

Department of Occupational Therapy Fieldwork II Manual

2017

University of Mississippi Medical Center School of Health Related Professions Department of Occupational Therapy Master of Occupational Therapy

Fieldwork II Manual

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Dear Fieldwork Educators:

We would like to take this opportunity to thank you for taking on the responsibility of training occupational therapy students in your facility. You are role models for professional behavior, clinical reasoning, and the focus on occupational performance outcomes that makes Occupational Therapy stand out from other professions. There is no other place that students can apply what they have learned in the classroom than in the field under your guidance. You are generous to give your time and energy to meet that challenge. We also hope that supervising our students challenges you to keep up to date, be creative, and to provide evidence based treatment. Teaching is a great way to learn.

We have provided this manual to help you in your professional development as a Fieldwork Educator and to inform you about the Occupational Therapy program at the University of Mississippi Medical Center. An outline of various roles and responsibilities for all individuals and entities involved, and samples of necessary forms with instructions for their use are also provided. Should you need clarification or additional information, please don't hesitate to contact us.

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Again we extend our sincerest appreciation to you, your staff and facilities for your time, interest and contributions to our educational program. You are indeed a vital part of the educational process of future occupational therapy practitioners.

With warmest personal regards,

Academic Fieldwork Coordinator

Robin Davis, MS, OTR/L

Section II

Resources for Fieldwork Educators

AOTA:

The American Occupational Therapy Association Website has an abundance of good resources for helping clinicians to develop their skills as Fieldwork Educators and to develop FW programs. UMMC faculty encourages you to access the resources listed below.

Go to the AOTA website home page at aota.org. Click on the Education & Careers tab. Then select "Educators" from the list of topics, and finally select "Fieldwork Education". There you will find a list of helpful resources <u>http://www.aota.org/en/Education-Careers/Educators/Fieldwork.aspx</u>. We suggest investigating all of the information, but some we thought might be most helpful to read are listed below.

Level II Fieldwork:

Commission on Education (COE) Guidelines for an Occupational Therapy Fieldwork Experience – Level II Sample – click on this

link: http://www.aota.org/~/media/Corporate/Files/EducationCareers/Educators/Fieldwork/LevelII/C OE%20Guidelines%20for%20an%20Occupational%20Therapy%20Fieldwork%20Experience%20---%20Level%20II--Final.ashx

Steps to Starting a Fieldwork Program: <u>http://www.aota.org/Education-</u> <u>Careers/Educators/Fieldwork/NewPrograms/Steps.aspx</u>

Recommended Content for a Student Fieldwork Manual: <u>http://www.aota.org/Education-Careers/Educators/Fieldwork/NewPrograms/Content.aspx</u>

Sample Level II Site specific Fieldwork Objectives: <u>http://www.aota.org/Education-Careers/Educators/Fieldwork/SiteObj.aspx</u>

Fieldwork Educator Self-Assessment - SAFECOM

Self-Assessment Tool for FW Educator Competency: <u>http://www.aota.org/~/media/Corporate/Files/EducationCareers/Educators/Fieldwork/S</u> upervisor/Forms/Self-Assessment%20Tool%20FW%20Ed%20Competency%20(2009).ashx

Understanding the OT/OTA Fieldwork Performance Evaluation (FWPE)

In-service Powerpoint: <u>http://www.aota.org/Education-</u> Careers/Educators/Fieldwork/Supervisor/Inservice.aspx

Student Supervision

OT/OTA supervision and Medicare Requirements- this may require that you log in as a member to the AOTA

website: <u>http://www.aota.org/~/media/Corporate/Files/EducationCareers/Educators/Fieldwork/StuSu</u> prvsn/ot-ota-student-medicare-requirements.ashx

Sample Weekly Supervision

Form: <u>http://www.aota.org/~/media/Corporate/Files/EducationCareers/Educators/Fieldwork/LevelII/</u> level2weekrev.ashx

Fieldwork Educator's Certificate Workshop information: <u>http://www.aota.org/Education-Careers/Educators/Fieldwork/Workshop.aspx</u>

AOTA FW Related Products

Several good books and an online course are available through AOTA including:

Clinical Supervision in Occupational Therapy: A Guide for Fieldwork and Practice by D. Costa, 2007. Bethesda, MD: AOTA Press.

The Essential Guide to Occupational Therapy Fieldwork Education: Resources for Today's Educators and Practitioners

By D. Costa, 2004. Bethesda, MD: AOTA Press.

OT Practice online:

You can access these *OT Practice* Online articles by following this pathway on the AOTA website: Home >publications > OT Practice > 1997 > columns > Fieldwork Issues

Glassman, S. (2006). First-time level II fieldwork supervisors: Resources, training, and advice. [Electronic Version]. *OT Practice*, *11*(20), 9–10.

Costa, D. M. (2006). A vision of fieldwork excellence. [Electronic Version]. *OT Practice*, 11(8), 9–10.

Costa, D. M. (2007). Fieldwork issues: Fieldwork educator readiness [Electronic version]. *OT Practice*, *12*(20), 20, 22

Costa, D. M. (2006). Why take fieldwork students? [Electronic Version]. OT Practice, 11(12), 6.

Fischer, K. (2005). Professional behaviors as a foundation for fieldwork. [Electronic Version]. *OT Practice*, *11*(4), 10, 12.

USA:

The University of South Alabama also has helpful resources online that are available to any FW supervisor. These can be accessed at <u>http://southalabama.edu/alliedhealth/ot/fwsupervision</u>. These sections may be of particular interest:

Identifying Entry Level Competencies Remediating Deficits in Student Skills Additional Samples of Site Specific Fieldwork Objectives:

Site Specific FW Objectives

Name of Facility: _____

Our facility has adopted these sample Fieldwork student behavioral objectives developed by the Metropolitan Occupational Therapy Education Council of NY/NJ at the Joint Clinical Council Day. (4/12/04)

Facility OT student Coordinator signature: _____

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

Students will:

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

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

Students will:

- I. Demonstrate an understanding of environmental factors affecting clients' safety at all times by:
 - Consistently analyze evaluation/treatment space for potential safety hazards prior to bringing the client into the environment.
 - **1.** Equipment is set-up beforehand.
 - **2.** All nonessential items are put way.
 - **3.** Treatment area is scanned for slip and fall prevention.
 - 4. Is aware of potential hazards of equipment being used.
 - 5. Aware of sharps at all times.
 - Adhere to facility policy regarding use of modalities, use of sharps, and operating equipment in the OT clinic.
 - Consistently set-up and clean-up of work environment in a manner that prevents injury,
 - Chooses activities that are safe, age appropriate, and appropriate for cognitive/emotional/physical capabilities of clientele.
 - Consistently follows equipment safety protocols.
 - While evaluating and treating, the student should use judgment in safety.

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

- Selecting offsite/community activity that demonstrates sound judgment.
- States agencies off-premises safety/emergency protocol prior to engaging in community activities and/or home visits.
- Anticipates problems/possible solutions prior to and during home visit and/or community outings.
- III. State universal precautions and will adhere to guidelines at all times.
- IV. Adhere to facility policies and regulations and OSHA precautions.
- V. Articulate facilities HIPAA regulations and will abide by them by end of first week.
- VI. Seek out assistance whenever in doubt.

Students will:

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

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.

Students will:

- Clearly define the role of OT and relate it to the activity to the patients.
- Explain the value of activity chosen with respect to clients own life activities/occupations.

- Define the OT process in an effective manner that is understandable to clients, etc.
- Explain to client and family, value of returning to roles, responsibilities to a level of audience understanding.

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

Students will:

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

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.

Students will:

- Utilize resources to find information.
- Perform chart review prior to evaluation and treatment planning.
- Be able to determine what extra information will be necessary.
- 13. Administers assessments in a uniform manner to ensure findings are valid and reliable.

Students will:

- Consult institution manuals and supervisor prior to the administration of standardized tests.
- Understand rationale for performing standardized tests.
- Choose appropriate standardized assessment for patient.

14. Adjusts/modifies the assessment procedures based on client's needs, behaviors, and culture.

Students will:

• Notice and respond to client feedback to accommodate assessment as needed.

18. Articulates a clear and logical rationale for the intervention process.

Students will:

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

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

Students will:

Interact, communicate, and share relevant information with all caretakers, families, and health care
professionals.

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

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

Students will:

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

38. Responds constructively to feedback.

Students will:

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

Sample Level II Fieldwork Objectives - Optional Prototype for New Student Programs

Week 1-2 Adapted from University of Southern Maine, Lewiston-Auburn College (with permission)

- Orientation to facility and OT department: philosophy, safety, organizational chart, scope of OT treatment, other discipline/team roles, expectations of students, schedule, required assignments, etc.
- Observation of evaluation/assessment and intervention by OT/OTR/COTA or OTA
- Suggest daily meetings (formal or informal) with student.

The following are expectations of the student which are built on throughout the affiliation: *Departmenta*l

- The student will: manage time and prioritize duties effectively, at each level of increased responsibility.
- Observe departmental rules and regulations.
- Perform very well with professional behaviors and ethical reasoning.
- Assist in maintenance of departmental equipment.
- Adhere to standard safety precautions and contraindications.

Patient care related

- The student will: demonstrate growth in knowledge and skill in various intervention techniques/activities often related to occupation.
- Successfully engage the patient/consumer in intervention activities.
- Incorporate prevention related activities/information into intervention, as appropriate.
- Articulate rationale/clinical reasoning for intervention.

Interpersonal

- The student will: progressively demonstrate the ability to work effectively with co-workers and team members.
- Actively participate in the supervisory process and modify behavior in response to constructive feedback.
- (The supervisor will provide clear and objective feedback regarding strengths and weaknesses of the student's performance.)

Professional

- The student will: demonstrate adherence to the professional code of ethics, and demonstrate sensitivity to and respect for confidentiality.
- Demonstrate awareness of the need for a broad sense of professional responsibility to the community at large, and concern for social and health care issues.
- The student may offer further education and clarification of the Occupational Therapy Practice Framework (AOTA, 2002) to the site.

Week 2-3

- Start building the student's caseload: 1-2 clients at first. (Often students are assigned their first one to two patients/clients whom the OTR has already assessed.)
- The student will begin routine record keeping as it pertains to his/her caseload.

- The student begins to obtain pertinent data from records, patient/client, and others.
- The student begins to administer part of the facility OT assessment, under direct supervision of the OTR.
- The student provides intervention to clients with the direct supervision of the OTR.
- The student is responsible for making sure that all documentation is reviewed by the OTR.

Week 3-4

- The student will co-lead a group with the OTR/COTA (if groups are available).
- The student will report on clients s/he is responsible for, in team meetings under the supervision of the OTR.

Level II prototype objectives

- The student will assist in the development of care plans that are culturally significant for the client.
- The student will select and implement intervention activities designed to improve functional levels, and which demonstrate an understanding of OT theory and practice, as well as the study of occupation.
- The student will assist in developing goals and intervention in collaboration with the patient/client.
- The student will understand and appreciate the roles of other team members.
- The student will demonstrate the ability to establish and maintain therapeutic relationships.
- The student will effectively communicate the ideas and objectives relevant to the role of OT practitioners, to others.

