Level II Fieldwork Handbook
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Introduction
INTRODUCTION

FW Educators

On behalf of the faculty, we thank you for your time and effort expended in educating our occupational therapy (OT) students at Louisiana State University Health Sciences Center–New Orleans (LSUHSC-NO). We welcome you in your unique educational role as fieldwork educator and we value your commitment to the profession. Without you and the preparation you provide to students, clients in occupational therapy would not be able to receive the high quality services they deserve.

This handbook is provided as a supportive resource in the educational bridge linking our academic program with OT practice. It is intended to assist you in your role as fieldwork educator and give you an overview of our curriculum and how we can work together to guide our students in becoming competent and confident entry-level occupational therapists. This collaborative process integrates our curriculum with application in your particular practice area and fieldwork.

Your clinical knowledge and experience as an occupational therapist is essential in providing our students with a clinical perspective of the profession that is invaluable and impossible to have available to them within the classroom. Please take a few minutes to review the enclosed materials and we hope that you find it useful. We welcome your feedback and encourage you to contact us if you have questions.

Students

Welcome to Level II Fieldwork! This handbook is meant to orient you to FW II policies and guidelines related to the requirements for FW education at the LSUHSC-NO Master of Occupational Therapy Program. The Academic and/or Clinical FW Coordinator are available to further clarify any information included in this handbook.

The program provides opportunities for students to develop necessary skills and abilities expected for entry-level proficiency in occupational therapy. There is a strong emphasis on encouraging clinical reasoning and critical thinking in working with clients of all ages, cultures, and disability status. The LSUSHC-NO 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 handbook prior to beginning your FW II to become familiar with your responsibilities during this phase of your education.
FIELDWORK PROGRAM REQUIREMENTS

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

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

**Department of Occupational Therapy**
1900 Gravier St., 8th Floor  
New Orleans, LA 70112  
504-568-4302  
Fax: 504-568-4306  
[http://alliedhealth.lsuhsc.edu/ot/default.aspx](http://alliedhealth.lsuhsc.edu/ot/default.aspx)

**Student Health Services**
2020 Gravier St., 7th Floor  
New Orleans, LA 70112  
504-525-4839  
Fax: 866-814-9706  
[http://www.lsuhsc.edu/orgs/studenthealth/](http://www.lsuhsc.edu/orgs/studenthealth/)

**Student Affairs**
1900 Gravier St., 6th Floor  
New Orleans, LA 70112  
504-568-4254  
[http://alliedhealth.lsuhsc.edu/Admin/StudentAffairs.aspx](http://alliedhealth.lsuhsc.edu/Admin/StudentAffairs.aspx)

**Registrar**
433 Bolivar St.  
New Orleans, LA 70112  
504-568-4829  
[http://www.lsuhsc.edu/no/students/](http://www.lsuhsc.edu/no/students/)

**Financial Aid**
433 Bolivar Street, Room 215  
New Orleans, LA 70112-2223  
504-568-4820  
[http://www.lsuhsc.edu/no/students/FinancialAid/](http://www.lsuhsc.edu/no/students/FinancialAid/)

**IT Help Desk**
1-800-303-3290  
504-568-HELP (4357)  
helpdesk@lsuhsc.edu

**PROFESSIONAL ORGANIZATIONS**
American Occupational Therapy Association (AOTA)  
4720 Montgomery Lane, Suite 200  
Bethesda, MD 20814-3449  
301-652-2686  
[http://aota.org/](http://aota.org/)

Louisiana Occupational Therapy Association (LOTA)  
P. O. Box 14806  
Baton Rouge, LA 70898  
225-291-2806  

**REGULATORY AGENCIES**
Louisiana State Board of Medical Examiners (LSBME)  
630 Camp St.  
New Orleans, LA 70130  
504-524-6823  

National Board for the Certification of Occupational Therapy (NBCOT)  
12 South Summit Ave., Suite 100  
Gaithersburg, MD 20877  
301-990-7979  
FACULTY AND STAFF

FACULTY

KELLY L. ALIG, PHD, LOTR
Department Head and Assistant Professor
Academic Background: Bachelor of Science in Occupational Therapy; Master of Arts in Occupational Therapy; PhD in Educational Administration (Higher Education Concentration)
Clinical Experience: Adult Physical Disabilities
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BARBARA DOUCET, PHD, LOTR
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Academic Background: Bachelor in Science in Therapeutic Recreation; Master of Arts in Guidance and Counseling
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STAFF

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Department of Occupational Therapy

MASTER OF OCCUPATIONAL THERAPY (MOT)

PROGRAM INFORMATION

Occupational therapy (OT) is a health and rehabilitation profession whose practitioners provide services to clients of all ages, enabling them to do the day-to-day activities that are important to them despite impairments, activity limitations, or participation restrictions. Occupations are another name for these day-to-day activities. Occupations are goal-directed pursuits that typically extend over time; have meaning to the performer, and involve multiple tasks. Occupational performance areas consist of activities of daily living, work/productive, and play/leisure activities. A holistic philosophy is employed to assist individuals whose function has been impaired by disease, injury, or disorders of a physical, mental, or social nature. Occupational therapists, through their interventions, enable people to regain health as well as function in life roles.

Intervention involves therapeutic use of meaningful and purposeful occupations, adaptation of environments and processes, promotion of health and wellness, and use of assistive technology and ergonomic principles.

The Louisiana State University Health Sciences Center-New Orleans Department of Occupational Therapy offers a program leading to an entry-level Master of Occupational Therapy (MOT) degree. The program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). A career in occupational therapy offers variety, independence, creativity, and a wide choice of career paths. Employment opportunities for occupational therapists are available in a variety of institutional, (e.g., inpatient hospitals, nursing facilities), outpatient, and home and community settings (home care, schools, day-care centers, wellness centers).

Graduates of the program are eligible to sit for the National Occupational Therapy Certification Board (NBCOT) exam. Successful completion of this exam qualifies the individual as an Occupational Therapist, Registered (OTR) and makes him or her eligible to be licensed as an occupational therapist in most states, including Louisiana. A felony conviction may affect a graduate’s ability to sit for the NBCOT certification examination or attain state licensure.
VISION

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

CORE VALUES

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

MISSION

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

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

Education

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

Research and Scholarship

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

Service

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

PHILOSOPHY

View of the Person

Occupational therapists view people holistically as dynamic, open systems with biological, psychological, sociocultural, and spiritual dimensions that exert transactive influences. A person can be considered an individual system, or a member of a larger system such as a family, community, or nation. 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 issues regarding their care.

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 them despite impairments with body functions and structures, activity limitations, or activity participation restrictions due to contextual barriers (World Health Organization [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, 2014), Purpose and Value of Fieldwork Education (AOTA, 2009), and its Philosophical Base of Occupational Therapy (AOTA, 2011). 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 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 (Gijselaers, 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 (Johnson, Johnson, & Smith, 1998). Collaboration itself is a source of learning that supports acquisition and integration of information. Critical 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, 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, 2007, 2009).

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, Brown, & McGuigan, 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 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 strengthens 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, 2008).

- **Occupation-based Practice.** Occupations are ordinary activities that bring meaning to the daily lives of individuals, families, and communities and enable them to participate in society. Meaningful activities are an innate need and right for all individuals and influence health and well-being throughout the lifespan. Occupations occur within diverse social, physical, cultural, personal, temporal, and/or virtual context. The dynamic relationship between individual’s intrinsic factors, the context in which they occur and the unique characteristics of the activity impact the quality, experience and satisfaction of
occupational performance. Engagement in occupation facilitates role participation and provides routine in daily living, thereby enhancing quality of life. The use of occupation to promote individual, community, and population health and wellness is the core of occupational therapy practice, education, research leadership and advocacy. (AOTA, 2011).

- **Occupational Therapy Process.** The occupational therapy process may be applied to individuals, programs, organizations, and other groups in the community. The process begins with an evaluation, in which a collaborative relationship is established between client and therapist (AOTA, 2008). The initial step, the occupational profile, yields information about the client’s occupational history and experiences, daily patterns, interests, values, needs, priorities, and concerns about participation in occupation. Analysis of occupational performance more specifically determines the client’s assets and what is hindering performance of occupation. Considerations include performance skills, patterns, context, activity demands, and client factors (AOTA, 2008). Steps of the intervention process include planning, implementation, and review of progress. Outcomes are defined by the client’s participation in life through engagement in occupation (AOTA, 2008) and may be achieved through various service-delivery models. Outcome information is utilized for future intervention planning and for program evaluation (AOTA, 2008).

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 in both traditional and emerging practice areas allows students to develop questions about practice 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. On 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 and freely.

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 any 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 six practice areas of AOTA’s Centennial Vision, which include children and youth, health and wellness, mental health, productive aging, rehabilitation, disability, and participation, and work and industry (Clark, 2008). These six diverse members of the band represent the six diverse domains of occupational therapy, and the variety of clients that are helped by this profession.
Schematic Representation of Conceptual Model

Figure 1. Representation of Conceptual Model of the Curriculum
<table>
<thead>
<tr>
<th>Semester</th>
<th>Credits</th>
<th>Course</th>
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<tr>
<td>Spring I</td>
<td>4</td>
<td>OCCT 6410 Concepts of Occupation</td>
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<td>OCCT 6512 Occupational Performance Across the Lifespan</td>
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<td>4</td>
<td>OCCT 6523 Human Physiology</td>
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<td>4</td>
<td>OCCT 6624 Medical Conditions</td>
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<td>3</td>
<td>OCCT 6418 Interactive Reasoning</td>
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<td>18 cr.</td>
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<td>Summer I</td>
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<td>ANAT 6522 Human Anatomy</td>
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<td>OCCT 6524 Applied Kinesiology</td>
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<td>Fall I</td>
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<td>OCCT 6450 Measurement and Evaluation</td>
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<td>4</td>
<td>OCCT 6520 Principles of Practice: Adult I</td>
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<td></td>
<td>4</td>
<td>OCCT 6530 Applications I: General Practice Concepts</td>
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<td>4</td>
<td>ANAT 6533 Neuroanatomy</td>
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<td>1</td>
<td>OCCT 6540 FWE I &amp; Seminar</td>
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<td></td>
<td>17 cr.</td>
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<td>Spring II</td>
<td>3</td>
<td>OCCT 6432 Health-Disability Continuum</td>
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<td>4</td>
<td>OCCT 6614 O.T. for Orthopedic Conditions</td>
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<tr>
<td></td>
<td>4</td>
<td>OCCT 6620 Principles of Practice: Adult II</td>
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<td>3</td>
<td>OCCT 6640 Documentation</td>
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<td>OCCT 6650 Research I</td>
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<td>Summer II</td>
<td>6 cr.</td>
<td>OCCT 6670 Fieldwork Experience II a.</td>
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<td>Fall II</td>
<td>3</td>
<td>OCCT 6716 Management in Occupational Therapy</td>
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<tr>
<td></td>
<td>3</td>
<td>OCCT 6718 Community-Based &amp; Specialized Practice</td>
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<td>4</td>
<td>OCCT 6720 Principles of Practice: Early Life</td>
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<td>3</td>
<td>OCCT 6730 Applications II: Specialized Practice Concepts</td>
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<td>OCCT 6750 Research II</td>
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<td>Spring III</td>
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<td>OCCT 6770 Fieldwork Experience II b.</td>
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<td>OCCT 6770 Research III</td>
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<td><strong>Graduation in May</strong></td>
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</tr>
</tbody>
</table>
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, contexts, activity demands, and client factors.
   d. Articulate the effects of health and disability on an individual living in his/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.

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. Students will:
   a. Build a knowledge base of varied screening and evaluation methods.
   b. Select appropriate assessment tools based on their psychometric properties and on characteristics of person and context.
   c. Appropriately administer selected assessments and use occupation for assessment purposes.
   d. Interpret and apply evaluation findings appropriately.

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

i. Monitor, reassess, and modify interventions as needs of client changes.

j. 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., health care, 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 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.
References


Revised Reference List 4/16
OCCUPATIONAL THERAPY CATALOG 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 6523: Human Physiology
Lectures cover physiology of cell, tissue, organ and body systems with emphasis on physiological changes associated with selected pathological conditions. Laboratory demonstrations focus on observation and measurement of function in the body systems, using videotapes and animal experiments. (4 credits)

OCCT 6624: Medical Conditions
Medical perspective of conditions frequently encountered by occupational therapists and respective occupational therapy interventions will be detailed. (4 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. (4 credits)

**OCCT 6520: Principles of Practice: Adult I**
First of two courses that applies the OT process to adults experiencing occupational performance deficits. Emphasis on factors contributing to successful engagement in occupation through adulthood and conditions that challenge occupational performance in mid to late life. (4 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)

**SPRING II**

**OCCT 6432: Health-Disability Continuum**
Disability/illness experience of service recipients and resultant effects upon their occupational performance, quality of life, family roles and responsibilities, the ability to participate in productive activity, and implications of disease and disability on society will be emphasized. Adjustment to disability, current health care issues, and community resources will be discussed. (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: Principles of Practice: Adult II**
Continuation from Principles of Practice: Adult I. Focus on occupational performance problems of the adult with special attention given to aging and performance dysfunction of later life. (3 credits)
**OCCT 6640: Documentation**  
Common documentation practices used throughout the OT process will be shared, including opportunities to develop needed skills. Included in the course is a 40-hour Level I Fieldwork Experience at an off-campus site. (3 credits)

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

**SUMMER II**

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

**FALL II**

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

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

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

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

**OCCT 6750: Research II**  
Course emphasis is on the execution of a research protocol, written and oral dissemination of study findings, and the application of published research to practice. (3 credits)
SPRING III

OCCT 6770: Fieldwork Experience II b.
Second of two in-depth, supervised experiences in delivering occupational therapy services to clients in a variety of community settings, full-time for 12 weeks. (8 credits)

OCCT 6850: Research III
Students complete, disseminate, and reflect on their capstone project. (1 credit)
TECHNICAL STANDARDS FOR OCCUPATIONAL THERAPY

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

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

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

Observation Skills

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

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

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

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

Communication Skills

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

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

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

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

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

**Intellectual/Conceptual Skills**

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

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

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

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

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

**Psychomotor**

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

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

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

4. Individuals must possess adequate fine motor skills to be able to manipulate small objects, manage scissors, fabricate splints, and utilize tools /activities.
5. Individuals must tolerate being in close physical proximity and in physical contact with others.

**Behavioral & Social Skills**

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

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

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

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

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

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

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

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

**Professional Responsibilities**

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

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

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

4. Students will take initiative to direct their own learning as evidenced by the ability to prepare in advance, utilize resources before asking for help and independently explore additional information. Students must be able to take responsibility for their actions and outcomes.
5. Students need to work cooperatively and collaboratively with other students on assigned projects, and participate willingly in a supervisory process involving evaluation of other students and their own abilities and reasoning skills via giving and receiving feedback, as well as looking for ways to improve.

6. Students must adhere to policies of the university, their program, and clinical sites. This includes matters ranging from professional dress and behavior, to attending to their program’s academic schedule.

7. Students must demonstrate knowledge of and commitment to the code of ethics of their profession and behavior that reflects a sense of right and wrong in the helping environment.
DEPARTMENTAL POLICIES

**Dress Code**

1. All students are to comply with the dress code requirements of the facility in which they are assigned.
2. At minimum, students should wear LSUHSC OT polo shirts, full-length pants, socks, and appropriate footwear to include flat shoes with closed heels and toes.
3. The student’s LSUHSC – New Orleans I.D. badge should be worn at all times, unless a student is issued an I.D. badge by the facility where the student is performing the FW II experience.
4. Students should use the following checklist as a guide for professional attire:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Met</th>
<th>Not Met</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall neat &amp; clean grooming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No strong perfume or cologne</td>
<td></td>
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<td></td>
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<tr>
<td>Facial piercings are removed</td>
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<tr>
<td>Conservative use of jewelry/accessories</td>
<td></td>
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<tr>
<td>Tattoos are covered</td>
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<tr>
<td>Nails are neat and trim</td>
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<tr>
<td>Overall neat &amp; clean appearance of clothing</td>
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<td></td>
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<tr>
<td>Appropriate fit to clothing</td>
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<tr>
<td>Appropriate shirt choice</td>
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<td></td>
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<tr>
<td>Conservative neckline</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Chest/cleavage remains concealed when bending forward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen/low back remain concealed when reaching overhead</td>
<td></td>
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<tr>
<td>Appropriate choice of pants</td>
<td></td>
<td></td>
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<tr>
<td>Low back remains concealed when sitting</td>
<td></td>
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<tr>
<td>Low back remains concealed when performing a transfer</td>
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<tr>
<td>Low back remains concealed when kneeling on floor and reaching forward</td>
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<td></td>
</tr>
<tr>
<td>Undergarments remain concealed during all movements</td>
<td></td>
<td></td>
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<tr>
<td>Appropriate footwear (flat shoes with closed heels and toes)</td>
<td></td>
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<tr>
<td>Wearing socks/stockings</td>
<td></td>
<td></td>
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<tr>
<td>Wearing watch (should not rely on cell phone for time)</td>
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</tbody>
</table>
Confidentiality

1. All students enrolled at LSUHSC – New Orleans are required to complete continuing compliance training 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)
   - FERPA
   - The Breach Notification Rule

2. 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.

3. The American Occupational Therapy Association (AOTA) also provides the following guidelines for FW II students:

HIPAA Guidelines for Fieldwork

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

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

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

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

Resource:

HIPAA Frequently Asked Questions. See more at: 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 – New Orleans, its faculty/staff, or its students.
2. Post should include only appropriate language. Inappropriate language includes, but is not limited to, obscene or threatening language or defamation (hate speech) based on race, sex, gender, religion, national origin, age, or disability.
3. Do not post information, photos or videos that will reflect negatively on you, your FW II facility, your FW educator, the OT department, or the institution.
4. It is strongly advised to avoid participating in actions that may be harmful or have a negative impact on the reputation of LSUHSC – New Orleans 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 pre-dates the clinical relationship. The OT department also recommends that students do not “friend” their FW educators until after the experience is over.
8. Do not disclose confidential or derogatory information about the FW II site, its staff, or clients. Do not discuss personal opinions about a FW site and/or its clients and staff.

