## SAMPLE

<table>
<thead>
<tr>
<th>Learning Objective(s)</th>
<th>Strategies &amp; Resource(s) required to meet the objective(s)</th>
<th>Evidence (How will I demonstrate that I have learned?)</th>
<th>Criteria for Evaluation &amp; Means of Validation (How do I want to be evaluated?)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To perform safe and independent transfers under minimal supervision.</strong></td>
<td>Observe fieldwork educator at least 3 times. Observe other therapists at least 2 times. Practice on other students at least 2 times. Review class notes. Perform at least 3 transfers under maximum supervision.</td>
<td>Perform at least one transfer in safe and competent manner by December 12, 2003.</td>
<td>Verbal feedback from fieldwork educator with regard to: 1. appropriate position and stabilization. 2. safety precautions (e.g. wheelchair brakes in correct position) 3. appropriate transfer method selected and demonstrated. Verbal feedback from client (felt safe etc.) Personal reflections after the transfer.</td>
</tr>
<tr>
<td><strong>To develop rapport with adult Clients in the day hospital.</strong></td>
<td>Observe fieldwork educator and other team members interaction and communication skills on at least 6 occasions. Talk to at least 2 other students about methods of developing rapport.</td>
<td>Demonstrate initial rapport by the end of the second week (i.e. November 28), by: Maintaining good eye contact Using appropriate tone of voice Demonstrating appropriate body language</td>
<td>Feedback from team members (i.e. physio, social worker, nurse). Feedback from fieldwork educator on the items listed under “Evidence”. Feedback would be appreciated (at minimum) at midterm and...</td>
</tr>
</tbody>
</table>

Sept, 2003
Evaluation Module: "Sample" Learning Contract Outline

Opening Statement (outlining areas to be addressed & why): At the midterm evaluation, Sam received scores of "1" — needs improvement for several items on "Communication" & "Professional Behaviors" on the AOTA FWPE (0T 32, 33, 38, 39, 40)

Goals & Objectives:
1) Sam needs to consistently submit accurate online documentation each day before leaving the VA.
2) Sam will prepare an agenda for weekly supervision meetings

Context of Learning (e.g., on-site, off-site, in meetings, independently)
On-site: meeting online documentation requirements and actively engaging in the interactive relationship with supervisor

Methods of Evaluation (e.g., review, observed, reported)
1) Supervisor will spot-check Sam's documentation on a daily basis, accessing the online medical record
2) Sam and FWE supervisor will collaborate on weekly learning objectives, demonstrated by an agreement/plan that is co-signed & dated

Duties/Responsibilities of student & FWE (e.g., collaborative vs. self-directed)
Sam — see above, "Goals & Objectives". If Sam is uncertain about the content of documentation, Sam will ask FWE Supervisor to review a draft by no later than 3 p.m.
FWE Supervisor — (1) will notify AFWC & Site's Student Program Coordinator of midterm results and to share learning contract; (2) will take responsibility to evaluate Sam's performance for communication/documentation expectations; (3) will be available for support/consultation, re: quality and content of documentation.

TimeLine for review (e.g., daily, weekly, in 2 weeks, etc.,)
• Weekly supervision meeting — collaborative review by Sam & FWE Supervisor
• In 2 weeks, formal review of AOTA FWPE items (OT = 32, 33, 38, 39, 40)

Course of action if terms not met (e.g., termination/withdrawal/extension) -
If lack of consistent progress toward meeting the performance expectations is demonstrated, Sam's Level II fieldwork placement may be prematurely terminated, in consultation with all parties: Sam, FWE Supervisor, AFWC, Site's Student Program Coordinator.

Closing statement
Sam & FWE Supervisor are invested in supporting Sam's success on this Level II fieldwork placement. Both parties demonstrate commitment toward their collaboration to work together.

Co-signatures & Date
Appendix I

LSUHSC-N.O. Department of Occupational Therapy Conceptual Model, Course Descriptions, & Faculty/Staff
CONCEPTUAL MODEL
(Revised April 2016)

VISION

The Department of Occupational Therapy at Louisiana State University Health Sciences Center—New Orleans is committed to promoting occupational therapy in communities through collaborative efforts in education, research and scholarship, and service, thereby maximizing quality of life.

CORE VALUES

- We value and encourage INQUIRY and LIFE-LONG LEARNING.
- We RESPECT the rights of others and view diversity as an opportunity for enrichment and growth.
- We value SERVICE and ADVOCACY to the community and our profession.
- We encourage INNOVATION and the use of creative talents to achieve excellence.
- We acknowledge ADAPTABILITY to prevail in the presence of change and uncertainty.
- We value INTEGRITY as a support to COLLABORATION.
- We value the promotion of QUALITY OF LIFE.

MISSION

The mission of the Occupational Therapy Program at Louisiana State University Health Sciences Center—New Orleans is to:

- Educate students to become reflective and empathetic practitioners who provide excellent quality care while maintaining high ethical standards.
- Foster a spirit of inquiry and scholarly development so both faculty and students experience intellectual growth and cultivate habits that support life-long learning.
- Provide service in university, local, and state communities, and at national and international levels, to promote health and wellness for fellow human beings.
PROGRAM GOALS

Education

1. Educate students to become competent practitioners who engage in critical thinking, evidence based practice, and life long learning.
2. Facilitate the development of client-centered practitioners who provide quality care.

Research and Scholarship

3. Develop and disseminate knowledge that will validate and promote the practice of occupational therapy.

Service

4. Provide quality service at various levels: university, community, state, national, and international.
5. Advocate for universal access to services.
6. Promote the profession of occupational therapy.

CONTENT THEMES

Several content themes are woven throughout the curriculum sequence:

- **Client-centered Care.** The concept of client-centered care is based on accentuating the worth and holistic view of the individual and further defines the relationship of the individual and the therapist as a partnership (Law, Baptiste, & Mills, 1995). Client-centered care empowers the person, including the actual individual receiving occupational therapy services, family members, caregivers, or other people affecting that person’s occupational performance, to problem-solve in order to achieve goals. Within occupational therapy practice, clients may also include communities, organizations or populations (AOTA, 2008).