Week 5-6

- The student will begin to plan and implement group intervention (including developing goals for the group session).
- The student will continue to become proficient and comfortable with assessment, intervention, documentation, and team reporting.
- The student will orient and instruct others, where appropriate, in carryover of the client's OT plan.
- The student will actively participate in discharge planning with input from other team members, the client, and significant others.
- The student will participate in orientation and/or supervision of others, where appropriate (i.e. OTA students, rehabilitation aides, educational aides, COTA/OTAs, etc.)

The student should be performing responsibilities with a reduced amount of supervision from the OTR. At least <u>weekly</u> formal meetings are recommended.

Week 6

- Mid-term evaluation completed, with formal feedback and dialogue between supervising OTR and student.
- Student's caseload should be at approximately half to two thirds of an OTR staff load. (This can vary depending on the student and student/supervisor discussion.)
- The student is responsible for all OT department aspects of care in relation to his/her clients (i.e.

coverage information at any necessary times if the student is out for some reason).

Week 6-8

• The student demonstrates an appreciation for the financial implications of OT treatment and reimbursement.

Week 9-10

- The student demonstrates competence in administering standardized and/or established departmental assessment tools and procedures used by the department.
- The student continues to demonstrate improvements in repertoire of OT intervention options and creativity, and therapeutic rapport with clients/patients.
- The student is beginning to take responsibility for a full caseload.

Week 9-12

- The student is responsible for a full caseload and is increasingly performing in the capacity of an entry-level OT/OTR for that setting.
- If this is not the case, the supervisor may require 1-2 additional weeks at the site to reach this level of performance. Make sure to inform the Academic Fieldwork Coordinators of any changes.

<u>Special Assignment Suggestions</u> (these are decided upon by each site for their student program. Special assignment should be discussed with students during the first week of orientation as much as possible.)

- The student may do one or two site visits to other nearby facilities to observe Occupational Therapy service provision in other settings (the student makes arrangements and obtains supervisory approval for these).
- An in-service on a case study and/or article review(s).
- The student designs and fabricates a piece of adaptive equipment (preferably for a particular client). Typically, the piece of adaptive equipment remains at the facility when the student leaves.
- The student may want to keep a log or journal to track clients with different diagnoses whom s/he has worked with. This is a helpful reflection tool for learning and the student may want to include experience with client populations on his or her resume.
- Many sites ask the student to complete 2-3 special assignments during fieldwork. Make sure that objectives and expectations for the assignment are clearly explained and written for the student, including time lines and due dates.

How is a grade calculated at UMMC for the student's fieldwork course?

The UMMC academic program is responsible for assigning a grade for OT 515 FWIIA and for OT 537 FWIIB. We ask that fieldwork educators complete the AOTA Fieldwork Performance Evaluation according the instructions in the front of the evaluation form. Since our program must assign a course letter grade as opposed to pass/fail, we have developed a system that incorporates both the performance evaluation and assignments required by the University. We divide the student's score by the number of possible points a student can score. For example, if a student makes a score of 139 we would divide 139 by 168 (139/168) to get a percentage (82.7%). Five points are added if the student has turned in all the paperwork the academic program required of them. This system typically seems to provide a grade that reflects performance on FW well.

Section III

Master of Occupational Therapy at UMMC Curriculum

Fieldwork education is considered an extension of and an integral part of the UMMC MOT program. Please take time to gain an understanding of the curriculum design and courses provided below.

Curriculum Design

Based on the guiding tenets of the institution, school, department and profession, we have designed an eclectic, yet thoughtful, curriculum model. Four core elements of competence for an entry-level occupational therapist were identified and incorporated as guiding threads in our curriculum:

- 1. Holistic client centered care, including psychosocial aspects
- 2. Occupational performance across the lifespan: infancy to end of life
- 3. **P**rofessionalism, leadership and community service
- 4. Evidence based practice and scholarship

Notably, these four guiding threads provide a fitting acronym of **HOPE** which has been adopted by our program as a unique method to express the overarching principle for occupational therapy and occupational therapy education. These threads are evident when reviewing curriculum design elements such as course titles/descriptions, objectives, and assignments throughout the program.

In the following illustration (next page), our curriculum design is expressed through the metaphor of a mountain climbing journey. It is believed this graphic communicates the active and rewarding, yet rigorous, student experience of our Master of Occupational Therapy Program. Not only does the illustration capture our guiding curricular threads, but it also previews the scope of the program through identifying the course sequence, course names, learning level expectations, and the general interactive nature of the program.

More specifically, the curriculum sequence is influenced by the developmental nature of human beings and the function – dysfunction continuum. For the developmental design aspect of the curriculum, the natural lifespan is followed by introducing content sequentially as seen in the typical human growth and development process. Additionally, the curriculum introduces information to student learners on a continuum from normal to pathological (i.e., function to dysfunction). Foundational components of normal function are embedded either as prerequisites or early in the curriculum (e.g., human growth and development, anatomy, neurology, kinesiology, psychology, and group process). Subsequently, content related to dysfunction is integrated at key points throughout the curriculum as a contrast to normal function. In addition to an emphasis on the function to dysfunction continuum for the individual, the inclusion of similar information related to groups, communities, and populations is integrated within the curriculum.

The instructional plan for the curriculum embraces the revised version of Bloom's Taxonomy. The progression of content delivery and assessment methods are structured from the simple to complex through didactic to real world application opportunities. We include a primary emphasis each year on progressive learning levels in Bloom's Taxonomy (i.e., year one emphasis: remembering / understanding, year two emphasis: applying / analyzing; year three emphasis: evaluating / creating).

However, as proposed by Cannon and Feinstein in their writing *Bloom beyond Bloom*, we concur that "the various levels are allowed to be overlapping, rather than forcing them to be a rigorous hierarchy" p.352, and as a result, our curriculum allows a flexible interaction and blending among the levels of learning in order to meet the learning needs of students at any given time.



Curriculum Design Illustration:

PROFESSIONAL COURSE OF STUDY*

FIRST YEAR

Summer Semester Hours OT 310 Introduction to Occupational Therapy in Health Care Delivery (3hrs) OT 311 Group Process (2 hrs) OT 315 Medical Conditions I (2hrs) OT 318 Introduction to Research (2 hrs)

Fall Semester Hours

OT 308 Structural Analysis of Human Motion (3 hrs) OT 309 Structural Analysis of Human Motion Laboratory (3 hrs) OT 312 Conceptual Framework for Therapeutic Occupation I (3 hrs) OT 323 Occupational Therapy: Pediatrics/Early Childhood (3 hrs) OT 337 Pediatric Fieldwork I (2 hrs)

Spring Semester Hours

OT 313 Kinesiology (3 hrs) OT 316 Medical Conditions II (2 hrs) OT 326 Occupational Therapy: Middle Childhood/Adolescent (4 hrs) OT 328 Neuroscience for Occupational Therapy (4 hrs) OT 332 Conceptual Framework for Therapeutic Occupation II (3 hrs)

SECOND YEAR

Summer Semester Hours OT 317 Medical Conditions III (3hrs) OT 333 Occupational Therapy: Adult/Older Adult (4 hrs) OT 441 Analysis of Legal and Ethical Issues in Occupational Therapy (3 hours)

Fall Semester Hours

OT 324 Psychiatric Medical Conditions (3 hrs) OT 426 Neurological Principles in Occupational Therapy (3 hrs) OT 427 Physical Dysfunction-Fieldwork I (3 hrs) OT 434 Psychosocial Dysfunction (3 hrs) OT 460 Research Methods I (3 hrs)

Spring Semester Hours

OT 422 Orthopedic Principles in Occupational Therapy (3 hrs) OT 430 Splinting, Orthotics and Physical Agent Modalities (3 hrs) OT 431 Assistive Technology and Environmental Adaptations (3 hrs) OT 435 Psychosocial Fieldwork I (3 hrs) OT 500 Research Methods II (3 hrs)

THIRD YEAR

Summer Semester Hours OT 515 Fieldwork II A** (9hrs)

Fall Semester Hours

OT 501 Research Methods III (2 hrs) OT 510 Advanced Therapeutic Modalities and Applications (3 hrs) OT 516 Management Practices and Professional Leadership (3 hrs) OT 530 Advanced Clinical Reasoning (3 hrs) OT 542 Community Practice (3 hrs)

Spring Semester Hours

OT 537 Fieldwork II B** (9 hrs) OT 541 Comprehensive Capstone (3 hrs) OT 490 Special Topics (Optional 1-4 hrs)

Total required hours 114

* The Master of Occupational Therapy degree requires the completion of a sequenced curriculum that is progressive in nature. All required courses for each semester are prerequisites for required courses in subsequent semesters.
** A minimum of one fieldwork placement will be scheduled out-of-state. All OT students must complete Level II Fieldwork within 24 months following completion of didactic coursework. Due to variability of available clinical sites, completion of the required curriculum - specifically the clinical portion - may be extended beyond the minimum of 36 months.

COURSE DESCRIPTIONS

OT310 INTRODUCTION TO OCCUPATIONAL THERAPY IN HEALTH CARE DELIVERY. Basic tenets of occupational therapy are introduced in this course. Topics include history and philosophy of the profession, theories/frames of reference, and professional behavior, terminology, and documents. The role of the occupational therapist in the context of various service delivery systems will be explored, with emphasis on the U.S. healthcare system. (3 semester hours) (3-0-0)

OT318 INTRODUCTION TO RESEARCH. This course introduces concepts essential for evidenced-based practice in occupational therapy. The process of locating, reviewing, and critiquing biomedical research will be examined. Principles related to research design and statistical methods will be introduced. (2 semester hours) (2-0-0)

OT311 GROUP PROCESS. The content of this course includes analysis of individual and group interaction, communication processes, group dynamics, and opportunities for leadership skill development. (2 semester hours) (1-1-0)

OT315 MEDICAL CONDITIONS I. Conditions commonly seen in pediatric and adolescent occupational therapy are introduced in this course. Emphasis is placed on etiology, symptoms, medical intervention, and direct implications for occupational performance. (2 semester hours) (2-0-0)

OT308 STRUCTURAL ANALYSIS OF HUMAN MOTION. This unit provides in-depth knowledge of the gross anatomical structure and functions of the human body. Emphasis is placed on the study of the musculoskeletal system and muscle innervations with particular attention to the specific muscle functions and consequences of their loss related to occupational performance. (3 semester hours) (3-0-0)

OT309 STRUCTURAL ANALYSIS OF HUMAN MOTION LABORATORY. This is the dissection laboratory to complement OT308 Structural Analysis of Human Motion. (3 semester hours) (0-3-0)

OT323 OCCUPATIONAL THERAPY: PEDIATRICS/EARLY CHILDHOOD. This is a combined lecture/laboratory course which identifies the physical, psychological, social, and cultural forces which affect children's occupations within the environment from birth through early childhood. Occupational therapy theories/frames of reference and service delivery for this age group are examined. (3 semester hours) (2-1-0)

OT337 PEDIATRIC FIELDWORK I. This combined lecture/clinical course allows students to apply didactic learning to the practice of occupational therapy in the pediatric population. The emphasis is on clinical problem- solving in assessment, treatment, outcomes and written documentation. (2 semester hours) (1-0-1)

OT312 CONCEPTUAL FRAMEWORK FOR THERAPEUTIC OCCUPATION I This course is designed to provide the student with knowledge of the Occupational Therapy Practice Framework: Domain and Process. The application of the Framework is emphasized through analysis and adaptation of activities to enhance occupational performance across the life span. (3 semester hours) (2-1-0)