9. Under current law, it is forbidden to disclose any personal health information, including imaging of patients or discuss patient cases in any social network or digital media. Such behavior is a direct violation of HIPAA guidelines. All LSUHSC – OT students are required to complete HIPAA training through LSUHSC – New Orleans, Office of Compliance Programs.

Cell Phone Use

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

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

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

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

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

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

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

References


The Commission on Education

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Neil Harvison, PhD, OTR/L, *AOTA Staff Liaison*

*Adopted by the Representative Assembly 2009FebCS115*

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

Copyright © 2009, by the American Occupational Therapy Association. To be published in the *American Journal of Occupational Therapy, 63*(November/December).
Fieldwork Level II and Occupational Therapy Students: A Position Paper

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®; 2012). 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, 2012).

The academic program and the supervising occupational therapy practitioner1 are responsible for ensuring that the type and amount of supervision meet the needs of the student and ensure 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:

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.

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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, 2012).

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 3 years of practice experience to provide this type of supervision (ACOTE, 2012).

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

j. Student supervision and reimbursement policies and regulations set forth by third-party payers will be followed.

It is the professional and ethical responsibility of occupational therapy practitioners to be knowledgeable of and adhere to applicable state and federal laws and payer rules and regulations related to fieldwork education.
References


Authors

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Jyothi Gupta, PhD, OTR/L, OT, Chairperson, Commission on Education

for

The Commission on Practice
Debbie Amini, EdD, OTR/L, CHT, Chairperson

and

The Commission on Education
Jyothi Gupta, PhD, OTR/L, OT, Chairperson

Adopted by the Representative Assembly Coordinating Council (RACC) for the Representative Assembly, 2012 in response to RA Charge # 2011AprC26.

Note. This document is based on a 2010 Practice Advisory, “Services Provided by Students in Fieldwork Level II Settings.” Prepared by a Commission on Practice and Commission on Education Joint Task Force: Debbie Amini, EdD, OTR/L, CHT, C/NDT
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## SECTION A: GENERAL REQUIREMENTS

### A.1.0. SPONSORSHIP AND ACCREDITATION

#### A.1.1. The sponsoring institution(s) and affiliates, if any, must be accredited by the recognized regional accrediting authority. For programs in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.

#### A.1.2. Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority.

#### A.1.3. Accredited occupational therapy educational programs may be established only in senior colleges, universities, or medical schools.

#### A.1.4. The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.

#### A.1.5. The program must

- Inform ACOTE of the transfer of program sponsorship or change of the institution’s name within 30 days of the transfer or change.
- Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution’s accreditation status to probation or withdrawal of accreditation.
- Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program.
- Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director.
- Pay accreditation fees within 90 days of the invoice date.
- Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information.
- Agree to a site visit date before the end of the period for which accreditation was previously awarded.
- Demonstrate honesty and integrity in all interactions with ACOTE.

### A.2.0. ACADEMIC RESOURCES

#### A.2.1. The program must identify an individual as the program director who is assigned to the occupational therapy educational program on a full-time basis. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met.
### A.2.2.
The program director must be an initially certified occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The program director must hold a doctoral degree awarded by an institution that is accredited by a regional accrediting body recognized by the U.S. Department of Education (USDE). The doctoral degree is not limited to a doctorate in occupational therapy.

### A.2.3.
The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include:
- Clinical practice as an occupational therapist;
- Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting;
- Scholarship (e.g., scholarship of application, scholarship of teaching and learning); and
- At least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level.

### A.2.4.
The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development.

### A.2.6.
The program director and faculty must possess the academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution.

### A.2.7.
The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program’s compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time faculty member as defined by ACOTE. The academic fieldwork coordinator may be assigned other institutional duties that do not interfere with the management and administration of the fieldwork program. The institution must document that the academic fieldwork coordinator has sufficient release time to ensure that the needs of the fieldwork program are being met.

This individual must be a licensed or otherwise regulated occupational therapist. Coordinators must hold a minimum of a master’s degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body.

### A.2.8.
Core faculty who are occupational therapists or occupational therapy assistants must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the program is located.

Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the additional location is located.

### A.2.10.
The majority of full-time faculty who are occupational therapists or occupational therapy assistants must hold a doctoral degree. All full-time faculty must hold a minimum of a master’s degree. All degrees must be awarded by an institution that is accredited by a USDE-recognized regional accrediting body. The degrees are not limited to occupational therapy.

For an even number of full-time faculty, at least half must hold doctorates. The program director is counted as a faculty member.

### A.2.11.
The faculty must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).

### A.2.12.
For programs with additional accredited location(s), the program must identify a faculty member who is an occupational therapist as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.
### A.2.13. The occupational therapy faculty at each accredited location where the program is offered must be sufficient in number and must possess the expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation. The faculty must include individuals competent to ensure delivery of the broad scope of occupational therapy practice. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal. Each accredited additional location must have at least one full-time equivalent (FTE) faculty member.

### A.2.14. Faculty responsibilities must be consistent with and supportive of the mission of the institution.

### A.2.15. The faculty–student ratio must permit the achievement of the purpose and stated objectives for laboratory and lecture courses, be compatible with accepted practices of the institution for similar programs, and ensure student and consumer safety.

### A.2.16. Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic and administrative requirements, including support for any portion of the program offered by distance education.

### A.2.17. The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program’s obligation to matriculated and entering students.

### A.2.18. Classrooms and laboratories must be provided that are consistent with the program’s educational objectives, teaching methods, number of students, and safety and health standards of the institution, and they must allow for efficient operation of the program.

### A.2.19. If the program offers distance education, it must include

- A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit,
- Technology and resources that are adequate to support a distance-learning environment, and
- A process to ensure that faculty are adequately trained and skilled to use distance education methodologies.

### A.2.20. Laboratory space provided by the institution must be assigned to the occupational therapy program on a priority basis. If laboratory space for occupational therapy lab classes is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use.

### A.2.21. Adequate space must be provided to store and secure equipment and supplies.

### A.2.22. The program director and faculty must have office space consistent with institutional practice.

### A.2.24. Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic and supervised fieldwork components of the curriculum.

### A.2.25. Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice and practice in the geographic area served by the program.

### A.2.26. Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, and resource centers.

### A.2.27. Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods.
A.3.0. **STUDENTS**

A.3.1. Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.

A.3.3. Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public.

A.3.4. Programs must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate master’s Standards.

A.3.5. Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.

A.3.7. Evaluation must be conducted on a regular basis to provide students and program officials with timely indications of the students’ progress and academic standing.

A.3.9. Advising related to professional coursework and fieldwork education must be the responsibility of the occupational therapy faculty.

A.4.0. **OPERATIONAL POLICIES**

A.4.1. All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and Web sites—must accurately reflect the program offered.

A.4.2. Accurate and current information regarding student and program outcomes must be readily available to the public on the program’s Web page. At a minimum, the following data must be reported for the previous 3 years:

- Total number of program graduates,
- Graduation rates.

The program must provide the direct link to the National Board for Certification in Occupational Therapy (NBCOT) program data results on the program’s home page.

A.4.3. The program’s accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following materials used by the institution: catalog, Web site, and program-related brochures or flyers available to prospective students. A link to www.acoteonline.org must be provided on the program’s home page.

A.4.4. All practices within the institution related to faculty, staff, applicants, and students must be nondiscriminatory.

A.4.5. Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included.

A.4.6. The program or sponsoring institution must have a defined and published policy and procedure for processing student and faculty grievances.

A.4.7. Policies and procedures for handling complaints against the program must be published and made known. The program must maintain a record of student complaints that includes the nature and disposition of each complaint.
A.4.8. Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.

A.4.9. Policies and procedures for student probation, suspension, and dismissal must be published and made known.

A.4.10. Policies and procedures for human-subject research protocol must be published and made known.

A.4.11. Programs must make available to students written policies and procedures regarding appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures).

A.4.12. A program admitting students on the basis of ability to benefit (defined by the USDE as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student’s ability to benefit.

A.4.13. Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program’s Web site about the potential impact of a felony conviction on a graduate’s eligibility for certification and credentialing must be provided.

A.4.14. The program must have a documented and published policy to ensure that students complete all graduation and fieldwork requirements in a timely manner. This policy must include a statement that all Level II fieldwork must be completed within a time frame established by the program.

A.4.15. Records regarding student admission, enrollment, fieldwork, and achievement must be maintained and kept in a secure setting. Grades and credits for courses must be recorded on students’ transcripts and permanently maintained by the sponsoring institution.

A.5.0. STRATEGIC PLAN AND PROGRAM ASSESSMENT

For programs that are offered at more than one location, the program’s strategic plan, evaluation plan, and results of ongoing evaluation must address each program location as a component of the overall plan.

A.5.1. The program must document a current strategic plan that articulates the program’s future vision and guides the program development (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program strategic plan must be for a minimum of a 3-year period and include, but need not be limited to,

- Evidence that the plan is based on program evaluation and an analysis of external and internal environments.
- Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program.
- Specific measurable action steps with expected timelines by which the program will reach its long-term goals.
- Person(s) responsible for action steps.
- Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.

A.5.2. The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor. At a minimum, the plan must include, but need not be limited to,

- Goals to enhance the faculty member’s ability to fulfill designated responsibilities (e.g., goals related to currency in areas of teaching responsibility, teaching effectiveness, research, scholarly activity).
- Specific measurable action steps with expected timelines by which the faculty member will achieve the goals.
- Evidence of annual updates of action steps and goals as they are met or as circumstances change.
- Identification of the ways in which the faculty member’s professional development plan will contribute to attaining the program’s strategic goals.
### A.5.3. Programs must routinely secure and document sufficient qualitative and quantitative information to allow for meaningful analysis about the extent to which the program is meeting its stated goals and objectives. This must include, but need not be limited to,

- Faculty effectiveness in their assigned teaching responsibilities.
- Students’ progression through the program.
- Student retention rates.
- Fieldwork performance evaluation.
- Student evaluation of fieldwork experience.
- Student satisfaction with the program.
- Graduates’ performance on the NBCOT certification exam.
- Graduates’ job placement and performance as determined by employer satisfaction.

### A.5.4. Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.

### A.5.5. The results of ongoing evaluation must be appropriately reflected in the program’s strategic plan, curriculum, and other dimensions of the program.

### A.5.6. The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has less than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total.

### A.6.0. CURRICULUM FRAMEWORK

The curriculum framework is a description of the program that includes the program’s mission, philosophy, and curriculum design.

### A.6.1. The curriculum must include preparation for practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, long-term care) and emerging practice areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, children, adolescents, adults, and elderly persons in areas of physical and mental health.

### A.6.3. The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate.

### A.6.5. The statement of philosophy of the occupational therapy program must reflect the current published philosophy of the profession and must include a statement of the program’s fundamental beliefs about human beings and how they learn.

### A.6.6. The statement of the mission of the occupational therapy program must be consistent with and supportive of the mission of the sponsoring institution. The program’s mission statement should explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.

### A.6.7. The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify curricular threads and educational goals and describe the selection of the content, scope, and sequencing of coursework.

### A.6.8. The program must have clearly documented assessment measures by which students are regularly evaluated on their acquisition of knowledge, skills, attitudes, and competencies required for graduation.
A.6.9. The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) and materials used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.

SECTION B: CONTENT REQUIREMENTS

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<th>B.1.0. FOUNDATIONAL CONTENT REQUIREMENTS</th>
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<td>Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the lifespan. If the content of the Standard is met through prerequisite coursework, the application of foundational content in sciences must also be evident in professional coursework. The student will be able to</td>
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| B.1.1. Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics. |
| B.1.2. Demonstrate knowledge and understanding of human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. |
| B.1.3. Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral sciences, social sciences, and occupational science. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology. |
| B.1.4. Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology. |
| B.1.5. Demonstrate an understanding of the ethical and practical considerations that affect the health and wellness needs of those who are experiencing or are at risk for social injustice, occupational deprivation, and disparity in the receipt of services. |
| B.1.6. Demonstrate knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions. |
| B.1.7. Demonstrate the ability to use statistics to interpret tests and measurements for the purpose of delivering evidence-based practice. |
| B.1.8. Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology. |

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<th>B.2.0. BASIC TENETS OF OCCUPATIONAL THERAPY</th>
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<td>Coursework must facilitate development of the performance criteria listed below. The student will be able to</td>
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| B.2.1. Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy. |
| B.2.2. Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors. |
| B.2.3. Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of |
| B.2.4. | Articulate the importance of balancing areas of occupation with the achievement of health and wellness for the clients. |
| B.2.5. | Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society. |
| B.2.6. | Analyze the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual. |
| B.2.7. | Demonstrate task analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to formulate an intervention plan. |
| B.2.8. | Use sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. |
| B.2.9. | Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and environment. |
| B.2.10. | Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed. |
| B.2.11. | Analyze, synthesize, and apply models of occupational performance. |

**B.3.0. OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES**

The program must facilitate the development of the performance criteria listed below. The student will be able to

| B.3.1. | Apply theories that underlie the practice of occupational therapy. |
| B.3.2. | Compare and contrast models of practice and frames of reference that are used in occupational therapy. |
| B.3.3. | Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention. |
| B.3.4. | Analyze and discuss how occupational therapy history, occupational therapy theory, and the sociopolitical climate influence practice. |
| B.3.5. | Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments to analyze and effect meaningful occupation outcomes. |
| B.3.6. | Discuss the process of theory development and its importance to occupational therapy. |

**B.4.0. SCREENING, EVALUATION, AND REFERRAL**

The process of screening, evaluation, and referral as related to occupational performance and participation must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. In addition, this process must consider the continuum of need from individuals to populations. The program must facilitate development of the performance criteria listed below. The student will be able to

| B.4.1. | Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community. |
| B.4.2. | Select appropriate assessment tools on the basis of client needs, contextual factors, and psychometric properties of tests. These must be culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process. |
| B.4.3. | Use appropriate procedures and protocols (including standardized formats) when administering assessments. |
B.4.4. Evaluate client(s)’ occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes:

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
- Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).
- Performance patterns (e.g., habits, routines, rituals, roles).
- Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).
- Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.

B.4.5. Compare and contrast the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapist and occupational therapy assistant in that process.

B.4.6. Interpret criterion-referenced and norm-referenced standardized test scores on the basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.

B.4.7. Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.

B.4.8. Interpret the evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks.

B.4.9. Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.

B.4.10. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.

B.5.0. INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION

The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference. The program must facilitate development of the performance criteria listed below. The student will be able to:

B.5.1. Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
- Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).
- Performance patterns (e.g., habits, routines, rituals, roles).
- Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).
- Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.
| B.5.2. | Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation. |
| B.5.3. | Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods). |
| B.5.4. | Design and implement group interventions based on principles of group development and group dynamics across the lifespan. |
| B.5.5. | Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration. |
| B.5.6. | Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception). |
| B.5.7. | Demonstrate therapeutic use of self, including one’s personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction. |
| B.5.8. | Develop and implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance. |
| B.5.9. | Evaluate and adapt processes or environments (e.g., home, work, school, community) applying ergonomic principles and principles of environmental modification. |
| B.5.10. | Articulate principles of and be able to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being. |
| B.5.11. | Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation. Train in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics. |
| B.5.12. | Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices. |
| B.5.13. | Provide recommendations and training in techniques to enhance community mobility, including public transportation, community access, and issues related to driver rehabilitation. |
| B.5.14. | Provide management of feeding, eating, and swallowing to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and swallowing assessment and management) and train others in precautions and techniques while considering client and contextual factors. |
| B.5.15. | Demonstrate safe and effective application of superficial thermal and mechanical modalities as a preparatory measure to manage pain and improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions. |
| B.5.16. | Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance, including indications, contraindications, and precautions. |
| B.5.17. | Develop and promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client. |
| B.5.18. | Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, family and significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety. |
| B.5.19. | Apply the principles of the teaching–learning process using educational methods to design experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public. |
| B.5.20. | Effectively interact through written, oral, and nonverbal communication with the client, family, significant others,
colleagues, other health providers, and the public in a professionally acceptable manner.

| B.5.21. | Effectively communicate and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member’s responsibility in executing an intervention plan. |
| B.5.22. | Refer to specialists (both internal and external to the profession) for consultation and intervention. |
| B.5.23. | Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, the sociocultural context, and technological advances. |
| B.5.24. | Select and teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance, participation, and well-being. |
| B.5.25. | Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions. |
| B.5.26. | Understand when and how to use the consultative process with groups, programs, organizations, or communities. |
| B.5.27. | Describe the role of the occupational therapist in care coordination, case management, and transition services in traditional and emerging practice environments. |
| B.5.28. | Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention. |
| B.5.29. | Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. This process includes, but is not limited to, identification of client’s current status within the continuum of care; identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client’s progression along the continuum toward outcome goals. |
| B.5.30. | Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes. Report evaluation results and modify practice as needed to improve client outcomes. |
| B.5.31. | Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This process includes developing a summary of occupational therapy outcomes, appropriate recommendations, and referrals and discussion of post-discharge needs with the client and with appropriate others. |
| B.5.32. | Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered. |