- **Occupation-based Practice.** Occupations are ordinary activities that bring meaning to the daily lives of individuals, families, and communities and enable them to participate in society. Meaningful activities are an innate need and right for all individuals and influence health and well-being throughout the lifespan. Occupations occur within diverse social, physical, cultural, personal, temporal, and/or virtual context. The dynamic relationship between individual’s intrinsic factors, the context in which they occur and the unique characteristics of the activity impact the quality, experience and satisfaction of occupational performance. Engagement in occupation facilitates role participation and provides routine in daily living, thereby enhancing quality of life. The use of occupation to promote individual, community, and population health and wellness is the core of occupational therapy practice, education, research leadership and advocacy. (AOTA, 2011).
Occupational Therapy Process. The occupational therapy process may be applied to individuals, programs, organizations, and other groups in the community. The process begins with an evaluation, in which a collaborative relationship is established between client and therapist (AOTA, 2008). The initial step, the occupational profile, yields information about the client’s occupational history and experiences, daily patterns, interests, values, needs, priorities, and concerns about participation in occupation. Analysis of occupational performance more specifically determines the client’s assets and what is hindering performance of occupation. Considerations include performance skills, patterns, context, activity demands, and client factors (AOTA, 2008). Steps of the intervention process include planning, implementation, and review of progress. Outcomes are defined by the client’s participation in life through engagement in occupation (AOTA, 2008) and may be achieved through various service-delivery models. Outcome information is utilized for future intervention planning and for program evaluation (AOTA, 2008).
LSUHSC-N.O. MASTER OF OCCUPATIONAL THERAPY COURSE DESCRIPTIONS

SPRING I

OCCT 6410: Concepts of Occupation
Focus is on the history, philosophy, and sociopolitical influences on the profession and theoretical frameworks on which occupational therapy (OT) is built. Other issues include professionalism, scholastic inquiry, and areas of OT practice. (4 credits)

OCCT 6512: Occupational Performance Across the Lifespan
Emphasis on systems that influence occupational performance and human development across the lifespan, including person-related factors, family dynamics, task requirements, the environment, governmental issues, and cultural demands. (3 credits)

OCCT 6624- Pathophysiology and Medical Conditions
Provide the OT student with an understanding of both normal physiological function and pathophysiology of systems of the human body which are most relevant to occupational therapists. The course will emphasize the etiology, pathogenesis, clinical manifestations and course of the disease from the cellular to the systems level. The course content will coincide with a medical conditions and pharmacology component which will address those conditions frequently encountered by occupational therapists from a medical perspective. The course will focus on the understanding and integration of appropriate medical terminology used to analyze and facilitate critical thinking. (6 credits)

OCCT 6418: Interactive Reasoning
Occupational therapy process, client-centered care, clinical reasoning, and therapeutic tools will be emphasized, e.g., therapeutic use of self, personal and professional values, interactions with others, and cultural diversity awareness. (3 credits)

SUMMER I

ANAT 6522: Human Anatomy
A lecture and laboratory course which focuses on cell, tissue, organ and body-systems structures, and human cadaver dissection with emphasis on structure and function of neuromuscular and skeletal systems. (5 credits)

OCCT 6524: Applied Kinesiology
Clinical application of anatomy and kinesiology to include the examination of surface anatomy; identification of anatomical landmarks, manual muscle testing, and palpation of joints and muscles, human movement analysis, and conditions that influence the functions of movements will be taught. (3 credits)
FALL I

OCCT 6450: Measurement and Evaluation
Principles of measurement, methods of assessment, responsibilities of examiners, measurement reliability and validity, standardization process and procedures in testing, components and interpretation of test analysis/assessment of test adequacy will be covered. Opportunities to practice with various instruments will be included. (3 credits)

OCCT 6528: OT for Neurological Conditions
Provision of occupational therapy services to clients with neurological conditions will be addressed. Emphasis on factors contributing to successful engagement in occupation through adulthood and conditions that challenge occupational performance in mid to late life. (3 credits)

OCCT 6530: Applications I: General Practice Concepts
Presentation of specific occupational therapy intervention techniques for use with clients across the lifespan. (4 credits)

ANAT 6533: Neuroanatomy
A study of anatomy of the central and peripheral nervous systems with emphasis on structures commonly involved in pathological conditions that impact function. (4 credits)

OCCT 6540: Fieldwork Experience I & Seminar
This course focuses on students’ clinical reasoning through fieldwork experience and seminars with particular application to community practice. Included in the course is a 40-hour Level I Fieldwork Experience at an off-campus site. (1 credit)

OCCT 6526: O.T. for Mental Health Conditions
Provision of occupational therapy services to clients with mental health conditions will be addressed. Emphasis on factors contributing to successful engagement in occupation through adulthood and conditions that challenge occupational performance in mid to late life. (3 credits)

SPRING II

OCCT 6432: Assistive Technology
Focus is on the principles of design, fabrication, application, fit, and training in assistive technologies and devices used to enhance occupational performance. (3 credits)

OCCT 6614: O.T. for Orthopedic Conditions
Medical management and provision of occupational therapy services to orthopedic conditions will be addressed. Laboratory and clinical experiences will provide opportunities to develop related skills. (4 credits)
OCCT 6620: O.T. for Geriatrics
Focus on occupational performance problems of the adult, with special attention given to aging and performance dysfunction of later life. (3 credits)

OCCT 6640: Documentation
Common documentation practices used throughout the OT process will be shared, including opportunities to develop needed skills. Included in the course is a 40-hour Level I Fieldwork Experience at an off-campus site. (3 credits)

OCCT 6650: Research I
Introduction to research designs and data analyses used in quantitative and qualitative studies will be covered; a research proposal will be developed. The critical thinking needed for evidence-based practice and professional writing will be emphasized. (3 credits)

SUMMER II
OCCT 6670: Fieldwork Experience II a.
First of two in-depth, supervised experiences in delivering occupational therapy services in a variety of community settings, full-time for 12 weeks. (6 credits)

FALL II
OCCT 6716: Management in Occupational Therapy
Introduction to management principles and issues including current healthcare trends, supervision, conflict management, legal concerns, quality improvement, fiscal management and reimbursement, program outcome studies, marketing strategies and advocacy, and utilization of community resources. (3 credits)

OCCT 6718: Community-Based & Specialized Practice
Knowledge and experience in program development in emerging community areas of occupational therapy practice will be emphasized. (3 credits)

OCCT 6720: Principles of Practice: Early Life
Application of the OT process with infants and young children from pre-assessment through intervention within various practice settings will be covered. Teaming with families and other service providers will be emphasized in this course. Assistive technology training provided. (4 credits)

OCCT 6730 Applications II: Specialized Practice Concepts
OT concepts learned thus far will be integrated with knowledge of patient/client issues to develop skills of OT evaluation and intervention. Specific client cases involving various pediatric, adolescent, and adult conditions, with resultant occupational performance deficits, will be provided. Included in the course is a 40-hour Level I Fieldwork Experience at an off-campus site. (4 credits)
OCCT 6750: Research II

Course emphasis is on the execution of a research protocol, written and oral dissemination of study findings, and the application of published research to practice. (3 credits)

SPRING III

OCCT 6770: Fieldwork Experience II b.