OT313 KINESIOLOGY. This combined lecture/lab course integrates principles of biomechanics and knowledge of anatomy as it applies to human movement and the impact of impairment on occupational performance. Content also includes an introduction to procedures for evaluation of muscular and articular structures and other application labs. (3 semester hours) (2-1-0)

OT316 MEDICAL CONDITIONS II. This course introduces medical conditions commonly seen in adult occupational therapy. Emphasis placed on etiology, symptoms, medical intervention and implication for occupational performance. (2 semester hours) (2-0-0)

OT326 OCCUPATIONAL THERAPY: MIDDLE CHILDHOOD/ADOLESCENT. This is a combined lecture/laboratory course which identifies the physical, psychological, social, and cultural forces which affect children's occupations within the environment from middle childhood through adolescence. Occupational therapy theories/frames of reference and service delivery for this age group are examined. (4 semester hours) (3-1-0)

OT328 NEUROSCIENCE FOR OCCUPATIONAL THERAPY. This course provides an in-depth study of the structure and function of the central nervous system. Motor and sensory dysfunctions are related to localized disruptions of nervous system activities. (4 semester hours) (4-0-0)

OT332 CONCEPTUAL FRAMEWORK FOR THERAPEUTIC OCCUPATION II. This course is a continuation of OT312. The application of the Occupational Therapy Framework is emphasized through advanced analysis and adaptation of activities to

enhance occupational performance across the life span. Focus is on critical thinking skills related to clinical assessment, therapeutic use of alternative modalities, and integration of professional behaviors. (3 semester hours) (2-1-0)

OT317 MEDICAL CONDITIONS III. This course is a continuation of OT 316. It introduces additional medical conditions commonly seen in adult occupational therapy. Emphasis is placed on etiology, symptoms, medical intervention and implication for occupational performance. (3 semester hours) (3-0-0)

OT333 OCCUPATIONAL THERAPY: ADULT /OLDER ADULT. This is a combined lecture/laboratory course which identifies the physical, psychological, social, and cultural forces which affect occupations within the environment throughout adulthood. The normal aging process, occupational therapy theories/frames of reference, and service delivery for this age group are examined. Clinical reasoning in assessment and treatment for adults are introduced. (4 semester hours) (3-1-0)

OT441 ANALYSIS OF LEGAL AND ETHICAL ISSUES IN OCCUPATIONAL THERAPY. This course provides knowledge and application of law and ethics related to occupational therapy practice. Strategies for analyzing and resolving professional dilemmas in service delivery are introduced and applied. In addition, legal topics including liability issues, malpractice, and business and education law are presented. (3 semester hours) (3-0-0)

OT426 NEUROLOGICAL PRINCIPLES IN OCCUPATIONAL THERAPY. In this combined lecture/lab course, the student is instructed in occupational therapy theories/frames of reference, evaluation and treatment techniques, and discharge planning for persons with neurological conditions/disorders. (3 semester hours) (2-1-0)

OT460 RESEARCH METHODS I. This course reinforces the conceptual basis for interpreting professional literature and making evidence-based practice decisions. Both qualitative and quantitative research designs are explored in depth, and students are instructed in the research process with emphasis on the literature review. In addition, student groups complete a literature review on a relevant topic under the direction of a faculty advisor. (3 semester hours) (3-0-0)

OT324 PSYCHIATRIC MEDICAL CONDITIONS. This course introduces diagnostic categories of mental disorders as well as the medical, psychological, and sociological factors that influence mental health. Emphasis is placed on etiology, symptoms, prognosis and general intervention. (3 semester hours) (3-0-0)

OT434 PSYCHOSOCIAL DYSFUNCTION. This course concentrates on the entry level OT skills required for mental health intervention across practice settings. The student is instructed in theories/frames of reference, evaluation and treatment techniques, and discharge planning for individuals with psychosocial problems. (3 semester hours) (2-1-0)

OT427 PHYSICAL DYSFUNCTION FIELDWORK I. This combined lecture/clinical course allows students to apply didactic learning to the practice of occupational therapy in physical dysfunction. The emphasis is on clinical problem- solving in assessment, treatment, outcomes and written documentation. (3 semester hours) (2-0-1)

OT430 SPLINTING, ORTHOTICS AND PHYSICAL AGENT MODALITIES. This combined lecture/lab course provides instruction in fabrication and application of splinting techniques and orthotics in occupational therapy practice. Basic principles and application of physical agent modalities are included. (3 semester hours) (1-2-0)

OT435 PSYCHOSOCIAL FIELDWORK I. This combined lecture/clinical course allows students to apply didactic learning to the practice of occupational therapy in psychosocial dysfunction. The emphasis is on clinical problem- solving in assessment, treatment, outcomes and written documentation. (3 semester hours) (2-0-1).

OT431 ASSISTIVE TECHNOLOGY AND ENVIRONMENTAL ADAPTATIONS. This is an in-depth study of assistive technology as it impacts participation in occupations. Laboratory experiences focus on critical thinking skills related to environmental adaptation and the use of assistive technology to enhance occupational performance across all contexts. (3 semester hours)(2-1-0)

OT422 ORTHOPEDIC PRINCIPLES IN OCCUPATIONAL THERAPY. In this combined lecture/lab course, the student is instructed in occupational therapy theories/frames of reference, evaluation, treatment techniques, and discharge planning for persons with orthopedic and other physical dysfunction conditions. (3 semester hours) (2-1-0)

OT490 SPECIAL TOPICS. With the consent of the department chair, a student may elect to take this course on a subject of interest in special areas of occupational therapy. The student must have the support of a faculty advisor for course administration. Credits will be assigned according to the scope of the subject and/or project completed. (1-4 semester hours)

OT500 RESEARCH METHODS II. This is a continuation of the research process introduced in OT460. The didactic emphasis is on development of a research methodology and statistical analyses. In addition, student groups complete the remainder of the research proposal under the direction of a faculty advisor. (3 semester hours) (3-0-0)

OT515 FIELDWORK II A. This is a full-time, 12-week clinical experience in which students are responsible for providing services to clients/patients under the supervision of a qualified occupational therapy practitioner. The focus is on development of the skills necessary for entry level occupational therapy practice. Placements are selected to ensure exposure to a variety of settings and clients. (9 semester hours) (0-0-9)

OT501 RESEARCH METHODS III. This is a continuation course of OT500. Didactic emphasis is on the compilation and dissemination of a final research report. Additionally, student groups complete the details unique to their research project under the direction of a faculty advisor. (2 semester hours) (2-0-0)

OT542 COMMUNITY PRACTICE. In this lecture/lab course, students will gain an understanding and appreciation of the role of occupational therapy in home and community settings as well as evidence based practice, policy issues and trends in models of service delivery. Topics include traditional and emerging practice in the realms of health promotion, prevention, evaluation, and intervention. (3 semester hours) (2-1-0)

OT516 MANAGEMENT PRACTICES AND PROFESSIONAL LEADERSHIP. This course exposes students to the day-to-day functions of an occupational therapist in administrative, managerial and leadership roles. Issues and resources related to professional development throughout the career are emphasized. (3 semester hours) (3-0-0)

OT510 ADVANCED THERAPEUTIC MODALITIES AND APPLICATIONS. This combined lecture/lab course provides instruction and application opportunities for treatment approaches inclusive of all populations across the lifespan and diagnostic categories. Topics include specialized treatment techniques and in-depth presentation of techniques introduced in earlier courses. Students examine and present a treatment topic and complete a longitudinal, case-based treatment plan. (3 semester hours) (1-2-0)

OT530 ADVANCED CLINICAL REASONING. This course prepares students to apply different types of clinical reasoning to the occupational therapy process through lecture and case analysis. Professional development is also emphasized. (3 semester hours) (3-0-0)

OT537 FIELDWORK II B. This is a full-time, 12-week clinical experience in which students are responsible for providing services to clients/patients under the supervision of a qualified occupational therapy practitioner. The focus is on development of the skills necessary for entry level occupational therapy practice. Placements are selected to ensure exposure to a variety of settings and clients. (9 semester hours) (0-0-9)

OT541 COMPREHENSIVE CAPSTONE. This course provides a comprehensive review of the curriculum in preparation for the national board examination. It also includes information on the process for national certification and state licensure for the occupational therapist. In addition, public dissemination of findings from OT501 research projects will be required. (3 semester hours) (3-0-0)

Accreditation Status of the Program

The University of Mississippi Medical Center School of Health Related Professions, Department of Occupational Therapy has received the third affirmation of accreditation. The latest accreditation was awarded May 24, 2004, and effective through the 2013-2014 academic years.

The occupational therapy program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, P.O. Box 31220, Bethesda, MD 20824-1220. AOTA's phone number is (301) 652-AOTA

University of Mississippi Medical Center Purpose of Level II Fieldwork

Level II Fieldwork is required by the Standards established by the Accreditation Council for Occupational Therapy Education (ACOTE), which is a division of the American Occupational Therapy Association (AOTA). To be eligible to sit for the national certification exam, students must participate in and successfully complete fieldwork as established by their academic institution.

The goal of Level II fieldwork education is to provide students with the opportunity to integrate didactic instruction with hands on clinical practice to develop competent and confident entry level skills. Level II fieldwork placements should provide the student with the opportunity for carrying out professional responsibilities under appropriate supervision and professional role modeling. Level II fieldwork is designed to promote clinical reasoning and reflective practice. It should transmit the values and beliefs that enable the application of professional ethics.

At the University of Mississippi Medical Center, the occupational therapy curriculum requires a minimum of six months Level II fieldwork experience. The six months are split into two three month rotations. All students are required to go out of state for at least one of their fieldwork rotations and may be placed out of state for both. Subject to fieldwork placement availability, every effort is made to place students in situations where they will be exposed to various populations that represent groups across the life span as well as the opportunity to participate in various service delivery models that are reflective of current professional practice.

UMMC Minimum Objectives for Level II Fieldwork

- 1. The fieldwork experience will provide the student with the opportunity to carry out professional responsibilities under supervision of a qualified occupational therapy practitioner serving as a role model.
- 2. Student will demonstrate entry level competencies by the end of the experience as evidenced by achieving minimal passing scores on the AOTA Evaluation of Performance.
- 3. Student will assume a full caseload, as defined by the fieldwork site, by the end of the experience.
- 4. Student will be able to deliver occupational therapy services focusing on the application of meaningful and purposeful occupation and research, administration and management of occupational therapy services.
- 5. Student will submit correct and complete documentation according to the policies, procedures and standards of the fieldwork site.
- 6. Student will consistently exhibit professional behavior including reporting to the fieldwork site on time, appropriately attired, according to the policies and procedures established by the fieldwork site.
- 7. Student will consistently follow facility policies and procedures.
- 8. Student will demonstrate initiative, independence and professionalism when exploring new learning opportunities that may become available.
- 9. Student will actively participate in the supervisory process as guided by the fieldwork educator who will have a minimum of one year of experience as a licensed occupational therapist after NBCOT certification, and who is adequately prepared for supervision of a fieldwork student.
- 10. Student will actively utilize all available resources to aid in the planning and performance of their assigned responsibilities.
- 11. Student will consistently plan and implement treatment that addresses the person, occupation and environmental issues as presented by the client, according to the policy and procedures of the fieldwork site.
- 12. Student will be familiar with and utilize occupation based treatment/intervention approaches that demonstrate an in depth knowledge of various occupational therapy frames of references applicable to the fieldwork setting.
- 13. Student will demonstrate professional behaviors and ethical practice consistent with entry level practice and the expectations of the fieldwork site.
- 14. Student will demonstrate clinical reasoning and reflective practice evidenced by student correspondence with the AFWC, by scores on the FWPE and by fieldwork educator comments.

