



School of Allied Health Professions
Department of Occupational Therapy

Fieldwork Level I & II Educator Manual

(August 2021)

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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 LSUHSC-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 Fieldwork Calendar Years 2021 & 2022

Type	Start Date	End Date	School Year
Level IIB Spring 2021	1/4/2021	3/26/2021	2020/2021
Level I Spring 2021	3/8/2021	3/12/2021	2020/2021
Level IIA Summer 2021	5/10/2021	7/30/2021	2020/2021
Level I Fall 2021	10/4/2021	10/8/2021	2021/2022
Level IIB Spring 2022	1/3/2022	3/25/2022	2021/2022
Level I Spring 2022	3/7/2022	3/11/2022	2021/2022
Level IIA Summer 2022	5/9/2022	7/29/2022	2021/2022
Level I Fall 2022	10/3/2022	10/7/2022	2022/2023

Useful Contact Information

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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, apply knowledge to practice, and develop a basic comfort level with and understanding of the needs of clients. Level I fieldwork should 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 therapists, occupational therapy assistants, 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 occupation-based intervention 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 at university, local, state, and national levels to promote occupation-based health and wellness for clients, communities, and populations.

See Appendix I for full OT Department Conceptual Model.

Prerequisite Coursework for Fieldwork

See the following table for course work completed prior to fieldwork. The first Level I fieldwork, and first (IIA) and second (IIB) Level II fieldworks have been highlighted. See Appendix I for course descriptions.

LSUHSC-N.O. Master of Occupational Therapy Program

COURSE SEQUENCE

Semester	Credits	Course
Spring I	4	OCCT 6410: Concepts of Occupation
	3	OCCT 6512: Occupational Performance Across the Lifespan
	6	OCCT 6624: Pathophysiology and Medical Conditions
	3	OCCT 6418: Interactive Reasoning
	18 credits	
Summer I	5	ANAT 6522: Human Anatomy
	3	OCCT 6524: Applied Kinesiology
	8 credits	
Fall I	3	OCCT 6450: Measurement and Evaluation
	3	OCCT 6522: OT for Neurological Conditions
	4	OCCT 6530: Applications I: General Practice Concepts
	3	OCCT 6524: OT for Mental Health
	4	ANAT 6533: Neuroanatomy
	1	OCCT 6540: Fieldwork Experience I & Seminar
	18 credits	
Spring II	3	OCCT 6432: Assistive Technology
	4	OCCT 6614: OT for Orthopedic Conditions
	4	OCCT 6620: Occupational Therapy With the Older Adult
	3	OCCT 6640: Documentation
	3	OCCT 6650: Research I
	17 credits	
Summer II	6 credits	OCCT 6670: Fieldwork Experience IIA
Fall II	3	OCCT 6716: Management in Occupational Therapy
	3	OCCT 6718: Community-Based & Specialized Practice
	4	OCCT 6720: Principles of Practice: Early Life
	3	OCCT 6730: Applications II: Across the Lifespan
	3	OCCT 6750: Research II
	16 credits	
Spring III	8	OCCT 6770: Fieldwork Experience IIB
	1	OCCT 6850: Research III
	9 credits	
		May Graduation
TOTAL	90 credits	Revised 11.22.17 T:/COURSE SEQUENCE

Student Requirements to Participate in Fieldwork Level II

Requirement	Activity	Documentation
Personal Health and Accident Insurance	Student obtains insurance through student health service or other insurance carrier. Student keeps department updated on any changes to insurance.	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.
Immunization Record	Student obtains this prior to admission to the program. All records are recorded in Student Health.	A copy of the updated immunization is provided to the department by the student prior to fieldwork.
Tuberculosis Test	Student is responsible for having TB test performed every 12 months. This can be done at student health service or other medical site.	Copies of the record of TB test results and dates are provided by the student to the department.
CPR	Students must maintain current CPR certification through the American Heart Association (*healthcare provider required).	Copies of the record of CPR results and dates are provided by the student to the department.
Drug Testing	Student must obtain 10-Panel Drug Screen through Tulane Drug Analysis Laboratory. Cost \$25.	Student will upload proof of having completed the drug screen to CORE. Results sent to the Dean and then provided to AFWC.
OSHA Training & Bloodborne Pathogens Training	Student will complete OSHA and Bloodborne Pathogens Training.	Student will complete all compliance training required by the university.
Criminal Background Check	Students will obtain a criminal background check through Certiphi. A link will be provided to complete this. Cost \$82.	Dean's list of background check results are provided to the AFWC.
Liability Insurance	Each student is responsible for acquiring professional liability insurance prior to fieldwork experience (\$1,000,000/\$3,000,000).	Student is required to provide copy of professional liability coverage to the department.
HIPAA Training	Each student is required to have completed the on-line HIPAA training course provided through the Office of Compliance	Student will complete recommended compliance training as required.



School of Allied Health Professions
Department of Occupational Therapy

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. Demonstrate an understanding of the theoretical basis of occupational therapy.
3. Apply classroom knowledge to practice in the setting.
4. Display behaviors indicative of reflective and empathetic practitioners.
5. Demonstrate cultural competence.
6. Demonstrate the ethical behavior expectations of the profession in practice settings.
7. Develop an understanding of the needs of the clients.
8. Demonstrate an understanding of the process of screening and evaluation.
9. Build a knowledge base of varied screening and evaluation tools.
10. Develop an understanding of the process of intervention.
11. Develop an understanding of occupation-based versus preparatory intervention plans for various practice settings.
12. Exhibit an understanding of how to adapt occupations and the environment.
13. Develop an understanding of various contexts in which occupational therapy services are provided.
14. Interact appropriately with clients, caregivers, and other professionals.
15. Communicate effectively through written, verbal, and nonverbal means.
16. Understand the importance of working collaboratively with occupational therapy practitioners, and other service providers.
17. Exhibit professional work behaviors, i.e., proper maintenance of practice environments, time management, respectful treatment of others.

LSUHSC-N.O. Fieldwork II Objectives



School of Allied Health Professions
Department of Occupational Therapy

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 responsiveness.
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.
13. Develop occupation-based intervention plans for various practice settings.
14. Implement occupation-based intervention plans and strategies for various practice settings.
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.

2018 ACOTE Standards Related to Fieldwork

SECTION C: FIELDWORK EDUCATION	
C.1.0.	<p>FIELDWORK EDUCATION <i>Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. The fieldwork experience is designed to promote clinical reasoning and reflective practice, transmit the values and beliefs that enable ethical practice, and develop professionalism and competence in career responsibilities. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under the supervision of a qualified personnel serving as a role model. The academic fieldwork coordinator is responsible for the program's compliance with fieldwork education requirements. The academic fieldwork coordinator will:</i></p>
C.1.1.	<p><i>Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty, so that fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education.</i></p>
C.1.2.	<p><i>Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students prior to the start of the fieldwork experience.</i></p>
C.1.3.	<p><i>Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience.</i></p> <p><i>Ensure that fieldwork objectives for all experiences include a psychosocial objective.</i></p>
C.1.4.	<p><i>Ensure that the ratio of fieldwork educators to students enables proper supervision, and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.</i></p>
C.1.5.	<p><i>Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.4.7.</i></p>
C.1.6.	<p><i>The program must have evidence of valid memoranda of understanding in effect and signed by both parties from the onset to conclusion of the Level I fieldwork and the Level II fieldwork if it involves an entity outside of the academic program. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.</i></p>
C.1.7.	<p><i>At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation.</i></p>

2018 ACOTE Standards Related to Fieldwork Level I

SECTION C: FIELDWORK EDUCATION	
The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients.	
C.1.8	<p><i>Ensure personnel who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork.</i></p> <p><i>Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists.</i></p>
C.1.9	<p><i>Document that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Ensure that Level I fieldwork enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy process, and includes mechanisms for formal evaluation of student performance.</i></p> <p><i>The program must have clearly documented student learning objectives expected of the Level I fieldwork.</i></p>

2018 ACOTE Standards Related to Fieldwork Level II

SECTION C: FIELDWORK EDUCATION	
<p><i>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:</i></p>	
C.1.10	<p><i>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.</i></p> <p><i>The student can complete the Level II fieldwork in a minimum of one setting if it is reflective of more than none practice area, or in a maximum of four different settings.</i></p>
C.1.11.	<p><i>Document and verify 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 as a licensed or otherwise regulated occupational therapist prior to the onset of the Level II fieldwork.</i></p> <p><i>Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork. The supervising therapist may be engaged by the fieldwork site or by the educational program.</i></p>
C.1.12.	<p><i>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).</i></p>
C.1.13.	<p><i>Initially, Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.</i></p>

C.1.14.	<i>Document and verify 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 prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.</i>
C.1.15.	<i>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).</i>
C.1.16.	<i>Document and verify 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 at least 1 year of experience in practice prior to the onset of Level II fieldwork.</i>

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)

g. 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

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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:

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To be published and copyrighted in 2012 by the American Occupational Therapy Association in the American Journal of Occupational Therapy, 66(6, Suppl.).