Second of two in-depth, supervised experiences in delivering occupational therapy services to clients in a variety of community settings, full-time for 12 weeks. (8 credits)

OCCT 6850: Research III

Students complete, disseminate, and reflect on their capstone project. (1 credit)
LSUHC-N.O. Department of Occupational Therapy Faculty and Staff

FACULTY

KELLY L. ALIG, Ph.D., LOTR
Department Head and Program Director, Assistant Professor
Academic Background: Bachelor of Science in Occupational Therapy, Master of Arts in Occupational Therapy, Doctor of Philosophy in Educational Administration (Higher Education Concentration)
Clinical Experience: Adult Neurological Disorders, Physical Disabilities, Comprehensive Lymphedema
Areas of Expertise and Interest: Neurorehabilitation, Lymphedema, Fieldwork Experience, Teaching and Learning
(504) 568-4302
kalig@lsuhsc.edu

MARK BLANCHARD, OTD, LOTR, ATP
Assistant Professor
Academic Background: Bachelor of Science in Marketing, Master of Occupational Therapy, Clinical Doctorate in Occupational Therapy
Clinical Experience: Adult Neurological and Orthopedic Conditions, Physical Disabilities, Assistive Technology, Wheelchair Seating and Positioning
(504) 568-4309
mblan5@lsuhsc.edu

BARBARA M. DOUCET, Ph.D., LOTR
Associate Professor
Academic Background: Bachelor of Science in Occupational Therapy, Master of Health Sciences, Doctor of Philosophy in Kinesiology/Human Movement Science
Clinical Experience: Adult Neurological Disorders, Physical Disabilities, Aging, Management
Research Areas of Expertise and Interest: Neurorehabilitation, Motor Recovery of Upper Extremity following Stroke, Neuromuscular Electrical Stimulation, Teaching & Learning, Research Methods
(504) 568-4302
bdouc3@lsuhsc.edu

INGRID A. FRANC, Ph.D., LOTR
Academic Fieldwork Coordinator and Assistant Professor
Academic Background: Bachelor of Science in Occupational Therapy, Master of Sciences in Healthcare Management, Doctor of Philosophy in Occupational Therapy
Clinical Experience: Acute Care, Physical Disabilities, Low Vision, Management
Research Interests: Sitting Balance, Prevention of LE Amputation in those with Diabetes, Quality of Life in those with End Stage Renal Disease
(504) 568-4304
Ifrian1@lsuhsc.edu
SHANNON MANGUM, MPS, LOTR
Assistant Professor

**Academic Background:** Bachelor of Science in Occupational Therapy, Master of Pastoral Studies

**Clinical Experience:** Mental Health, Wellness Promotion, Community Programming

**Areas of Expertise and Interest:** Psychosocial Functioning, Wellness, Spirituality, Program Development, Survivorship, Interprofessional Education/Collaboration

(504) 568-4310

smangu@lsuhsc.edu

KERRIE RAMSDELL, MS, LOTR
Assistant Professor

**Academic Background:** Bachelor of Science in Psychology, Master of Science in Occupational Therapy, Doctoral Student in Early Intervention

**Clinical Experience:** Pediatrics (Early Intervention, Sensory Integration Clinic, Outpatient)

**Areas of Expertise and Interest:** Early Childhood Intervention, Human-Animal Bond in Therapy, Sensory Integration

(504) 568-4305

kramsd@lsuhsc.edu

STAFF

LEE BARTON
Department Coordinator

(504) 568-4302
Appendix J

AOTA Occupational Therapy Fieldwork Education: Value and Purpose
Occupational Therapy Fieldwork Education: Value and Purpose

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

Fieldwork assignments constitute an integral part of the occupational therapy and occupational therapy assistant education curricula. Through fieldwork, students learn to apply theoretical and scientific principles learned from their academic programs to address actual client needs within the context of authentic practice environments. While on fieldwork, each student develops competency to ascertain client occupational performance needs to identify supports or barriers affecting health and participation and document interventions provided. Fieldwork also provides opportunities for the student to develop advocacy, leadership, and managerial skills in a variety of practice settings. Finally, the student develops a professional identity as an occupational therapy practitioner, aligning his or her professional judgments and decisions with the American Occupational Therapy Association (AOTA) Standards of Practice (AOTA, 2005b) and the Occupational Therapy Code of Ethics (AOTA, 2005a).

As students proceed through their fieldwork assignments, performance expectations become progressively more challenging. Level I fieldwork experiences occur concurrently with academic coursework and are “designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process” (Accreditation Council for Occupational Therapy Education [ACOTE], 2007a, 2007b, 2007c). Level II fieldwork experiences occur at or near the conclusion of the didactic phase of occupational therapy curricula and are designed to develop competent, entry-level, generalist practitioners (ACOTE, 2007a, 2007b, 2007c). Level II fieldwork assignments feature in-depth experience(s) in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and evidence-based practice through exposure to a “variety of clients across the life span and to a variety of settings” (ACOTE, 2007a, 2007b, 2007c).

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

Another benefit to the fieldwork site for sponsoring a fieldwork education program is with the recruitment of qualified occupational therapy personnel. Through the responsibilities expected during Level II fieldwork, occupational therapy staff and administration are given opportunity for an in-depth view of a student’s potential as a future employee. In turn, an active fieldwork program allows the student, as a potential employee, to view first-hand the agency’s commitment to the professional growth of its occupational therapy personnel and to determine the “fit” of his or her professional goals with agency goals. The fieldwork program also creates a progressive, state-of-the-art image to the professional community, consumers, and other external audiences through its partnership with the academic programs.
In summary, fieldwork education is an essential bridge between academic education and authentic occupational therapy practice. Through the collaboration between academic faculty and fieldwork educators, students are given the opportunity to achieve the competencies necessary to meet the present and future occupational needs of individuals, groups, and indeed, society as a whole.