The University of Mississippi Medical Center, Department of Occupational Therapy embraces the philosophical base of the profession, philosophy of education, and concept of the purpose and value of fieldwork education described in the following AOTA documents:

The Philosophical Base of Occupational Therapy

"Man is an active being whose development is influenced by the use of purposeful activity. Using their capacity for intrinsic motivation, human beings are able to influence their physical and mental health and their social and physical environment through purposeful activity. Human life includes a process of continuous adaptation. Adaptation is a change in function that promotes survival and self-actualization. Biological, psychological and environmental factors may interrupt the adaptation process at any time throughout the life cycle. Dysfunction may occur when adaptation is impaired. Purposeful activity facilitates the adaptive process.

Occupational therapy is based on the belief that purposeful activity (occupation), including its interpersonal and environmental components, may be used to prevent and mediate dysfunction, and to elicit maximum adaptation. Activity as used by the Occupational Therapists includes both the intrinsic and a therapeutic purpose."

Philosophy of Education

"Occupational Therapy Education is grounded in a shared belief that humans are complex beings engaged in an interactive process of continuous adaptation and growth influenced by their physical, social and cultural environments. Occupational therapy educators advocate the use of occupation to facilitate adaptation represented by a change in functional performance or context that promotes survival, self-actualization and quality of life.

Learning is valued as a life-long process promoting competence and scholarship through entry level, post professional and continuing education. Occupational therapy educators involve the learner is a collaborative process that integrates academic knowledge, experiential leaning, clinical reasoning and self-reflection. Occupational therapy education encompasses shared philosophical and theoretical knowledge bases, values and beliefs, ethical standards, skills and broad application to practice.

The occupational therapy educational process prepares practitioners to function effectively in dynamic environments of a diverse and multicultural society."

Prepared by The Commission on Education Caroline R Brayley, PhD, OTR/L, FOTA, Chair Adopted by the Representative Assembly April 1997

The Purpose and Value of Occupational Therapy Fieldwork Education

"The purpose of fieldwork education is to provide occupational therapy students with the opportunity to apply the knowledge leaned in the classroom to practice in the clinical setting... Fieldwork experiences are designed to enrich the course work through observation and participation in the occupational therapy process. This serves to integrate academic knowledge with practical knowledge, as they focus on the application of knowledge and skills. The goal of fieldwork education is to develop competent, entry level generalists. Fieldwork provides students with an in depth experience in the provision of occupational therapy series to clients, focusing on the application of purposeful and meaningful occupation. Throughout the fieldwork experience, students are expected to increase these skills at progressively higher levels of performance and responsibility. The academic setting emphasizes the acquisition of knowledge as well as the cognitive and affective growth of the studentand the development of professional behavior being in the classroom setting with the goal of demonstrating professionalism in the practice setting. The fieldwork site emphasizes practicing and applying knowledge through supervised intervention and professional role modeling with clients, their families, significant others and other health care professionals. The fieldwork experience is designed to promote best practice. Students are expected to demonstrate the values and beliefs of our profession that guide ethical practice.

Occupational therapy education integrates philosophical and theoretical knowledge, values, beliefs, ethics and skills for broad application to practice, with the aim of improving the participation and quality of life for individuals with and without impairments and limitations. Fieldwork education prepares students to become competent, entry level generalists who can function and thrive in a rapidly changing and dynamic health and human service delivery system."

2003 Addendum to Reference Manual of the Official Documents of the American Occupational Therapy Association, Inc. Prepared by

Donna M Costa, Ann Burkhardt & Charlotte Brasic Royeen, The Commission on Education

Section IV

Fieldwork Roles and Responsibilities

RESPONSIBILITIES OF THE DEPARTMENT OF OCCUPATIONAL THERAPY, UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

- 1. To assume responsibility for assuring continuing compliance with the educational standards as established by ACOTE.
- 2. To maintain the complete set of syllabi for all occupational therapy courses in the Department of Occupational Therapy, to be available for students, clinical fieldwork instructors, and others to review in the Department.
- 3. To maintain files of current information on fieldwork facilities in the Department of Occupational Therapy. This is the information provided by the fieldwork facilities annually and/or when major changes occur.
- 4. To follow due process in working with students and fieldwork facilities.
- 5. To comply with non-discrimination policies of the University, i.e., there will be no discrimination on the basis of race, national origin, religion, creed, sex, age or handicap.
- 6. To establish and maintain on-going honest communication with fieldwork facilities and students and visit fieldwork centers as possible (dependent upon University funding).
- 7. To schedule students for occupational therapy fieldwork, in collaboration with the fieldwork facility, assigning only those students who have satisfactorily completed the required academic work. There will be close planning between faculty, students, and clinical fieldwork instructors.
- 8. To collaborate with fieldwork facilities in defining measurable objectives for fieldwork education.
- 9. To counsel students during fieldwork in collaboration with fieldwork instructors.
- 10. To evaluate the total occupational therapy program regularly, including the fieldwork experiences. Fieldwork facilities are evaluated on: information provided in the AOTA Fieldwork Data form, learning experiences available, objectives, and feedback from student s in the Student Evaluation of the Fieldwork Experience Form.

Academic Faculty

The academic faculty is responsible for teaching baseline didactic knowledge and skills as developed in response to the Standards for Accreditation. Courses at the University of Mississippi Medical Center, School of Health Related Professions, Department of Occupational Therapy are both developmental and sequential, meaning that courses build on each other to assure a firm foundation of theory prior to intervention.

Academic Fieldwork Coordinator – Contracts

The Contracts Coordinator is responsible for assuring that a memorandum of understanding or "clinical education agreement" between the fieldwork site and UMMC is in place. While the University of Mississippi has a standard contract, not all fieldwork facilities are able or willing to use this. It is important that any clinical placement of students be covered by a legal contract to assure the interests of all parties concerned. Either party can cancel contracts as specified in each contract. The Academic Fieldwork Coordinator will be responsible for assuring that all requirements of the clinical education agreement are met, including items such as verification of student's CPR certification, immunizations, TB skin test completion, background checks, and professional liability insurance coverage.

Academic Fieldwork Coordinator - Placements

At the University of Mississippi Medical Center, School of Health Related Profession, Department of Occupational Therapy, the AFWC -Placements is a member of the faculty with the responsibility for coordinating Level II fieldwork placements. The AFWC – Placements will work with both students and faculty to coordinate placements that meet each student's unique professional developmental needs.

RESPONSIBILITIES OF FIELDWORK EDUCATORS AND FACILITIES

- 1. To ensure that fieldwork educators have a minimum of one year clinical experience meet the licensing requirements of the state in which they practice and be adequately prepared to supervise a student. To ensure that fieldwork educators maintain competency in practice, keeping abreast of current theories and techniques.
- 2. To provide the Department of Occupational Therapy with current information about the educational opportunities available for occupational therapy students during fieldwork. This includes philosophy, purpose, types of clients, assessment measures and treatment theories and techniques, learning experiences available, measurable objectives, rules and regulations of the facility, method(s) of evaluating students. (These are included in the FW data form to be updated annually.)

The fieldwork site should also collaborate with the AFWC in providing site specific objectives related to the Fieldwork Performance Evaluation.

- 3. To schedule students in collaboration with the academic fieldwork coordinator.
- 4. To maintain honest communication with students and UMMC faculty to improve practice, collaborating by suggestions on improvements in academic course content and learning experiences, and identifying trends in the delivery of occupational therapy services.
- 5. To provide opportunities for meaningful learning experiences for students during fieldwork.
- 6. To provide a thorough orientation to the facility including policies and procedures, rules and regulations, and channels of communication.

- 7. To provide supervision of students by qualified personnel. AOTA requires a minimum of one year experience practicing in the profession, appropriate licensing for a fieldwork educator and adequate preparation to supervise a Level II student. The facility will contact the academic fieldwork coordinator for resources as needed.
- 8. To share responsibility in ensuring that there is a current memorandum of understanding or clinical education agreement between the facility and the University of Mississippi Medical Center, School of Health Related Professions, Department of Occupational Therapy. The agreement should be reviewed at least every five years.
- 9. To evaluate students by midterm. Weekly formal feedback and goal setting with the student is recommended. If there appears to be a problem, this should be discussed with the student as soon as possible, documenting evidence of the problem. This information should be forwarded to the Academic Fieldwork Coordinator, along with a plan for addressing areas of concern. Serious issues should be brought to the attention of the Academic Fieldwork Coordinator as soon as is practical. Consultation with the Department of Occupational Therapy and/or University should be maintained until the problem is resolved. If a student's performance in relation to patient treatment is unsatisfactory, and/or the student is unable to function satisfactorily to meet the measurable objectives of the fieldwork experience, the student's fieldwork may be terminated by the facility and/or the occupational therapy department. Due process must be provided throughout the proceedings.
- 10. To notify the Department of Occupational Therapy as soon as possible of major changes in program, scheduling, etc.
- 11. Upon completion of the fieldwork experience, evaluation of student performance will be communicated to the University of Mississippi Medical Center, Department of Occupational Therapy in a timely fashion. The clinical instructor will submit original forms, appropriately dated and signed according to the timetable established for that rotation.

Fieldwork Contact Person

The Fieldwork contact person is someone designated by the fieldwork facility to interact with academic institutions for the purpose of placement of students. This person may or may not directly oversee the day to day clinical experience of the student.

Fieldwork Educator

The Fieldwork Educator is responsible for coordinating the on-site fieldwork experience. This individual has direct responsibility for student supervision. The Fieldwork Educator should review both midterm and final student evaluations. To meet minimum AOTA Guidelines, as well as those of SACS, those individuals supervising students must have a minimum of one year clinical experience meet the licensing requirements of the state in which they practice and be adequately prepared to supervise a student. Direct supervision should be provided initially, and progress to less direct supervision as appropriate. The fieldwork educator should evaluate themselves and seek out resources to improve their skills in supervising students on an ongoing basis.

STUDENT RESPONSIBILITIES

- 1. Professional behavior begins in the classroom. The student will demonstrate professional judgment in all class-related activities by:
 - a. being attentive in class and be prepared to participate in all didactic learning situations, by contributing relevant material and/or asking questions in class discussions. During the level II clinical fieldwork experience, it will be important for the student to be open to the opportunities presented.
 - b. showing respect for peers, instructors, other professionals and guest lecturers;
 - c. presenting oneself, in both attitude and dress, in a manner that would communicate to peers, clients and employers a positive attitude toward becoming a professional;
 - d. working cooperatively with all persons without bias or prejudice;
 - e. participating in the supervisory process of giving and receiving constructive feedback and modifying personal performance as a reflection of that process; and
 - f. using an inquiring approach to the analysis, synthesizing and interpretation of information and seeking alternative solutions to complex issues and situations.

These characteristics carry over into the fieldwork situation. Clients, family, and other members of the health care team and society respect the individual with professional behavior. The professional person's behavior reflects the credibility of the profession.