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.1.11).
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.1.11; C.1.14).
3. LSUHSC-N.O. will ensure each FWE is 'adequately prepared' with the following order of preference for compliance: (ACOTE C.1.11)
 - 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.1.8; C.1.11; C.1.12; C.1.13; 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.

AOTA (2016). Student Supervision & Medicare Requirements. Retrieved from

<https://www.aota.org/~media/Corporate/Files/Secure/Advocacy/Reimb/Coverage/ot-ota-student-medicare-requirements.pdf>

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 specific weekly objectives to guide the student and fieldwork educator expectations.
- ❖ Expose the student to practice through observing, 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.
- ❖ Model cultural responsiveness toward clients, staff, and student/s.
- ❖ Ensure that the FW experience is consistent with the curriculum of the LSUHSC – N.O. 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.

Based on: American Occupational Therapy Association. (2001). Fieldwork experience assessment tool. Available online at <http://www.aota.org/Students/Current/Fieldwork/Tools/38220.aspx>

LSUHSC Department of Occupational Therapy Policies Related to Fieldwork

Dress Code (IF 10/2020)

1. All Level II 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:

Dressing for Fieldwork Checklist

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

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 – 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

- Date of injury, impairment or illness

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 site, 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 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 they 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 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 CORE, within one hour of the usual start of work day time.
- 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 Injury and Illness

- Should a student become injured while at the fieldwork site, the student should follow the policies and procedures of the site. This may include either obtaining medical evaluation, or declining it. Whether medical intervention was sought/obtained, or not, **the student must contact the AFWC by cell phone the same day as the injury**.
- If the student sustains an injury or illness that prevents safe participation in the FW experience, the student is no longer able to meet the *Technical Standards for Occupational Therapy*, and/or not able to meet the site's job description requirements, the student may need to leave the FW until a full-duty medical release has been obtained.
- School and site policies related to COVID19 exposure and/or illness continue to evolve and change. In general, students involved in clinical education will follow the procedures of the site. However, continuous understanding, of and adherence to, LSUHSC-N.O. policies on COVID19 are the responsibility of the student. At a minimum, students must report COVID19 exposure and/or illness to the AFWC and on the LSUHSC-N.O. website.

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. Their competency with donning/doffing personal protective equipment, including gown, gloves, procedure mask, and face shield, is tested in laboratory conditions. The students must pass this competency to complete Level II fieldwork.

Students are also required to adhere to all safety policy and procedures set forth by the Fieldwork site.

Communication between the University and the Fieldwork Site

- Four weeks prior to the start of the FW rotation, the assigned student will directly contact the FWE by email to ascertain information they will need to be successful at the site. For Level II rotations, the student will attach their Personal Data Form.
- Prior to the start of the FW 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:
 - The Week Three Level II FW Update
 - The AOTA Fieldwork Performance Evaluation (FWPE)
 - The Student Final Evaluation of the Fieldwork Site (SEFWE)
 - The LSUHSC-N.O. Department of OT *Fieldwork Educators Manual*
 - The student's immunization record, TB test, professional liability insurance, and any other site-required student documentation.

- The AFWC will contact the Level II 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.lsuhs.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 AFWC, 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

- Students must check their LSUHSC e-mail daily.
- 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, within one hour of normal FW reporting time.

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.

AOTA. 10/2/2000 Retrieved from <https://www.aota.org/Education-Careers/Fieldwork/NewPrograms/Content.aspx>

Sample Week-by-Week Schedule of Responsibilities

Weekly Learning and Responsibility Schedule for Level II Fieldwork

Week 1	Suggested Activity/Responsibility	Check as Completed
	Tour facility, complete required Orientation modules, read relevant dept P&Ps. Review content with fieldwork educator (FWE).	
	Become familiar with electronic documentation and billing	
	Observe assigned staff therapist with a minimum of the following: <ul style="list-style-type: none"> • 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	
Week 2	Construct treatment plans for two assigned patients, identifying intervention methods appropriate for goals. Gain FWE approval of plan before carrying out intervention.	
	Independently determine appropriate assessment protocol for one new patient; complete and document assessment results with minimal assistance from FWE.	
	Complete all patient related documentation with FWE feedback as needed.	
	Report in team meeting the progress of assigned clients	
	Shadow PT or SLP for half of one day.	
	Brainstorm ideas for inservice to be given by student to OT staff in last week of FW.	
Week 3	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.	
	Construct treatment plans for all assigned patients, identifying intervention methods appropriate for goals. Gain FWE approval of plan before carrying out intervention.	
	Lead any group treatment sessions.	
	Complete all patient related documentation with FWE feedback as needed.	
	Shadow PT or SLP for half of one day.	

Week 4	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.	
	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.	
Week 5	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.	
	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.	
Week 6	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.	
	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.	
Weeks 7-10	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.	
	Student demonstrates increased competency in specific assessments assigned and researches one to two additional assessments that would be appropriate in the facility.	
Weeks 11-12	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.	

	Student plans and prepares for closure with clients, providing treatment plans to other therapists as needed.	
	Student completes the AOTA Student Evaluation of the Fieldwork Experience form, providing feedback to the FWE in a professional manner.	
	FWE gathers supporting information from other therapists and staff as needed to complete the FWPE. FWE reviews the AOTA FWPE with the student.	

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 #: _____

FUNDAMENTALS/BASIC TENETS OF PRACTICE	
Areas of Strength	Areas of Need
EVALUATION AND SCREENING	
Areas of Strength	Areas of Need
INTERVENTION	
Areas of Strength	Areas of Need
MANAGEMENT OF OT SERVICES	
Areas of Strength	Areas of Need
COMMUNICATION/PROFESSIONAL BEHAVIORS	
Areas of Strength	Areas of Need

PROGRESS SUMMARY

<u>Fieldwork Schedule Revisions</u>
<u>Additional Student Support Needed</u>

STUDENT LEARNING GOALS		
Student-Initiated Objectives	Activities to Achieve Goals	Desired Supervisor Support
1.		
2.		
3.		

Student Signature: _____ Date: _____

Fieldwork Educator Signature: _____ Date: _____

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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 (AFC).
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/fwpepre.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

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 *Level I Fieldwork Competency Evaluation* form (see Appendix D). The student must score 38 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 Academic Fieldwork Coordinator (AFWC). A grade of Pass/Fail will be recorded by the AFWC. The final grade for Level I Fieldwork will be assigned by the AFWC.

The student must pass the Level I Fieldwork in order to pass the class with which it is associated, and to advance in the program.

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 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 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 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 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 Pass/Fail will be recorded by the Academic Fieldwork Coordinator. **The ratings for Items #1, 2, and 3, 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 111 points and above to receive a passing grade. A score of 1 on any item will not be able to receive a Pass on the FWPE.** The final grade for level II fieldwork will be assigned by the Academic Fieldwork Coordinator.

The student completes a self-evaluation using the FWPE at both midterm and final. The student should come prepared to the evaluation meeting with the FWE with their completed self-evaluation. This facilitates discussion and aligning of current strengths/needed areas of growth.

The student completes the **Student Evaluation of Fieldwork Experience (SEFWE)**; see Appendix C) at the end of the Level II experience on CORE. The student should review this with the FWE.

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)

QUESTION	YES	NO
1. Are you making progress towards your goals?		
2. Are you receiving adequate constructive formative and summative feedback?		
3. Are you receiving daily feedback and mentorship?		
4. Do you feel prepared for this experience?		
5. Are you seeing a good variety of clients, intervention approaches, and experiences?		
6. Do you need a phone call or email?		
Please comment on any negative responses:		

Student Signature _____ Date _____

Part C – To be completed by the Fieldwork Educator

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

FWE Signature _____ Date _____

Appendix B
AOTA Fieldwork Performance Evaluation (FWPE)

Fieldwork Performance Evaluation (FWPE) for the Occupational Therapy Student

(Revised in 2020)

FUNDAMENTALS OF PRACTICE	
1	Adheres to the American Occupational Therapy Association’s Code of Ethics and all federal, state, and facility regulations. Examples: Medicare, Medicaid, client privacy, social media, human subject research
2	Adheres to safety regulations and reports/documents incidents appropriately. Examples: fire safety, OSHA regulations, body substance precautions, emergency procedures
3	Ensures the safety of self and others during all fieldwork related activities by anticipating potentially unsafe situations and taking steps to prevent accidents. Examples: body mechanics, medical safety, equipment safety, client-specific precautions, contraindications, community safety
BASIC TENETS	
4	Articulates the values, beliefs, and distinct perspective of the occupational therapy profession to clients and other relevant parties clearly, confidently, and accurately. Examples: families, caregivers, colleagues, service providers, administration, the public
5	Articulates the value of occupation as a method and desired outcome of occupational therapy to clients and other relevant parties clearly, confidently, and accurately. Examples: families, caregivers, colleagues, service providers, administration, the public
6	Articulates the role of occupational therapy practitioners to clients and other relevant parties clearly, confidently, and accurately. Examples: families, caregivers, colleagues, service providers, administration, the public
SCREENING AND EVALUATION	
7	Articulates a clear and logical rationale for the evaluation process based on client information, contexts, theories, frames of reference, and/or practice models.
8	Obtains sufficient and necessary information from relevant sources throughout the evaluation process. Examples: record or chart review, client, family, caregivers, service providers