References


The Commission on Education René Padilla, PhD, OTR/L, FAOTA, Chairperson Andrea Bilics, PhD, OTR/L Judith C. Blum, MS, OTR/L Paula C. Bohr, PhD, OTR/L, FAOTA Jennifer C. Coyne, COTA/L Jyothi Gupta, PhD, OTR/L Linda Musselman, PhD, OTR, FAOTA Linda Orr, MPA, OTR/L Abbey Sipp, ASD Liaison Patricia Stutz-Tanenbaum, MS, OTR Neil Harvison, PhD, OTR/L, AOTA Staff Liaison

Adopted by the Representative Assembly 2009FebCS115

This document replaces the document The Purpose and Value of Occupational Therapy Fieldwork Education 2003M41.

Copyright © 2009, by the American Occupational Therapy Association. To be published in the American Journal of Occupational Therapy, 63(November/December).
Appendix K: LSUHSC-N.O. Policies and Standards
Technical Standards for Occupational Therapy

The school is committed to enabling students with disabilities to complete the course of study of our program by means of reasonable accommodations consistent with the Americans with Disabilities Act (ADA). These technical standards articulate the expectations and requisite abilities considered essential for occupational therapy students to become primary providers of occupational therapy services. All students admitted into this program should be able to demonstrate these abilities at the time of admission and at all times during matriculation. If accommodations are needed by a student to perform the technical standards, he or she must notify the Associate Dean for Academic Affairs at (504)568-4244 after being accepted into the program.

The major function of an Occupational Therapist (OTR) with registered certification is to provide occupational therapy services including evaluation, intervention planning, implementation, and review; discharge planning; outcomes assessment; and related documentation and communication.

The following technical standards describe the essential eligibility requirements for participation and progression in the occupational therapy curriculum. Standards cover observation skills, behavioral and social skills, communication, psychomotor skills, and cognitive skills. It is the expectation of the Department of Occupational Therapy that students engage at all times in client-centered, occupation-based services in a safe, professional and compassionate manner. These skills are necessary for successful transition into the clinical world of the occupational therapist.

Observation Skills

1. Students must be able to achieve the required competencies in the classroom setting from a variety of educational experiences in both basic arts and sciences and clinical settings.

2. Individuals must accurately observe human performance, discriminating between a safe and an unsafe environment and between therapeutic and non-therapeutic behavior and contexts.

3. Individuals must perceive, assimilate, and integrate information.

4. Individuals must demonstrate adequate functional use of visual, tactile, auditory, and other sensory and perceptual modalities to enable such observations and information acquisition.

Communication Skills

1. Effective communication is critical for students to build relationships with faculty, fellow graduate students, coworkers, clients, and their significant others in the student’s various roles of learner, colleague, consultant, and leader.

2. Individuals must be able to gather, comprehend, utilize, and disseminate information effectively, efficiently, and according to professional standards.

3. Communication should be comprehensible by patients, professionals, and laypersons.
4. Individuals must be able to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport and communicate with others.

5. Individuals must demonstrate the ability to observe, recognize and understand non-verbal behavior.

6. Individuals must participate in group and face-to-face discussions/presentations in a clear, organized, and professional manner.

Intellectual/Conceptual Skills

1. Students must demonstrate critical thinking skills so that they can problem-solve creatively, master abstract ideas, and synthesize information presented in academic, clinical and fieldwork settings.

2. Individuals must be able to measure, calculate, reason, analyze, process, integrate, synthesize, apply and retain facts, concepts, and data.

3. Individuals must develop and exhibit a sense of Professional ethics, and also recognize and apply pertinent legal and ethical standards.

4. Individuals must be able to combine separate pieces of information or specific answers to problems to come up with logical explanations for why seemingly unrelated events occur or are utilized together.

5. Individuals must use ingenuity and imagination in solving novel, ill-defined problems in complex, real-world settings.

Psychomotor

1. Students must possess the motor functions needed to manipulate tools or handle clients in a variety of settings, under a variety of conditions.

2. Individuals must demonstrate the physical strength and coordination to safely handle and move clients; perform medical procedures, or direct clients in various practice settings according to the needs of their discipline.

3. Individuals must perform physical activities that require considerable use of arms and legs and moving one’s whole body, such as climbing, lifting, getting up and down from the floor, balancing, walking, bending, stooping and handling of material and people. Standing and sitting for long periods of time are also necessary. This includes being able to apply physical restraints, and to lift, push and pull at least 50 pounds for routine transfers from varying surfaces, and be able to manually adjust equipment found in the occupational therapy clinical setting.

4. Individuals must possess adequate fine motor skills to be able to manipulate small objects, manage scissors, fabricate splints, and utilize tools /activities.

5. Individuals must tolerate being in close physical proximity and in physical contact with others.

Behavioral & Social Skills
1. Students must demonstrate emotional stability and acceptable communication skills, and be capable of developing mature and effective interpersonal relationships with other students, health care workers, clients and their significant others that inspire trust and respect and exceptional therapeutic use of self.

2. Individuals must be able to tolerate the physical, mental, and emotional academic and clinical workloads and to function effectively under stress.

3. Individuals will be able to adapt to changing environments, display flexibility, and function in the face of the uncertainties inherent in the clinical and academic setting.

4. Individuals must demonstrate the ability to self-reflect and understand why they respond/think/feel in the way that they do and then self-correct, if necessary. Openness and responsive to feedback is considered essential for success.

5. Individuals will safely perceive and navigate varied environments and communities.

6. Individuals must exhibit the ability and commitment to work collaboratively and professionally with individuals and groups in an intense setting to meet the needs of people of diverse cultures, age groups, socioeconomic groups and challenges without bias and in a harmonious manner.

7. Individuals must support and promote the activities of peers and health care professionals by sharing knowledge, eliciting input, and acting with empathy toward others.

8. Individuals must demonstrate compassion; integrity, concern for others, interpersonal skills; interest and motivation are all personal qualities that are critical.

**Professional Responsibilities**

1. Students must exhibit the ability to meet the challenges of any academic, medical or clinical situation that requires a readiness for immediate and appropriate response without interference of personal or medical problems.

2. Students have the responsibility to attend and be able to travel to and from classes and clinical assignments on time, and possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames.

3. Individuals must have the ability to perform problem-solving tasks in a timely manner and prioritize and organize multiple workload needs, completing required work within the specified due dates.

4. Students will take initiative to direct their own learning as evidenced by the ability to prepare in advance, utilize resources before asking for help and independently explore additional information. Students must be able to take responsibility for their actions and outcomes.