**B.6.0. CONTEXT OF SERVICE DELIVERY**

Context of service delivery includes the knowledge and understanding of the various contexts, such as professional, social, cultural, political, economic, and ecological, in which occupational therapy services are provided. The program must facilitate development of the performance criteria listed below. The student will be able to

| B.6.1. | Evaluate and address the various contexts of health care, education, community, political, and social systems as they relate to the practice of occupational therapy. |
| B.6.2. | Analyze the current policy issues and the social, economic, political, geographic, and demographic factors that influence the various contexts for practice of occupational therapy. |
| B.6.3. | Integrate current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services. |
| B.6.4. | Articulate the role and responsibility of the practitioner to advocate for changes in service delivery policies, to effect changes in the system, and to identify opportunities in emerging practice areas. |
| B.6.5. | Analyze the trends in models of service delivery, including, but not limited to, medical, educational, community, and social models, and their potential effect on the practice of occupational therapy. |
| B.6.6. | Utilize national and international resources in making assessment or intervention choices and appreciate the influence of international occupational therapy contributions to education, research, and practice. |

| B.7.0. | **MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES**  
*Management of occupational therapy services includes the application of principles of management and systems in the provision of occupational therapy services to individuals and organizations. The program must facilitate development of the performance criteria listed below. The student will be able to* |
| B.7.1. | Describe and discuss the impact of contextual factors on the management and delivery of occupational therapy services. |
| B.7.2. | Describe the systems and structures that create federal and state legislation and regulations and their implications and effects on practice. |
| B.7.3. | Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws. |
| B.7.4. | Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third party, private payer), appeals mechanisms, and documentation requirements that affect the practice of occupational therapy. |
| B.7.5. | Demonstrate the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs and service delivery options and formulation and management of staffing for effective service provision. |
| B.7.6. | Demonstrate the ability to design ongoing processes for quality improvement (e.g., outcome studies analysis) and develop program changes as needed to ensure quality of services and to direct administrative changes. |
| B.7.7. | Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non–occupational therapy personnel. |
| B.7.8. | Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator. |

| B.8.0. | **SCHOLARSHIP**  
*Promotion of scholarly endeavors will serve to describe and interpret the scope of the profession, establish new knowledge, and interpret and apply this knowledge to practice. The program must facilitate development of the performance criteria listed below. The student will be able to* |
| B.8.1. | Articulate the importance of how scholarly activities contribute to the development of a body of knowledge relevant to the profession of occupational therapy. |
| B.8.2. | Effectively locate, understand, critique, and evaluate information, including the quality of evidence. |
| B.8.3. | Use scholarly literature to make evidence-based decisions. |
| B.8.4. | Understand and use basic descriptive, correlational, and inferential quantitative statistics and code, analyze, and synthesize qualitative data. |
| B.8.5. | Understand and critique the validity of research studies, including their design (both quantitative and qualitative) and methodology. |
| B.8.6. | Demonstrate the skills necessary to design a scholarly proposal that includes the research question, relevant |
| B.8.7. | Participate in scholarly activities that evaluate professional practice, service delivery, and/or professional issues (e.g., Scholarship of Integration, Scholarship of Application, Scholarship of Teaching and Learning). |
| B.8.8. | Demonstrate skills necessary to write a scholarly report in a format for presentation or publication. |
| B.8.9. | Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities. |
| **B.9.0. PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES** |  |
| B.9.1. | Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) Occupational Therapy Code of Ethics and Ethics Standards and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings. |
| B.9.2. | Discuss and justify how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations. |
| B.9.3. | Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public. |
| B.9.4. | Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards. |
| B.9.5. | Discuss professional responsibilities related to liability issues under current models of service provision. |
| B.9.6. | Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities. |
| B.9.7. | Discuss and justify the varied roles of the occupational therapist as a practitioner, educator, researcher, consultant, and entrepreneur. |
| B.9.8. | Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant. |
| B.9.9. | Describe and discuss professional responsibilities and issues when providing service on a contractual basis. |
| B.9.10. | Demonstrate strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts. |
| B.9.11. | Explain the variety of informal and formal systems for resolving ethics disputes that have jurisdiction over occupational therapy practice. |
| B.9.12. | Describe and discuss strategies to assist the consumer in gaining access to occupational therapy services. |
| B.9.13. | Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., AOTA, state occupational therapy associations, advocacy organizations). |
Level II Fieldwork Prerequisites

Prior to a student beginning a Level II fieldwork, a successful completion of the LSUHSC-MOT program of study and consent are required. LSUHSC-MOT students will not be able to progress with fieldwork if there are outstanding unsuccessful or incomplete grades, or if there are blocks on a student’s record.

ACOTE Standards Related to Fieldwork II

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

## SECTION C: FIELDWORK EDUCATION

<table>
<thead>
<tr>
<th>C.1.0.</th>
<th>FIELDWORK EDUCATION</th>
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<tbody>
<tr>
<td>Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision of a qualified occupational therapy practitioner serving as a role model. The academic fieldwork coordinator is responsible for the program’s compliance with fieldwork education requirements. The academic fieldwork coordinator will</td>
<td></td>
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</table>

| C.1.1. | Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education. |

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

| C.1.3. | Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork. |

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

| C.1.5. | Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program as required by Standard A.4.14. |

| C.1.6. | The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I or Level II fieldwork experience. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding. |
| C.1.7. Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation. |
| The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program’s curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will |
| C.1.11. Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities. |
| C.1.12. Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings. |
| C.1.13. Require a minimum of 24 weeks’ full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement’s usual and customary personnel policies, as long as it is at least 50% of an FTE at that site. |
| C.1.14. Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program. |
| C.1.15. Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice). |
| C.1.16. Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client’s condition, and the ability of the student. |
| C.1.17. Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years’ full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site. |
| C.1.18. Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student or equivalent). |
| C.1.19. Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice. |
Students will register for each Level II placement, which is 6 credit hours in their third semester and 8 credit hours in their last semester for a total of 14 credit hours for completion of the fieldwork requirement. Each Fieldwork II experience is 12 weeks or 3 months (full-time).

### Student Requirements to Participate in Fieldwork

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Activity</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Health and Accident Insurance</td>
<td>Student obtains insurance through student health service or other insurance carrier. Student keeps department updated on any changes to insurance.</td>
<td>Provide department with insurance number at the start of the program. Provide the department with written notice of any changes to the insurance agency or policy number.</td>
</tr>
<tr>
<td>Immunization Record</td>
<td>Student obtains this prior to admission to the program. All records are recorded in Student Health.</td>
<td>A copy of the updated immunization is provided to the department by the student prior to fieldwork.</td>
</tr>
<tr>
<td>Tuberculosis Test</td>
<td>Student is responsible for having TB test performed every 12 months. This can be done at student health service or other medical site.</td>
<td>Copies of the record of TB test results and dates are provided by the student to the department.</td>
</tr>
<tr>
<td>CPR</td>
<td>Students must maintain current CPR certification through the Sources: American Heart Association (*healthcare provider required).</td>
<td>Copies of the record of CPR results and dates are provided by the student to the department.</td>
</tr>
<tr>
<td>Drug Testing</td>
<td>Some sites may require drug testing prior to clinical experience. (This maybe at the cost of the student).</td>
<td>Student will be informed if this is required by fieldwork site to which he/she is assigned.</td>
</tr>
<tr>
<td>OSHA Training &amp; Bloodborne Pathogens Training</td>
<td>Student will complete OSHA and Bloodborne Pathogens Training.</td>
<td>Student will complete all compliance training required by the university.</td>
</tr>
<tr>
<td>Criminal Background Check</td>
<td>Some sites may require criminal record check on students.</td>
<td>Student will be informed when this is required. Students are responsible for any expense associated with this.</td>
</tr>
<tr>
<td>Liability Insurance</td>
<td>Each student is responsible for acquiring professional liability insurance prior to fieldwork experience ($1,000,000/$3,000,000).</td>
<td>Student is required to provide copy of professional liability coverage to the department.</td>
</tr>
<tr>
<td>HIPAA Training</td>
<td>Each student is required to have completed the on-line HIPAA training course provided through the Office of Compliance</td>
<td>Student will complete recommended compliance training as required.</td>
</tr>
</tbody>
</table>
COURSE INSTRUCTORS: Mark Blanchard, OTD. LOTR, ATP; Jo Thompson, MA, CTRS

COURSE DESCRIPTION: (6-8 cr.) An in-depth experience in delivering occupational therapy services to clients. Students are supervised in a fieldwork setting full-time (40 hours per week) for two 12-week rotations.

TEXT: References and assigned reading by Fieldwork Education Center.

EVALUATION: Student performance will be evaluated by the Clinical Educator using the Fieldwork Performance Evaluation of the Occupational Therapist (FWPE). The Clinical Educator completes the FWPE and mails the original, along with the Student Evaluation for the Fieldwork Experience, to the Academic/Clinical Fieldwork Coordinator no later than one week after the student has completed the experience. A copy of the evaluation is included in the back of this manual.

COURSE GRADING: A grade of Satisfactory/Unsatisfactory will be recorded by the Academic/Clinical Fieldwork Coordinator. The ratings for the Ethics and Safety items must be scored at 3 or above on the final evaluation for the student to pass the fieldwork experience. An overall final score must be 122 points and above to receive a passing grade.

JUSTIFICATION: 2011 STANDARDS FOR AN ACCREDITED EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST, Effective July 31, 2013 by the ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE), AOTA, Inc.

COURSE OBJECTIVES:

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

1. Demonstrate an understanding of the basic tenets of occupational therapy.
2. Effectively identify appropriate methods to assess relevant areas.
3. Accurately administer and interpret assessment findings.
4. Demonstrate adaptability in administering assessment tools when usual procedures are not practical.
5. Incorporate information obtained through collaboration with clients, family/caregivers, and significant others to develop patient goals and intervention strategies.
6. Effectively communicate and instruct clients, family/caregivers and significant others on activities which support the treatment plan/interventions.
7. Establish and maintain a therapeutic relationship with clients.
8. Utilize the roles modeled by occupational therapy practitioners in direct service to clients.
9. Consistently develop self-evaluation, problem solving and critical thinking skills.
10. Practice interpersonal skills and attitudes necessary for effective interaction with persons having physical, psychosocial, or developmental deficits; people with different values and backgrounds; and with other members of the health care team.

11. Actively participate in the supervisory relationship and use feedback for positive growth and change.

12. Identify professional values and beliefs related to ethical decision making as outlined in the Occupational Therapy Code of Ethics.

**BEHAVIORAL OBJECTIVES:** Behavioral objectives are developed by the Fieldwork Education Center in collaboration with the Academic/Clinical Fieldwork Coordinator. The Fieldwork Education Center provides one copy of these objectives to the student. An additional copy is sent to the Academic/Clinical Fieldwork Coordinator who is responsible for maintaining student fieldwork files.

**TEACHING/LEARNING EXPERIENCES:** 12 Week Fieldwork Practicum
LEVEL II FIELDWORK OBJECTIVES

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

1. Demonstrate an understanding of the basic tenets of occupational therapy.
2. Display behaviors indicative of reflective, empathetic, and ethical practitioners.
3. Demonstrate cultural competence.
4. Demonstrate an understanding of the theoretical bases of occupational therapy.
5. Apply theoretical constructs to practice.
6. Demonstrate an understanding of the process of screening and evaluation.
7. Build a knowledge base of varied screening and evaluation tools.
8. Select appropriate assessment tools based on their psychometric properties and on characteristics of person and context.
9. Appropriately administer selected assessments and use occupations for assessment purposes.
10. Interpret and apply evaluation findings appropriately.
11. Develop an understanding of the process of intervention.
14. Collaborate with clients, caregivers, and other professionals to create intervention plans.
15. Demonstrate an ability to use a variety of teaching/learning techniques, with clients, other health care providers, and the public.
17. Exhibit the ability to appropriately adapt occupations and the environment.
18. Know when to refer clients to other health professionals within and outside the profession.
19. Demonstrate accountability for reimbursement of services.
20. Possess individual and group interaction skills for use with clients, other health care providers, and the public.
21. Monitor, reassess, and modify interventions as needs of client changes.
22. Discharge clients using appropriate procedures.
23. Demonstrate an understanding of various contexts in which occupational therapy services are provided.
24. Apply principles of management and systems to the provision of occupational therapy services.
25. Understand implications of State and Federal legislation in the delivery of occupational therapy services and credentialing of occupational therapy personnel.
27. Advocate for the profession and the consumer.
28. Demonstrate an understanding of reimbursement policies and procedures and their effects on clients.
29. Exhibit professional work behaviors, i.e., proper maintenance of practice environments, time management, respectful treatment of others.
30. Understand the supervisory process of occupational therapy and non-occupational therapy personnel.
31. Acknowledge the ongoing professional responsibility for providing fieldwork education and supervision.
32. Understand the importance of working collaboratively with other occupational therapy personnel, and other service providers.
33. Demonstrate the ability to work collaboratively with clients, their caregivers, and other service providers.
34. Develop an ability to understand and apply research findings to practice.
35. Appropriately use professional literature to make practice decisions; display evidence-based practice skills.
36. Understand and appreciate the ethics and values of the profession.
Occupational Therapy Code of Ethics (2015)

Preamble

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

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

The Code serves two purposes:

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

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

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

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

**Core Values**

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

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

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

**Principles and Standards of Conduct**

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

**Beneficence**

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

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

**Occupational therapy personnel shall**

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

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

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

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

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

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

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

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

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

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

**Nonmaleficence**

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

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

**Related Standards of Conduct**
Occupational therapy personnel shall

A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.

B. Avoid abandoning the service recipient by facilitating appropriate transitions when unable to provide services for any reason.

C. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.

D. Avoid any undue influences that may impair practice and compromise the ability to safely and competently provide occupational therapy services, education, or research.

E. Address impaired practice and when necessary report to the appropriate authorities.

F. Avoid dual relationships, conflicts of interest, and situations in which a practitioner, educator, student, researcher, or employer is unable to maintain clear professional boundaries or objectivity.

G. Avoid engaging in sexual activity with a recipient of service, including the client’s family or significant other, student, research participant, or employee, while a professional relationship exists.

H. Avoid compromising rights or well-being of others based on arbitrary directives (e.g., unrealistic productivity expectations, falsification of documentation, inaccurate coding) by exercising professional judgment and critical analysis.

I. Avoid exploiting any relationship established as an occupational therapy clinician, educator, or researcher to further one’s own physical, emotional, financial, political, or business interests at the expense of recipients of services, students, research participants, employees, or colleagues.

J. Avoid bartering for services when there is the potential for exploitation and conflict of interest.

Autonomy

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

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

Occupational therapy personnel shall

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

Justice

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

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

Related Standards of Conduct
Occupational therapy personnel shall

A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.

B. Assist those in need of occupational therapy services to secure access through available means.

C. Address barriers in access to occupational therapy services by offering or referring clients to financial aid, charity care, or pro bono services within the parameters of organizational policies.

D. Advocate for changes to systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy services.

E. Maintain awareness of current laws and AOTA policies and Official Documents that apply to the profession of occupational therapy.

F. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents.

G. Hold requisite credentials for the occupational therapy services they provide in academic, research, physical, or virtual work settings.

H. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines.

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

J. Refrain from accepting gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer policies when offered gifts.

K. Report to appropriate authorities any acts in practice, education, and research that are unethical or illegal.

L. Collaborate with employers to formulate policies and procedures in compliance with legal, regulatory, and ethical standards and work to resolve any conflicts or inconsistencies.

M. Bill and collect fees legally and justly in a manner that is fair, reasonable, and commensurate with services delivered.

N. Ensure compliance with relevant laws and promote transparency when participating in a business arrangement as owner, stockholder, partner, or employee.

O. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.

P. Refrain from participating in any action resulting in unauthorized access to educational content or exams (including but not limited to sharing test questions, unauthorized use of or access to content or codes, or selling access or authorization codes).

Veracity
Principle 5. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Veracity is based on the virtues of truthfulness, candor, and honesty. The Principle of Veracity refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information (Beauchamp & Childress, 2013). Veracity is based on respect owed to others, including but not limited to recipients of service, colleagues, students, researchers, and research participants.

In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. When entering into a therapeutic or research relationship, the recipient of service or research participant has a right to accurate information. In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided.

Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle of Veracity also requires thoughtful analysis of how full disclosure of information may affect outcomes.

Related Standards of Conduct

Occupational therapy personnel shall

A. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication.

B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.

C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities.

D. Identify and fully disclose to all appropriate persons errors or adverse events that compromise the safety of service recipients.

E. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public.

F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.

G. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.

H. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize).

I. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution.
J. Maintain privacy and truthfulness when utilizing telecommunication in delivery of occupational therapy services.

**Fidelity**

**Principle 6. Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity.**

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

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

**Related Standards of Conduct**

**Occupational therapy personnel shall**

A. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws.

B. Address incompetent, disruptive, unethical, illegal, or impaired practice that jeopardizes the safety or well-being of others and team effectiveness.

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

D. Avoid using one’s position (employee or volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations.

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

F. Refrain from verbal, physical, emotional, or sexual harassment of peers or colleagues.

G. Refrain from communication that is derogatory, intimidating, or disrespectful and that unduly discourages others from participating in professional dialogue.

H. Promote collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients.
I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of interprofessional teams.