9	<p>Selects relevant screening and assessment tools based on various factors. Examples: Psychosocial factors, client priorities, needs, and concerns about occupational performance and participation, theoretical support, evidence, practice context, funding sources, cultural relevance</p>
10	<p>Determines the client’s occupational profile and occupational performance through interview and other appropriate evaluation methods.</p> <p>Occupational profile: Summary of the client’s occupational history and experiences, patterns of daily living, interests, values, and needs. Occupational performance: Act of doing and accomplishing a selected action (performance skill), activity, or occupation that results from the dynamic transaction among the client, the context, and the activity. Improving or enabling skills and patterns in occupational performance leads to engagement in occupations or activities.</p>

11	<p>Evaluates and analyzes client factors and contexts that support or hinder occupational performance.</p> <p>Client factors: Specific capacities, characteristics, or beliefs that reside within the person and that influence performance in occupations. Client factors include values, beliefs, and spirituality; body functions (includes psychological functions); and body structures.</p> <p>Contexts: Variety of interrelated conditions within and surrounding the client that influence performance, including cultural, personal, physical, social, temporal, and virtual contexts.</p> <p>Includes the consideration of all client centered components including psychosocial factors</p>
12	<p>Administers standardized and non-standardized assessments and surveys accurately and efficiently to ensure findings are valid and reliable. Examples: follows assessment protocols, adheres to time guidelines</p>
13	<p>Modifies evaluation procedures based on client factors and contexts. Examples: uses a quiet space, breaks up evaluation into smaller parts, provides multisensory instructions</p>
14	<p>Interprets evaluation results to determine the client’s occupational performance strengths and challenges.</p>
15	<p>Synthesizes and documents the results of the evaluation process clearly, accurately, and concisely, using systematic methods to record the client’s occupational performance.</p>

INTERVENTION

16	Articulates a clear and logical rationale for the intervention process based on the evaluation results, contexts, theories, frames of reference, practice models, and evidence.
17	Establishes an accurate and appropriate client-centered plan based on the evaluation results, contexts, theories, frames of reference, and/or practice models. Examples: creates relevant and measurable goals in collaboration with the client and/or family/caregivers; recommends additional consultation and referrals
18	Uses evidence from research and relevant resources to make informed intervention decisions.
19	Selects client-centered and occupation-based interventions that motivate and challenge the client to achieve established goals that support targeted outcomes. Includes the consideration of all client centered components including psychosocial factors
20	Implements client-centered and occupation-based intervention plans. Includes the consideration of all client centered components including psychosocial factors

21	Chooses and, if needed, modifies intervention approach to achieve established goals that support targeted outcomes. Examples: prevention, restoration, maintenance, promotion
22	Modifies task and/or environment to maximize the client's performance. Examples: upgrades/downgrades task; arranges client's workspace for optimal performance
23	Modifies the intervention plan and determines the need for continuation or discontinuation of services based on the client's status.
24	Documents the client's response to services in a manner that demonstrates the effectiveness of interventions.
MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES	
25	Demonstrates through practice or discussion the ability to collaborate with and assign appropriate tasks to the occupational therapy assistant, occupational therapy aide, or others to whom responsibilities might be assigned, while remaining responsible for all aspects of treatment. Examples: paraprofessionals, nurses' aides, volunteers
26	Demonstrates through practice or discussion an understanding of costs and funding systems related to occupational therapy services, such as federal, state, third party, and private payers. Examples: billing for OT services, inventory and ordering of supplies for OT services, and options for client procurement of adaptive equipment

27	Demonstrates knowledge about the organization. Examples: mission and vision, accreditation status, licensing, specialty certifications
28	Meets productivity standards or volume of work expected of occupational therapy students.
COMMUNICATION AND PROFESSIONAL BEHAVIORS	
29	Communicates clearly and effectively, both verbally and nonverbally. Examples: clients, families, caregivers, colleagues, service providers, administration, the public
30	Produces clear and accurate documentation. Examples: legibility, spelling, punctuation, grammar, adherence to electronic health documentation requirements
31	Collaborates with fieldwork educator(s) to maximize the learning experience. Examples: initiates communication, asks for feedback about performance, identifies own strengths and challenges
32	Takes responsibility for attaining professional competence by seeking out learning opportunities and interactions with fieldwork educator(s) and others.
33	Responds constructively to feedback in a timely manner.
34	Demonstrates consistent and acceptable work behaviors. Examples: punctuality, initiative, preparedness, flexibility, dependability, professional appearance

35	Demonstrates effective time management. Examples: plans ahead, adheres to schedules, completes work in expected timeframe
36	Manages relationships effectively through therapeutic use of self and adjusts approach to meet the needs of clients and others.
37	Demonstrates respect for diversity factors of others. Examples: culture, socioeconomic status, beliefs, identity

Fieldwork Performance Evaluation (FWPE) Rating Scoring Guide (Revised in 2020)

Rating Scale

- 4- Exemplary performance
- 3- Proficient performance
- 2- Emerging performance
- 1- Unsatisfactory performance

Rating scale definitions

Exemplary performance Demonstrates satisfactory competence in specific skills consistently; demonstrates substantial breadth and depth in understanding and/or skillful application of fundamental knowledge and skills.

Proficient performance Demonstrates satisfactory competence in specific skills; demonstrates adequate understanding and/or application of fundamental knowledge and skills.

Emerging performance Demonstrates limited competence in specific skills (inconsistencies may be evident); demonstrates limited understanding and/or application of fundamental knowledge and skills (displays some gaps and/or inaccuracies).

Unsatisfactory performance Fails to demonstrate competence in specific skills; performs in an inappropriate manner; demonstrates inadequate understanding and/or application of fundamental knowledge and skills; (demonstrates significant gaps and/or inaccuracies).

FWPE for OTS Scoring:

- All items included must be scored to receive a Pass on the FWPE for OTS
- A sum score of 111 or higher will be required to receive a Pass on the FWPE for OTS
- A score of 3 or higher on the following items will all be required to receive a Pass on the FWPE for OTS:
 - # 1 (Adheres to the American Occupational Therapy Association's Code of Ethics and all federal, state, and facility regulations),
 - # 2 (Adheres to safety regulations and reports/documents incidents appropriately), and

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- # 3 (Ensures the safety of self and others during all fieldwork related activities by anticipating potentially unsafe situations and taking steps to prevent accidents)
- Scores of 1 on any of the items is not allowed to receive a Pass on the FWPE for OTS

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Appendix C

Student Evaluation of the Fieldwork Experience (SEFWE)

STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE PART I (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. Pages involving evaluation of individual fieldwork educators have been positioned at the end of the form to allow academic programs to easily remove these pages before making them available for student review, if they choose to do so.

Instructions to the Student:

Complete this STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE) form before your final meeting with your fieldwork supervisor(s). It is important that you review the form with your supervisor. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student's evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

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: _____

ORIENTATION—WEEK 1

Indicate the adequacy of the orientation by checking *Satisfactory* or *Needs Improvement*.

TOPIC	Satisfactory	Needs Improvement
Site-specific fieldwork objectives		
Student supervision process		
Requirements/assignments for students		
Student schedule (daily/weekly/monthly)		
Agency/Department policies and procedures		
Documentation procedures		
Safety and Emergency Procedures		

CLIENT PROFILE - Ages

List approximate number of each age category in your caseload

Age	Number of Clients
0–5 years old	
6–12 years old	
13–21 years old	
22–65 years old	
65+ years old	

CLIENT PROFILE – Diagnoses

Describe the typical population that you treated: _____

CLIENT PROFILE – Occupational Performance

List most commonly seen occupational performance issues in this setting, i.e. impaired self-care independence, impaired return to work skills, impaired parenting skills, impaired peer socialization, etc.

Occupational Performance Issues

CLIENT EVALUATION

List assessment tools used and indicate whether you observed the tool used or performed it yourself.

List assessment tools used	Observed	Performed

CLIENT INTERVENTION

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

Types of Intervention	Individual	Group	Co-Tx	Consultation
Occupations: client-directed life activities that match/support/address identified goals				
Activities: meaningful to client, address performance skills and patterns to facilitate occupational engagement				
Preparatory methods: modalities, devices and techniques. These are provided to the client, no active engagement				
Preparatory tasks: actions that target specific client factors or performance skills. Requires client engagement				

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 theories and/or frames of reference that guided intervention: _____

ASPECTS OF THE ENVIRONMENT

Indicate whether each was seen consistently, frequently, occasionally, or rarely.