5. Students need to work cooperatively and collaboratively with other students on assigned projects, and participate willingly in a supervisory process involving evaluation of other students and their own abilities and reasoning skills via giving and receiving feedback, as well as looking for ways to improve.

6. Students must adhere to policies of the university, their program, and clinical sites. This includes matters ranging from professional dress and behavior, to attending to their program’s academic schedule.
7. Students must demonstrate knowledge of and commitment to the code of ethics of their profession and behavior that reflects a sense of right and wrong in the helping environment.
**Student Conduct**

During the academic and clinical portions of the program, all LSUHSC – New Orleans occupational therapy students are required to abide by LSUHSC – New Orleans School of Allied Health Professions “Policy and Procedures Related to Student Conduct”. Students are provided this document at new student orientation.

**Substance Abuse**

All students at LSUHSC-N.O. are required to adhere to Chancellor’s memorandum 23 (CM-23), LSUHSC-N.O. Drug Free Workplace and Workforce. Students are required to complete annual compliance training in the following areas:

- The Drug-Free Workplace Policy & Drug Testing Program
- Drug Free Schools and Communities

Students are also subject to the substance abuse policies set for by their Level II Fieldwork site.

**Safety in the Clinic**

All LSUHSC-N.O. students are required to complete training via the Office of Compliance in the following areas:

1. Safety responsibilities, general safety rules, fire safety, possible hazards (biological, chemical, and radiation), hazard communication, MSDS, reducing hazard exposure, emergency response, and hazardous waste procedures.
2. Incident/accident reporting and investigation training.
3. Personal protective equipment and job safety analyses.
4. Use of fire extinguishers.
5. Bloodborne pathogens safety.
6. Internet/Network Safety.

Students are taught Universal Precautions and clinic safety in OCCT 6530: Applications I, and in OCCT 6730: Applications II.

**Student Health**

See page for list of Student Health Services locations and phone numbers.

As a condition of enrollment, all LSUHSC-N.O. students must have health insurance (purchased through the institution or the student must provide proof of coverage).

**Office of Compliance**

As part of enrollment at LSUHSC-N.O., students are required to complete training in accordance with federal and state laws and regulations in the following areas:

- Code of Conduct
- HIPAA Privacy
- HIPAA Security
- Quarterly Safety Meetings
- Security and Confidentiality
- FERPA
- The Breach Notification Rule
- Compliance Update
• Bloodborne Pathogens
• The Drug-Free Workplace Policy & Drug Testing Program
• Drug Free Schools and Communities

Emergency Disaster Plan

All students are required to abide by the policies and procedures of the Level II Fieldwork sites to which they are assigned. Emergency plans are reviewed as part of a student’s orientation to the facility.

At-Risk Incidences, Crisis Incidences, Illness and Injury

All students should report any of these instances to their assigned FW educator as soon as possible. Students are required to abide by the policies and procedures of the Level II Fieldwork sites to which they are assigned. These policies and procedures are reviewed as part of a student’s orientation to the facility.
Appendix L: LSUHSC-N.O. Contracts and Affiliation Agreements
Policy and Procedure for New Affiliation Agreements

Should a student request a Fieldwork experience with a facility that does not have a current contract with LSUHSC-N.O., the student will complete the following steps:

1. Make the initial contact with the facility and secure the facility’s willingness to accept the student for fieldwork. This must be the agreement of either the Site Coordinator, the Director of Rehab Services or a Manager of Occupational Therapy at the site.
2. Obtain the facility agreement in writing and forward to the AFWC.

Only after the facility has agreed to accept the student will the AFWC begin the New Affiliation Agreement Process as stated below.

Should the AFWC identify a facility with which it would be desirable to have an affiliation agreement, the following steps will be taken:

1. The AFWC will make initial contact with the facility and determine willingness to affiliate with LSUHSC-N.O. Department of Occupational Therapy.
2. The AFWC will obtain legal name of the facility and contact information.
3. The LSUHSC-N.O. Department of Occupational Therapy’s Department Coordinator will complete a search of the facility on the Office of the Inspector General’s website and the Secretary of State in the relevant state. She will complete the LSUHSC-N.O. School of Allied Health Affiliation Agreement (AA) template.
4. The Department Coordinator will forward all of the above to the office of the Dean of the School of Allied Health.
5. After review by the Dean, the Department Coordinator will forward the document to the facility for review and signature, with instructions to return it to the Office of the Dean.
6. Once the Dean has approved of, and signed, the Affiliation Agreement, the Dean will inform the Department Coordinator. A copy of the AA will be stored by the Office of the Dean on the List and on the Department of Occupational Therapy’s CORE software system.
ALLIED HEALTH AFFILIATION AGREEMENT

This Affiliation Agreement, effective as of the ____ of ___, ______ by and between

BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY AND AGRICULTURAL AND MECHANICAL COLLEGE ON BEHALF OF ITS LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NEW ORLEANS

(hereinafter referred to as "University"), appearing through its authorized representatives, Larry H. Hollier, M.D., Chancellor, Louisiana State University Health Sciences Center – New Orleans, and JM Cairo, PhD, Dean, Louisiana State University School of Allied Health Professions in New Orleans, whose mailing address is declared to be

1900 Gravier Street New Orleans, Louisiana 70112

and

Name of agency

(hereinafter referred to as "Affiliating Entity"), appearing through its authorized representative(s), whose mailing address is declared to be

Address of agency

WHEREAS, this Affiliation Agreement (hereinafter "Agreement") is desired in order to provide the Affiliating Entity and its Professional Staff with the intellectual stimulation that comes from the support of and the participation in a vigorous program of graduate and undergraduate clinical education, or community service, and the affiliation contemplated by this Agreement should improve and enhance the care of the sick; and

WHEREAS, in a like manner, University recognizes the unique opportunities for clinical education, or community service, in Affiliating Entity's facilities, which will permit opportunities for enhancement of the quality of the educational experience enjoyed by the University.

NOW THEREFORE, in consideration of the terms and conditions set forth herein, the parties agree as follows:

1. TERM

This Agreement shall be effective as of ____ date ____ for an initial term ending ____ date ____, and may be renewed thereafter with the prior written consent of both parties hereto.