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

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

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

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

References


Ethics Commission (EC)

Yvette Hachtel, JD, OTR/L, EC Chair (2013–2014)
Lea Cheyney Brandt, OTD, MA, OTR/L, EC Chair (2014–2015)
Ann Moodey Ashe, MHS, OTR/L (2011–2014)
Joanne Estes, PhD, OTR/L (2012–2015)
Loretta Jean Foster, MS, COTA/L (2011–2014)
Linda Scheirton, PhD, RDH (2012–2015)
Kate Payne, JD, RN (2013–2014)
Margaret R. Moon, MD, MPH, FAAP (2014–2016)
FIELDWORK ESSENTIALS

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

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

Date__________________________

Name of Fieldwork Site _______________________________________________________
Address ___________________________________________________________________
Telephone Number ___________________________________________________________________
E-mail Address: ___________________________________________________________________
Contact Person ___________________________________________________________________
Type of Facility

_____ Community agency (e.g., Psychosocial Program, Homeless Shelter)
_____ Hospital (e.g., Acute Inpatient, Outpatient, Rehab Unit)
_____ Nursing Home (e.g., Rehab Unit, Long Term Care)
_____ Private practice (e.g., Pediatrics, Psych, Home Health)
_____ Residential Program (e.g., Developmental Delay)
_____ School (e.g., Public School System)
_____ Other, Please specify ________________________________
<table>
<thead>
<tr>
<th></th>
<th>GENERAL FIELDWORK SITE INFORMATION</th>
<th>Meets Requirements</th>
<th>Needs Improvements</th>
<th>Comments/Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Students are given a program manual at the beginning of their fieldwork, indicating learning objectives, student and fieldwork educator expectations, student assignments, schedule, etc.</td>
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<tr>
<td>2</td>
<td>Students are given an organized orientation to the fieldwork site, (i.e., mission statement, philosophy, policies and procedures.)</td>
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<tr>
<td>3</td>
<td>The site views the purpose of Level II Fieldwork is to prepare competent, entry-level, generalist occupational therapists rather than advanced therapists or specialists.</td>
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<td>4</td>
<td>The fieldwork site is regulated by an accrediting body (i.e., CARF, Joint Commission). Please specify in comments section.</td>
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<td>5</td>
<td>Resources are available for students related to occupational therapy service delivery and pertinent topics associated with the patient populations seen at this fieldwork site.</td>
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<tr>
<td>6</td>
<td>OTAs and technicians are employed at this site. A documented policy on OT supervision of these personnel is shared with students.</td>
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<td>7</td>
<td>There is opportunity for continuing education and professional development for staff and students at this fieldwork site.</td>
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<td>8</td>
<td>A minimum of 12 weeks of full-time Fieldwork II experience can be provided at this site.</td>
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<td>9</td>
<td>This fieldwork site works collaboratively with the Department of Occupational Therapy at LSUHSC-New Orleans to establish fieldwork objectives and to communicate with the student and OT program about progress and performance during fieldwork.</td>
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<tr>
<td><strong>B. STUDENT OPPORTUNITIES</strong></td>
<td>Meets Requirements</td>
<td>Needs Improvements</td>
<td>Comments/Plan</td>
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<tr>
<td><strong>11</strong> Students will have the opportunity to:**</td>
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<tr>
<td>a) Demonstrate an understanding of the basic tenets of occupational therapy.</td>
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<tr>
<td>b) Demonstrate an understanding of the theoretical bases of occupational therapy.</td>
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<td>c) Demonstrate an understanding of the process of screening and evaluation.</td>
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<tr>
<td>d) Develop an understanding of the process of intervention.</td>
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<tr>
<td>e) Work with clients and their families at this site.</td>
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<td>f) Demonstrate an understanding of various contexts in which occupational therapy services are provided.</td>
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<td>g) Apply principles of management and systems to the provision of occupational therapy services.</td>
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<td>h) Work collaboratively with other occupational therapy personnel, and other service providers from other disciplines.</td>
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<tr>
<td>i) Develop an ability to understand and apply research findings to practice.</td>
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<td>j) Understand and appreciate the ethics and values of the profession.</td>
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<td><strong>C. FIELDWORK EDUCATORS</strong></td>
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<tr>
<td><strong>12</strong> Fieldwork Educators at this site have:</td>
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<tr>
<td>a) Current NBCOT certification</td>
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<td>b) A minimum of one (1) year of OT experience</td>
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<td>c) Meet state regulatory requirements for OT (i.e., must have completed their state’s licensure board requirements for CEUs annually)</td>
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<tr>
<td>d) Are adequately prepared to serve as a Fieldwork Educator.</td>
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</tbody>
</table>
|   | **Fieldwork Educators are members of the:**  
  a) American Occupational Therapy Association  
  b) State OT Association |  |  |
|---|---|---|---|
|   | **Fieldwork Educators at this site have knowledge of the:**  
  a) Occupational Therapy Code of Ethics and Ethics Standards (AOTA, 2015)  
  b) Standards of Practice for Occupational Therapy (AOTA, 2015)  
  c) OT Practice Framework: Domain and Process, 3rd Edition (AOTA, 2014) |  |  |
|   | **Fieldwork Educators are aware of the theoretical bases of occupational therapy practice and can articulate them to students.** |  |  |
|   | **Fieldwork Educators at this site use a variety of supervisory approaches with students (e.g., written, supportive, constructive, multiple supervisors, etc.). 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. Please describe in comments section.** |  |  |
|   | **Fieldwork Educators provide protection of consumers and opportunities for appropriate role modeling of occupational therapy practice** |  |  |
| **D. STUDENT SUPERVISION** | **Students receive a minimum of eight (8) hours of OT supervision per week, including direct observation of client interactions.** |  |  |
|   | **Each student has a Fieldwork Educator assigned to him or her throughout the entire duration of the clinical rotation.** |  |  |
|   | **The student’s Fieldwork Educator 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 Fieldwork Educator is off site.** |  |  |
|   | **Students are given formal written evaluations:**  
  a) Midterm  
  b) Final |  |  |
Expectations/Responsibilities
Student Expectations on a Level II Fieldwork

Students will:

- Take responsibility to provide feedback to fieldwork educator 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.

Fieldwork Educator Expectations on a Level II Fieldwork

Fieldwork Educators will:

- Provide a structured learning experience by organizing specifics weekly objectives to guide the student and fieldwork educator expectations.
- Expose the student to practice through observation, assisting, co-treating and role-modeling.
- 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.
- Adapt 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.


**Academic Fieldwork Coordinator (AFWC) Responsibilities**

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

- Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education.
- Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students.
- Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.
- Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.
- Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program as required by Standard A.4.14.
- The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I or Level II fieldwork experience. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.
- Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation.

**LSUHSC - New Orleans Occupational Therapy Program Responsibilities**

According to the 2011 ACOTE Standards, the program will:

- Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.
Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.

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

Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.

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

Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client’s condition, and the ability of the student.

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

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

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

**Fieldwork Site Responsibilities**

All FW sites utilized by the LSUHSC – New Orleans Occupational Therapy Department will be self-evaluated using the FW Essentials form. (Refer to next page).
Remediation Policies and Procedures
LEVEL II FW POLICIES AND PROCEDURES

Absences During Level II Fieldwork

STUDENT ABSENCES OF MORE THAN THREE DAYS DURING EACH 12-WEEK FIELDWORK MUST BE MADE-UP before successful completion of the fieldwork experience. It is recommended that students do not plan vacations, a wedding, or time-off during Level II fieldwork. Level II fieldwork must be completed within 24 months of finishing OT didactic coursework.

- If there are concerns with a student struggling to meet the entry-level expectations during the 12 week placement, students and fieldwork educators are strongly advised to contact the academic fieldwork and/or clinical fieldwork coordinator. We welcome communication to brainstorm strategies to work through any conflicts, misunderstandings and expectations. Communication is confidential.

- If the fieldwork educator, the student, and the academic and/or clinical fieldwork coordinator agree that the student needs more experience for successful completion of Level II fieldwork performance, additional time on Level II fieldwork may be required. It will be determined if that experience is best served at the original fieldwork site or if the student needs to be placed at another facility.

Withdrawal Process/Procedure

If either the fieldwork education facility or the student requests a withdrawal, the following is the recommended procedure:

Grounds for termination or withdrawal:

1. If the student does not follow the policies and procedures of the facility.
2. If the student does not meet the objectives of the facility within a specified time frame.
3. If the student does not follow the recommendations of the Fieldwork Educator.
4. If the students does not fulfill all duties and assignments made by the Fieldwork Educator within the time limit specified.
5. If it is determined by the Fieldwork Educator that the student’s behavior may cause harm to patients.
6. If the student is failing at mid-term and does not indicate improvement within a specified time limit.
**Problem resolution procedures:**

1. Fieldwork Educator and/or student will identify the problem(s) and attempt solutions with specific documented goals.

2. Either Fieldwork Educator or student will contact Academic/Clinical Fieldwork Coordinator indicating problem(s).

3. Academic/Clinical Fieldwork Coordinator will attempt to negotiate solutions or a plan.

4. Academic/Clinical Fieldwork Coordinator will notify student of options as related to education.

5. If problems persist, Academic/Clinical Fieldwork Coordinator and Fieldwork Educator will develop specific goals with a time limitation and inform student.

6. Goals and time frame must be documented with a copy to student, Academic/Clinical Fieldwork Coordinator and Fieldwork Educator.

**Withdrawal procedures**

If either the student makes the decision to withdraw or if the Fieldwork Educator requests termination, the procedure is:

1. The student and Fieldwork Educator will meet to determine the professional requirements that must be fulfilled prior to final exit.

2. If the student requests withdrawal he/she will write a letter to the Fieldwork Educator with a copy to the Academic/Clinical Fieldwork Coordinator indicating reasons for withdrawal and the commitment to fulfill final requirements as determined by the facility.

3. If the Fieldwork Educator requests the student to be withdrawn from fieldwork, a letter is to be written to the Academic/Clinical Fieldwork Coordinator stating request.

4. The Fieldwork Educator and student will schedule an exit interview.

5. The Fieldwork Educator will contact the Academic/Clinical Fieldwork Coordinator after the exit interview.

6. The student will schedule an appointment with the Academic/Clinical Fieldwork Coordinator after completing the withdrawal process.

**Note:** All meetings, goals, and action taken must be documented.
Evaluation/Forms
Fieldwork Performance Evaluation
For The Occupational Therapy Student

MS./MR.

NAME: (LAST)  (FIRST)  (MIDDLE)

COLLEGE OR UNIVERSITY

FIELDWORK SETTING:

NAME OF ORGANIZATION/FACILITY

ADDRESS: (STREET OR PO BOX)

CITY  STATE  ZIP

TYPE OF FIELDWORK

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

FROM:  TO:  DATES OF PLACEMENT

NUMBER OF HOURS COMPLETED

FINAL SCORE

PASS:  NO PASS:

SIGNATURES:

I HAVE READ THIS REPORT.

SIGNATURE OF STUDENT

NUMBER OF PERSONS CONTRIBUTING TO THIS REPORT

SIGNATURE OF RATER #1

PRINT NAME/CREDS/POSITION

SIGNATURE OF RATER #2 (IF APPLICABLE)

PRINT NAME/CREDS/POSITION

SUMMARY COMMENTS:

.ADDRESSES STUDENT'S CLINICAL COMPETENCE)
Fieldwork Performance Evaluation
For The Occupational Therapy Student

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

PURPOSE

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

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

USE OF THE FIELDWORK PERFORMANCE EVALUATION FOR THE OCCUPATIONAL THERAPY STUDENT

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

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

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

DIRECTIONS FOR RATING STUDENT PERFORMANCE

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

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

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

RATING SCALE FOR STUDENT PERFORMANCE

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

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

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

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

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

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

I. FUNDAMENTALS OF PRACTICE:

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

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

   Midterm  1  2  3  4
   Final    1  2  3  4

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

   Midterm  1  2  3  4
   Final    1  2  3  4

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

   Midterm  1  2  3  4
   Final    1  2  3  4

Comments on strengths and areas for improvement:

   • Midterm

   • Final

II. BASIC TENETS:

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

   Midterm  1  2  3  4
   Final    1  2  3  4

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

   • Midterm  1  2  3  4
   Final    1  2  3  4

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

   Midterm  1  2  3  4
   Final    1  2  3  4

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

   Midterm  1  2  3  4
   Final    1  2  3  4

Comments on strengths and areas for improvement:

   • Midterm

   • Final
RATING SCALE FOR STUDENT PERFORMANCE

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

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III. EVALUATION AND SCREENING:

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

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

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

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

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

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

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

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

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

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

Comments on strengths and areas for improvement:

- Midterm

- Final

IV. INTERVENTION:

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

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

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

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

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

   Midterm 1 2 3 4
   Final 1 2 3 4

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

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

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

V. MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES:

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

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

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

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

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

Comments on strengths and areas for improvement:
- Midterm
- Final
RATING SCALE FOR STUDENT PERFORMANCE

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

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

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

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

VI. COMMUNICATION:

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

   Midterm  1  2  3  4
   Final    1  2  3  4

33. Produces clear and accurate documentation according to site requirements.

   Midterm  1  2  3  4
   Final    1  2  3  4

34. All written communication is legible, using proper spelling, punctuation, and grammar.

   Midterm  1  2  3  4
   Final    1  2  3  4

35. Uses language appropriate to the recipient of the information, including but not limited to funding agencies and regulatory agencies.

   Midterm  1  2  3  4
   Final    1  2  3  4

Comments on strengths and areas for improvement:

   • Midterm

   • Final

VII. PROFESSIONAL BEHAVIORS:

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

   Midterm  1  2  3  4
   Final    1  2  3  4

37. Takes responsibility for attaining professional competence by seeking out learning opportunities and interactions with supervisor(s) and others.

   Midterm  1  2  3  4
   Final    1  2  3  4

38. Responds constructively to feedback.

   Midterm  1  2  3  4
   Final    1  2  3  4

39. Demonstrates consistent work behaviors including initiative, preparedness, dependability, and work site maintenance.

   Midterm  1  2  3  4
   Final    1  2  3  4

40. Demonstrates effective time management.

   Midterm  1  2  3  4
   Final    1  2  3  4

41. Demonstrates positive interpersonal skills including but not limited to cooperation, flexibility, tact, and empathy.

   Midterm  1  2  3  4
   Final    1  2  3  4

42. Demonstrates respect for diversity factors of others including but not limited to socio-cultural, socioeconomic, spiritual, and lifestyle choices.

   Midterm  1  2  3  4
   Final    1  2  3  4

Comments on strengths and areas for improvement:

   • Midterm

   • Final
<table>
<thead>
<tr>
<th><strong>PERFORMANCE RATING SUMMARY SHEET</strong></th>
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<tbody>
<tr>
<td><strong>Performance Items</strong></td>
</tr>
<tr>
<td><strong>I. FUNDAMENTALS OF PRACTICE</strong></td>
</tr>
<tr>
<td>1. Adheres to ethics</td>
</tr>
<tr>
<td>2. Adheres to safety regulations</td>
</tr>
<tr>
<td>3. Uses judgment in safety</td>
</tr>
<tr>
<td><strong>II. BASIC TENETS OF OCCUPATIONAL THERAPY</strong></td>
</tr>
<tr>
<td>4. Articulates values and beliefs</td>
</tr>
<tr>
<td>5. Articulates value of occupation</td>
</tr>
<tr>
<td>6. Communicates role of occupational therapist</td>
</tr>
<tr>
<td>7. Collaborates with clients</td>
</tr>
<tr>
<td><strong>III. EVALUATION AND SCREENING</strong></td>
</tr>
<tr>
<td>8. Articulates clear rationale for evaluation</td>
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<tr>
<td>9. Selects relevant methods</td>
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<td>10. Determines occupational profile</td>
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<td>11. Assesses client and contextual factors</td>
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<td>12. Obtains sufficient and necessary information</td>
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<tr>
<td>13. Administers assessments</td>
</tr>
<tr>
<td>14. Adjusts/modified assessment procedures</td>
</tr>
<tr>
<td>15. Interprets evaluation results</td>
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<tr>
<td>16. Establishes accurate plan</td>
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<tr>
<td>17. Documents results of evaluation</td>
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<tr>
<td><strong>IV. INTERVENTION</strong></td>
</tr>
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<tr>
<td>22. Implements client-centered interventions</td>
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<tr>
<td>23. Implements occupation based interventions</td>
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<tr>
<td>24. Modifies approach, occupation, and environment</td>
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<tr>
<td>25. Updates, modifies, or terminates intervention plan</td>
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<td>26. Documents client’s response</td>
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<tr>
<td><strong>V. MANAGEMENT OF OT SERVICES</strong></td>
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<td>27. Demonstrates ability to assign through practice or discussion</td>
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<td>30. Accomplishes organizational goals</td>
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<td>31. Produces work in expected time frame</td>
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<td>42. Demonstrates respect for diversity</td>
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<tr>
<td><strong>TOTAL SCORE</strong></td>
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<td><strong>MIDTERM:</strong></td>
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<tr>
<td>Satisfactory Performance .................. 90 and above</td>
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<tr>
<td>Unsatisfactory Performance .................. 89 and below</td>
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<td><strong>FINAL:</strong></td>
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<tr>
<td>Pass ........................................... 122 points and above</td>
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<td>No Pass ...................................... 121 points and below</td>
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</table>
REFERENCES


GLOSSARY

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

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


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

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

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

Context: refers to a variety of interrelated conditions within and surrounding the client that influence performance. Contexts include cultural, physical, social, personal, spiritual, temporal and virtual. (Occupational therapy practice framework: Domain and process. American Journal of Occupational Therapy, 56, 606–639.) (5)

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

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

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

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

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

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

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

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

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

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

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

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

Fieldwork Site ____________________________ Site Code ________

Address __________________________________________________________________________

Placement Dates: from ________________ to ________________

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

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

Public transportation in the area:

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

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

_________________________________  ________________________________
Student’s Signature  FW Educator’s Signature

_________________________________  ________________________________
Student’s Name (Please Print)  FW Educator’s Name and credentials (Please Print)

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

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

Comments or suggestions regarding your orientation to this fieldwork placement:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>REQUIRED</th>
<th>HOW MANY</th>
<th>EDUCATIONAL VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Client/patient screening</td>
<td>Yes  No</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
| 2. Client/patient evaluations  
  *(Use specific names of evaluations)* |          | 1 2 3 4 5 |                   |
|                         |          | 1 2 3 4 5 |                   |
|                         |          | 1 2 3 4 5 |                   |
|                         |          | 1 2 3 4 5 |                   |
|                         |          | 1 2 3 4 5 |                   |
|                         |          | 1 2 3 4 5 |                   |
| 3. Written treatment/care plans |        | 1 2 3 4 5 |                   |
| 4. Discharge summary |        | 1 2 3 4 5 |                   |

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

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

1. 
2. 
3. 
4. 

THEORY—FRAMES OF REFERENCE—MODELS OF PRACTICE

Indicate frequency of theory/frames of reference used

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

FIELDWORK ASSIGNMENTS

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

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

4
ASPECTS OF THE ENVIRONMENT

<table>
<thead>
<tr>
<th>Staff and administration demonstrated cultural sensitivity</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Practice Framework was integrated into practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student work area/supplies/equipment were adequate</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to network with other professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities to interact with other OT students</td>
<td></td>
<td></td>
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<tr>
<td>Opportunities to interact with students from other disciplines</td>
<td></td>
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<tr>
<td>Staff used a team approach to care</td>
<td></td>
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<tr>
<td>Opportunities to observe role modeling of therapeutic relationships</td>
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<tr>
<td>Opportunities to expand knowledge of community resources</td>
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<tr>
<td>Opportunities to participate in research</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Additional educational opportunities (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How would you describe the pace of this setting? (circle one)
- Slow
- Med
- Fast

Types of documentation used in this setting:

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

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

SUPERVISION

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

List fieldwork educators who participated in your learning experience.

