



Doctor of Occupational Therapy

Student Handbook Supplement

2020 – 2021

WESTERN NEW ENGLAND UNIVERSITY | **WNE**
COLLEGE of PHARMACY and HEALTH SCIENCES

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INTRODUCTION

Program Director's Welcome:

Welcome to the College of Pharmacy and Health Sciences (COPHS), Doctor of Occupational Therapy (OTD) Program at Western New England University! Our program will prepare you to be an occupational therapy practitioner and a professional leader who is an agent of change. As an *occupational therapist*, you will impact the lives of individuals, with or without disabilities, by supporting them to improve their functional performance and participation in life roles. As a *professional leader* who is equipped with research evidence and global health policy perspectives, you will be broadly positioned to impact populations; advance community health outcomes, and influence the development of future occupational therapists as members of collaborative inter-professional practice teams. You will be prepared to practice in current healthcare settings, educational and social service settings, as well as emerging practice areas.

As you begin your graduate education, the administration, faculty, and staff in the Division of Occupational Therapy encourage you to make the most of your academic experience and to utilize the excellent academic and student support services available through the university and the college. Students are referred to the College of Pharmacy and Health Sciences (COPHS) Student Handbook for college-wide standards and behavioral expectations for learners including Academic Integrity; Plagiarism; Early Advisory System; Honors; Dean's List; Academic Support Services; Transportation; Technology; Health Documentation and Insurance; Leave of Absence/Withdrawal and Readmission, etc. General academic and curriculum requirements are also included (e.g. Class attendance/absence; excused absences; academic probation; remediation procedures; suspension and dismissal; attire; professional organizations, etc.).

This Doctor of Occupational Therapy Student Handbook Supplement Handbook is designed to describe our program and curriculum in detail, to delineate policies and procedures specific to occupational therapy, and to provide information that will permit you to maximize your potential for a successful graduate experience. The supplement provides information about the academic division and specifics about the program/curriculum (e.g. core values and philosophy; curriculum design; student learning outcomes, etc.), as well as fieldwork education (e.g. fieldwork model, student assignment process, fieldwork educator role, evaluation/grading, etc.) and the doctoral experiential residency component (e.g. purpose and project phases; description and timelines; relationship to the curriculum design, roles and responsibilities of mentors and students, etc.)

We look forward to learning with you as we support your entry into the exceptional professional field of occupational therapy.

Cathy Dow-Royer, Ed.D., OTR/L, Chair/Program Director, Professor of Occupational Therapy

ACCREDITATION INFORMATION

The entry-level Doctor of Occupational Therapy degree program has applied for accreditation through the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. ACOTE's telephone number c/o AOTA is (301) 652-AOTA, and its web address is www.acoteonline.org.

The program was granted Candidacy Status at the December 2-4, 2016 ACOTE meeting. This status permitted the program to recruit and admit students in December, 2016 and begin the OTD program in August, 2017. In accordance with the timeline established by ACOTE, the OTD program has completed a pre-accreditation review by submitting an on-line Self-Study on March 7st, 2019. ACOTE has scheduled an on-site evaluation for November 4-6, 2019.

The OTD program has successfully completed all of the benchmarks to date on the path to full accreditation. It is anticipated that the program will be granted Accreditation Status in December, 2019, before the first cohort of students complete the academic program in August, 2020. Accreditation Status is required for graduates to be eligible to sit for the national certification examination for the occupational therapist administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be an Occupational Therapist, Registered (OTR) and can apply for state licensure in order to practice in a particular state. Note that a felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure.

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ACADEMIC DIVISION INFORMATION

OCCUPATIONAL THERAPY VISION

As the profession of occupational therapy reached its 100th anniversary in 2017, its members have developed a vision for 2025 and beyond. The vision statement reads:

“Occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living” (AOTA, 2016).

DOCTOR OF OCCUPATIONAL THERAPY PROGRAM AT WESTERN NEW ENGLAND UNIVERSITY

As the first occupational therapy program in Western Massachusetts to offer an entry-level doctorate, we recognize our responsibility to deliver a graduate professional education that is committed to the future of health care. Our commitment begins by providing an academic environment that is conducive to the development of ethical, autonomous, collaborative, evidence-driven and culturally competent scholars of practice. Guided by population health and interprofessional practice/education perspectives this commitment is exemplified by:

- course content on occupational justice, health disparities, health literacy, and information/assistive technology;
- case-based laboratory simulation experiences that promote the development of real-time problem solving and clinical reasoning;
- opportunities for multiple fieldwork experiences in traditional and community-based practice areas; and
- student-driven collaborative team building that students utilize on their fieldwork experiences to assist health care practitioners to adopt an interprofessional framework for site-specific healthcare practice.