	Consistently	Frequently	Occasionally	Rarely
The current Practice Framework was integrated into practice				
Staff and administration demonstrated cultural competence and cultural humility				
Evidence-based practice was integrated into OT intervention				
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				

DOCUMENTATION

Types of documentation used in this setting:

CASELOAD EXPECTATIONS

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

PRODUCTIVITY EXPECTATIONS

Ending student productivity expectation: % per day (direct care)_____

FIELDWORK SUPERVISION MODEL

What was the primary model of supervision used? Place an X by the most commonly used model.

One FW educator : one student	
One FW educator : two students	
One FW educator : group of students	
Two FW educators : one student	
Three or more FW educators : one student	
Distant supervision (primarily off-site)	

SUPERVISION MEETINGS

Frequency and types of meetings with fieldwork educator:

FIELDWORK EXPECTATIONS

Rate your level of agreement with these statements using Strongly disagree (SD), Disagree (D), Neutral (N), Agree (A), Strongly agree (SA)

	SD	D	N	A	SA
Expectations of fieldwork experience were clearly defined					
Expectations were challenging but not overwhelming					
Experiences supported student's professional development					

ACADEMIC PREPARATION- Courses

Which academic courses were important in preparing you for *this* fieldwork placement? List the most relevant courses, then choose how well each prepared you.

Course Name	Course Content Adequately Prepared Me	Course Content Needs Improvement

ACADEMIC PREPARATION – Recommended Changes

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

STUDENT PREPARATION – Personal Qualities

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

STUDENT PREPARATION – Advice

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 add any further comments, descriptions, or information concerning your fieldwork at this site.

Would you recommend this fieldwork site to other students? Why or why not?

STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE PART II (SEFWE)

SUMMARY OF FIELDWORK EDUCATOR SUPERVISION

Part II of the SEFWE is separated from the rest so that students with more than one fieldwork educator do not have to complete the entire SEFWE twice. The school can also block fieldwork educator access to this section if indicated.

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

FIELDWORK EDUCATOR NAME: _____

FIELDWORK EDUCATOR YEARS OF EXPERIENCE: _____

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

	1	2	3	4	5
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					

General Comments on FW Educator Supervision:

Appendix D
Level I Fieldwork Competency Evaluation



School of Allied Health Professions
Department of Occupational Therapy

Level I Fieldwork Competency Evaluation

Student Name _____ Date _____

Fieldwork Educator (FWE) Name _____ Email _____

Site Name _____ FW Experience Area _____

Instructions: Identify the student’s performance using the rating scale below. Comment required for all scores of ‘1’ or ‘2’. Please score every item; no N/A ‘s allowed.

4 = Exceeds Standards	Frequently carries out tasks and activities that surpass requirements. At times, performance is exceptional.
3 = Meets Standards	Carries out required tasks and activities. This rating represents good, solid performance and should be used most often.
2 = Below Standards	Opportunities for improvement exist; however, student has not demonstrated adequate response to feedback. Performance is occasionally unacceptable.
1 = Unacceptable	Performance is weak in most required tasks and activities. Work is frequently unacceptable.

I. FUNDAMENTALS OF PRACTICE

The Student:

	1	2	3	4
1. Adheres consistently to AOTA’s Occupational Therapy Code of Ethics. Follows ethical standards for FW setting. Abides by HIPAA and Family Education Rights and Privacy Act (FERPA). Respects privacy of client. COMMENTS:				
2. Adheres consistently to safety regulations, and uses sound judgment to ensure safety. Follows FWE’s instructions and/or example for client safety. Demonstrates awareness of hazardous situations, and reports safety issues to supervisor. COMMENTS:				

II. FOUNDATIONS OF OCCUPATIONAL THERAPY

The Student:

	1	2	3	4
3. Articulates values and beliefs of occupational therapy. Verbalizes definition of occupational therapy as relevant to the FW setting or the audience. <i>If this has not occurred over the course of the FW, the student will verbalize this to the FWE by the last day.</i> COMMENTS:				

<p>4. Connects class concepts to FW through inquiry or discussion. Articulates value of using evidence-based practice. Identifies and provides evidence that is relevant to the setting or clients. <i>If this has not occurred over the course of the FW, the student will provide a piece of EBP relevant to the setting by the last day.</i> COMMENTS:</p>	

III. PROFESSIONAL BEHAVIOR

The Student:

	1	2	3	4
<p>5. Time Management skills. Consider student's ability to be prompt; arriving on time and prepared. COMMENTS:</p>				
<p>6. Organization. Consider student's ability to set priorities, be dependable, be organized, and follow through with responsibilities. COMMENTS:</p>				
<p>7. Engagement in FW experience. Consider student's apparent level of interest, level of active participation while on site, and investment in individuals and treatment outcomes. COMMENTS:</p>				
<p>8. Self-directed learning. Consider student's ability to take responsibility for own learning and to demonstrate motivation. COMMENTS:</p>				
<p>9. Reasoning and problem solving. Consider student's ability to use self-reflection; willingness to ask questions; ability to analyze, synthesize, and interpret information; and understand OT process. COMMENTS:</p>				
<p>10. Initiative. Consider student's initiative, ability to seek and acquire information from a variety of sources, and demonstrate flexibility as needed. COMMENTS:</p>				
<p>11. Observation skills. Consider student's ability to observe relevant behaviors related to occupational performance and client factors and to verbalize perceptions and observations. COMMENTS:</p>				
<p>12. Participation in supervisory process.</p>				

Consider student's ability to give, receive, and respond to feedback; seek guidance when necessary; and follow proper channels of communication. COMMENTS:	
	1 2 3 4
13. Verbal communication and interpersonal skills with patient/clients, staff, and caregivers. Consider student's ability to interact appropriately with individuals, such as eye contact, empathy, limit-setting, respectfulness, use of authority, and so forth; degree and quality of verbal interactions; use of body language and non-verbal communication; and exhibition of confidence. COMMENTS:	
14. Professional and personal boundaries. Consider student's ability to recognize and handle personal and professional frustrations; handle responsibilities; work with others cooperatively, considerately, and effectively; and be responsive to social cues. COMMENTS:	
15. Use of professional terminology. Consider student's ability to appropriately apply professional terminology (e.g., <i>Occupational Therapy Practice Framework</i> terms and OT acronyms/abbreviations) in oral communication. COMMENTS:	
Criteria: 38 points or above = pass 37 points or below = no pass	
Total Score	
Student Signature _____	
FWE Signature _____	
Date _____	

Adapted from forms developed by the Philadelphia Region Fieldwork Consortium, and the *AOTA Level I Fieldwork Competency Evaluation for OT and OTA Students*.

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

10/2020 if

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. Give two examples of common treatment interventions 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 _____ class/es.
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 3/2019

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:

<p><u>FW I</u></p> <p>Contact Person:</p> <p>Phone: _____ Email: _____ Credentials: _____</p>	<p><u>FW II</u></p> <p>Contact Person:</p> <p>Phone: _____ Email: _____ Credentials: _____</p>
----------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------

<p>Director:</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Website address: _____</p>	<p>Initiation Source:</p> <p><input type="checkbox"/> FW Office</p> <p><input type="checkbox"/> FW Site</p> <p><input type="checkbox"/> Student</p>	<p>Corporate Status:</p> <p><input type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Nonprofit</p> <p><input type="checkbox"/> State Gov't</p> <p><input type="checkbox"/> Federal Gov't</p>	<p>Preferred Sequence of FW: <small>ACOTE Standards B.10.6</small></p> <p><input type="checkbox"/> Any</p> <p><input type="checkbox"/> Second/Third only; First must be in:</p> <p><input type="checkbox"/> Full-time only <input type="checkbox"/> Part-time option</p> <p><input type="checkbox"/> Prefer full-time</p>
------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

<p>Student Prerequisites (check all that apply) <small>ACOTE Standard C.1.2</small></p> <p><input type="checkbox"/> CPR</p> <p><input type="checkbox"/> Medicare/Medicaid fraud check</p> <p><input type="checkbox"/> Criminal background check</p> <p><input type="checkbox"/> Child protection/abuse check</p> <p><input type="checkbox"/> Adult abuse check</p> <p><input type="checkbox"/> Fingerprinting</p>	<p><input type="checkbox"/> First aid</p> <p><input type="checkbox"/> Infection control training</p> <p><input type="checkbox"/> HIPAA training</p> <p><input type="checkbox"/> Prof. liability ins.</p> <p><input type="checkbox"/> Own transportation</p> <p><input type="checkbox"/> Interview</p>	<p>Health requirements:</p> <p><input type="checkbox"/> HepB</p> <p><input type="checkbox"/> MMR</p> <p><input type="checkbox"/> Tetanus</p> <p><input type="checkbox"/> Chest x-ray</p> <p><input type="checkbox"/> Drug screening</p> <p><input type="checkbox"/> TB/Mantoux</p>	<p><input type="checkbox"/> Physical Check up</p> <p><input type="checkbox"/> Varicella</p> <p><input type="checkbox"/> Influenza</p> <p>Please list any other requirements: _____</p>
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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