- 2. Students are responsible for contacting the fieldwork site following their assignment confirming the date of the fieldwork experience with the clinical fieldwork instructor according to the timetable established by the academic program. Students will also confirm all fieldwork site requirements.
- 3. The student will maintain therapeutic relationships by adhering to professional ethics as established by the AOTA:
 - a. The student abides by the legal rights of client confidentiality (HIPAA). The client's identity and history is not shared with others who do not have a "need to know".
 - b. The student is friendly to clientele without being personal. Establishing a "friendship" with a client dissolves objectivity and diminishes therapeutic effectiveness.
 - c. The student shows clients respect and consideration, evidencing no discrimination as to race, creed, or gender.
- 4. Students are expected to adhere to the regulations within the agencies in which they are assigned for fieldwork. Such regulations may involve dress, behavior, and attendance.
- 5. Students are expected to maintain respect and courtesy toward their own colleagues as well as toward their faculty, fieldwork supervisors, other professionals, clients, and others with whom they come in contact.

- 6. Students are expected to collaborate in promoting honest and harmonious working relationships in the facility/agency.
- 7. Students are expected to maintain good health habits and regular physical examinations during both academic and fieldwork experiences. Students are expected to maintain appropriate health insurance during academic and fieldwork education. Students are responsible for securing verification of coverage and providing such as requested by the fieldwork facility.
- 8. Students are expected to engage in only those procedures in which they have achieved an appropriate level of competence.
- 9. Students are expected to integrate material from all their courses as they progress through the academic and fieldwork program.
- 10. Students are expected to take the initiative for their own learning in addition to required course content.
- 11. Students are expected to analyze the information in fieldwork manuals and to review appropriate material necessary for their assigned placement.
- 12. Students are expected to take the initiative in regard to analyzing and synthesizing their perceptions of the learning experiences in both the academic and fieldwork phases of their education. If a student has concerns about any phase of the learning experience, he/she will follow the appropriate channels of communication in the facility/agency.

<u>Academic</u> - The channel of communication begins with the instructor and proceeds to the faculty advisor. If the issue cannot be resolved at these levels, the matter is taken before the chairman and if necessary the Dean. Counseling services are available for students and are described in the SHRP Student Handbook.

<u>Fieldwork Experience</u> - The channel of communication begins with the immediate supervisor, then through the established channels of communication within the department. Both the student and the facility are encouraged to communicate with the academic fieldwork coordinator throughout the process.

13. Students are expected to complete and share with their clinical fieldwork instructor the student evaluation of fieldwork experiences.

Academic standards, policies and procedures of the School of Health Related Professions apply to fieldwork experiences. Please see School of Health Related Professions Student Handbook for specific details.

Section V ACADEMIC PROGRAM REQUIREMENTS

UMMC Memorandum of Understanding

A current memorandum of understanding/clinical education agreement between UMMC and the FW facility must be on file.

Accreditation Status of the Clinical Site

It is requested of each clinical site a brief statement of their current accreditation status: i.e. JCAHO,CARF and others.

Foreign Fieldwork Sites

At this time, UMMC does not allow fieldwork placements outside the United States.

Time Line for scheduling students for Fieldwork

OT515 FWIIA and OT537 FWIIB

- 1. Reservation requests are sent to fieldwork sites approximately 6 months in advance. Most of our sites are unable to commit to taking a student farther in advance due to uncertainty of staffing and possible program changes. However, some sites require much earlier notice, so some reservation requests are sent as much as 18 months in advance.
- 2. Through the student's first two years in the academic program, the faculty has made note of learning style, interpersonal relationships, grasp of fundamental concepts and skills, professional behaviors, maturity, ability to deal with stress, time management of the students in order to make appropriate student placements.
- 3. Students are matched with the most appropriate fieldwork site using the criteria noted previously as well as information from the Fieldwork Data Forms, experience of past students where applicable and the student's preferences.
- 4. Students are given their clinical assignments aproximately 4 months prior to the fieldwork start date. A confirmation letter is then sent to the Fieldwork site with the name of the student(s) who will actually be attending and the dates of placement.
- 5. After the confirmation letter is sent, students complete the Personal Data Form as well as a Letter of Introduction. These are mailed by the school to the fieldwork contact (the person on record for scheduling).
- 6. Students are provided with a folder containing fieldwork assignments and all of the forms they are responsible for returning to the school prior to fieldwork as well as helpful information for the Fieldwork site. Students are required to bring documentation that they have met all Fieldwork site requirements including immunizations, CPR certification, background checks and a copy of the certificate of liability insurance.

Student Assignments Required by the University

Students receive a folder with all requirements for correspondence with their academic fieldwork coordinator prior to leaving for their fieldwork experience. Students are required to share this information with their Fieldwork Educator. The assignments and forms are e-mailed to the fieldwork site and posted on the Blackboard course. These requirements typically include:

Three day, Three week and Nine Week Correspondence Forms

Students are expected to return these forms to the Academic Fieldwork Coordinator/s at the designated times to update the AFWC on the student's progress.

Blackboard Postings

Students are expected to post correspondence assignments on Blackboard at three assigned intervals during the Fieldwork experience to give an update on his or her progress. This includes student goals, progress toward his/her goals, evaluations and treatment techniques used and a reflective journal excerpt etc.

Mid Term Evaluation

Prior to the midterm, students are to rate themselves on the AOTA Fieldwork Performance Evaluation form. They are then to share this with their CI/supervisor at the time of the Midterm. When both forms have been reviewed and dated, a copy of both is to be sent to the AFWC.

When there are wide discrepancies in perception of performance, a plan must be developed to address these issues and the school provided with a copy. In the event that a student's performance at midterm is such that they are in danger of being unable to successfully complete the fieldwork rotation, the student must be made aware of the that fact and the school notified immediately. A plan of action must be developed and discussed with the student and shared with the school. It is important that all documentation is signed and dated.

Student Self Evaluation

UMMC requires students to complete a self-evaluation for both the Mid Term and the Final. These are to be discussed with the CI/supervisor. After they have been signed and dated, they are to be returned to the AFWC.

Section VI STUDENT FIELDWORK PLACEMENT SELECTION PROCESS

Fieldwork II Orientation

Orientation to Level II Fieldwork begins during the first academic semester. Professional development, self-awareness activities and other tasks are addressed during various courses in preparation for placement of students in an appropriate clinical site.

The following are examples of forms and activities that are used to help in matching students to the clinical sites that will allow them to develop not only skill but confidence in themselves and their abilities. We believe that thoughtful consideration over a period of time leads to more successful placements.

Student Considerations for Fieldwork Choices

- 1. <u>Practice Areas and Age Level Interests:</u>
 - a. What age level do you feel most comfortable/uncomfortable with and why?
 - b. What type of settings or diagnoses most interest you?
- 2. <u>Transportation:</u> Public transportation method, cost, personal vehicle availability, cost, parking
- 3. <u>Living Options:</u> Facility provided; bed and breakfast; extended stay hotels; church affiliate; collegiate dorm; room and board through facility staff; possible family or friends; distance to facility; security
- 3. <u>Living independently:</u> Rent; Meals; Utilities; Deposits, Household goods/supplies, Repairs
- 4. <u>After hours:</u> Leisure interests, Religious commitment
- 5. <u>Personal Learning Style and Skills</u>:
 - a. Structure needed
 - b. Amount of supervision required
 - c. Stress management style
 - d. Writing skills
 - e. Verbal skills
 - f. Computer skills
- 6. <u>Personal Flexibility:</u>
 - a. Ability to prioritize time:
 - b. Documentation-including legibility, clarity of thought, short turn around
 - c. Rapid client turn over, fast pace
 - d. Attention to detail

- 7. Academic and previous fieldwork performance and professional behaviors
- 8. <u>Personal concerns as you approach this experience</u>. (for example: children, spouse, parents, pets, finances, living away from home, health, etc.)
- 8. <u>Contract commitment following graduation</u> (Facility; location; any other comments)

Approximately 4 months prior to the start of the Fieldwork rotation, students are provided with a list of fieldwork sites which have made reservations for UMMC students. Information about the sites including the Data form, site specific objectives, and previous student evaluation of the fieldwork experience are provided to the students in the physical files in the AFWC office and on the S: drive. Students provide the AFWC with a list of their top five choices. The AFWC and another faculty member make fieldwork assignments based on student preferences and fit of the student with the site. Final decisions regarding placement are determined by the faculty as a whole.

Students are provided information about the UMMC Fieldwork Placement policies during their Fieldwork II Preparation Seminar and are requested to sign the following Memorandum of Understanding to document that they have received this information and understand it.

Student FWII Memorandum of Understanding

Please initial each statement, the sign your name at the bottom

_____ I understand that at least one and possibly both of my FWII placements will be outside Mississippi.

In state placements may not be in Jackson or in my hometown.

I understand that the options for my FW placements must be from the list of FW sites with which the Occupational Therapy department at SHRP has clinical education agreements and who have agreed to reserve a placement for a UMMC OT student at the appropriate time slot.

I understand that I am responsible for my travel and living arrangements and any deposits that may be forfeited in the event of placement cancellations.

I understand that even though I will have the opportunity to express my preferences, my FWII placements will be chosen for me by the UMMC OT faculty. If I decline a placement, my graduation will be delayed.

I understand that should I sign a letter of employment intent with a facility, I will be unable to use that site as a fieldwork placement.

I will/have discussed all issues with those persons important to me in making a decision about fieldwork preferences.

_____ I have read and understand the UMMC FWII Manual.

NAME_____ Date_____

Section VII FIELDWORK SITE GUIDELINES

It is requested that each site provide UMMC with an AOTA Data Form and site specific objectives. Additional guidelines for supervision and assignments are provided in this section.

Fieldwork Data Form

Information from the FW Data Form should be an accurate reflection of the practice of OT at a fieldwork facility. This information is used in conjunction with the experiences of previous students, personal knowledge of the faculty and observations from site visits to assist in placing students at the most appropriate site for their professional development. Information regarding frames of reference, diagnostic groupings and evaluative techniques used at the sites are also used by the faculty in developing didactic materials for preparing students. We request that our Fieldwork sites update the Data Form annually.

A Data Form will be sent via a student or e-mailed to each facility every time a student is scheduled for fieldwork. It is recommended that the fieldwork educator use the Data Form as a tool to help orient the student to the site along with site specific objectives.

Fieldwork Site Specific Objectives

While sample objectives are made available for review, it is recommended that the FW site customize sample objectives to their own site. These assist the Fieldwork educators to articulate the objectives they realistically expect students to achieve during a 12 week rotation at their site. They typically provide specific behaviors to assess in alignment with the broader fieldwork performance evaluation items.

It is further recommended, that the Fieldwork educator meet early in the experience with student(s) to clarify expectations on both parts and to establish mutually agreed upon due dates for specific FW site assignments for the 12 week rotation.