PROVISION OF CLINICAL EDUCATION

The parties enter into this Agreement to establish a mechanism by which University Students shall participate in clinical education or community services at Affiliating Entity. Affiliating Entity shall accept Students assigned to Affiliating Entity by University, who shall be supervised by Affiliating Entity and if applicable, by University and, to observe and assist in various aspects of patient care. All participants in the educational or community service programs shall have a moral, ethical, and legal responsibility to the Affiliating Entity and the University for the responsible management of the care of patients.
2. AFFILIATING ENTITY OBLIGATIONS AND RESPONSIBILITIES

a. Affiliating Entity shall at all times retain ultimate control of the Affiliating Entity and responsibility for patient care.

b. Affiliating Entity shall designate, subject to the approval of University, a person to serve as a Liason between Affiliating Entity and University.

c. Upon request of University, Affiliating Entity shall assist University in the evaluation of each Student’s performance in the clinical education program. However, University shall at all times remain solely responsible for the evaluation and grading of participating Students.

d. Affiliating Entity agrees, prior to the commencement of each rotation, to provide the Student assigned to Affiliating Entity with a general orientation to the Affiliating Entity. Each Student will be informed of appropriate Affiliating Entity rules, regulations, policies and procedures and of his or her obligation to abide by same.

e. Affiliating Entity may require the withdrawal of a Student if presence of the Student in

   Affiliating Entity’s facilities is disruptive or detrimental to Affiliating Entity’s operations or patients.

f. Affiliating Entity shall provide emergency care, at Student’s expense, in case of illness or accident to any participating Student.

g. Affiliating Entity shall permit Students and members of the University faculty connected with the educational program to use, at their own expense, any cafeteria or other dining facilities available to Affiliating Entity personnel.

h. Affiliating Entity shall maintain administrative and professional supervision of Students insofar as their presence and program assignments affect the operations of Affiliating Entity and its direct and indirect care of patients.

i. Affiliating Entity shall keep University informed of policy changes, which may affect University Faculty and/or Students.

j. Affiliating Entity shall comply with all applicable federal, state, and local laws, ordinances, rules and regulation; comply with all applicable requirements of any accreditation authority; and certify such compliance upon request by University.

3. UNIVERSITY OBLIGATIONS AND RESPONSIBILITIES

a. University agrees to provide Affiliating Entity with Course objectives and goals for students assigned to Affiliating Entity.

b. University shall select and assign for clinical experiences only those students who meet University requirements and qualifications and who agree to follow Affiliating Entity rules and regulations.

c. University shall designate a faculty member of the University who will coordinate the educational experience of the Students participating in the Program with the Affiliating Entity Liason.

d. University shall provide a faculty member who will meet at least annually with the appropriate Affiliating Entity representative(s) to discuss and establish suitable clinical experience.

4. APPLICABLE LAW AND VENUE
This Agreement has been executed and delivered in and shall be interpreted, construed, and enforced pursuant to and in accordance with the laws of the State of Louisiana.

5. AUTHORIZED REPRESENTATIVE

Except as may be herein more specifically provided, University and Affiliating Entity shall act, with respect to all matters hereunder, through the Dean and ____________________________________.

6. USE OF NAMES

Affiliating Entity shall make no use of University’s name(s) or logo(s) in print without prior written approval of authorized University representatives. Similarly, University shall make no use of Affiliating Entity's name(s) or logo(s) in print without prior written approval of Affiliating Entity, other than a joint public announcement of their affiliation. Notwithstanding the above, any Affiliating Entity professional may disclose to a patient that the patient will be seen by or treated by University who is providing Affiliating Entity services as an independent contractor and Affiliating Entity or University may at any time disclose affiliation with the other for informational purposes. When authority from University is necessary, it may be received from the Director of Information Services for University’s Health Sciences Center – New Orleans. When authority from Affiliating Entity is necessary, it may be received from ____________________________.

7. STUDENT HEALTH, CPR, OSHA

Prior to clinical education all students are required to have (and to show proof on site of):

a) Health insurance; (except that FACILITY shall provide emergency care at student's expense)
b) Hepatitis B vaccine (or signed waiver);
c) Negative TB/PPD skin test or Negative chest X-ray;
d) Current certification in CPR,
e) OSHA training in universal precautions.
f) Proof of MMR

8. INSURANCE

The University agrees to furnish the Affiliating Entity, upon request, a Certificate of Insurance providing evidence that University is covered for worker’s compensation and general liability under the plan administered by the Louisiana State Office of Risk Management.

The Affiliating Entity agrees to furnish the University, upon request, a Certificate of Insurance providing evidence that the Affiliating Entity is covered by statutory worker’s compensation coverage, employer’s liability coverage and commercial general liability coverage with limits of liability of not less than $2,000,000.00 per occurrence.

Affiliating Entity warrants to the University that it and each of its employees, professional and nonprofessional, who is not, and is not acting as, a University Professional is, and shall remain during the term of this Agreement, either: (1) insured against all claims of professional liability under one or more policies of insurance with indemnity limits of not less than $500,000 per occurrence or claim; or (2) duly qualified and enrolled as a health care provider with the Louisiana Patient's Compensation Fund pursuant to the Louisiana Medical Malpractice Act, Louisiana Revised Statutes 40:1299.41, et seq.

University warrants that University and its Students providing services pursuant to this Agreement are provided professional liability coverage in accordance with the provisions of Louisiana Revised Statutes 40:1299.39, et seq., for the services to be provided pursuant to this Agreement. With respect to liability arising out of professional malpractice, the obligation of the University shall not exceed the amount payable by the State Health Care Provider Fund pursuant to the provisions of Louisiana Revised Statutes 40:1299.39, et seq.
University Students shall not be entitled to any employment benefits whatsoever from Affiliating Entity including, but not limited to, sick leave or the fringe benefits available to employees of the Affiliating Entity, and shall not be entitled to participate in any pension plan, life insurance, or any other compensation, welfare, or benefit plan maintained by Affiliating Entity.

9. STATUS OF UNIVERSITY PROFESSIONALS AND STUDENTS

University’s services pursuant to this Agreement shall be as an independent contractor. University Students and other employees of University will be acting in the course and scope of their employment, appointment, or assignment for or on behalf of University, and shall not be entitled to receive or accept from Affiliating Entity any remuneration or other compensation whatsoever for services provided at the Affiliating Entity. It is expressly acknowledged and stipulated by University and Affiliating Entity that each University Student or employee assigned in any capacity to the Affiliating Entity pursuant to this Agreement is and shall be an employee or Student solely of University and shall not, for any purpose whatsoever, be or be considered an employee, representative, or agent of Affiliating Entity.