<p>Student work schedule and outside study expected:</p> <p>Schedule hrs/week/day: _____</p> <p>Do students work weekends? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>Do students work evenings? <input type="checkbox"/>yes <input type="checkbox"/>no</p>	<p>Other</p> <p>Room provided <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>Meals <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>Stipend amount: _____</p>	<p>Describe level of structure for student?</p> <p><input type="checkbox"/> High</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Low</p>	<p>Describe level of supervisory support for student?</p> <p><input type="checkbox"/> High</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Low</p>
<p>Describe the FW environment/atmosphere for student learning:</p>			
<p>Describe available public transportation:</p>			

Types of OT interventions addressed in this setting (check all that apply):

<p>Occupations: Client-directed occupations that match and support identified participation level goals (check all that apply):</p> <p><small>ACOTE Standards C.1.8, C.1.11, C.1.12</small></p>		
<p>Activities of Daily Living (ADL)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bathing/showering <input type="checkbox"/> Toileting and toilet hygiene <input type="checkbox"/> Dressing <input type="checkbox"/> Swallowing/eating <input type="checkbox"/> Feeding <input type="checkbox"/> Functional mobility <input type="checkbox"/> Personal device care <input type="checkbox"/> Personal hygiene and grooming <input type="checkbox"/> Sexual activity <p>Rest and Sleep</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rest <input type="checkbox"/> Sleep preparation <input type="checkbox"/> Sleep participation <p>Play</p> <ul style="list-style-type: none"> <input type="checkbox"/> Play exploration <input type="checkbox"/> Play participation <p>Activities: Designed and selected to support the development of skills, performance patterns, roles, habits, and routines that enhance occupational engagement</p> <ul style="list-style-type: none"> <input type="checkbox"/> Practicing an activity <input type="checkbox"/> Simulation of activity <input type="checkbox"/> Role play <p>Examples:</p>	<p>Instrumental Activities of Daily Living (IADL)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Care of others/pets <input type="checkbox"/> Care of pets <input type="checkbox"/> Child rearing <input type="checkbox"/> Communication management <input type="checkbox"/> Driving and community mobility <input type="checkbox"/> Financial management <input type="checkbox"/> Health management and maintenance <input type="checkbox"/> Home establishment and management <input type="checkbox"/> Meal preparation and clean up <input type="checkbox"/> Religious / spiritual activities and expression <input type="checkbox"/> Safety and emergency maintenance <input type="checkbox"/> Shopping <p>Leisure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Leisure exploration <input type="checkbox"/> Leisure participation <p>Preparatory Methods and Tasks: Methods, adaptations and techniques that prepare the client for occupational performance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preparatory tasks <input type="checkbox"/> Exercises <input type="checkbox"/> Physical agent modalities <input type="checkbox"/> Splinting <input type="checkbox"/> Assistive technology <input type="checkbox"/> Wheelchair mobility <p>Examples:</p>	<p>Education</p> <ul style="list-style-type: none"> <input type="checkbox"/> Formal education participation <input type="checkbox"/> Informal personal education needs or interests exploration <input type="checkbox"/> Informal personal education participation <p>Work</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employment interests and pursuits <input type="checkbox"/> Employment seeking and acquisition <input type="checkbox"/> Job performance <input type="checkbox"/> Retirement preparation and adjustment <input type="checkbox"/> Volunteer exploration <input type="checkbox"/> Volunteer participation <p>Social Participation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community <input type="checkbox"/> Family <input type="checkbox"/> Peer/friend <p>Education: describe</p> <p>Training: describe</p> <p>Advocacy: describe</p> <p>Group Interventions: describe</p>
<p>Method of Intervention</p> <p>Direct Services/Caseload for entry-level OT</p> <ul style="list-style-type: none"> <input type="checkbox"/> One-to-one: <input type="checkbox"/> Small group(s): <input type="checkbox"/> Large group: <p>Discharge/Outcomes of Clients (% clients)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Home <input type="checkbox"/> Another medical facility <input type="checkbox"/> Home health 	<p>Outcomes of Intervention</p> <ul style="list-style-type: none"> <input type="checkbox"/> Occupational performance improvement and/or enhancement <input type="checkbox"/> Health and Wellness <input type="checkbox"/> Prevention <input type="checkbox"/> Quality of life <input type="checkbox"/> Role competence <input type="checkbox"/> Participation <p>OT Intervention Approaches</p> <ul style="list-style-type: none"> <input type="checkbox"/> Create, promote health/habits <input type="checkbox"/> Establish, restore, remediate <input type="checkbox"/> Maintain <input type="checkbox"/> Modify, facilitate compensation, adaptation <input type="checkbox"/> Prevent disability 	<p>Theory/Frames of Reference/Models of Practice</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acquisitional <input type="checkbox"/> Biomechanical <input type="checkbox"/> Cognitive/Behavioral <input type="checkbox"/> Coping <input type="checkbox"/> Developmental <input type="checkbox"/> Ecology of Human Performance <input type="checkbox"/> Model of Human Occupation (MOHO) <input type="checkbox"/> Occupational Adaptation <input type="checkbox"/> Occupational Performance <input type="checkbox"/> Person-Environment-Occupation (PEO) <input type="checkbox"/> Person-Environment-Occupational Performance (PEOP) <input type="checkbox"/> Psychosocial <input type="checkbox"/> Rehabilitation frames of reference <input type="checkbox"/> Sensory Integration <input type="checkbox"/> Other (please list):
<p>Please list the most common screenings and evaluations used in your setting:</p>		

Identify safety precautions important at your FW site <input type="checkbox"/> Medications <input type="checkbox"/> Postsurgical (list procedures) <input type="checkbox"/> Contact guard for ambulation <input type="checkbox"/> Fall risk <input type="checkbox"/> Other (describe):		<input type="checkbox"/> Swallowing/choking risks <input type="checkbox"/> Behavioral system/ privilege level (locked areas, grounds) <input type="checkbox"/> Sharps count <input type="checkbox"/> 1 to 1 safety/suicide precautions
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Performance skills, patterns, contexts and client factors addressed in this setting (check all that apply): <i>ACOTE Standard C. 1.12</i>		
Performance Skills: <input type="checkbox"/> Motor skills <input type="checkbox"/> Process skills <input type="checkbox"/> Social interaction skills Performance Patterns: Person: <input type="checkbox"/> Habits <input type="checkbox"/> Routines <input type="checkbox"/> Rituals <input type="checkbox"/> Roles Group or Population: <input type="checkbox"/> Habits <input type="checkbox"/> Routines <input type="checkbox"/> Rituals <input type="checkbox"/> Roles	Client Factors: <input type="checkbox"/> Values <input type="checkbox"/> Beliefs <input type="checkbox"/> Spirituality <input type="checkbox"/> Mental functions (affective, cognitive, perceptual) <input type="checkbox"/> Sensory functions <input type="checkbox"/> Neuromusculoskeletal and movement-related functions <input type="checkbox"/> Muscle functions <input type="checkbox"/> Movement functions <input type="checkbox"/> Cardiovascular, hematological, immunological, and respiratory system functions <input type="checkbox"/> Voice and speech functions; digestive, metabolic, and endocrine system functions; <input type="checkbox"/> Skin and related-structure functions	Context(s): <input type="checkbox"/> Cultural <input type="checkbox"/> Personal <input type="checkbox"/> Temporal <input type="checkbox"/> Virtual Environment: <input type="checkbox"/> Physical <input type="checkbox"/> Social

Most common services priorities (check all that apply):			
<input type="checkbox"/> Direct service	<input type="checkbox"/> Meetings (team, department, family)	<input type="checkbox"/> Consultation	<input type="checkbox"/> Billing
<input type="checkbox"/> Discharge planning	<input type="checkbox"/> Client education	<input type="checkbox"/> In-service training	<input type="checkbox"/> Documentation
<input type="checkbox"/> Evaluation	<input type="checkbox"/> Intervention		

Target caseload/productivity for fieldwork students: Productivity (%) per 40-hour work week: Caseload expectation at end of FW: Productivity (%) per 8-hour day: Number groups per day expected at end of FW:	Documentation: Frequency/Format (briefly describe) : <input type="checkbox"/> Handwritten documentation: <input type="checkbox"/> Computerized medical records: Time frame requirements to complete documentation:
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Administrative/Management Duties or Responsibilities of the OT/OTA Student: <input type="checkbox"/> Schedule own clients <input type="checkbox"/> Supervision of others (Level I students, aides, OTA, volunteers) <input type="checkbox"/> Budgeting <input type="checkbox"/> Procuring supplies (shopping for cooking groups, client/intervention-related items) <input type="checkbox"/> Participating in supply or environmental maintenance <input type="checkbox"/> Other:	Student Assignments. Students will be expected to successfully complete: <input type="checkbox"/> Research/EBP/Literature review <input type="checkbox"/> In-service <input type="checkbox"/> Case study <input type="checkbox"/> In-service participation/grand rounds <input type="checkbox"/> Fieldwork project (describe): <input type="checkbox"/> Field visits/rotations to other areas of service <input type="checkbox"/> Observation of other units/disciplines <input type="checkbox"/> Other assignments (please list):
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OPTIONAL DATA COLLECTION:

The question included 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

Reflective practice

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:

Date:

ACOTE Standard C.1.6

Which documentation does the fieldwork site need?