Shaping the academic environment is cutting-edge technology in classrooms and performance laboratories, creative instructional formats, active teaching methods and fieldwork opportunities in traditional and community-based practice settings. We further pledge to prepare independent leaders who can direct the profession’s future and are primed to transform health care delivery systems using innovative client-centered, population health models, and interprofessional collaborative methods and practice strategies.

PHILOSOPHICAL BASE OF OCCUPATIONAL THERAPY

In 2011, the American Occupational Therapy Association stated that the philosophical base of the profession is as follows:

“Occupations are activities that bring meaning to the daily lives of individuals, families, and communities and enable them to participate in society. All individuals have an innate need and right to engage in meaningful occupations throughout their lives. Participation in these occupations influences their development, health, and well-being across the lifespan. As such, participation in meaningful occupation is a determinant of health. Occupations occur within diverse social, physical, cultural, personal, temporal, or virtual contexts. The quality of occupational performance and the experience of each occupation are unique in each situation due to the dynamic relationship between factors intrinsic to the individual, the contexts in which the occupation occurs, and the characteristics of the activity. The focus and outcome of occupational therapy are individuals’ engagement in meaningful occupations that support their participation in life situations. Occupational therapy practitioners conceptualize occupations as both a means and an end to therapy. That is, there is therapeutic value in occupational engagement as a change agent, and engagement in occupations is also the ultimate goal of therapy. Occupational therapy is based on the belief that occupations may be used for health promotion and wellness, remediation or restoration, health maintenance, disease and injury prevention, and compensation/adaptation. The use of occupation to promote individual, community, and population health is the core of occupational therapy practice, education, research, and advocacy”
(p. S65).



MISSION AND CORE VALUES OF
WESTERN NEW ENGLAND UNIVERSITY

The Doctor of Occupational Therapy program has been designed to reflect the mission and core values of Western New England University. The WNE Mission is stated as follows.

“The hallmark of the Western New England University experience is an unwavering focus on and attention to each student’s academic and personal development, including learning outside the classroom. Faculty, dedicated to excellence in teaching and research, and often nationally recognized in their fields, teach in an environment of warmth and personal concern where small classes predominate. Administrative and support staff work collaboratively with faculty in attending to student development so that each student’s academic and personal potential can be realized and appreciated. Western New England University develops leaders and problem-solvers from among our students, whether in academics, intercollegiate athletics, extracurricular and co-curricular programs, and collaborative research projects with faculty and/or in partnership with the local community (Western New England University [WNEU], 2016, paragraph 2)”

“At Western New England University, excellence in student learning goes hand in hand with the development of personal values such as integrity, accountability, and citizenship. Students acquire the tools to support lifelong learning and the skills to succeed in the global workforce. Equally

important, all members of our community are committed to guiding students in their development to become informed and responsible leaders in their local and global communities by promoting a campus culture of respect, tolerance, environmental awareness, and social responsibility. We are positioned well to accomplish these goals as a truly comprehensive institution whose faculty and staff have historically collaborated in offering an integrated program of liberal and professional learning in the diverse fields of arts and sciences, business, engineering, law, and pharmacy (WNEU, 2016, paragraph 3)."

The Core Values of Western New England University are:

- ***Excellence in Teaching, Research, and Scholarship**, understanding that our primary purpose is to provide an outstanding education supported by faculty with the highest academic credentials, and with national prominence in their fields.*
- ***Student-Centered Learning**, providing an individualized approach to education which includes a profound commitment to small class sizes, personalized student-faculty relationships, and student engagement and personal growth both within and beyond the classroom.*
- ***A Sense of Community**, treating every individual as a valued member of our community with a shared sense of purpose and ownership made possible by mutual respect and shared governance.*
- ***Cultivation of a Pluralistic Society**, celebrating the diversity of our community, locally and globally, and creating a community that fosters tolerance, integrity, accountability, citizenship, and social responsibility.*
- ***Innovative Integrated Liberal and Professional Education**, constituting the foundation of our undergraduate and graduate curriculum, providing global education, leadership opportunities, and career preparation.*
- ***Commitment to Academic, Professional, and Community Service**, promoting opportunities for all campus community members to provide responsible service of the highest quality to others.*
- ***Stewardship of our Campus**, caring for the sustainability and aesthetics of the environment both within and beyond the campus (WNEU, 2016, paragraph 4)."*