10. INDEMNIFICATION

University hereby agrees to hold harmless and indemnify Affiliating Entity from any claim, suit, or loss, other than expenses of litigation, sustained by Affiliating Entity, its officers, directors, or employees for any asserted injury to or death of any person to the extent that it results from or is caused by the asserted negligence, error, or omission of any University Student, employee, or agent. However, "agent" as used in this paragraph shall exclude any Affiliating Entity employee, or agent.

Likewise, Affiliating Entity hereby agrees to hold harmless and indemnify University from any claim, suit, or loss, other than expenses of litigation, sustained by University for any asserted injury to or death of any person to the extent that it results from or is caused by the asserted negligence, error, or omission of Affiliating Entity, or of its officers, directors, employees, or agents, or any other member of Affiliating Entity’s Professional Staff. However "agent" as used in this paragraph shall exclude any University student, employee, or agent.

11. ACCESS TO RECORDS AND RECORD RETENTION

University and Affiliating Entity agree to retain this Agreement (including all amendments and Supplements hereto) and any of their books, documents, and records which may serve to verify the costs of this Agreement for the longer of six (6) years after the fiscal year in which the services contemplated herein have been performed or six (6) years after all reference value, audit, and/or litigation related to this Agreement is concluded or as otherwise required by law. All parties agree to allow the Secretary of the Department of Health and Human Services and the Comptroller General access to the Agreement, books, documents, and records in the event that such access is requested in writing and is made in accordance with applicable federal regulations. Furthermore, University’s auditors and the Louisiana Legislative Auditor’s office shall have the right upon reasonable written notice to inspect and audit, during Affiliating Entity’s regular business hours and at no expense to Affiliating Entity, the books and records of Affiliating Entity, but only to the extent necessary to verify compliance with this Agreement.

12. CONFIDENTIALITY

To the extent allowed by law, University and its agents, students, or representatives agree to keep strictly confidential all confidential information of Affiliating Entity and/or Affiliating Entity’s patients. All parties hereby agree that they shall comply with all applicable Federal and State laws, rules, and regulations which pertain to patient/client confidentiality, including the regulations implementing the Health Insurance Portability and Accountability Act of 1996, ("HIPAA"), 45 C.F.R. Parts 160 and 164 ("the Privacy Rule").
13. CIVIL RIGHTS

University and Affiliating Entity shall abide by the requirements of the following as applicable: Title VI and VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Federal Executive Order 11246, the Federal Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Act of 1975, and the requirements of the Americans with Disabilities Act of 1990.

University and Affiliating Entity agree not to discriminate in their employment practices, and will render services under this contract without regard to race, color, religion, sex, sexual orientation, national origin, veteran status, political affiliation, or disabilities.

Any act of discrimination committed by University or Affiliating Entity, or failure to comply with these statutory obligations when applicable, shall be grounds for termination of this contract.

14. USE OF PREMISES

University covenants not to use, or permit any University Student or other personnel of University acting within the Affiliating Entity to use, any part of the premises of Affiliating Entity for any purpose other than those purposes related to the performance of clinical services hereunder, unless otherwise mutually agreed to by the parties in writing.

15. ASSIGNMENT

This Agreement may be assigned only by the written consent of all parties; provided, however, that claims for money due or to become due to the University from Affiliating Entity under this Agreement may be assigned to a bank, trust company, or other financial institution without such approval. Notice of any such assignment or transfer by one party shall be furnished promptly to the other party.

16. AMENDMENT

This Agreement and amendments hereto shall be in writing and may be executed in multiple copies on behalf of Affiliating Entity by its authorized representative and on behalf of University by the Chancellor and the Dean. Each multiple executed copy shall be deemed an original, but all multiple copies together shall constitute one and the same instrument. Any understanding between the parties, whether oral or written, not formally denominated and executed as an amendment to this Agreement, which authorizes or approves any course of performance deviating from the terms hereof, shall be presumed to be a temporary waiver revocable at the will of any party and not an amendment of the provisions of this Agreement.

17. ENFORCEMENT

In the event either party resorts to legal action to enforce the terms and provisions of this Agreement, the party prevailing in such action shall be entitled to recover the cost of such action so incurred, including, without limitation, reasonable attorney's fees.

18. FORCE MAJEURE

Neither party shall be liable nor deemed to be in default for any delay or failure in performance under this Agreement or other interruption of service or employment resulting, directly or indirectly, from Acts of God, civil or military authority, acts of public enemy, war, accidents, fires, explosions, earthquakes, floods, failure of transportation, nonappropriation, strikes or other work interruptions by either party's employees, or any similar or dissimilar cause beyond the reasonable control of either party.

19. GENDER AND NUMBER

Whenever the context here requires, the gender of all words shall include the masculine, feminine, and neuter and the number of all words the singular and plural.
20. ADDITIONAL ASSURANCES

The provisions of this Agreement shall be self-operative and shall not require further Agreement by the parties except as may be herein specifically provided to the contrary.

21. SEVERABILITY

The invalidity or unenforceability of any terms or provisions hereof shall in no way affect the validity or enforcement of any other term provision.

22. ARTICLES AND OTHER HEADINGS

The paragraph and other headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

23. TIME OF ESSENCE

Time shall be of the essence with respect to this Agreement.

24. WAIVER OF BREACH

Neither payment nor lapse of time, nor any other act on the part of either party or its agents, shall constitute a waiver of any breach by said party of the conditions and covenants of this Agreement.

25. NOTICE

Whenever any notice or demand is required or permitted under this Agreement, such notice or demand shall be given in writing and delivered in person or by certified mail to the following addresses:

To University:
Chancellor Dean Louisiana State University Louisiana State University Health Sciences Center – New Orleans School of Allied Health Professions 433 Bolivar Street 1900 Gravier Street New Orleans, Louisiana 70112 New Orleans, Louisiana 70112

To Affiliating Entity:
Name of agency

26. ENTIRE AGREEMENT

This Agreement supersedes all previous contracts and constitutes the entire Agreement between the parties. Neither party shall be entitled to any benefits other than those specified herein. No oral statements or written material not specifically incorporated herein shall be of any force and effect and no changes in or additions to this Agreement shall be recognized unless incorporated herein by amendment as provided herein, such amendment(s) to become effective on the date stipulated in such amendments. Provided however, that any other language in this Agreement to the contrary notwithstanding, if there is an Exceptions Addendum, duly executed by all required authorities of the University and of the Affiliating Entity, appended to this Agreement, to the extent that the terms and conditions of said Exceptions Addendum vary from the terms or conditions of this Agreement, then the terms and/or conditions of the Exceptions Addendum shall prevail. There is an Exceptions Addendum to this Agreement.