<table>
<thead>
<tr>
<th>Name</th>
<th>Credentials</th>
<th>Frequency</th>
<th>Individual</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
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</tbody>
</table>
ACADEMIC PREPARATION

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

<table>
<thead>
<tr>
<th>Adequacy for Placement</th>
<th>Relevance for Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Anatomy and Kinesiology</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Neurodevelopment</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Human development</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Evaluation</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Intervention planning</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Interventions (individual, group, activities, methods)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Theory</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Documentation skills</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Leadership</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Professional behavior and communication</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Therapeutic use of self</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Level I fieldwork</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Program development</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

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

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

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


SUMMARY

<table>
<thead>
<tr>
<th>1 = Strongly disagree</th>
<th>2 = Disagree</th>
<th>3 = No Opinion</th>
<th>4 = Agree</th>
<th>5 = Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectations of fieldwork experience were clearly defined</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expectations were challenging but not overwhelming</td>
<td></td>
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</tr>
<tr>
<td>Experiences supported student's professional development</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Experiences matched student's expectations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What particular qualities or personal performance skills do you feel that a student should have to function successfully on this fieldwork placement?

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

- Study the following evaluations:

- Study the following intervention methods:

- Read up on the following in advance:

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

Please feel free to add any further comments, descriptions, or information concerning your fieldwork at this center.
Indicate the number that seems descriptive of each fieldwork educator. Please make a copy of this page for each individual.

**FIELDWORK EDUCATOR NAME:**

**FIELDWORK EDUCATOR YEARS OF EXPERIENCE:**

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

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

General comments on supervision:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ACTA SEFNE Task Force, June 2006
Fieldwork Placement
FIELDWORK PREPARATION CHECK LIST

- Read entire Fieldwork Manual
- Review FW site information in office files
- Submit Request for Fieldwork on time
- Sign Fieldwork Agreement Form
- Current CPR certification
- Complete to OSHA Compliance for HIPPA and Bloodborne Pathogens
- Complete Hepatitis B vaccine series and a titer showing immunity
- Current PPD results
- Submit Copy of Immunization Record
- Purchase liability insurance
- Submit your Personal Data Sheet and Student Information Questionnaire for review
  - Send confirmation letter to each FW site 6 weeks prior to start date (sample included)
- Send Personal Data Sheet and completed Student Information Questionnaire to FW site at least 6 weeks prior to start date
- Be aware of the dress code for your sites and take proper attire
- Complete physical, background check and drug screen if required by the site
- Send updated immunization information to Student Health
- Remind your Clinical Educator about mid-term evaluation
- Complete your Evaluation of the Site at end of FW (sample included). A copy should be returned to school.
- Obtain a copy of your completed AOTA Evaluation if possible (*final is returned to school
PROCEDURES FOR SELECTING FIELDWORK  LEVEL II PLACEMENTS

1. Investigate your areas of professional interest. This may include scheduled appointments with faculty, visiting facilities, talking with therapists and fieldwork students or other research.

2. Determine your financial needs. Keep in mind the cost of tuition, travel and living expenses during fieldwork.

3. Decide on a focus that will meet your professional needs and interests. Choices include mental health, inpatient and out-patient rehabilitation, community based practice, school systems, etc. Note that some sites require the completion of certain fieldwork experiences before you can be assigned that site.

Review the list of fieldwork sites and the dates that are available on the Core List.

Review fieldwork files on the fieldwork sites from the Core List that you have interest in. These materials include the AOTA Fieldwork Data Form, student requirements, pre-requisites and other facility specific information. Remember, the files are used by all students and must not be removed from the area.

Students are to make an appointment with the Academic Fieldwork Coordinator to discuss assistance with requests, facility information, questions or problems.

Complete and submit on time the Request for Fieldwork Experience, Level II form. Indicate five choices with location and rotation (1 or 2) desired.

Results of the selection process will be provided to all students after most sites have responded.

When written confirmation is received from the facility, the Level II Fieldwork Assignment Agreement form will be placed in your box. Return signed copy to Academic Fieldwork Coordinator immediately. You will not be able to participate in the next selection process until you have returned your signed confirmation.

Requests for your next fieldwork selection choices, including dates and locations, will begin as soon as the first selection is completed.

The Academic Fieldwork Coordinator will notify you of any changes or problems that may arise regarding fieldwork.

Be sure to provide Academic Fieldwork Coordinator with current and/or updated phone number, e-mail address, personal contact person and permanent address during your academic and fieldwork semesters.
Introduction:

The purpose of the Fieldwork Data Form is to facilitate communication between occupational therapy (OT) and occupational therapy assistant (OTA) academic programs, OT/OTA students, and fieldwork educators. Fieldwork Educators and Academic Fieldwork Coordinators (AFWC) jointly complete the Fieldwork Data Form to describe the fieldwork setting where students may have placements. While much of the information may be completed by the Fieldwork Educator, there will be additional information best obtained through AFWC interview of the fieldwork education coordinator at the site. The AFWC will find opportunity to document fieldwork related Accreditation Council for Occupational Therapy (ACOTE) Standards that support the ACOTE on-site accreditation review process. In addition, OT/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 terminology and best practice in occupational therapy to promote quality fieldwork experiences. It was developed through the joint efforts of the Commission on Education (COE) and Education Special Interest Section (EDSiS) Fieldwork Subsection with input from many dedicated AFWCs and fieldwork educators.
**AOTA FIELDWORK DATA FORM**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Name of Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Address: Street</td>
</tr>
<tr>
<td></td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FW I</th>
<th>FW II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>Contact Person:</td>
</tr>
<tr>
<td>Phone:</td>
<td>E-mail:</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Director:</th>
<th>Initiation Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>FW Office</td>
</tr>
<tr>
<td>Fax:</td>
<td>FW Site</td>
</tr>
<tr>
<td>Web site address:</td>
<td>Student</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Corporate Status:</th>
<th>Preferred Sequence of FW: ACOTE Standards B.10.6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For Profit</td>
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<tr>
<td></td>
<td>Non-Profit</td>
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<tr>
<td></td>
<td>State Gov’t</td>
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<td></td>
<td>Federal Gov’t</td>
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<td></td>
<td>Any</td>
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<td></td>
<td>Second/Third only; 1st must be in:</td>
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<tr>
<td></td>
<td>Full-time only</td>
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<td></td>
<td>Part-time option</td>
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<td></td>
<td>Prefer Full-time</td>
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</tbody>
</table>

**OT Fieldwork Practice Settings (ACOTE Form A #s noted):**

<table>
<thead>
<tr>
<th>Hospital-based settings</th>
<th>Community-based settings</th>
<th>School-based settings</th>
<th>Age Groups:</th>
<th>Number of Staff:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Other area(s)</td>
<td>0-5</td>
<td>OTRs:</td>
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<td>6-12</td>
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<td>Other</td>
<td>13-21</td>
<td>Aides:</td>
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<td>22-64</td>
<td>PT:</td>
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<td>65+</td>
<td>Speech:</td>
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<td>Resource Teacher:</td>
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<td>Counselor/Psychologist:</td>
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</tbody>
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**Student Prerequisites (check all that apply) ACOTE Standard B.10.6**

<table>
<thead>
<tr>
<th>Requirement</th>
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<tbody>
<tr>
<td>CPR</td>
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<tr>
<td>Medicare / Medicaid Fraud Check</td>
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<td>Criminal Background Check</td>
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<td>Child Protection/abuse check</td>
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<td>Adult abuse check</td>
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<tr>
<td>Fingerprinting</td>
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<table>
<thead>
<tr>
<th>Performance skills, patterns, contexts and client factors addressed in this setting (check all that apply)</th>
</tr>
</thead>
</table>

**Performance Skills:**
- Motor Skills
  - Posture
  - Mobility
  - Coordination
  - Strength & effort
  - Energy
- Process Skills
  - Energy
  - Knowledge
  - Temporal organization
  - Organizing space & objects
  - Adaptation
- Communication/Interaction Skills
  - Physicality- non verbal
  - Information exchange
  - Relations

**Client Factors:**
- Body functions/structures
  - Mental functions- affective
  - Mental functions-cognitive
  - Mental functions- perceptual
  - Sensory functions & pain
  - Voice & speech functions
  - Major organ systems: heart, lungs, blood, immune
  - Digestion/ metabolic/ endocrine systems
  - Reproductive functions
  - Neuromusculoskeletal & movement functions
  - Skin

**Context(s):**
- Cultural- ethnic beliefs & values
- Physical environment
- Social Relationships
- Personal- age, gender, etc.
- Spiritual
- Temporal- life stages, etc.
- Virtual- simulation of env, chat room, etc.

**Most common services priorities (check all that apply)**

<table>
<thead>
<tr>
<th>Service</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct service</td>
<td>Meeting team, department, family</td>
</tr>
<tr>
<td>Discharge planning</td>
<td>Client education</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Intervention</td>
</tr>
</tbody>
</table>

**Health requirements:**
- Physical Check up
- Varicella
- Influenza

**Other requirements:**
- Please list any other requirements:

105
Types of OT Interventions addressed in this setting (check all that apply): *ACOTE Standards A.5.3, B.10.1, B.10.3, B.10.11, B.10.13, B.10.15, B.10.19, B.10.20

<table>
<thead>
<tr>
<th>Activities of Daily Living (ADL)</th>
<th>Instrumental Activities of Daily Living (IADL)</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing/showering</td>
<td>Care of others/pets</td>
<td>Formal education participation</td>
</tr>
<tr>
<td>Bowel and bladder mgmt</td>
<td>Child rearing</td>
<td>Exploration of informal personal education needs or interests</td>
</tr>
<tr>
<td>Dressing</td>
<td>Communication device use</td>
<td>Informal personal education participation</td>
</tr>
<tr>
<td>Eating</td>
<td>Community mobility</td>
<td>Work</td>
</tr>
<tr>
<td>Feeding</td>
<td>Financial management</td>
<td>Employment interests &amp; pursuits</td>
</tr>
<tr>
<td>Functional mobility</td>
<td>Health management &amp; maintenance</td>
<td>Employment seeking and acquisition</td>
</tr>
<tr>
<td>Personal device care</td>
<td>Home establishment &amp; management</td>
<td>Job performance</td>
</tr>
<tr>
<td>Personal hygiene &amp; grooming</td>
<td>Meal preparation &amp; clean up</td>
<td>Retirement preparation &amp; adjustment</td>
</tr>
<tr>
<td>Sexual activity</td>
<td>Safety procedures &amp; emergency responses</td>
<td>Volunteer exploration / participation</td>
</tr>
<tr>
<td>Sleep/rest</td>
<td>Shopping</td>
<td>Social Participation</td>
</tr>
<tr>
<td>Toilet hygiene</td>
<td></td>
<td>Community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family</td>
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<tr>
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<td>Peer/friend</td>
</tr>
</tbody>
</table>

Play: Play exploration | Leisure: Leisure exploration
Play participation | Leisure participation

Preparatory Methods- preparation for purposeful & occupation-based activity
- Sensory-Stimulation
- Physical agent modalities
- Splinting
- Exercise

Theory/ Frames of Reference/ Models of Practice
- Acquisitional
- Biomechanical
- Cognitive- Behavioral
- Coping
- Developmental
- Ecology of Human Performance
- Model of Human Occupation (MOHO)
- Occupational Adaptation
- Occupational Performance Model
- Person/ Environment/ Occupation (P-E-O)
- Person-Environment-Occupational Performance
- Psychosocial
- Rehabilitation frames of reference
- Sensory Integration
- Other (please list):

Outcomes of Intervention *
- Occupational performance- improve &/ or enhance
- Client Satisfaction
- Role Competence
- Adaptation
- Health & Wellness
- Prevention
- Quality of Life

OT Intervention Approaches
- Create, promote (health promotion)
- Establish, restore, remediation
- Maintain
- Modify, compensation, adaptation
- Prevent, disability prevention

Please list most common screenings and evaluations used in your setting:
- Medications
- Post-surgical (list procedures)
- Contact guard for ambulation
- Fall risk
- Other (describe):

Please list how students should prepare for a FW II placement such as doing readings, learn specific evaluations and interventions used in your setting:

Identify safety precautions important at your FW site
- Medications
- Swallowing/ choking risks
- Post-surgical (list procedures)
- Behavioral system/ privilege level (locked areas, grounds)
- Contact guard for ambulation
- Sharps count
- Fall risk
- 1:1 safety/ suicide precautions
- Other (describe):

Method of Intervention
Direct Services/case load for entry-level OT
- One-to-one:
- Small group(s):
- Large group:

Discharge Outcomes of clients (% clients)
- Home: Home Health
- Another medical facility

Consultation Process- describe

Education Process- describe
### Target caseload/ productivity for fieldwork students:
- Productivity % per 40 hour work week:
- Caseload expectation at end of FW:
- Productivity % per 8 hour day:
- # Groups per day expectation at end of FW:

### Documentation: Frequency/ Format (briefly describe):
- Hand-written documentation:
- Computerized Medical Records:
- Time frame requirements to complete documentation:

### Administrative/ Management duties or responsibilities of the OT/ OTA student:
- Schedule own clients
- Supervision of others (Level I students, aides, OTA, volunteers)
- Budgeting
- Procuring supplies (shopping for cooking groups, client/ intervention related items)
- Participating in supply or environmental maintenance
- Other:

### Student Assignments. Students will be expected to successfully complete:
- Research/ EBP/ Literature review
- In-service
- Case study
- Participate in in-services/ grand rounds
- Fieldwork Project (describe):
- Field visits/ rotations to other areas of service
- Observation of other units/ disciplines
- Other assignments (please list):

### ACOTE Standards Documentation for Fieldwork (may be completed by AFWC interview of FW Educator)

1. The fieldwork agency must be in compliance with standards by external review bodies. Please identify external review agencies involved with this FW setting and year of accreditation (JCAHO, CARF, Department of Health, etc.). ACOTE on-site review

   **Name of Agency for External Review:**
   **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). ACOTE Standards B.10.1, B.10.2, B.10.3, B.10.4, B.10.14, B.10.15

3. OT Curriculum Design integrated with Fieldwork Site (insert key OT academic curricular themes here): ACOTE Standards B.10.1, B.10.2, B.10.3, B.10.4, B.10.11, B.10.15
   - How are occupation-based needs evaluated and addressed in your OT program? How do you incorporate the client’s ‘meaningful’ doing in this setting?
   - Describe how you seek to include client-centered OT practice? How do clients participate in goal setting and intervention activities?
   - Describe how psychosocial factors influence engagement in occupational therapy services?
   - Describe how you address clients’ community-based needs in your setting?

5. Please describe FW Program & how students fit into the program. Describe the progression of student supervision from novice to entry-level practitioner using direct supervision, co-treatment, 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 entry-level job description with essential job functions to the AFWC. **ACOTE Standards B.10.2, B.10.3, B.10.5, B.10.7, B.10.13, B.10.19, B.10.20, b.10.21**

6. Please describe the background of supervisors (please attach list of practitioners who are FW Educators including academic program, degree, years of experience since initial certification, years of experience supervising students) **ACOTE Standards B.10.10, B.10.12, B.10.17 (provide a template)**


- Supervisory models
- Training on use of FW assessment tools (such as the AOTA Fieldwork Performance Evaluation- FWPE, Student Evaluation of Fieldwork Experience–SEFWE, and the Fieldwork Experience Assessment Tool–FEAT)
- Clinical reasoning
- Reflective practice

Comments:


**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, # supervisors per student:
- Non-OT supervisors:


**Status/Tracking Information Sent to Facility**

**To be used by OT Academic Program**

ACOTE Standards B.10.4, B.10.8, B.10.9, B.10.10

Date:

<table>
<thead>
<tr>
<th>Which Documentation Does The Fieldwork Site Need?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ A Fieldwork Agreement/ Contract?</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>□ A Memorandum of Understanding?</td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Fieldwork Site agreement negotiator:</th>
<th>Phone:</th>
<th>Email:</th>
</tr>
</thead>
</table>

Address (if different from facility):

<table>
<thead>
<tr>
<th>Street:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
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</table>

Name of student: Potential start date for fieldwork:

Any notation or changes that you want to include in the initial contact letter:

Information Status:

- ☐ 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:

Revised 3/1/2013
### OCCUPATIONAL THERAPY STAFF PROFILE

<table>
<thead>
<tr>
<th>Name and (OT/OTA)</th>
<th>Title</th>
<th>Degree and College/University</th>
<th>Year in OT</th>
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**Comments:** (e.g., the general environment of your clinical site)
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 ___ of ___ for an initial term ending ___ of ___ , 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 Liaison 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 Liaison.

   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 non-professional, 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 NOT** an Exceptions Addendum to this Agreement.

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

**UNIVERSITY:**

**AFFILIATING ENTITY:**
BOARD OF SUPERVISORS OF
LOUISIANA STATE UNIVERSITY AND
AGRICULTURAL AND MECHANICAL COLLEGE

BY:_________________________________  BY:_________________________________
Larry H. Hollier, M.D.
Chancellor
Louisiana State University Health Sciences
Center – New Orleans

DATE:__________________  DATE:__________________

BY:_________________________________
JM Cairo, PhD
Dean
Louisiana State University Health Sciences
Center – New Orleans
School of Allied Health Professions in New Orleans

DATE:__________________
STUDENT RESPONSIBILITY AGREEMENT

As a student enrolled in the LSUHSC-New Orleans Occupational Therapy Department, I understand the following regarding Fieldwork Experience, Level II:

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

2. The LSUHSC-New Orleans Occupational Therapy Program requires successful completion of six (6) months of Fieldwork Experience, Level II, prior to graduation.