UMMC Guidelines for progression of supervision

The amount of supervision provided to students must ensure the protection of consumers and allow time and opportunity for role modeling of practice. As stated previously, Level II Fieldwork educators must be licensed and have at least one year of experience after initial certification and must be adequately prepared as a fieldwork educator. "Supervision should initially 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." (ACOTE 2011)

A thorough orientation to the site is essential. Students should not be expected to take on a full caseload of clients independently within the first days and weeks, but will require close supervision on a daily basis. Although academically prepared, students on their first rotation will have had limited exposure to actual clients and need varying degrees of feedback depending on the skills and maturity of the student. Initially, evaluation and treatment techniques should be demonstrated and progressed to co-treatment with the fieldwork educator. Informal feedback should be provided as appropriate throughout the day and week, and formal supervisory meetings are recommended once a week. Student weekly goals should be developed collaboratively. Direct supervision may be decreased to indirect supervision as the student progresses in skill and clinical reasoning and competencies have been verified by the fieldwork educator. However, if the student has been assigned a severely involved client, supervision may need to increase intermittently as needed. It is responsibility of the fieldwork educator and facility to provide supervision according to the guidelines of reimbursement agencies. UMMC students must be provided with a midterm evaluation at six weeks with feedback on performance and recommendations for improvement. If students are not performing according to expectations outlined in the site specific objectives, a learning contract is recommended. At minimum, by the end of twelve weeks, the student is expected to perform as an entry level therapist would with monitoring from the fieldwork educator.

Fieldwork Assignments & Expectations

FW site assignments (in addition to the University correspondence requirements) should reflect those areas of practice that are of importance to the specific fieldwork site. Suggested assignments might include: a check off list of specific competencies, an evidenced based practice in-service(s); a case study, fabrication of specific orthotic or other adaptive devices; chart reviews/audits; patients satisfaction surveys; development of home program materials; community based lectures; developing and implementing a group protocol, etc.

When assignments are given, time should also be allotted for the student to work on them. Duedates and scope of assignments needs to be clearly stated in advance. It is also recommended that there be interim due dates to assess progress and clarify expectations.

Additional Learning Opportunities

Each fieldwork site has unique learning opportunities available for students. Some that have been available to students in the past include: observation of surgery; participating in specialty clinics; participation in research activities; working on budgets; going on home visits; visiting other facilities in the area; participating in hospital rounds or special lectures at the facility; helping with a lecture or other presentation to an outside group, etc.

Student Response to Ethical Issues Arising At Fieldwork Sites

If a student perceives that unethical behavior is occurring at their fieldwork site, the student should first speak with their direct supervisor at the site to gain clarification. If the student still feels that the issue is not resolved, he/she should contact their academic fieldwork coordinator as soon as possible, not waiting until the fieldwork has ended to discuss the issue. Students should make sure that they understand the policies of the site regarding reporting of unethical behavior and follow them using the appropriate chain of command at the facility.

Section VIII EVALUATIONS

AOTA Fieldwork Performance Evaluation (FWPE)

Copies of the FWPE form along with directions for completing the form will be provided to fieldwork sites and students prior to their use at midterm. The same form is used at both midterm and final evaluations. Students are also required to use the Performance Evaluation for self-assessment at midterm and final.

AOTA Student Evaluation of the Fieldwork Experience

The student will be given the AOTA Student Evaluation of the Fieldwork Experience prior to arriving at the fieldwork site. The student is expected to complete the document and share it with the clinical instructor prior to the last day of the clinical rotation. Students may be more comfortable giving the FW educator feedback on the experience after the student's Fieldwork Performance Evaluation has been completed. The document needs to be signed legibly by both parties and sent to the Academic FW Coordinator.

The facility may wish to keep a copy of the completed document for their records. The facility may choose to use it as a tool to evaluate the site's FW program.

SAFECOM

Self-Assessment of Fieldwork Educator Competency, See Section II, Resources for Fieldwork Educators. This can be found at the following link:

http://www.aota.org/~/media/Corporate/Files/EducationCareers/Educators/Fieldwork/Supervisor/Forms/Self-Assessment%20Tool%20FW%20Ed%20Competency%20(2009).ashx

Fieldwork Experience Assessment Tool (FEAT)

FEAT was developed by AOTF in a collaborative effort with educational programs across the country and Puerto Rico. It "identifies essential characteristics for each of three key components environment, fieldwork educator and the student. By providing a framework to explore the fieldwork experience, the FEAT can help students and fieldwork educators consider how to promote the best possible learning experience." It is available on the AOTA Website.

Section IX FORMS

Personal Data Sheet	.36
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3 or 9 Week Correspondence Form	. 39
Student Evaluation of the Fieldwork Experience	.40
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UMMC standard clinical education agreement	. 60
PERSONAL DATA SHEET

FOR STUDENT FIELDWORK EXPERIENCE

This form is completed by the student and is sent to the Level II Clinical Fieldwork contact two months prior to the start of the fieldwork experience.

PERSONAL INFORMATION

Domes	anent Home Address
Perma	anent Home Address
Phone	e number and dates that you will be available at that number
Phone	e Number Dates
Name	e, address, and phone number of person to be notified in case of accident or illness:
EDU	CATION 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
HEAI	LTH INFORMATION
1.	Are you currently covered under any health insurance? Yes No
2.	If yes, name of company

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.

FIELDWORK EXPERIENCE SCHEDULE

	CENTER	TYPE OF FW SETTING	LENGTH OF FW EXPERIENCE
Level I Exp.			
Level II Exp.			

ADDITIONAL COMMENTS

AOTA Commission on Education (COE) and Fieldwork Issues Committee (FWIC) Amended and Approved by FWIC 11/99 and COE 12/99 fieldwork\miscell\persdatasheet.1299

DEPARTMENT OF OCCUPATIONAL THERAPY SCHOOL OF HEALTH RELATED PROFESSIONS UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

DAY-THREE FIELDWORK CORREPONDENCE FORM

Fax to (601) 815-1717 Robin Davis or Carol Tubbs EMail: <u>rdavis3@umc.edu</u> or <u>ctubbs@umc.edu</u>

Stud	ent:	Facility:			
Curr	ent Resident Address:	FW Phone:			
		FW Fax:			
Curr	ent Resident Phone:	FW Educator:			
Stud	ent Email Address:	Student Coordinator:			
Sup	ervisor Email address:	Student Coordinator Email address:			
Supe		Student Coordinator Email address.	1		
4	QUESTIONS		Yes	No	NA
1.	What department/unit are you in? i.e. acute psych, outpl	r, rehab, etc. (Be specific)			
2.	Has your FW supervisor provided an adequate orientation	on to the facility and their policies and			
	procedures or is one scheduled within this first week?				
	Comments or problems:				
3.	Have you and your FW supervisor reviewed/developed	fieldwork goals? (Should be addressed			
	within the first three days)				
	Comments or problems:				
4.	Has the FW supervisor requested anything from UMMC	? If so, what?			
	Comments or problems:				
5.	Have you and your FW supervisor established a schedu				
	objectives, along with providing feedback on performance	ce?			
	Comments or problems:				
6	Have you made your FW Supervisor aware of your requ	ired correspondence with us?			
	Has your supervisor received a copy of the UMMC FW I				
	Does the Fieldwork educator understand the curriculum				
8.	Do you foresee any issues that may interfere with your l	earning experience?			
	Comments or problems:				
9.	Do you need a telephone call?				
9.	Do you need a lelephone call!				
	ditional Commente er Droblemer		1	1	1

Additional Comments or Problems:

FW Educator Signature ____

Date:

Fieldwork student Signature

DEPARTMENT OF OCCUPATIONAL THERAPY SCHOOL OF HEALTH RELATED PROFESSIONS UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

OT Fieldwork Correspondence Form

THREE OR NINE WEEK (Circle one)

Please fax to 601-815-1717, Robin Davis or Carol Tubbs Or scan and e-mail to rdavis3@umc.edu

Intern Name: ______ FW Educator Name: _____

FW Facility: _____ Date: _____ Total Days Absent

FW Phone Number _____ FW Email _____ FW Fax Number

To be completed by the Intern:

	Yes	No
1. Have you and your FW educator established short term and long term goals?		
2. Are you receiving adequate/constructive feedback?		
3. Are you receiving daily feedback and mentorship? Are you setting weekly goals together?		
4. Are you and your FW educator able to communicate effectively?		
5. Do you feel prepared for this experience?		
6. Are you seeing a good variety of patients, treatment approaches and experiences?		
7. Do you need a phone call?		

To be completed by the Clinical FW Supervisor:

	Yes	No
1. Is the intern prepared academically to meet the demands of the patient/clientele?		
2. Is the intern integrating their didactic knowledge with clinical application?		
3. Have you and the intern reviewed the intern's responsibilities?		
4. Is the intern receptive to your feedback and mentorship?		
5. Does the intern demonstrate effective communication skills with patients, families, health		
care team members, and yourself? (Verbal, nonverbal, written, and listening)		
6. Is the intern safe in their clinical application and professional conduct?		
7. Do you need a phone call?		

Comments:

FW Educator Signature

FW student Signature

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.

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

Comments or suggestions regarding your orientation to this fieldwork placement:

CASELOAD

List approximate number of each age category in your caseload.

Age	Number
0–3 years old	
3–5 years old	
6–12 years old	
13–21 years old	
22–65 years old	
> 65 years old	

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

Condition/Problem	Number

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.

	REQL Yes	EQUIRED HOW Is No MANY		E	DUCATIONAL VALUE			Ĺ
1. Client/patient screening				1	2	3	4	5
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
				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.

Therapeutic Interventions	Individual	Group	Co-Tx	Consultation
Occupation-based activity, i.e., play, shopping, ADL, IADL, work, school activities, etc. (within client's own context with his or her goals)				
1.				
2.				
3.				
4.				
Purposeful activity (therapeutic context leading to occupation)				
1.				
2.				

3.		
4.		
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

	Never	Rarely	Occasionally	Frequently
Model of Human Occupation				
Occupational Adaptation				
Ecology of Human Performance				
Person–Environment–Occupation Model				
Biomechanical Frame of Reference				
Rehabilitation Frame of Reference				
Neurodevelopmental Theory				
Sensory Integration				
Behaviorism				
Cognitive Theory				
Cognitive Disability Frame of Reference				
Motor Learning Frame of Reference				
Other (list)				

Indicate frequency of theory/frames of reference used

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)