Fieldwork Agreement/Contract?

OR

Memorandum of Understanding (MOU)?

Which FW Agreement will be used?: OT Academic Program Fieldwork Agreement Fieldwork Site Agreement/ Contract

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

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER, NEW ORLEANS

SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF OCCUPATIONAL THERAPY

1900 Gravier Street 8th floor
New Orleans, LA 70112
(504) 568-4302 Fax: (504) 568-4306

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** _____

A.	GENERAL FIELDWORK SITE INFORMATION	Meets Requirements	Needs Improvements	Comments/Plan
1	Students are given a program manual at the beginning of their fieldwork, indicating learning objectives, student and fieldwork educator expectations, student assignments, schedule, etc.			
2	Students are given an organized orientation to the fieldwork site, (i.e., mission statement, philosophy, policies and procedures.)			
3	The site views the purpose of Level II Fieldwork is to prepare competent, entry-level, generalist occupational therapists rather than advanced therapists or specialists.			
4	The fieldwork site is regulated by an accrediting body, i.e., CARF, Joint Commission. Please specify in comment section.			
5	Resources are available for students related to occupational therapy service delivery and pertinent topics associated with the patient populations seen at this fieldwork site.			
6	OTAs and technicians are employed at this site. A documented policy on OT supervision of these personnel is shared with students.			
7	There is opportunity for continuing education and professional development for staff and students at this fieldwork site.			
8	A minimum of 12 weeks of full-time fieldwork II experience can be provided at this site.			
9	This fieldwork site works collaboratively with <i>LSUHSC-New Orleans</i> in developing student learning objectives by communicating with the AFWC.			
B.	STUDENT OPPORTUNITIES	Meets Requirements	Needs Improvements	Comments/Plan
11	Students will have the opportunity to :			
	a) Demonstrate application of the theoretical bases of occupational therapy.			

	b) Demonstrate an understanding of the process of screening and evaluation.			
B.	STUDENT OPPORTUNITIES	Meets Requirements	Needs Improvements	Comments/Plan
	c) Develop an understanding of the process of intervention.			
	d) Work with clients and their families at this site.			
	e) Demonstrate an understanding of various contexts that impact OT service delivery.			
	f) Apply principles of management and systems to the provision of occupational therapy services.			
	g) Work collaboratively with other occupational therapy personnel, and other service providers from other disciplines.			
	h) Develop an ability to apply evidenced-based practice.			
	i) Demonstrate ethical practice and the values of the profession.			
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 the: a) American Occupational Therapy Association b) State OT Association			
14	Clinical Educators at this site have knowledge of the: a) Occupational Therapy Code of Ethics and Ethics Standards (AOTA, 2010) b) Standards of Practice for Occupational Therapy (AOTA, 2010) c) OT Practice Framework: Domain and Process, 3 rd Edition (AOTA, 2014).			

15	Clinical Educators are aware of the theoretical bases of occupational therapy practice and can articulate them to students.			
C.	CLINICAL EDUCATORS	Meets Requirements	Needs Improvements	Comments/Plan
16	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.			
D.	STUDENT SUPERVISION			
17	Students receive a minimum of eight (8) hours of OT supervision per week, including direct observation of client interactions.			
18	Each student has a Fieldwork Educator assigned to him or her throughout the entire duration of the clinical rotation.			
19	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.			
20	Students are given formal written evaluations: a) Midterm b) Final			
21	The fieldwork site is aware that the academic site should be notified as soon as a student develops difficulty.			

Appendix H
Learning Contract Template & Sample Learning Contract

Learning Contract Template

Learning Objectives (What do I need to learn?)	Strategies and Resources needed to meet the objectives (How will I learn?)	Evidence (How will I demonstrate that I have learned?)	Criteria for Evaluation (How will I be evaluated?)

Student Signature: _____ Date: _____

Fieldwork Educator Signature: _____

Section 3: Learning Contract
SAMPLE

Learning Objective(s) (i.e. What do I want to learn?)	Strategies & Resource(s) required to meet the objective(s) (i.e. How will I learn?)	Evidence (How will I demonstrate that I have learned?)	Criteria for Evaluation & Means of Validation (How do I want to be evaluated?)
To perform safe and independent transfers under minimal supervision.	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.	Perform at least one transfer in safe and competent manner by December 12, 2003.	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.
To develop rapport with adult Clients in the day hospital.	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.	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	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

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 (OT 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

Louisiana State University Health Sciences Center—New Orleans
School of Allied Health Professions
Department of Occupational Therapy

CONCEPTUAL MODEL

(Revised May 2019)

VISION

To create a community of practitioners grounded in effective, occupation-based practice that facilitates participation in everyday living for all people in the unique cultures of New Orleans, South Louisiana, and beyond.

To improve the quality of life of underserved populations through faculty and professional staff-led clinics, and to be leaders in Louisiana in contributing to the body of knowledge of the occupational therapy profession through publication and presentation of capstone and faculty-driven research.

CORE VALUES

- We value and encourage **INQUIRY** and **LIFE-LONG LEARNING**.
- We **RESPECT** the rights of others and view inclusion 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 promote **ADAPTABILITY** and **RESILIENCY** to prevail in the presence of change and uncertainty.
- We value **ACADEMIC INTEGRITY** and **PROFFSSIONAL BEHAVIOR**.
- We value the promotion of **QUALITY OF LIFE** and **PARTICIPATION**.
- We value the use of **COLLABORATION** and **INTERPROFESSIONAL EXCHANGE** in education and practice.

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 occupation-based intervention 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 at university, local, state, and national levels to promote occupation-based health and wellness for clients, communities, and populations.

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 occupation-based intervention.

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, and national
5. Provide access opportunities to underserved populations to healthcare in all domains
6. Promote the profession of occupational therapy's unique contributions to holistic physical and mental health

PHILOSOPHY

View of the Person

Occupational therapists view people holistically as dynamic, open systems with biological, psychological, sociocultural, and spiritual dimensions (Kielhofner, 2008; Law et al., 1996). A person can be considered an individual system, or a member of a larger system, such as a family, community, or population (American Occupational Therapy Association [AOTA], 2017). In the course of daily life, a person simultaneously experiences several roles, and engages in an array of occupations in a variety of contexts. We recognize the spectrum between disability/illness and wellness in individuals and that people possess varied abilities throughout life. We believe that people have a right to health and well-being, the right to create meaning in life through participation in occupation, and the right to collaborate in issue regarding their care (World

Health Organization [WHO], 2001). .

People are challenged continually to adapt to contextual changes in order to fulfill needs and live meaningful, satisfying lives. We see humans as complex beings, and, through active engagement they evolve, change, adapt and are influenced by emerging knowledge and technologies. A transactive view of person, context, and occupation acknowledges that occupational behavior and environmental influences are integrally related and influence each other (AOTA, 2011; Law et al., 1996; Dunn, Brown, & McGuigan, 1994).

Role of Occupational Therapy

Occupational therapy enables people to participate in daily activities or occupations that are important to those with or without impairments with body functions and structures, activity limitations, or activity participation restrictions due to contextual barriers (WHO, 2001; Moyers, 1999). Occupational therapists collaborate with individuals, their families, communities, and populations to promote physical, cognitive, social, and emotional health, as well as function. Occupational performance is defined as the engagement in everyday activities in the areas of: activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation (AOTA, 2008). These are essential for participation in various life roles. Successful adaptation to performance challenges throughout life results in effective occupational performance, which supports health, wellness, and independence (Christiansen & Baum, 1997; WHO, 2001; AOTA, 2008).

The unique contribution of occupational therapy is its ability to maximize the fit between what individuals want and need to do and their capacity to perform important occupations. We acknowledge that participation in meaningful occupation is a determinate of health and supports participation in life situations. Throughout the intervention process, occupation is seen as both a means and an end, allowing for occupational therapy as a change agent and engagement in occupation as the ultimate goal in therapy (AOTA, 2008).

View of the Educational Process

The Department of Occupational Therapy is aligned with that of the AOTA's Philosophy of Education (AOTA, 2018), Purpose and Value of Fieldwork Education (AOTA, 2018), and its Philosophical Base of Occupational Therapy (AOTA, 2017). The goal of the program is to graduate entry-level masters' occupational therapists who are capable of making evidence-based decisions, engaging in critical thinking, and acting on professional ethics. Throughout the educational process, we support our students' development to become life-long learners and agents of change for improvement in our clients' quality of life. Another essential outcome of the curriculum is to graduate therapists who exhibit respect for others, appreciation of interdependence, and the collaborative skills required in interprofessional practice.