IN WITNESS WHEREOF, The parties execute this Agreement as of the date first above written.

UNIVERSITY: AFFILIATING ENTITY:
Appendix M: Fieldwork Educator and AFWC Policies & Procedures
Academic Fieldwork Coordinator (AFWC) Responsibilities

As dictated by the 2011 ACOTE Standards, the AFWC will:

- Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education.
- 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.
- Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.
- Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.
- 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.4.14.
- The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I or Level II fieldwork experience. (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.
- 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.

LSUHSC –N.O. Occupational Therapy Program Responsibilities

According to the 2011 ACOTE Standards, the program will:

- Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.
- Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.
- Require a minimum of 24 weeks’ full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement’s usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.
- Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may
be engaged by the fieldwork site or by the educational program.

- 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).
- Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client’s condition, and the ability of the student.
- Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years’ full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.
- Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student or equivalent).
- Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice.

Fieldwork Site Responsibilities

All FW sites utilized by the LSUHSC – New Orleans Occupational Therapy Department will be self-evaluated using the FW Essentials form. See Fieldwork Educators Manual.

Fieldwork Educator Clinical Education

1. Each Fieldwork Educator (FWE) will upload either verification from their state OT licensing body, or a copy of their state OT license to practice, on to LSUHSC’s CORE system. Expiration date will be checked by the AFWC prior to student placement (ACOTE C.1.14).
2. LSUHSC-N.O. will utilize the AOTA Fieldwork Data Form, and the LSUHSC-N.O. Credentialing Form on the CORE system, to ensure that each FWE has at least one years’ professional experience for traditional fieldwork site and at least three years’ experience in a setting where no OT services exist (ACOTE C.1.14; C.1.17).
3. LSUHSC-N.O. will ensure each FWE is ‘adequately prepared’ with the following order of preference for compliance: (ACOTE C.1.15; C.1.16)
   g. The FW Educator (FWE) has completed the AOTA Fieldwork Educator Certification program.
   h. The FWE has attended documented continuing education related to fieldwork supervision.
   i. The FWE has completed a self-assessment of skills using the AOTA Self-Assessment Tool for Fieldwork Educator Competency (SAFECOM).
   j. The FWE is at a facility that has a designated, experienced, Fieldwork Coordinator for FWE supervision and guidance.
k. The FWE has read the LSUHSC-N.O. Fieldwork Educator Manual and has viewed the LSUHSC-N.O. power point presentation, *Fieldwork 101: A Guide for Fieldwork Educators* on the OT department website.

l. The fieldwork site has indicated readiness of its FWEs on the AOTA Fieldwork Data Form (see Appendix F) and on the LSUHSC-N.O. Credentialing Form on the CORE system.

4. To ensure a quality fieldwork experience with adequate supervision, the AFWC will utilize the AOTA *Fieldwork Data Form* (see Appendix F), the *Student Evaluation of the Fieldwork Experience* (SEFWE, Appendix C), the LSUHSC-N.O. Department of OT’s *Fieldwork Essentials* form (see Appendix G), student feedback, verbal and e-mail communication with Fieldwork Site Coordinators and individual Fieldwork Educators, and site visits (ACOTE C.1.4; C.1.11; C.1.15).
Appendix N: AOTA Occupational Therapy Code of Ethics
Occupational Therapy Code of Ethics (2015)

Preamble

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

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

The Code serves two purposes:

1. It provides aspirational Core Values that guide members toward ethical courses of action in professional and volunteer roles, 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.
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 fides, 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 (Purtile & Doherty, 2011). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision making and professional practice.

Related Standards of Conduct

Occupational therapy personnel shall

- A. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws.
- B. Address incompetent, disruptive, unethical, illegal, or impaired practice that jeopardizes the safety or well-being of others and team effectiveness.
- C. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.
- D. Avoid using one’s position (employee or volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations.
- E. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.
- F. Refrain from verbal, physical, emotional, or sexual harassment of peers or colleagues.
- G. Refrain from communication that is derogatory, intimidating, or disrespectful and that unduly discourages others from participating in professional dialogue.
- H. Promote collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients.
I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of interprofessional teams.

J. Use conflict resolution and internal and alternative dispute resolution resources as needed to resolve organizational and interpersonal conflicts, as well as perceived institutional ethics violations.

K. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization’s official and authorized positions.

L. Refrain from actions that reduce the public’s trust in occupational therapy.

M. Self-identify when personal, cultural, or religious values preclude, or are anticipated to negatively affect, the professional relationship or provision of services, while adhering to organizational policies when requesting an exemption from service to an individual or group on the basis of conflict of conscience.

References


Ethics Commission (EC)

Yvette Hachtel, JD, OTR/L, EC Chair (2013–2014)
Lea Cheyney Brandt, OTD, MA, OTR/L, EC Chair (2014–2015)
Ann Mookey Ashe, MHS, OTR/L (2011–2014)
Joanne Estes, PhD, OTR/L (2012–2015)
Loretta Jean Foster, MS, COTA/L (2011–2014)
Linda Scheirton, PhD, RDH (2012–2015)
Kate Payne, JD, RN (2013–2014)
Margaret R. Moon, MD, MPH, FAAP (2014–2016)
Kimberly S. Erler, MS, OTR/L (2014–2017)
Kathleen McCracken, MHA, COTA/L (2014–2017)
Deborah Yarett Slater, MS, OT/L, FAOTA, AOTA Ethics Program Manager

Adopted by the Representative Assembly 2015AprilC3.

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Appendix O: LSUHSC Chancellor Memoranda and LSUHSC Links
Bylaws and Regulations of the Board of Supervisors for Louisiana State University and Agricultural and Mechanical College  
http://www.lsuhsc.edu/administration/subscriptions/

LSU System Permanent Memoranda  
http://www.lsuhsc.edu/administration/pm/

LSUHSC-New Orleans Chancellor Memoranda  
http://www.lsuhsc.edu/administration/cm/

Office of Compliance Programs  
http://www.lsuhsc.edu/no/administration/ocp/

LSUHSC Calendar – PM 5:  
http://www.lsuhsc.edu/administration/pm/

SAHP Academic Calendar:  
http://alliedhealth.lsuhsc.edu/Admin/academicaffairs.aspx