Case study applying the Practice Framework	1	2	3	4	5	N/A	
Evidence-based practice presentation:	1	2	3	4	5	N/A	
Topic:	1	Ζ	3	4	5	IN/A	
Revision of site-specific fieldwork objectives	1	2	3	4	5	N/A	
Program development	1	2	3	4	5	N/A	
Topic:							
In-service/presentation	1	2	3	4	F	N/A	
Topic:	I	2	3	4	5	IN/A	
Research	1	2	3	4	5	N/A	
Topic:							
Other (list)		1	2	3	4	5	
		•	_	•	•	0	
							┛┝──
			2 =	= Occ	asiui	ally	
ASPECTS OF THE ENVIRONMENT			3 =	= Occ = Frec = Con	quent	ly	
ASPECTS OF THE ENVIRONMENT			3 =	= Free	quent	ly	4
ASPECTS OF THE ENVIRONMENT Staff and administration demonstrated cultural sensitivity			3 = 4 =	= Free = Con	quent	ly ntly	4
			3 = 4 =	= Free = Con	quent	ly ntly	4
Staff and administration demonstrated cultural sensitivity The Practice Framework was integrated into practice Student work area/supplies/equipment were adequate			3 = 4 =	= Free = Con	quent	ly ntly	4
Staff and administration demonstrated cultural sensitivity The Practice Framework was integrated into practice Student work area/supplies/equipment were adequate Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides			3 = 4 =	= Free = Con	quent	ly ntly	4
Staff and administration demonstrated cultural sensitivity The Practice Framework was integrated into practice Student work area/supplies/equipment were adequate Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides Opportunities to network with other professionals			3 = 4 =	= Free = Con	quent	ly ntly	4
Staff and administration demonstrated cultural sensitivity The Practice Framework was integrated into practice Student work area/supplies/equipment were adequate Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides Opportunities to network with other professionals Opportunities to interact with other OT students			3 = 4 =	= Free = Con	quent	ly ntly	4
Staff and administration demonstrated cultural sensitivity The Practice Framework was integrated into practice Student work area/supplies/equipment were adequate Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides Opportunities to network with other professionals Opportunities to interact with other OT students Opportunities to interact with students from other disciplines			3 = 4 =	= Free = Con	quent	ly ntly	4
Staff and administration demonstrated cultural sensitivity The Practice Framework was integrated into practice Student work area/supplies/equipment were adequate Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides Opportunities to network with other professionals Opportunities to interact with other OT students Opportunities to interact with students from other disciplines Staff used a team approach to care			3 = 4 =	= Free = Con	quent	ly ntly	4
Staff and administration demonstrated cultural sensitivity The Practice Framework was integrated into practice Student work area/supplies/equipment were adequate Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides Opportunities to network with other professionals Opportunities to interact with other OT students Opportunities to interact with students from other disciplines Staff used a team approach to care Opportunities to observe role modeling of therapeutic relationships			3 = 4 =	= Free = Con	quent	ly ntly	4
Staff and administration demonstrated cultural sensitivity The Practice Framework was integrated into practice Student work area/supplies/equipment were adequate Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides Opportunities to network with other professionals Opportunities to interact with other OT students Opportunities to interact with students from other disciplines Staff used a team approach to care Opportunities to observe role modeling of therapeutic relationships Opportunities to expand knowledge of community resources			3 = 4 =	= Free = Con	quent	ly ntly	4
Staff and administration demonstrated cultural sensitivityThe Practice Framework was integrated into practiceStudent work area/supplies/equipment were adequateOpportunities to collaborate with and/or supervise OTs, OTAs, and/or aidesOpportunities to network with other professionalsOpportunities to interact with other OT studentsOpportunities to interact with students from other disciplinesStaff used a team approach to careOpportunities to observe role modeling of therapeutic relationshipsOpportunities to participate in research			3 = 4 =	= Free = Con	quent	ly ntly	4
Staff and administration demonstrated cultural sensitivity The Practice Framework was integrated into practice Student work area/supplies/equipment were adequate Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides Opportunities to network with other professionals Opportunities to interact with other OT students Opportunities to interact with students from other disciplines Staff used a team approach to care Opportunities to observe role modeling of therapeutic relationships Opportunities to expand knowledge of community resources			3 = 4 =	= Free = Con	quent	ly ntly	4
Staff and administration demonstrated cultural sensitivityThe Practice Framework was integrated into practiceStudent work area/supplies/equipment were adequateOpportunities to collaborate with and/or supervise OTs, OTAs, and/or aidesOpportunities to network with other professionalsOpportunities to interact with other OT studentsOpportunities to interact with students from other disciplinesStaff used a team approach to careOpportunities to observe role modeling of therapeutic relationshipsOpportunities to participate in research			3 = 4 =	= Free = Con	quent	ly ntly	4
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Staff and administration demonstrated cultural sensitivityThe Practice Framework was integrated into practiceStudent work area/supplies/equipment were adequateOpportunities to collaborate with and/or supervise OTs, OTAs, and/or aidesOpportunities to network with other professionalsOpportunities to interact with other OT studentsOpportunities to interact with students from other disciplinesStaff used a team approach to careOpportunities to observe role modeling of therapeutic relationshipsOpportunities to participate in research			3 = 4 =	= Free = Con	quent siste	ly ntly	4
Staff and administration demonstrated cultural sensitivity The Practice Framework was integrated into practice Student work area/supplies/equipment were adequate Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides Opportunities to network with other professionals Opportunities to interact with other OT students Opportunities to interact with students from other disciplines Staff used a team approach to care Opportunities to observe role modeling of therapeutic relationships Opportunities to participate in research Additional educational opportunities (<i>specify</i>):			3 = 4 = 1	= Free Con	quent siste	iy ntly 3	4
Staff and administration demonstrated cultural sensitivity The Practice Framework was integrated into practice Student work area/supplies/equipment were adequate Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides Opportunities to network with other professionals Opportunities to interact with other OT students Opportunities to interact with students from other disciplines Staff used a team approach to care Opportunities to observe role modeling of therapeutic relationships Opportunities to participate in research Additional educational opportunities (<i>specify</i>): How would you describe the pace of this setting? (circle one)			3 = 4 = 1	= Free Con	quent siste	iy ntly 3	4

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)
distant supervisors : one student (count person as supervisor if supervision occurred at least
weekly)

List fieldwork educators who participated in your learning experience.

Name	Credentials	Frequency	Individual	Group
1.				
2.				
3.				
4.				
5.				

ACADEMIC PREPARATION

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

	Ac	dequa	cy for	Place	ment	F	Relevar	nce for	Place	ment
	Low				High	Low	/			High
Anatomy and Kinesiology	1	2	3	4	5	1	2	3	4	5
Neurodevelopment	1	2	3	4	5	1	2	3	4	5
Human development	1	2	3	4	5	1	2	3	4	5
Evaluation	1	2	3	4	5	1	2	3	4	5
Intervention planning	1	2	3	4	5	1	2	3	4	5
Interventions (individual, group, activities, methods)	1	2	3	4	5	1	2	3	4	5
Theory	1	2	3	4	5	1	2	3	4	5
Documentation skills	1	2	3	4	5	1	2	3	4	5
Leadership	1	2	3	4	5	1	2	3	4	5
Professional behavior and communication	1	2	3	4	5	1	2	3	4	5
Therapeutic use of self	1	2	3	4	5	1	2	3	4	5
Level I fieldwork	1	2	3	4	5	1	2	3	4	5
Program development	1	2	3	4	5	1	2	3	4	5

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

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

SUMMARY	1 = Strongly disagree 2 = Disagree 3 = No Opinion 4 = Agree 5 = Strongly agree				
	1	2	3	4	5
Expectations of fieldwork experience were clearly defined					
Expectations were challenging but not overwhelming					
Experiences supported student's professional development					
Experiences matched student's expectations					

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		1 = Strongly Disagree 2 = Disagree 3 = No opinion 4 = Agree 5 = Strongly agree					
NAME: FIELDWORK EDUCATOR YEARS OF EXPERIENCE:	1	2	3	4	5		
Provided ongoing positive feedback in a timely manner							
Provided ongoing constructive feedback in a timely manner							
Reviewed written work in a timely manner							
Made specific suggestions to student to improve performance							
Provided clear performance expectations							
Sequenced learning experiences to grade progression							
Used a variety of instructional strategies							
Taught knowledge and skills to facilitate learning and challenge student							
Identified resources to promote student development							
Presented clear explanations							
Facilitated student's clinical reasoning							
Used a variety of supervisory approaches to facilitate student performance							
Elicited and responded to student feedback and concerns							
Adjusted responsibilities to facilitate student's growth							
Supervision changed as fieldwork progressed							
Provided a positive role model of professional behavior in practice							
Modeled and encouraged occupation-based practice							
Modeled and encouraged client-centered practice							
Modeled and encouraged evidence-based practice							

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

General comments on supervision:

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 related Accreditation 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

Date: Name of Facility:						
Address: Street	С	lity	State	Zip:		
<u>FW I</u>			<u>FW II</u>			
Contact Person:	С	redentials:	Contact Person:			Credentials:
Phone: E-m	ail:		Phone:		E-mail:	
			1			
Director: Phone: Fax: Web site address:		Initiation Source: ☐ FW Office ☐ FW Site ☐ Student	Corporate Status:	^{B.10.6} □ A	ny	e of FW: ACOTE Standards by; 1 st must be in:
			☐ Federal Gov't		ull-time only refer Full-time	□ Part-time option
OT Fieldwork Practice Settings	(ACOTE Form A	(#s noted) :				
Hospital-based settings	Community-b	ased settings	School-based set	tings	Age Groups:	Number of Staff:
 In-Patient Acute 1.1 In-Patient Rehab 1.2 SNF/ Sub-Acute/ Acute Long-Term Care 1.3 General Rehab Outpatient 1.4 Outpatient Hands 1.5 Pediatric Hospital/Unit 1.6 Peds Hospital Outpatient 1.7 In-Patient Psych 1.8 	□ Older Adult □ Older Adult □ Outpatient/h	Health Community 2.2 Community Living 2.3 Day Program 2.4 and private practice 2.5 Program for DD 2.6 h 2.7	Other area(s)	ion 3.1	0-5 - 6-12 - 13-21 - 22-64 - 65+	OTRs: COTAs: Aides: PT: Speech: Resource Teacher: Counselor/Psycho logist: Other:
Student Prerequisites (check all t	hat apply)		Health requirements:			
 Black Black CPR Medicare / Medicaid Fraud Che Criminal Background Check Child Protection/abuse check Adult abuse check 	□ Firs ck □ Infe train □ HIP	t Aid action Control ning PAA Training	 HepB MMR Tetanus Chest x-ray Drug screening 		□ Physical □ Varicella □ Influenza Please list a	ı a
☐ Fingerprinting		n transportation	\square TB/Mantoux		requiremen	-

Performance Skills:	Client Factors:	Context(s):
Motor Skills	Body functions/structures	□ Cultural- ethnic beliefs &
□ Posture	☐ Mental functions- affective	values
□ Mobility	□ Mental functions-cognitive	Physical environment
□ Coordination	□ Mental functions- perceptual	□ Social Relationships
□ Strength & effort	□ Sensory functions & pain	□ Personal- age, gender, etc.
Energy	\Box Voice & speech functions	□ Spiritual
Process Skills □ Energy □ Knowledge □ Temporal organization □ Organizing space & objects □ Adaptation	 Major organ systems: heart, lungs, blood, immune Digestion/ metabolic/ endocrine systems Reproductive functions Neuromusculoskeletal & movement functions Skin 	 Temporal- life stages, etc. Virtual- simulation of env, cha room, etc. Performance Patterns/Habits Impoverished habits Useful habits Dominating habits
Communication/ Interaction Skills Physicality- non verbal Information exchange Relations		Routine sequences Roles

Most common services priorities (check all that apply)						
□ Direct service	☐ Meetings(team, department, family)	□ Consultation	🗆 Billing			
Discharge planning	□ Client education	□ In-service training	Documentation			
□ Evaluation	□ Intervention					

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*

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						
Activities of Daily Living (ADL)	Instrumental Activities of Daily Living (IADL)	Education				
 Bathing/showering Bowel and bladder mgmt Dressing Eating Feeding Functional mobility Personal device care Personal hygiene & grooming Sexual activity Sleep/rest Toilet hygiene 	 Care of others/pets Child rearing Communication device use Community mobility Financial management Health management & maintenance Home establishment & management Meal preparation & clean up Safety procedures & emergency responses Shopping 	 Formal education participation Exploration of informal personal education needs or interests Informal personal education participation Work Employment interests & pursuits Employment seeking and acquisition Job performance Retirement preparation & adjustment Volunteer exploration / participation 				
Play	Leisure	Social Participation				
□ Play exploration □ Play participation	Leisure exploration Leisure participation	□ Community □ Family □ Peer/friend				
Purposeful Activity- therapeutic context leading to occupation, practice in preparation for natural context Practicing an activity Simulation of activity Role Play Examples:	Preparatory Methods- preparation for purposeful & occupation-based activity Sensory-Stimulation Physical agent modalities Splinting Exercise Examples:	Therapeutic Use-of-Self- describe Consultation Process- describe Education Process- describe				