Learning methods reflect occupational therapy philosophy and are grounded in learning theory with an emphasis on constructivist principles. Specifically, that knowledge is constructed rather than transmitted (Gijsselaers, 1996). It is created by the individual through an active process of discovery and exploration. New knowledge is integrated only with discussion and elaboration on existing knowledge. Active and collaborative learning experiences promote the development of individual and group problem-solving

strategies and facilitate students' confidence in questioning and evaluating information (Zhang & Cui, 2018; Schrader, 2015; Johnson, Johnson, & Smith, 1998). Collaboration itself is a source of learning that supports acquisition and integration of information. Professional reasoning is threaded throughout the curriculum to provide opportunities to explicitly examine and practice critical and reflective thinking. Acknowledging various student learning preferences, instructional techniques include early field experiences to address actual client needs within the context of authentic practice environments, practice with hands-on competencies, the use of case-based method, application of evidence-based interventions, the use of emerging technologies, as well as various forms of instructor and peer feedback, lecture, and critical analysis of literature. Through the use of active learning, interprofessional education opportunities, collaboration, leadership opportunities and self-reflection, students are able to integrate philosophical and theoretical knowledge, values, beliefs and ethics to prepare them with critical inquiry skills necessary for the development of their professional identity as an occupational therapist (AOTA, 2016, 2018; WHO, 2010).

CURRICULUM DESIGN

The Occupational Therapy Program's mission and philosophy guide the content and learning experiences that compose the curriculum. The Person-Environment-Occupation Model (Law et al., 1996) and the Ecology of Human Performance Model (Dunn et al., 1994) of occupational therapy contribute to the theoretical foundation of the program. Each model accentuates the transactive influence of the person, occupation, and context on the multidimensional nature of occupational performance.

Our commitment to the community shapes our curriculum design and provides opportunity for innovative development and delivery of occupational therapy services. We have built community partnerships through clinics and capstone projects that offer context-based educational experiences to our students. These experiences reinforce the skills necessary to create positive change. Our collective personal experiences and commitment to address unmet needs strengthen our desire to impact the environment in which we serve.

Two **primary educational outcomes** overarch more specific student outcomes. First, through active, context-based learning experiences, we support students to develop into life-long learners. Life-long learners are resourceful in obtaining and integrating information for competent service provision through reflection in all aspects of practice. Second, we provide opportunities for students to identify need for change in institution and community-based programs that support development of skills required of change agents.

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, 2014).
- **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, 2014).

- **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 client factors, performance skills, performance patterns, context and environment, and activity and occupational demands, (AOTA, 2014). 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, 2014) and may be achieved through various service-delivery models. Outcome information is utilized for future intervention planning and for program evaluation (AOTA, 2014).

Completion of the MOT program prepares a graduate to practice occupational therapy. Twenty- seven months are needed to complete a total of 90 semester hours of coursework on-campus at the Health Sciences Center at New Orleans, and off-campus at practice sites within and out of the state. Included in these semester hours are 24 weeks of Level II Fieldwork.

Courses progress in a sequence that first emphasizes an overview of occupation and occupational therapy. Next, students are given an individualistic yet holistic view of occupational performance across the lifespan, progressing to an expanded view of the person within the community. Basic science courses are introduced as students are developing an initial understanding of occupation, occupational performance, and the impact of disability on individuals and communities. Students then develop an understanding of the role of occupational therapy in enabling clients to engage in occupation in the context of their own lives.

The course sequencing of Fieldwork I and II experiences integrated throughout the curriculum provides a context for didactic learning in diverse practice contexts. Early exposure to practice allows students to develop questions about OT service delivery and the opportunity to apply and challenge what they have learned in the classroom. This enables them to develop the clinical reasoning skills needed to engage in best practice in a variety of dynamic practice environments, leading into the study of applied scientific inquiry and evidenced-based decision-making, addressed in both research and practice application courses.

LSUHSC OCCUPATIONAL THERAPY'S SECOND LINE

The second line design clearly conveys the unique traditions and culture of New Orleans and the spirited quality that this culture adds to our program. The second line is a tradition in New Orleans that celebrates life, which relates to occupational therapy as a profession that promotes wellness in every aspect of life (McNulty, 2012). This reflects our program's mission to promote health and wellness for all human beings, and our vision to maximize quality of life. Upon graduation, after 27 months in the curriculum, students will enjoy their own "second line", as they celebrate their accomplishments and become practitioners that allow individuals to live fully.

Incorporating the four important core concepts of the educational process, core values, course sequence, and content themes into the second line design requires qualities unique to an occupational therapist. In this design, the educational process is represented by the instruments because they produce quality music, just as the educational process will create quality occupational therapy practitioners. The course sequence is represented by the sequence of the musicians in a line. Just as the students must follow a specific sequence of courses, the musicians must follow each other in time in order to create rhythm and harmony. The content themes are represented by the leader of the second line because these themes are what lead our entire curriculum on a successful path. The core values are represented by the path taken or the street walked upon because this creates a strong foundation on which the second line will travel.

The second line is a dynamic concept, which is appropriate for our curriculum as changes and improvements are always being made. The open, energetic nature of a second line allows for new participants to join in at any time. This dynamic design allows for successful integration of fieldwork educators throughout the process, who will aid in the education of our students. There may be cracks in the sidewalk or bumps in the road that the musicians may stumble upon, just as students may encounter barriers throughout their education. Even though barriers arise, the second line continues onward, just as the student will continue through the program and overcome obstacles (Berg et al., 2008). We chose six musicians to represent the focus of AOTA's six practice areas, which include children and youth, health and wellness, mental health, productive aging, rehabilitation, disability, and participation, and work and industry (AOTA, 2019; Clark, 2008). These six diverse members of the band represent the six diverse areas of practice of occupational therapy, and the variety of clients that are helped by this profession.



Schematic Representation of Conceptual Model

COURSE SEQUENCE

Spring I

OCCT 6410-Concepts in Occupation (4 Credits)
OCCT 6512- Occupational Performance Across the Lifespan (3 Credits)
OCCT 6624- Pathophysiology and Medical Conditions (6 Credits)
OCCT 6418- Interactive Reasoning (3 Credits)
Total: 16 Credits

Summer I

ANAT 6522: Human Anatomy (5 Credits)
OCCT 6524: Applied Kinesiology (3 Credits)
Total: 8 Credits

Fall I

OCCT 6450: Measurements and Evaluation (3 Credits)
OCCT 6528: OT for Neurological Conditions (3 Credits)
OCCT 6530: Applications I: General Practice Concepts (4 Credits)
ANAT 6533: Neuroanatomy (4 Credits)
OCCT 6540: Fieldwork Experience I & Seminar (1 Credit)
OCCT 6526: O.T. for Mental Health Conditions (3 Credits)
Total: 18 Credits

Spring II

OCCT 6432: Assistive Technology (3 Credits)
OCCT 6614: O.T. for Orthopedic Conditions (4 Credits)
OCCT 6620: O.T. with the Older Adult (4 Credits)
OCCT 6640: Documentation (3 Credits)
OCCT 6550: Research I (3 Credits)
Total: 17 Credits

Summer II

OCCT 6670: Fieldwork Experience IIa (6 Credits)
Total: 6 Credits

Fall II

OCCT 6716: Management in Occupational Therapy (3 Credits)
OCCT 6718: Community-Based & Specialized Practice (3 Credits)
OCCT 6720: Principles of Practice: Early Life (4 Credits)
OCCT 6730: Applications II: Specialized Practice Concepts (3 Credits)
OCCT 6750: Research II (3 Credits)
Total: 16 Credits

Spring III

OCCT 6770: Fieldwork Experience IIb (8 Credits)
OCCT 6850: Research 3 (1 Credit)
Total: 9 Credits

TOTAL CREDITS = 90

STUDENT OUTCOMES

1. Students will demonstrate an understanding of the basic tenets of occupational therapy. Students will:
 - a. Explain the history and philosophical base of the profession.
 - b. Articulate how occupation can promote health, well-being, quality of life, and prevent injury and disease.
 - c. State the relationship between areas of occupation, performance skills, performance patterns, context and environment, activity and occupational demands, and client factors.
 - d. Articulate the effects of health and disability on an individual living in his or her context.
 - e. Explain the differences and similarities between occupation, activity, and purposeful activity.
 - f. Display behaviors indicative of reflective, empathetic, and ethical practitioners.
 - g. Demonstrate cultural competence.
 - h. Utilize clinical/professional reasoning throughout the occupational therapy process.

2. Students will demonstrate an understanding of the theoretical bases of occupational therapy. Students will:
 - a. Develop a working knowledge of theories, models of practice and frames of reference used in occupational therapy.
 - b. Apply theoretical constructs to practice.