3. Students may not participate in clinical, fieldwork or preceptorship courses until all prerequisite course work has been completed successfully. See Provisions for Academic Progression in general section of School of Allied Health Professions catalog.

4. A student who receives a grade of “Failure” in any Level II Fieldwork Experience twice, will be dismissed from the program regardless of the student’s cumulative grade point average. This requirement may be waived upon recommendation of the Department Head and approval of the Dean.

5. LSUHSC - New Orleans Department of OT requires that all Fieldwork be completed within 24 months following academic preparation.

6. There is a strong possibility that a fieldwork placement will have to be scheduled outside the local area.

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

8. After the paperwork has been completed, the fieldwork site has been confirmed by the facility, there will be no changes in the placement. If there is an emergency or dire circumstance, the student may request a change in writing indicating the cause/reason for a change. The request will be reviewed by the department to determine if a change is possible. The student must realize that it is often not possible to honor these requests.

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

10. The student assumes the responsibility to:
    A. Review fieldwork files and consider all contingencies prior to selecting fieldwork keeping in mind that fieldwork experience must provide a variety of diagnoses and age ranges per ACOTE Standards (2011).
B. Submit selections on time -- if over 2 days late, the Academic/Clinical Fieldwork Coordinator may assign the placement.

C. Meet the pre-requisite of each facility.

D. Submit Personal Data Sheet, letter of intent and any required information to fieldwork educator two months prior to scheduled start date.

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

F. Take copies of the Student Evaluation of Fieldwork to each fieldwork site, complete a copy at close of fieldwork, submit a copy to the fieldwork educator and send a copy to the department.

G. Upon completion of fieldwork, write a letter of appreciation to the Director of the Occupational Therapy Department. Remember, these facilities receive no compensation for the time and effort extended in providing a good fieldwork educational experience.

11. Only the Academic Fieldwork Coordinator or designated representative can contact sites for the purpose of setting up fieldwork placements. All negotiating of Fieldwork II Experiences will be done through these official representatives of the school. The Fieldwork Contracts are legal matters and must be channeled through this office. No student can contact a site for the purpose of assessing the availability of a student placement or to secure a site for themselves or others.

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

_____________________________ Signed

_____________________________ Dated
LEVEL II FIELDWORK ASSIGNMENT AGREEMENT

I have worked collaboratively with the Academic Fieldwork Coordinator in selecting the following site for Fieldwork Experience, Level II:

Student: ____________________________________________________________

Facility name: ________________________________________________________

Location: _____________________________________________________________

Type of fieldwork: ____________________________________________________

Dates: _________________________________________________________________

I agree to honor my commitment to complete my fieldwork at this facility. I agree that unless the facility cancels this placement, no changes will be made to the choice of facility. I further agree to confirm my intent to affiliate no later than six weeks prior to the first day of affiliation and to provide the facility with a copy of my personal data sheet along with any other information required by the facility.

I agree to be responsible for:

a) following the administrative policies, rules, standards and practices of the Facility.
b) providing a health status report signed by my physician if required.
c) providing the necessary and appropriate uniforms required but not provided by the Facility.
d) providing my own transportation and living arrangements when not provided by the Facility.
e) reporting to the Fieldwork Educator at the Facility on time.
f) obtaining prior written approval of the Facility and School before publishing any material relating to the clinical education experience.
g) providing the highest caliber of service of which I am capable to the service recipients entrusted to my care.

Signature: ___________________________ Date: __________________
(Student)

Signature: ___________________________ Date: __________________
(Academic Fieldwork Coordinator)
LEVEL II FIELDWORK PLACEMENT FORMS
**REQUEST FOR FIELDWORK EXPERIENCE, LEVEL II**

Selection  ____1  ____2

DATE DUE: _____________

NAME: _____________________________________________________

_____ 1ST ROTATION      _____ 2ND ROTATION

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Instructions for Completing Personal Data Sheet

The **Personal Data Sheet** is similar to a brief autobiography and allows the fieldwork supervisor to know a little about you prior to your arrival. **Complete one copy and then make a photocopy of it for each of your fieldwork educators.** You will be responsible for including this completed copy with your letter of intent to be sent to the site not later than four weeks prior to the start date of each affiliation. This will enable the supervisor to select and plan learning experiences suited to your needs. Anything of interest, no matter how insignificant it may seem, can be of help to a fieldwork supervisor. So, please take time to complete this form.

**SUGGESTIONS:**

*Special Skills and Interests* - this can be anything special or unique to you and does not have to be directly related to OT.

*Previous Work Experience* - list all jobs held, even non-paying work experience and, again, this does not have to be clinically-oriented work experience.

*Additional Comments* - on a separate sheet of paper, describe your goals and expectations for this fieldwork experience. Also, discuss your perceptions of your strengths and weaknesses related to this clinical experience, i.e., have a lot of experience with children but need more opportunities to work with adults; need a structured experience in order to build self-confidence; enjoy the challenge of working independently.
PERSONAL DATA SHEET
FOR STUDENT FIELDWORK EXPERIENCE

PERSONAL INFORMATION

Name: __________________________________________________________________________________

Permanent Home Address: __________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Phone number and dates that you will be available at that number
Phone Number _____________________________ Dates___________________________________________

Name, address, and phone number of person to be notified in case of accident or illness:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

EDUCATION INFORMATION

1. Expected degree (circle one)
   OTA: ________ Associate  ________ Baccalaureate  ________ Masters  ________ Doctorate Certificate
   OT: ________ Baccalaureate  ________ Masters  ________ Doctorate  ________ Certificate

2. Anticipated year of graduation ________________________

3. Prior degrees obtained _______________________________

4. Foreign languages read ____________________________ spoken___________________________

5. Do you hold a current CPR certification card? Yes _____ No _____
   Date of expiration ________________________

HEALTH INFORMATION

1. Are you currently covered under any health insurance? Yes _____ No _____

2. If yes, name of company
   ____________________________________________________________________________________
   Group # _______________________________ Subscriber #_______________________________

3. Date of last Tine Test or chest x-ray?
   (If positive for TB, tine test is not given.)

PREVIOUS WORK/VOLUNTEER EXPERIENCE
PERSONAL PROFILE

1. Strengths:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2. Areas of growth:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

3. Special skills or interests:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

4. Describe your preferred learning style:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

5. Describe your preferred style of supervision:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

6. Will you need housing during your affiliation? Yes _____ No _____

7. Will you have your own transportation during your affiliation? Yes _____ No _____

8. (Optional) Do you require any reasonable accommodations (as defined by ADA) to complete your fieldwork? Yes _____ No _____.
   If yes, were there any reasonable accommodations that you successfully used in your academic coursework that you would like to continue during fieldwork? If so, list them.
   To promote your successful accommodation, it should be discussed and documented before each fieldwork experience.
_____________________________________________________________________________________
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## FIELDWORK EXPERIENCE SCHEDULE

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### ADDITIONAL COMMENTS
Suggested format for writing letter
to FW Supervisor

M. O.T. Student (your name)
LSU Health Sciences Center
New Orleans, LA Zip Code
Date, 200?

Clinical Fieldwork Educator
Fieldwork Facility
City, State Zip Code

Dear Mr/Ms __________________ , LOTR

This letter is to confirm my intent to affiliate at your facility from _________________________ to _______________________. I look forward to working with you and your staff. Enclosed, please find a copy of my Personal Data Sheet, proof of my health insurance, liability insurance, and [other information requested by this site].

If possible, could you please send me information regarding dress code, reporting time, and any other information that may be helpful in my final preparations to join you. [any other information you would like to have].

Once again, I look forward to working with you.

Sincerely,

O.T. Student (Your Name)

*Personalize this to your need for information and the requirements you know the site has.*
STUDENT INFORMATION QUESTIONNAIRE

The purpose of this questionnaire is to gain information about your learning style, knowledge, and experience which can assist your Fieldwork Educator in designing the best possible fieldwork experience for you.

Student’s Name: ______________________________________________________________

School: ______________________________________________________________

1. The areas of OT in which I am most interested in:
   a. __________________________
   b. __________________________
   c. __________________________

2. The things I most want to accomplish in this fieldwork experience are:
   a. __________________________
   b. __________________________
   c. __________________________

3. The areas for which I feel most prepared are:
   a. __________________________
   b. __________________________
   c. __________________________

4. The areas which I feel least prepared are:
   a. __________________________
   b. __________________________
   c. __________________________

5. The way I learn best is: (i.e., observation, doing, reading, verbal instructions).
   a. __________________________
   b. __________________________
   c. __________________________

6. I learn best with (Place an X in the appropriate box):

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   a.) Structured
   b.) Supervision

7. What are some of the responsibilities of the supervisor?

8. What are some of the responsibilities of the individual being supervised?

9. What method of receiving feedback helps you learn best?

10. How do you ordinarily respond to receiving feedback?
11. How would you rate yourself in these areas? (1= not very good; 5= excellent)

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3. Fieldwork Educator: Please make a list of areas of knowledge that you are interested in knowing about this student’s experience level.

Please indicate your level of knowledge or proficiency in each of the following evaluation tools, modalities, and theories. (List generated by Fieldwork Educator)
1 = no exposure, 2 = book knowledge, 3 = observed, 4 = practiced, 5 = practiced under moderate supervision, 6 = practiced under minimum supervision, 7 = independent

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4. List the diagnostic categories with which you have had previous experience.
   1. 
   2. 
   3. 
   4. 
   5. 
   6. 
   7. 
   8. 

5. Do you have any additional comments or information which will assist us in providing you with a good learning experience?

*At midterm, it is recommended that each facility obtain feedback from students on the supervision they have received and the quality of their learning experience.
Safety Policies and Procedures
SAFETY POLICIES AND PROCEDURES

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” (see attached). 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 – New Orleans are required to adhere to Chancellor’s Memorandum 23 (CM-23) – LSU Health Sciences Center New Orleans Drug Free Workplace and Workforce. Please see the attached CM-23 document. Students are required to complete annual compliance training annually in the following to 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 – New Orleans 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 (see attached) and clinic safety in OCCT 6530: General Practice Concepts and OCCT 6730: Advanced Practice Concepts. Student are also required to adhere to all safety policy and procedures set forth by the Level II Fieldwork site.
POLICY AND PROCEDURES RELATED TO STUDENT CONDUCT

Introduction

Universities have a responsibility to protect: their educational purposes, the academic environment of the campus, and all members of the University community. To meet these responsibilities, a University must establish and enforce standards of conduct for its students. A University is obliged to establish reasonable standards for student conduct, for membership and continued membership in the University community, to deny membership to those applicants who do not meet these standards, and to impose reasonable disciplinary sanctions on students who are found guilty of violating these standards.

Policy

It is the prerogative of the School of Allied Health Professions, through the faculty, administrators, and other employees, to make decisions on the correct application of general policy statements and procedures to specific students under specific sets of circumstances. In making these decisions, both the rights of the student and the needs of the School in accomplishing its mission and educational goals must be considered. To this end, acts of academic or other misconduct, e.g., cheating, plagiarism, code of professional conduct violations, commission of a crime, etc., may subject the offending student to disciplinary action. To insure the consistent observance of due process, the following policy and procedures apply.

Definitions

1. “University” refers to the Louisiana State University (LSU) system.
2. “Health Sciences Center” refers to the Louisiana State University Health Sciences Center-New Orleans.
3. “School” refers to the School of Allied Health Professions, New Orleans.
4. “Department” refers to the specific department within the School of Allied Health Professions in which a given student is enrolled.
5. “Days” refers to official LSU Health Sciences Center working days.
6. Any reference herein to the singular shall also include the plural.

General Provisions

1. Equal treatment guaranteed to students by the 14th Amendment to the Constitution of the United States of America requires that the same policies, procedures, and practices be used to consider all allegations of misconduct and also requires the imposing of "like sanctions for like violations" on all students found guilty of misconduct. This obligation of the School can be fulfilled only if each instructor reports suspected misconduct to the designated office in
accordance with the provisions of this document. Consistent with this obligation, no disciplinary sanction shall be imposed upon a student except in accordance with the provisions of this document. Thus, it is contrary to School policy for an instructor to assign a disciplinary grade, such as an "F" or zero on an assignment, test, examination, or course as a sanction for admitted or suspected academic dishonesty, in lieu of formally charging the student with academic misconduct under the provisions described herein.

2. Any time limit set forth in this procedure may be extended by mutual written agreement of the Dean and the student.

3. Infractions shall be reported to the Associate Dean for Academic Affairs.

4. The Dean may appoint someone other than either the Associate Dean for Academic Affairs to serve in his/her place.

Academic and Professional Conduct

Students are expected to:

- Exhibit the highest standard of personal, academic, professional and ethical behavior.
- Treat faculty, staff, peers, clients, patients, and others with dignity and respect.
- Abide by the Code of Conduct that applies to their specific Allied Health discipline.
- Comply with rules, codes, policies, technical standards set by the Department, School, campus and University.

Students who violate any of the above when involved in any School or School related activity/function whether on or off campus will be subject to disciplinary action as prescribed in this document.

Academic Misconduct

Academic misconduct, includes, but is not limited to, the following:

1. Copying from another student's test paper
2. Using the course textbook or other materials such as a notebook normally brought to a class meeting but not authorized for use during a test by the person giving the test. Having such forbidden material open and in sight of the student will be considered prima facie evidence of use
3. Attempting to commit, or to be an accessory to the commission of, an offense listed above
4. Collaborating during a test with any other person by giving or receiving information without authority
5. Using specially prepared materials, e.g., notes, formula lists, notes written on the student's clothing or body, during a test. Bringing such forbidden material to a test will be considered prima facie evidence of use or attempted use
6. Stealing, buying or otherwise obtaining, all or part of an unadministered test, including answers to an unadministered test
7. Possession/distribution of all or part of an unadministered test
8. Bribing any other person to obtain an unadministered test or information about a test
9. Substituting for another student, or permitting any other person to substitute for oneself, to take a test
10. Submitting as one's own, in fulfillment of academic requirements, any theme, report, term paper, essay, other written work, drawing, or other scholastic work prepared totally or in part by another
11. Selling, giving or otherwise supplying to another student for use in fulfilling academic requirements any theme, report, term paper, or other work
12. Changing, altering or being an accessory to the changing and/or altering a grade in a grade book, on a test paper, on other work for which a grade is given, on a "drop slip" or other official academic records
13. Proposing and/or entering into an arrangement with an instructor to receive a grade of "F" or any other reduced grade in a course, on a test or any other assigned work in lieu of being charged with academic misconduct under the provisions of this policy
14. Plagiarizing is the unacknowledged inclusion, in work submitted for credit, of someone else's words, ideas or data. When a student submits work for credit that includes the words, ideas or data of others, the source of this information must be acknowledged through complete, accurate and specific references, and, if verbatim statements are included, through quotation marks. Failure to identify any source, published or unpublished, copyrighted or uncopyrighted, from which information, terms, phrases or concepts have been taken, constitutes plagiarism. By placing his or her name on work submitted for credit, the student certifies the originality of all work not otherwise identified by appropriate acknowledgments through appropriate referencing.
15. Falsification, fabrication or dishonesty in reporting clinical, laboratory and research reports
16. Submitting substantially the same work for credit in more than one course
17. Violation of course rules as established by the School, Department or course instructor
18. Attempting to commit, or to be an accessory to, the commission of an offense listed above
19. Violation of any other LSU Health Sciences Center academic rules or regulations

Students who violate any of the above when involved in any School or School related activity/function whether on or off campus will be subject to disciplinary action as prescribed in this document.

Professional Misconduct

To protect the University's educational purposes and the University community, a student may be formally charged with a violation of this policy and be subject to the sanctions herein when:
1. Strong and convincing evidence that the student’s continued presence at the University is potentially dangerous to the health and safety of the University community.

2. The student is convicted of a felony.

3. The student is formally charged by civil authorities with the commission of a felony of such nature that the student’s continued presence at the University is potentially dangerous to the health and safety of the University community.

4. The student is in possession of dangerous weapons/devices including but not limited to firearms, explosives, toxic substances, etc. on school property or other property e.g. clinical site where a school activity/function is conducted.

5. The student engages in acts of sexual misconduct including but not limited to sexual harassment, lewd, indecent, and/or obscene behavior.

6. The student engages in behavior that disrupts the learning environment including but not limited to refusing to comply with instructions, course requirements, behaving in a physically threatening manner, making oral/written threats, etc.

7. The student violates any other LSU Health Sciences Center rules or regulations pertaining to Professional Conduct.

Procedure

Reporting Student Misconduct

1. Anyone with knowledge/evidence sufficient to justify a charge of misconduct, shall report the alleged misconduct to the Office of the Associate Dean for Academic Affairs within 5 days of the alleged misconduct.

2. An allegation of misconduct must be in writing and signed by the individual making the allegation in order to proceed to the next step.

3. The Associate Dean/the Dean or his/her designee will discuss the circumstances and evidence surrounding the alleged violation with the person reporting the misconduct.

Charging a Student with Misconduct

1. After reviewing the evidence pertaining to the alleged misconduct, the Associate Dean for Academic Affairs will then discuss the allegation with the accused student. If the evidence is sufficient to justify such action, the student will be informed that the School of Allied Health Professions will bring formal charges against him or her.
2. The student will be provided with a written statement of the formal charge against him/her.

Referral to a Hearing Panel

After being informed of the formal charge, if the student does not request that the charge be resolved administratively, or the Dean does not accept jurisdiction, the Associate Dean for Academic Affairs will refer the charge to a hearing panel of the Committee on Student Conduct within 5 days.

Interim Grade

A grade of “I” (incomplete) will be assigned, if necessary, until the Dean has rendered his/her final decision.

Committee on Student Conduct

1. An Ad Hoc Committee, which shall be advisory to the Dean and consist of the Associate Dean for Academic Affairs who shall serve as Chairperson, three faculty members, and two students shall meet to consider the case within 10 days of referral to the hearing panel of the Committee on Student Conduct.