Method of Intervention	Outcomes of Inter		ention *	Theory/ Frames of Reference/ Models of	
Direct Services/case load for entry-	□ Occupational per		ormance- improve &/ or	Practice	
level OT	enhance			□ Acquisitional	
□ One-to-one:	□ Client Satisfact	ion	1	□ Biomechanical	
\Box Small group(s):	□ Role Competen	nce		Cognitive- Behavioral	
□ Large group:	□ Adaptation			□ Coping	
	☐ Health & Wellr			□ Developmental	
Discharge Outcomes of clients (%		ies	5	□ Ecology of Human Performance	
clients)	□ Prevention			☐ Model of Human Occupation (MOHO)	
□ Home	□ Quality of Life			\Box Occupational Adaptation	
□ Another medical facility				Occupational Performance Model	
□ Home Health	OT Intervention	-	-	-	
	□ Create, promote		-	Person/ Environment/ Occupation (P-E-O)	
	Establish, restor	ore, remediation		☐ Person-Environment-Occupational Performance	
	Maintain				
	□ Modify, compe		ation, adaptation	□ Psychosocial	
	□ Prevent, disabil		-	□ Rehabilitation frames of reference	
			I ·····	□ Sensory Integration	
				□ Other (please list):	
Please list most common screenings and evaluations 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		
\Box Fall risk			\Box 1:1 safety/ suicide precautions		
□ Other (describe):					
Please list how students should prepa used in your setting:	re for a FW II plac	em	ient such as doing readings, l	earn specific evaluations and interventions	
useu in your setting:					

Target caseload/ productivity for fieldwork students:	Documentation: Frequency/ Format (briefly describe) :
Productivity % per 40 hour work week:	☐ Hand-written documentation:
Caseload expectation at end of FW:	Computerized Medical Records:
Productivity % per 8 hour day:	Time frame requirements to complete documentation:
# Groups per day expectation at end of FW:	

Administrative/ Management duties or responsibilities of the OT/ OTA student:	Student Assignments. Students will be expected to successfully complete:
□ Schedule own clients	□ Research/ EBP/ Literature review
□ Supervision of others (Level I students, aides, OTA, volunteers)	□ In-service
□ Budgeting	□ Case study
Procuring supplies (shopping for cooking groups, client/	Participate in in-services/ grand rounds
intervention related items)	□ Fieldwork Project (describe):
Participating in supply or environmental maintenance	□ Field visits/ rotations to other areas of service
□ Other:	□ Observation of other units/ disciplines
	□ Other assignments (please list):

Student work schedule & outside study expected:	Other	Describe level of structure for student?	Describe level of supervisory support for student?			
Schedule hrs/ week/ day:	Room provided □yes □no	□ High	□ High			
Do students work weekends? □yes □no	Meals □yes □no	□ Moderate	□ Moderate			
Do students work evenings? □yes □no	Stipend amount:	□ Low	□ Low			
Describe the FW environment/ atmosphere for student learning:						
Describe public transportation available	:					

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
 - a. How are occupation-based needs evaluated and addressed in your OT program? How do you incorporate the client's 'meaningful' doing in this setting?
 - b. Describe how you seek to include client-centered OT practice? How do clients participate in goal setting and intervention activities?

- c. Describe how psychosocial factors influence engagement in occupational therapy services?
- d. Describe how you address clients' community-based needs in your setting?
- 4. How do you incorporate evidence-based practice into interventions and decision-making? Are FW students encouraged to provide evidence for their practice? *ACOTE Standards B.10.1, B.10.3, B.10.4, B.10.11, B.10.15*
- 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 B10.2, 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.7.10, B10.12, B.10.17* (provide a template)
- 7. Describe the training provided for OT staff for effective supervision of students (check all that apply). ACOTE Standards B.7.10, B.10.1, B.10.3, B.10.12, B.10.13, B.10.17, B.10.18, B.10.19, B.10.20, B.10.21

□ 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:

8. Please describe the process for record keeping supervisory sessions with a student, and the student orientation process to the agency, OT services and the fieldwork experience. *ACOTE Standards B.7.10, B.10.1, B.10.3, B.10.17, B.10.18, B.10.19, B.10.20, B.10.21*

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:

9. Describe funding and reimbursement sources and their impact on student supervision. *ACOTE Standards B.10.3, B.10.5, B.10.7, B,10.14, B.10.17, B.10.19*

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:

Which Documentation Does The Fieldwork Site Need? A Fieldwork Agreement/ Contract? OR

□ A Memorandum of Understanding?

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

Title of Parent Corporati	on (if different from facility n	ame):			
Type of Business Organiz	Type of Business Organization (Corporation, partnership, sole proprietor, etc.):				
State of Incorporation:					
Fieldwork Site agreemen	t negotiator:	Phone:	Email:		
Address (if different from	facility):				
Street:	City:	State:	Zip:		
NT	D. 4 4 . 1 . 4 4 . 1 . 4	. 1. 1			

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
10/16/2017	

OCCUPATIONAL THERAPY FIELDWORK EDUCATORS

Name and Credentials	Degree & College/University	License #	Yrs in OT	Yrs of student supervising

University of Mississippi Medical Center School of Health Related Professions Department of Occupational Therapy

Fieldwork Requirement Check-off

Student Name ______
Date _____

CPR card
Proof of Immunizations
Current Flu shot
Hep B documentation (must have all 3)
Current TB skin test documentation
Background checks:
Pre-check

_____ UMMC fingerprinting – letter of clearance

These items must be checked off and initialed by your faculty member before the student may attend each Fieldwork I or II. Each item is required by the clinical education agreements with the Fieldwork sites. Some sites may have additional requirements such as drug testing, or additional background checks. Check with the specific site for instructions well in advance.

I understand that if I do not take a copy of these items with me to my Fieldwork site, along with the Certificate of Liability insurance provided, I will not be allowed to participate in the Fieldwork experience.

Student Signature

CLINICAL EDUCATION AGREEMENT

AFFILIATION OF STUDENTS FOR CLINICAL TRAINING

This is a Clinical Education Agreement on the part of ______, hereinafter referred to as "Facility", and the School of Health Related Professions at the University of Mississippi Medical Center hereinafter referred to as "School."

A. <u>PURPOSE</u>:

(1) The purpose of this agreement is to guide and direct the parties respecting their affiliation and working relationship, inclusive of anticipated future arrangements and agreements in furtherance thereof, to provide high quality clinical learning experiences for students in the School's **Department of Occupational Therapy** while at the same time enhancing the resources available at the Facility for providing health care to its patients.

(2) Neither party intends for this Agreement to alter in any way their respective legal rights or their legal obligations to one another, the students assigned to the Facility or to any third party.

B. <u>GENERAL UNDERSTANDING</u>:

(1) The clinical education experiences to be provided will be of such content and cover such periods of time as may be mutually agreed upon by the School and the Facility, as will be the starting and ending date for each experience.

(2) The number of students designated for participation in a clinical education experience will be mutually determined by agreement of the parties, and may at any time be altered by mutual agreement.

(3) There shall be no discrimination on the basis of race, national origin, religion, creed, sex, age or handicap in either the selection of students for participation in the program, or as to any aspect of the clinical training; provided, however, that with respect to handicap, the handicap must not be such as would, even with reasonable accommodation, in and of itself preclude the student's effective participation in the program.

C. FACILITY RESPONSIBILITIES:

(1) The Facility will retain responsibility for the care of patients and will maintain administrative and professional supervision of students insofar as their presence and clinical assignments affect the operation of the Facility and its care, direct and indirect, of patients.

(2) The Facility will provide adequate clinical facilities and experiences for participating students in accordance with the clinical objectives developed through cooperative planning by the School's departmental faculty and Facility's staff.

(3) The designated clinical instructor shall assist the School in the evaluation of the learning and performance of participating students.

(4) The Facility shall provide for the orientation of assigned students as to the facilities, philosophies, rules, regulations and policies of the Facility.

(5) All medical or health care (emergency or otherwise) that a student receives at the Facility will be at the expense of the student involved.

(6) The Facility shall reserve the right to request the Department to withdraw a student from the assigned clinical education experience when the student's clinical performance is unsatisfactory or the student's behavior is disruptive or detrimental to the Facility and/or patients.

D. <u>SCHOOL RESPONSIBILITIES</u>:

(1) The School will use its best efforts to see that students selected for participation in the clinical experience are prepared for effective participation in the clinical education phase of their overall program. The School will retain ultimate responsibility for the education of its students.

(2) The School will use its best efforts to see that the clinical education experiences at the Facility are conducted in such a manner as to enhance patient care. Only those students who have satisfactorily completed the prerequisite portion of their curriculum will be selected for participation in a program.

(3) The School will require all participating students to obtain liability insurance and will provide proof to the Facility. Current liability insurance is required in the amounts of \$1,000,000 each incident and \$3,000,000 aggregate.

(4) The School will require all participating students to be in good health. Students will be required to be current in routine vaccinations, and students who will be potentially exposed to blood and body fluids will be required to be vaccinated for Hepatitis B.

(5) The School will require student compliance with the Facility's rules, regulations and procedures. Specifically, the School will keep participating students apprised of their responsibility:

Facility.

(a) To follow the administrative policies, standards and practices of the Facility when the student is in the

(b) To provide the necessary and appropriate uniforms and supplies.

(c) To report to the Facility on time and to follow all established regulations during the regularly scheduled operating hours of the Facility.

(d) To conform to the standards and practices established by the School while at the Facility.

(e) To keep in confidence all medical and health information pertaining to particular patients in any affiliate site.

(6) As the school is a state-supported educational institution any liability claims against the school will be handled under the Mississippi Tort Claims Act, M.C.A. 11-46-1 et. seq., subject to the Act's limitations.

E. <u>MUTUAL RESPONSIBILITIES</u>:

(1) The parties will work together to maintain an environment of quality clinical learning experiences and quality patient care. At the request of either party a meeting or conference will be promptly held between School and Facility representatives to resolve any problems or develop any improvements in the operation of the contemplated clinical education program.

(2) The parties agree that use and disclosure of patient health and medical information is subject to compliance with applicable state and federal privacy laws. The parties, therefore, agree to take all necessary steps to protect the confidentiality of any patient health and medical information to which it has access and to comply with state and federal privacy laws. The obligations set forth in this section shall survive the termination or expiration of this agreement.

(3) Each party to this contract is responsible for its own acts or actions and for the actions of its employees or agents.

(4) This Agreement may be amended by either party upon thirty (30) days' prior written notice. The amendment must be in writing and signed by authorized representatives of both parties.

(5) Unless sooner canceled as provided below, the term of this affiliation for clinical training shall be five years, commencing on ______, and ending on ______. This working relationship and affiliation may be renewed by mutual written consent of the parties. It may also be canceled at any time by either party upon not less than ninety (90) days written notice in advance of the next educational experience.

This ______ day of _____, 20____.

Hospital/Facility Administrator

Dean, School of Health Related Professions

University of Mississippi Medical Center School of Health Related Professions

Department Head

Department Chairman

2500 North State Street Jackson, MS 39211-4505

R&A:2/04