3. Students will demonstrate an understanding of the process of screening and evaluation in occupational therapy practice. Students will:
 - a. Build a knowledge base of varied screening and evaluation methods.
 - b. Develop comfort with interviewing clients and completing an occupational profile.
 - c. Observe and analyze occupational performance
 - d. Select appropriate assessment tools based on their psychometric properties and on characteristics of person and context.
 - e. Appropriately administer selected assessments and use occupation for assessment purposes.
 - f. Interpret and apply evaluation findings appropriately.

4. Students will develop an understanding of the process of intervention. Students will:
 - a. Collaborate with clients to develop measurable, occupation-based goals
 - b. Develop and implement occupation-based intervention plans and strategies for various practice settings.
 - c. Collaborate with clients, caregivers, and other professionals to create intervention plans.
 - d. Demonstrate an ability to use a variety of teaching/learning techniques with clients, other health providers, and the public.
 - e. Communicate effectively through written, verbal, and nonverbal means.
 - f. Exhibit the ability to appropriately adapt occupations and the environment.
 - g. Know when to refer clients to other health professionals within and outside of the profession.

- h. Demonstrate accountability for reimbursement of services.
 - i. Possess individual and group interaction skills for use with clients, other health care providers, and the public.
 - j. Monitor, reassess, and modify interventions as needs of client changes.
 - k. Discharge clients using appropriate procedures.
5. Students will demonstrate an understanding of various contexts in which occupational therapy services are provided. Students will:
- a. Identify policy issues related to systems in which occupational therapy may be found.
 - b. Understand models of service delivery of occupational therapy and systems that interface with occupational therapy, i.e., healthcare, education, community systems).
 - c. Appreciate the need to stay abreast of changes in the various service delivery systems.
6. Students will apply principles of management and systems to the provision of occupational therapy services. Students will:
- a. Understand implications of State and Federal legislation in the delivery of occupational therapy services and credentialing of occupational therapy personnel.
 - b. Maintain records required of various practice settings
 - c. Advocate for the profession and the consumer.
 - d. Demonstrate an understanding of reimbursement policies and procedures and their effects on service clients.
 - e. Exhibit professional work behaviors, i.e., proper maintenance of practice environments, time management, respectful treatment of others.
 - f. Understand the supervisory process of occupational therapy and non-occupational therapy personnel.
 - g. Acknowledge the ongoing professional responsibility for providing fieldwork education and supervision.
 - h. Develop and evaluate programs.
 - i. Explain fundamental marketing principles.
7. Students will understand the importance of working collaboratively with other occupational therapy personnel, and other service providers. The students will:
- a. Recognize the role of the occupational therapy assistants in gathering data and implementing interventions.
 - b. Demonstrate the ability to work collaboratively with clients, their caregivers, and other service providers.
8. Students will develop an ability to understand and apply research findings to practice. Students will:
- a. Articulate the importance of research for practice and the continued development of the profession.
 - b. Appropriately use professional literature to make practice decisions; display evidence-based practice skills.
 - c. Participate in basic research studies.
 - d. Develop a basic understanding of the process of securing grants.

9. Students will understand and appreciate the ethics and values of the profession. Students will:
 - a. Demonstrate knowledge of the Occupational Therapy Code of Ethics (AOTA, 2015a) and the Standards of Practice for Occupational Therapy (AOTA, 2015b).
 - b. Explain the functions of local, state, and national occupational therapy associations.
 - c. Promote occupational therapy.
 - d. Acknowledge the need to maintain professional competence through life-long learning.
 - e. Identify the varied roles of the occupational therapist

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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: Occupational Therapy with the Older Adult

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 IIA.**

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 IIB.

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)

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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.

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- 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.

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Appendix K: LSUHSC-N.O. Policies and Standards



School of Allied Health Professions
Department of Occupational Therapy

Technical Standards for Occupational Therapy

The school is committed to enabling student 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. Blood borne 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. Their competency with donning/doffing personal protective equipment, including gown, gloves, procedure mask, and face shield, is tested in laboratory conditions. The students must pass this competency to complete Level II fieldwork. Students are also required to adhere to all safety policy and procedures set forth by the fieldwork site.

Student Health

See page 2 for Student Health Services location 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 & COVID19 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 should be reviewed as part of a student's orientation to the facility. Students on Level II fieldwork experience do not follow the guidelines of the school in disaster situations. This includes the following specific examples:

- Hurricanes and Inclement Weather: Students should assume that they should report to their FW site even if LSUHSC-N.O. closes for a pending hurricane. If they are told to remain home by the FW site, the day/s will need to be made up.
- COVID19 Pandemic: If exposed to COVID19, the student should self-report on the LSUHSC-N.O. website. Thereafter, the student should follow the guidelines of the site for return to FW, not the school guidelines for return to campus. Any missed days will need to be made up.

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.

Student Injury

- Should a student become injured while at the fieldwork site, the student should follow the policies and procedures of the site. This may include either obtaining medical evaluation, or declining it. Whether medical intervention was sought/obtained, or not, the student must contact the AFWC by cell phone the same day as the injury.
- If the student sustains an injury or illness that prevents safe participation in the FW experience, the student is no longer able to meet the *Technical Standards for Occupational Therapy*, and/or not able to meet the site's job description requirements, the student may need to leave the FW until a full-duty medical release has been obtained.
- School and site policies related to COVID19 exposure and/or illness continue to evolve and change. In general, students involved in clinical education will follow the procedures of the site. However, continuous understanding of, and adherence to, LSUHSC-N.O. policies on COVID19 are the responsibility of the student. At a minimum, students must report COVID19 exposure and/or illness to the AFWC and on the LSUHSC-N.O. website.

Appendix L: LSUHSC-N.O. Contracts and Affiliation Agreements

The program must have evidence of valid memoranda of understanding or affiliation agreement 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.

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.

New Affiliation Agreement Process

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 (DC) 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. The DC 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 Contracts Management.
5. After approval of the template by Contracts Management, the DC will forward the document to the facility for review and signature, with instructions to return it to the Department of Occupational Therapy.
6. If there have been no revisions made by the facility, the partially executed AA will be forwarded to the Office of the Dean of Allied Health for signature, with a copy sent to Contracts Management.
7. If there were revisions made by the facility, the AA will be forwarded to Contracts Management for approval before being sent to the Office of the Dean.
8. Once the Dean has signed the Affiliation Agreement, the Dean will inform the DC. A copy of the AA will be stored by the Office of the Dean on the Contract Management Allied Health Data Base, 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** ___ **IS NOT** **X** 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 2018 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 in traditional, nontraditional, and emerging settings 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 prior to the start of the fieldwork experience.
- Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience.
- Ensure that fieldwork objectives for all experiences include a psychosocial objective.
- Ensure that the ratio of fieldwork educators to students enables proper supervision, and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.
- Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program as required by Standard A.4.7.
- 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 if it involves an entity outside of the academic program. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.
- Ensure that at least one fieldwork experience (either Level I or Level II) addresses practice in behavioral health, or psychological and social factors that influence engagement in occupation.

LSUHSC –N.O. Occupational Therapy Program Responsibilities

According to the 2018 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 prior to the onset of the Level II fieldwork, 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 to support progression toward entry-level competence.
- 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 prior to the onset of Level II Fieldwork.

Fieldwork Site Responsibilities

- All FW sites will complete the AOTA Fieldwork Data Form on an annual basis.
- Fieldwork sites will allow pre-planned site visits by appropriate faculty.
- Fieldwork sites will self-evaluate their clinical education program using the FW Essentials form if asked to do so by the AFWC or Department Head. See Appendix G.
- FW Sites will fulfill responsibilities as documented in the Affiliation Agreement or Memorandum of Understanding created in partnership with LSUHSC-N.O.

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-N.O.'s CORE system. Expiration date will be checked by the AFWC prior to student placement (ACOTE C.1.11).
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.1.11; C.1.14).

3. LSUHSC-N.O. will ensure each FWE is 'adequately prepared' with the following order of preference for compliance: (ACOTE C.1.11)
 - 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.1.8; C.1.11; C.1.12; C.1.13; C.1.15).

Appendix N: AOTA Occupational Therapy Code of Ethics

Double click on the icon below to access the AOTA 2020 Code of Ethics



AOTACodeofEthics.
2020.pdf

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.lsuhs.edu/administration/subscriptions/>

LSU System Permanent Memoranda <http://www.lsuhs.edu/administration/pm/>

LSUHSC-New Orleans Chancellor Memoranda <http://www.lsuhs.edu/administration/cm/>

Office of Compliance Programs <http://www.lsuhs.edu/no/administration/ocp/>

LSUHSC Calendar – PM 5: <http://www.lsuhs.edu/administration/pm/>

SAHP Academic Calendar: <http://alliedhealth.lsuhs.edu/Admin/academicaffairs.aspx>