2. Faculty members of the Committee on Student Conduct shall be selected by the Chairperson, from the pool of full time faculty members within the School of Allied Health Professions. No more than one faculty member of the Committee may be a member of the accused student’s department.

3. Student members shall be appointed by an officer of the Student Government Association of the School of Allied Health Professions. Students serving on the hearing panel may not be from the accused student's Department. Graduate students will review allegations of misconduct against graduate students and undergraduate students will review allegations of misconduct against undergraduates.

4. The Chairperson of the Committee will be responsible for setting up the hearing, informing concerned parties and the Committee member of the time and place of the hearing.

5. The accused student may be accompanied by an advisor at the hearing. The advisor may speak to his/her advisee during the hearing but may not speak for the accused student or question committee members or those offering evidence.

6. At the hearing, evidence of alleged misconduct will be presented. The accused student may present evidence in his/her defense; question those who present evidence against him/her and; refute evidence against himself/herself. The Committee may question all those who offer evidence. The Chairperson will insure that the scope of the hearing and evidence presented relate to the charge of misconduct.

7. After all evidence has been presented the Committee will meet in executive session to deliberate and formulate its recommendation to the Dean. The Committee may choose one or more sanctions listed in this document as its
recommendation.

8. The Committee Chairperson shall submit a written report to the Dean including:
the Committee's finding; recommendation; summary of the evidence presented;
and dissenting opinions within five days of the hearing.

The Administrative Hearing

1. As noted earlier under the section titled "Charging a Student with Misconduct",
after the student is formally charged with academic misconduct, a request for an
administrative hearing before the Dean can be made. This request must be
made within two days of receipt of the formal charge.

2. The following specific conditions must be met before the Dean can accept
jurisdiction.

3. The student must:
   a) Request in writing that the Dean take jurisdiction; and the Dean must be
      willing to accept the case as being appropriate for administrative
      resolution
   b) Officially plead guilty in writing to the specific charge as prepared by the
      Associate Dean for Academic Affairs
   c) Waive his or her right in writing to have the charge considered by a
      hearing panel of the Committee on Student Conduct

Action by the Dean

1. Independent of the method used, i.e., hearing panel or administrative hearing,
the Dean will render a final decision consistent with the following schedule: 1) within five days of receipt of the hearing panel's report, or 2) within 10 days of
accepting administrative jurisdiction.

2. The Dean has the authority to impose sanctions other than those recommended
by the Committee on Student Conduct, and determine when sanctions will be
imposed, e.g., immediately, at the end of the semester, etc.

3. The Dean's final decision, including, if applicable a copy of the Committee's
report, shall be distributed to the student involved, the Associate Dean for
Academic Affairs, and other appropriate administrators.

Appeal

As a matter of right a student may appeal the decision of the Dean. An appeal must be
made to the Vice-Chancellor for Academic Affairs of the LSU Health Sciences Center-
New Orleans within 15 days of the decision of the Dean.
The written appeal must include:
   1) A justification for the appeal, e.g. evidence of abuse of process, evidence of
      procedural error, etc.
2) The Dean’s final decision plus a copy of the committee’s report
The Vice-Chancellor for Academic Affairs shall decide within two weeks after receipt of
appeal whether further action should be taken. In reaching this decision, this official
may ask other parties to the appeal to make written reply to the request for a review or
these parties, on their own, may make a written reply. If the decision is reached that a
review is not justified, the student and all other parties will be so notified. If the Vice
Chancellor for Academic Affairs decides to respond favorably to the petition for review,
this official will hold a formal meeting with all parties and their advisors, if desired, and
reach a decision based on discussions at this meeting, as well as on all written
materials furnished. Once a decision is reached, the Vice Chancellor for Academic
Affairs will notify all parties, plus the Dean, of the decision. The decision of the Vice
Chancellor for Academic Affairs shall conclude the matter, subject to the right of the
Chancellor to review the case. The Chancellor will consider the case only on the basis
of a petition for review following the procedure outlined above.

Sanctions for Academic Misconduct
Sanctions imposed on the student may include one or more of the following disciplinary
actions:
1. Be required to show active participation in the work of counseling
2. Retake test, or repeat work in question
3. Lower letter grade by one letter, e.g. A to B
4. Lower letter grade by two letters, e.g. A to C
5. Complete given activities/assignments consistent with the Dean’s decision
6. Receive a failing grade for the course in which the infraction occurred. If this
sanction is imposed and the policy of the Department stipulates that when “a
student receives a less than satisfactory grade in a course he or she may not
continue in the program sequence”, then the Department policy shall also apply
7. Suspension from the School of Allied Health Professions. Period of suspension
to be determined by the Dean
8. Dismissal from the School of Allied Health Professions.

Sanctions for Professional Misconduct
Sanctions imposed on the student may include one or more of the following disciplinary
actions:
1. Be required to show active participation in the work of counseling
2. Disciplinary Warning: verbal or written notification that the student has not met
the School’s standards of conduct, and that a repeat offense will result in more
serious disciplinary action. It is not the case that first offenses automatically
receive a warning; most first offenses receive a stricter response, with warnings
reserved for cases with unusual mitigating circumstances
3. Reprimand: a written statement censuring a student for violating School
regulations, and stating that another offense will result in more serious action.
This is normally considered a lenient response, even for first offenses
4. Restitution: requirement that the student compensate the School or other persons for damages, injuries, or losses. Failure to comply results in canceled registration and a hold on future registration.

5. Disciplinary Probation: an action that places conditions on the student’s continued enrollment in the School, including the statement that further violation of School policies will likely result in dismissal. The Committee fixes the term and conditions of academic probation. First offenses often result in probation.

6. Suspension from the School of Allied Health Professions. Period of time to be determined by the Dean.

7. Dismissal from the School of Allied Health Professions.
POLICY AND PROCEDURES RELATED TO STUDENT CONDUCT

I have received a copy of the document entitled LSUHSC School of Allied Health Professions Policy and Procedures Relating to Student Conduct.

_____________________________                          ____________________  
Print Name                                                                                  Date  

_____________________________  
Signature  

revised August, 2004
Chancellor’s Memorandum
CM-23 – LSU Health Sciences Center New Orleans Drug Free Workplace and Workforce

To: LSUHSC New Orleans Faculty, Staff, Students

From: LSU Health Sciences Center New Orleans Chancellor

January 15, 2002

Subject: Revision of CM-23 dated March 18, 1989.

Purpose

Louisiana State University Health Science Center – New Orleans Campus is committed to providing a drug free workplace and workforce pursuant to the provisions of the Federal Drug Free Workplace Act of 1988 and interim Department of Defense rules for a program to achieve and maintain a drug free workforce.

Definitions

"Drug free workplace" means a site for the performance of work at which employees are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in accordance with the requirements of the federal Drug Free Workplace Act of 1988.

"Drug free workforce" means employees engaged in the performance of Department of Defense contracts who have been granted access to classified information; or employees in other positions that the contractor determines involve National Security, health or safety, or functions other than the foregoing requiring a high degree of trust and confidence.


"Criminal drug statute" means a criminal statute involving manufacture, distribution, dispensation, use, or possession of any controlled substance.

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentences, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.

General Policy

Louisiana State University Health Sciences Center – New Orleans Campus is committed to providing a drug free workplace and seeks to make its employees aware of the dangers of drug abuse in the workplace as well as the availability of drug counseling, rehabilitation and employee assistance through various communications media. In accordance with the Drug Free Workplace Act of 1988 and pursuant to applicable law, the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the workplace is prohibited. Workplace shall include any location on University property in addition to any location from which an individual conducts University business while such business is being conducted. Without reference to any sanctions, which may be
assessed through criminal justice processes, violators of this policy will be subject to University disciplinary action up to and including termination of employment.

Operating Procedures

Conflicts resulting from a violation of law regarding controlled substances (illegal drugs) in the workplace are to be reported to the LSUHSC University Police Department and the Department of Human Resource Management/Labor Relations section. The LSUHSC-NO University Police Department will contact the appropriate city authorities if necessary. Human Resource Management/Labor Relations section will determine what administrative action, if any, is appropriate under the university’s guidelines and refer the individual to the LSUHSC-NO Campus/Employee Assistance Program for referral to any needed assessment and treatment.

Action by LSUHSC-NO upon conviction of any employee(s) for violation of the law as provided herein may include, but is not limited to, written disciplinary action, suspension without pay, demotion, and/or mandatory participation in a drug abuse or rehabilitation program at the employee's expense, or termination of employment.

Specific provisions regarding a drug free workplace apply to employees directly engaged in the performance of work pursuant to the provisions of a federal grant or contract. These provisions are described in Attachment I.

Further specific provisions regarding a drug free workforce apply to employees directly engaged in the performance of work pursuant to Department of Defense contracts who have been granted access to classified information, or employees in other positions that the contractor determines involve National Security, health or safety, or functions other than the foregoing requiring a high degree of trust and confidence. These provisions are described in Attachment II.

Signed: Mary Ellen Sander, M.D., Interim Chancellor
Attachment I

Drug Free Workplace

The Federal Drug Free Workplace Act of 1988 contains specific requirements relating to University employees who are engaged in the performance of a federal grant or contract as follows:

Each such employee must receive a copy of the University policy providing a drug free workplace, which shall be provided through the official promulgation of this Policy Statement and such other means as may be appropriate, and each such employee:

1. Agree as a condition of employment to abide by the terms of the drug free workplace policy.
2. Must notify the LSUHSC-NO Office of Human Resource Management of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction.

The University is required to:

1. Notify the granting agency; within 10 days after receiving notice of conviction as above, or otherwise receiving notice of such conviction, the Director of Human Resources must notify the Grants Office so that they may comply with the federal requirements for notifying the federal funding agency within 10 days.
2. Within 30 days after receiving such notice, the Director may impose a sanction, up to and including termination of employment, or require satisfactory participation in a drug abuse or drug rehabilitation program approved by the appropriate agency. The employee will be responsible for the cost of treatment. Participation in a treatment program will comply with LSUHSC-NO administration policies and procedures.
3. Make a good faith effort to continue to maintain a drug free workplace through implementation of the requirements of this Act.

Attachment II

Drug Free Workforce

In addition to requirements of the Drug Free Workplace Act of 1988 which apply to all employees engaged in the performance of a federal grant or contract, the Department of Defense has issued regulations which specifically apply to employees engaged in the performance of a Department of Defense contract which are provided below.

Covered employees include those employees engaged in the performance of Department of Defense contracts as follows:

1. All Department of Defense contracts involving access to classified information.
2. Any other Department of Defense contract when the contracting officer determines such application to be necessary for reasons of national security or for the purposes of protecting the health or safety of those using or affected by the product of or the performance of the contract (except for commercial or commercial-type products).
3. Excepted are any contracts or parts of contracts to be performed outside of the United States, its territories, and possessions, except as otherwise determined by the contracting officer.

For those Department of Defense contracts to which these regulations apply, the following specific conditions or appropriate alternatives apply:
“(1) Employee assistance programs emphasizing high level direction, education, counseling, rehabilitation, and coordination with available community resources (which shall be as provided through any LSUHSC-NO Campus/Employee Assistance Program);

“(2) Supervisory training to assist in identifying and addressing illegal drug use by Contractor employees (which shall be as provided through the LSUHSC-NO Campus/Employee Assistance Program);

“(3) Provision for self-referrals as well as supervisory referrals to treatment with maximum respect for individual confidentiality consistent with safety and security issues (which shall be as provided through the provisions of any LSUHSC-NO Campus/Employee Assistance Program and this Policy Statement);

“(4) Provision for identifying illegal drug users, including testing on a controlled and carefully monitored basis. Employee drug testing programs shall be established taking account of the following:

“(c) Contractor programs shall include the following, or appropriate alternative.

“(ii) In addition, the Contractor may establish a program for employee drug testing--

“(A) When there is a reasonable suspicion that an employee uses illegal drugs; or

“(B) When a employee has been involved in an accident or unsafe practice;

“(C) As a part of or as a follow-up to counseling or rehabilitation for illegal drug use;

“(D) As a part of a voluntary employee drug testing program.

“(iii) The Contractor may establish a program to test applicants for employment for illegal drug use.

“(iv) For the purpose of administering this clause, testing for illegal drugs may be limited to those substances for which testing is prescribed by section 2.1 of Subpart B of the Mandatory Guidelines for Federal Workplace Drug Testing Program," (53 FR 11980 (April 11, 1988)) issued by the Department of Health and Human Services.

“(d) Contractors shall adopt appropriate personnel procedures to deal with employees who are found to be using drugs illegally. Contractors shall not allow any employee to remain on duty or perform in a sensitive position who is found to use illegal drugs until such time as the contractor, in accordance with procedures established by the contractor, determines that the employee may perform in such a position.

“(e) The provisions of this clause pertaining to drug testing programs shall not apply to the extent they are inconsistent with state or local law, or with an existing collective bargaining agreement; provided that with respect to the latter, the Contractor agrees that those issues that are in conflict will be a subject of negotiation at the next collective bargaining session."

**Alcohol, Substance Abuse and Addiction Treatment, and Drug Free Workplace Resources**

**New Orleans Campus/Employee Assistance Program**

1 (504) 568-3931

1 (888) 616-6642
The LSU Health Sciences Center – New Orleans Campus/Employee Assistance Program offers free information and referral services, brief counseling and case management services to employees, students, residents, faculty and staff who may be suffering from alcoholism, substance abuse or addiction to controlled substances. Services available are described below:

**Information and Referral:** A C/EAP counselor will provide the client information on professional agencies and individuals in the community who are qualified to assist them resolve their alcohol, substance abuse or drug problem.

**Assessment/Problem Clarification:** A C/EAP counselor will help clients identify their clinical needs and will make recommendation in order to help resolve the problem.

**Short Term Counseling:** Short-term counseling will be available to help people with substance abuse problems.

**Patient Advocacy:** A C/EAP counselor will advocate for patients in obtaining needed services. C/EAP will maintain a list of potential service providers.

**Supervisory and Drug Screen Referrals:** The counselor operating under the guidelines governing confidentiality will provide a clinical assessment and referral for the patient and provide to LSUHSC-NO only information regarding the patient's level of cooperation and participation in the C/EAP services and recommended referral only after a release of information has been obtained from the patient.

**Facilities**

Office visits will be held at the following facilities:

1. 2020 Gravier St., Lion's Eye Center
2. 1100 Florida Avenue, Dental School
3. 1542 Tulane Avenue, Dept. of Psychiatry

**Program Promotions & Drug Free Workplace Training**

Employee orientation will be conducted and coordinated through Human Resource Management. The orientation will serve to introduce new and existing employees to the services and availability of the C/EAP.

Drug Free Workplace training will be offered once each year to educate employees, students, residents, faculty and staff on substance abuse, the LSUHSC-NO Drug Free Workplace policy, and the availability of treatment resources.

Listed below are resources available to employees, student, residents and faculty that can either provide substance abuse treatment or can assist individual in finding treatment for their substance abuse problem. This list is for information and educational purposes only and does not constitute an endorsement of these programs. "Alcoholism" or "Drug".

**Committee on Alcoholism and Drug Abuse for Greater New Orleans, Inc.**
3520 General DeGaulle, Suite 5010
New Orleans, LA 70114
Phone: 362-4272
Listed below are substance abuse programs offered by professional organizations or societies for specific groups:

**Allied Health Professions Students**  
**Nursing Students**  
**Graduate Students**  
Ms. Bonnie J. Adelsberg  
Mental Health Counselor  
LSU Health Sciences Center  
New Orleans, La.  
Phone: 833-7719 Office  
865-1419 Home  
568-5900 Student Health/24 hr. line

**Medical Students**  
**Phoenix Society**  
Dept. of Psychiatry  
LSU School of Medicine  
1542 Tulane Avenue  
New Orleans, La. 70112  
Phone: 568-6001

**Nurses**  
Barbara McGill, MSN, RN, CNAA  
Louisiana State Board of Nursing  
Recovering Nurse Program  
3510 N. Causeway Blvd. Suite 501  
Metairie, LA 70002  
Phone: 838-5429

**Physicians**  
Physicians Health Program  
6767 Perkins Road  
Baton Rouge, La 70804  
Phone: 1-800-375-9508

**Dental**  
Jamie M. Manders, DDS, FAGD  
Dentists Well-Being Advisory Committee  
1019 Opelouas Avenue  
New Orleans, La 70114  
(504) 361-0550 (Office)  
(504) 366-2954 (After Hours)  
(504) 650-0319
STANDARD UNIVERSAL PRECAUTIONS FOR OCCUPATIONAL THERAPY SERVICES

(Revised from National Institute of Health, Student Fieldwork Manual, 1988)

Occupational therapist evaluates and treats patients with impairment in functional capacity. Functional capacity refers to age-appropriate daily living skills and is based on a developmental continuum. Functional capacities include integration of reflexes, as well as personal and instrumental activities of daily living (ADL). These functions may include, but are not limited to, the following types of activities: early childhood primitive reflex development, (e.g., swallowing, sucking, tongue thrusting, chewing, etc.), parenting skills (e.g., bathing, feeding and infant stimulation), independent bathing, dressing, mobility/transfer skills, toileting, feeding, meal preparation, and work, play and leisure time activities. The occupational therapist may test and evaluate a patient’s functional capacity in any one of the previously age-appropriate areas. Often the evaluation and treatment process includes physical contact with the patient through practice of ADL performance skills. In addition to ADL evaluations and treatment procedures, the occupational therapist receives referrals to construct/fabricate splints and orthoses, to modify wheelchairs or other adaptive devices related to maintain or restoring the patient’s functional capacity.

During patient evaluation and treatment activities, the occupational therapist will occasionally be exposed to blood infected with blood-borne pathogens, body fluids (secretions and excretions) associated with wounds and urine and/or enteric pathogens (fecal/oral matter). Since many patients are not identified as representing a potential infectious risk immediately upon entering the health care system, Universal Precautions are recommended for all patient contacts. These precautions should minimize the risk of transmission of blood-borne infections. Institution of Universal Precautions will eliminate the need for presently used isolation categories, BLOOD AND BODY FLUID PRECAUTIONS and DRAINAGE AND SECRETION PRECAUTIONS. The categories of STRICT, RESPIRATORY, and ENTERIC PRECAUTIONS will continue to be used for patients infected with organisms transmitted through the air (STRICT AND RESPIRATORY) fecal/oral (ENTERIC).
Student Health Services

LSU Student Health Clinic

The Louisiana State University Student Health Clinic offers a variety of health services. Physicians in the Student Health Clinic are board certified. For more information on student health insurance, please see http://www.lsuhsc.edu/orgs/studenthealth/insurance.

BlueCross BlueShield Insurance (See bcbsla.com)

LSUHSC-New Orleans is again offering our students the option of purchasing student health insurance through BlueCross BlueShield of Louisiana. If students have coverage through their own plans or as a dependent of someone else, they will continue to have to provide proof of this coverage.

Health Care Services

We provide primary health care, mental health assistance, immunizations, woman's health exams, and exams for away rotations/residency.

Immunization/Prevention unless exempted for health/medical or religious reasons, you will need to have an annual TB screening and a tetanus shot every 10 years. Nurse only appointments may be scheduled for immunizations by calling (504) 412-1366. For additional information, see the Student Health Handbook.

Location and Hours

Student Health Services is located on the 7th floor of the Lions Building
2020 Gravier Street, New Orleans, LA 70112
Hours are 8:00 a.m. to 4:30 p.m.
Monday - Friday
Phone: (504) 525-4839
Fax: 866-814-9706

Student Health Clinics are located at:

3700 St. Charles Ave.
(504) 412-1366

200 W. Esplanade Ave., Suite 205 (By Appointment Only)
(504) 412-1705

8:00 a.m. to 4:30 p.m.

After Hours Care

After 4:30pm and on weekends and holidays, contact Dr. Angela McLean @ 412-1366. For immediate treatment you may go to the emergency room.
Health Care Services

The Louisiana State University Student Health Clinic offers a variety of health services. Physicians and Nurse Practitioners in the Student Health Clinic are board certified.

We provide primary health care, mental health assistance, immunizations, lab tests and x-rays, allergy injections, and woman's health exams, and exams for away rotations/residency.

No matter who your insurance carrier is, there's no charge for a student health visit in the student health clinic. Other services within the Louisiana State University Healthcare Network do generate a charge.

Student Health Services provides most services on an appointment basis.

Appointments are encouraged. Often, students can get same-day appointments. Usually, students with appointments are seen before students who have walked in.

However, if you need emergency care, you should probably go directly to an emergency room as the student health clinic is not equipped to provide emergency care.

Services Provided

The following services are available at the Student Health Clinic:

Medical Care

The Student Health physicians are available to see students with health problems. Routine pre-admission physical examinations, immunizations, and laboratory work are not covered by the Student Health Fee.

Laboratory Tests and X-Rays

Laboratory tests and x-rays are not covered by the Student Health fee. Charges for these items will be submitted to the student's insurance carrier and the student will be billed for the balance.

Allergy Injections

At the discretion of the Medical Director of Student Health, the Student Health Service Nursing Staff may administer allergy injections if the student provides the serum and submits a request from his/her own private physician.

Immunizations

Students are expected to have had all standard immunizations prior to admission. However, some immunizations against infectious diseases may be provided to students at cost by Student Health Service (i.e. Hepatitis B Vaccine and MMR).

Mental Health Counseling

Counseling services are available both on and off campus for students who need "someone to talk to." Students are encouraged to seek assistance for emotional difficulties, stress, substance abuse,
marital and family distress, academic concerns, and other personal problems. Counseling services include a 24-hour crisis line/crisis intervention, short-term counseling, and referrals for more extensive counseling and/or psychiatric care. Short-term counseling services are covered by the student health fee. Expenses for long-term and/or psychiatric care arranged by referral must be covered by the individual student’s insurance carrier. On-campus services are provided by the Campus Assistance Program (CAP), and off-campus services are provided by Bonnie Adelsberg, MN, CS.

**Student Health Insurance**

As a condition of enrollment, all LSUHSC – New Orleans 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 - New Orleans, students are required to complete training in accordance with federal and state laws and regulations in the following areas:

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

**Emergency Disaster Plan**

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

**At-Risk Incidences, Crisis Incidences, Illness and Injury**

All students should report any of these instances to their assigned FW educator as soon as possible. Students are required to abide by the policies and procedures of the Level II Fieldwork sites to which they are assigned. These policies and procedures are reviewed as part of a student’s orientation to the facility.
Student Resources
FIELDWORK BUDGET WORK SHEET

This worksheet is offered as an optional activity that can be used to help plan for the expenses that will probably be incurred during a Fieldwork experience.

Fill this worksheet out carefully. If you anticipate money from loans, scholarships or parents, be sure that these expectations are realistic ones. If you are financially dependent on your parents, review this estimate with them.

Facility name ___________________________ City ______________ State _________

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Rites of Passage for Occupational Therapy Students
As you, the student, leave the academic classroom and move to the clinical setting of occupational therapy, a rite of passage is occurring. You have been introduced to the clinical setting in your Fieldwork I experiences, but now you are expected to perform the many roles of an entry level occupational therapist. As with all rites of passage, there is a certain amount of the unknown and with that, some fear and some hopes.

The following are some hints to help you to see that fear is a natural part of transitions and to provide some suggestions on how to manage the fears that you may feel.

A common fear among students is that they will be asked to do too much, too soon, alone.

It is important for you to communicate what you do feel ready to do, and more importantly what you do not feel ready to do. Many students do feel anxious when asked to perform skills that they have not learned in school. It is important to discuss this with your clinical instructor and ask for a little practice with feedback on these areas to increase your confidence. Be sure you know how to contact your clinical instructor at all times. Learn the facility’s procedures for emergencies. Ask for help when needed, no matter how dumb it may seem. Failing to ask for help protects your feelings of inadequacy rather than the patient’s welfare.

Almost all students think their clinical instructors expect them to be “perfect.” Sometimes clinical instructors fear that students expect them to be “perfect.”

You may have very high expectations of yourself, but the probability that every procedure will be performed perfectly each time is very slim. It is common for students to expect themselves to show the expertise professionals have worked for years to attain. The clinical fieldwork experience is not to produce experts but for you as a competent entry level therapist to evaluate yourself, be accountable for your actions, and ask for help when needed. Your clinical instructor will provide you a valuable role model to demonstrate their way to provide quality care. You will eventually develop your own treatment style which will be a combination of all your experiences. Follow your clinical instructor during your fieldwork and let development of your own style wait until after you have started your own job.

Many students fear that they will be responsible to recall all the theoretical information and facts that they have just learned.

No one has immediate recall of all the information they have learned. It is important for you to know where and how to look up the information that you need. Focus on the information relevant to the setting that you are in and develop the skill of finding the additional information that you will need from time to time.

A fear that some students have is that they will be expected to meet a quota for the number of treatments provided or to complete tasks within a specific amount of time.

Reasonable expectations are good. You may perform better under a certain amount of stress. Too little or too much may be associated with a decrease in work quality. Doing a good job is more important than numbers or speed. You will gradually be able to increase in efficiency and time management skills.
A few students fear that they will be a burden to their clinical instructor.

Occupational therapy workplaces are often very fast paced and you may hesitate to ask questions. It is good to set up a specific time of day to meet with your clinical instructor and save questions for this time. However, the priority of the information needed may necessitate a more immediate answer. Use your best judgment in seeking information that you need.

Just as you need to understand the basis of your fears and how to deal with those, you need to look at your hopes and aspirations for your clinical experiences. The goals you develop with patients need to be realistic and attainable and so must the ones you set for yourself.

Most students want to be challenged during their fieldwork experience.

It is exciting to be able to use the new knowledge and techniques you have just learned. Be patient and let your clinical instructor guide your development of practical application to your new information. Every hour of every day cannot be focused on new experiences and it is through repetition that one hones their skills to new levels.

Students want to be allowed to make mistakes.

The freedom to make mistakes carries the responsibility to accept constructive criticism and to learn from mistakes. You will not be perfect, but you need to work closely with your clinical instructor to safeguard the patients during the learning process. Be honest about your abilities and be willing to explore new ideas under the guidance of your clinical instructor.

It is common for students to hope to be treated with respect and to be acknowledged for their experience and knowledge. (Clinical Instructors also want this honor.)

Respect must be mutual and trust is essential for a successful student/clinical instructor relationship. Respect and trust require work by both parties and must be earned over time.

Many students feel excited and at least a little nervous at first and hope the clinical instructor will understand.

Most people naturally feel a little nervous and apprehensive approaching a new endeavor such as a new clinical experience. Many clinical instructors remember when they were student interns and will help you with these emotions. The important thing for you to do is to communicate these feelings to your clinical instructor and to be realistic about your expectations of the fieldwork experience.
ESSENTIAL PROFESSIONAL BEHAVIORS - STUDENT THERAPIST

In addition to developing clinical competencies, an important part of the fieldwork experience is the development of professional behaviors. The following qualities have been determined essential to the position of student therapist and reflect the expectations for acceptable performance. This information has been adapted for the Staff Occupational Therapist Essential Profession Behaviors description.

1. Responsibility - demonstrates independent initiative and readily assumes responsibility; demonstrates consistent dependability and reliability in fulfilling responsibilities; is conscientious in meeting responsibilities, demonstrating attention to routine responsibilities.
   a) Ask questions when in doubt.
   b) Be punctual in attending meetings and conferences.
   c) Recognize and act on personal responsibility for learning during the fieldwork experience (e.g., finding answers to questions, providing feedback to supervisor, utilizing opportunities for observational learning experiences, i.e., other therapists, disciplines).
   d) Take initiative to utilize resources (physical resources, personnel, grand rounds).
   e) Read student manual the first week so that you are familiar with the information that is in it.

2. Organizational Skills - is punctual in fulfilling responsibilities and requirements of the position, including adhering to schedules, meeting deadlines, etc. By mid-term is able to create functional structure in an unstructured environment; is able to establish realistic priorities and set appropriate limits.
   a) Plan and organize daily schedule for self and for patient treatment, for short- and long-term projects (e.g., preparation for lectures, note writing, preparation for staffing and rounds, discharge planning, and SIP).

3. Flexibility - effectively adjusts to changes in schedules, policies, and procedures, patient and student program; is able to adjust priorities according to needs of the program and department and others.
   a) Develop an attitude of flexibility - expect changes to occur (e.g., changes in lecture schedule, supervision meetings, increase or decrease in patient load, early discharges, or patient schedules).
   b) Utilize time effectively when a patient’s treatment is canceled.
   c) Help out and fill in for other therapists.
d) Offer assistance to others.

4. **Interpersonal Skills** - is able to establish effective interpersonal relationships with patients and their families, staff members, students, and members of other disciplines; is sensitive to an considerate of others; is able to work and relate effectively with a wide range of diagnoses and disabilities (patients), socioeconomic, age, and ethnic groups (patients, their families, and other personnel).

   a) Maintain professional relationship with supervisor and others.
   b) Regard feedback as a learning tool.
   c) Be aware of how your behavior affects others.
   d) Consider timing of questions (e.g., when approaching staff).
   e) Respect personal space and time of others.
   f) Explore situations before responding - make informed interpretations and decisions.

5. **Communication Skills** - shows effective, appropriate (timing content, and method) communication with intra- and extra-departmental personnel at all levels; oral and written professional communication should reflect the standards established for the department; communication at all levels should be appropriate in timing, open and direct; important for staff to independently initiate communication whenever the need and to maintain consistent feedback to appropriate personnel; discretion and confidentiality; open lines of communication should be maintained with the chief occupational therapist and supervisor at all times.

   a) Expect and respect differences in professional opinions. Open-mindedness allows opportunity to explore different theories and techniques of management (e.g. doctors’ goal and plan may differ from your own). You are part of a team; consider the goals of other disciplines when planning your treatment program for the patient.
   b) Be aware of nonverbal behavior, tone of voice, etc., and the effect these can have upon your relationships with others.
   c) Take time to organize your thoughts and make notes before reporting in conferences or contacting other disciplines and doctors.
   d) Follow established guidelines and documentation standards for note writing (in student notebook).

6. **Concern for Professional Development** - is receptive to guidance and regards constructive feedback as a learning tool; actively assesses, recognizes, and expresses personal needs for further professional development; demonstrates interest and actively participates in continuing education activities; is willing to share professional knowledge and experience with others.
a) Assume responsibility for learning.

b) Be resourceful in finding answers to your questions.

c) Actively seek learning experiences (e.g., versus only utilizing scheduled experiences rounds).

d) Realize that as a student therapist you have valuable information and experiences to share with others. Be willing to share information, offer suggestions for OT and student programs, procedures, equipment, etc.

7. Problem-Solving Abilities - demonstrates effective problem-solving skills in approach to patient treatment, and overall functioning within department; readily identifies and communicates problems impacting upon patient care and department functioning to appropriate individuals; maintains an open, objective attitude in assessing and confronting problem situations; appropriately acts upon decisions and maintains communication and effective follow-up and feedback.

a) Be resourceful. Use common sense and think things through before asking someone else for the answer.

b) Utilize resources to help find answers to questions and suggestions for patient treatment.

c) Utilize student manual.

d) Recognize and act on need to contact other disciplines.

e) Make yourself aware of material resources available in the unit.

8. Sense of Humor.

9. Supervisory Skills - with experiences, demonstrates those skills essential to the guidance of aides, volunteers, and other ancillary staff (e.g., in patient treatment, group activities, clerical work requests).

a) Supervisory skills - give specific instructions to OT aides when utilized in supervising patient treatment.

b) Interpersonal skills - respectful approach when working with secretaries, aides, transporters.

10. Demonstrates a commitment to the growth and development of the department’s programs and the support of its staff and students. Offers constructive, diplomatic suggestions for change beneficial to the department in all areas of its functioning.

11. Remember that you are a representative of the department and the profession. Through personal demonstration of professional attitudes and appearance, support and contribute to the professional image of the department.
An important part of the fieldwork experience is the opportunity to actively pursue the development and practice of professional qualities and behaviors attributable to a mature therapist. Such qualities would include personal initiative, punctuality, responsibility and resourcefulness, dependability, the ability to relate openly and effectively on a professional level, etc. Although your supervisor and other staff members may provide guidance and direction in this area of professional development, you must assume the primary responsibility for professional behavior.

Below are some “helpful hints” as to how this responsibility might be independently assumed and reflected early and throughout your affiliation. If you think of additional ones, please let your supervisor of the chief of OT know so that they might be passed on to future students.

1. Communication is the most critical essential. Initiate and maintain open, honest, communication with your supervisor.
   
   - Provide feedback to your supervisor about the nature, quantity, quality, of supervision time. You must assess your needs and openly share them with your supervisor.
   - Let your supervisor know your interests and goals/expectations. Clarify performance expectations with your supervisor - if you are unclear, ask.
   - If you feel you are not getting enough feedback, let your supervisor know.
   - If you feel you need to observe more or to be observed in patient treatment, let your supervisor know.
   - If you have a question or doubt in your mind, try whenever possible to take the initiative to find the answer for yourself. However, never hesitate to utilize staff members as resources.

2. Independently take the initiative and time early in your affiliation to familiarize yourself with your unit’s organization and available resources. It is important to take time to find out where things are kept during the first week. Schedule time to look through cabinets, file drawers, bookcases, etc., and see what is available. If you don’t schedule specific time to do this, you may find that a “convenient” time will never come. Becoming familiar with the unit, its supplies, and equipment will prevent you from having to keep asking where equipment is kept. If you are uncertain about the use or purpose of any equipment, always ask and familiarize yourself with it.

3. Learn how to effectively plan and utilize your time.
   
   - Make out a schedule for each day; include lectures, meetings, and supervision times in addition to patient treatment.
• Know your work requirements and set target dates for timely completion. Don’t wait until the last minute to get things done. You will not be continually reminded or prodded once deadline have been established.
• Utilize your “spare” time appropriately, i.e., for reading, writing notes; developing patient’s treatment programs; observing treatment. Feel free to help out in the unit - ask what you can do to help if you cannot readily identify what the need may be. Don’t get behind in note-writing. The amount of paperwork and documentation requirements is great; now is the time to develop personal discipline in fulfilling responsibilities in this area on a timely basis.

4. Procedures for routine, day-to-day treatment and departmental responsibilities should be established as a habit as quickly as possible. If you are still confused after the first week, let your supervisor know.

5. Use your student manual - it is filled with information concerning performance expectations, departmental policies and procedures, and information regarding patient care. Use it as an ongoing reference as questions arise.

6. Suggestions for treatment planning:

• Observe other therapist and keep a list of media/techniques they can use. This can be helpful resource during treatment planning.
• Write a list of treatment goals (brainstorm). When writing treatment plans refer to this list, it will help you to be comprehensive.
• In the beginning, prepare a list of treatment media or evaluations for each treatment session. Be sure to include alternatives in case equipment is not available. If you have any questions on specific technique or evaluation, ask your supervisor to go through the procedure with you before you treat the patient. Although this takes extra preparation time, it can greatly increase your self-confidence during treatment.

7. For Maintenance of self-esteem and confidence: Realize that you know more than you think, at time, and you are just as much an expert in your field as PT’s, nurses, and physicians are in theirs. It also helps to prepare a “working definition” of OT for patients, family, and other professionals.

*Suggestions from both staff and former students at Michael Reese Hospital
Important Links
IMPORTANT LINKS

• Bylaws and Regulations of the Board of Supervisors for Louisiana State University and Agricultural and Mechanical College:

  http://www.lsuhsc.edu/administration/subscriptions/

• LSU System Permanent Memoranda:

  http://www.lsuhsc.edu/administration/pm/

• LSUHSC-New Orleans Chancellor Memoranda:

  http://www.lsuhsc.edu/administration/cm/

  Office of Compliance Programs:

  http://www.lsuhsc.edu/no/administration/ocp/

• LSUHSC Calendar – PM 5:

  http://www.lsuhsc.edu/administration/pm/

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