MISSION STATEMENT: DIVISION OF OCCUPATIONAL THERAPY/ DOCTOR OF
OCCUPATIONAL THERAPY (OTD) PROGRAM

By advancing the mission of Western New England University (WNE), the Division of Occupational Therapy is well positioned to deliver an innovative entry-level doctoral program that prepares its graduates to be transformative agents of change in the healthcare marketplace of today and tomorrow, by supporting a professional faculty who combine practice expertise, teaching excellence, and a commitment to scholarship.

Beyond the educational preparation of ethical, autonomous, culturally competent and client-centered occupational therapy practitioners, the Doctor of Occupational Therapy (OTD) Program is unique in its commitment to developing professional scholars and community leaders who will shape new visions of occupational therapy practice.

PHILOSOPHY OF OCCUPATIONAL THERAPY PROFESSIONAL
EDUCATION AND PRACTICE

Academic occupational therapy programs are committed to the integrity and standards of the profession. The OTD Program is specifically committed to the education of practitioners who believe that health and wellness is achieved by engagement in occupations (i.e., meaningful and purposeful activities and roles) throughout the lifespan. The faculty in the program understand that disruptions in health and life patterns occurring as a result of illness, injury, or disability can negatively impact occupational performance and participation in these meaningful roles and occupations.

Beyond these important beliefs which underlie all entry-level practice, is the understanding that Doctor of Occupational Therapy programs must assume responsibility for building advanced knowledge in the field, adopting technology to transform practice, and fostering interpersonal skills that are necessary for tomorrow's healthcare leaders. It is also incumbent upon health-related educational programs to create a responsive intraprofessional and interprofessional healthcare workforce that is prepared for 21st Century collaborative practice.

PHILOSOPHY OF TEACHING AND LEARNING

The faculty members in the Division of Occupational Therapy believe that learning is a developmental process. Thus, the curriculum has been designed to scaffold didactic coursework, simulation laboratory competencies, and fieldwork learning experiences for students, from exposure to independence in each aspect of entry-level occupational therapy education. Bloom's taxonomy of learning provides a framework for articulating a student's learning progression as she/he advances through the educational program (See APPENDIX A).

The faculty in the Division of Occupational Therapy also believe in the importance of self-efficacy in the teaching and learning process, particularly in advanced/doctoral level education. Self-efficacy is developed in learning situations that:

- promote the belief that ability is not an innate characteristic, but rather something that can be acquired;
- promote personal accomplishment rather than social comparison; and
- afford the learner the opportunity to exercise some control over the learning environment (Stage, Muller, Kinzie, & Simmons, 1998; Weimer, 2013).

One method of fostering self-efficacy is to engage students in learner-centered, experiential opportunities and learning activities that provide them with exploration, problem-solving, and case-based clinical challenges. This methodology empowers and provides students with the confidence for higher level problem solving, rationalizing clinical decision-making, and contributing to the profession (McLaughlin et al., 2014; Weimer, 2013).

The faculty further believe in the concept of transformative education and the role of the instructor in facilitating self-directed, reflective learning experiences that foster change (Cranton, 2006). The faculty believe that transformative education can support students as they progress from student to scholar and leader within the field of occupational therapy. By the time they have completed the OTD program, students will be equipped to meet the varied needs of individuals who have a range of occupational strengths and needs and to effect meaningful change in the healthcare, educational, and social service systems. In support of this perspective, the OTD program integrates academic and clinical/experiential activities early and throughout the curriculum. This approach facilitates understanding of course content, enhances the ability to collaborate, supports interprofessional practice, and fosters the development of independent and cooperative problem solving and decision-making skills.

PERSPECTIVES IN UNIVERSAL DESIGN

The WNE OTD program has adopted Universal Design for Learning (UDL) as a guiding principle for curriculum and instruction. The National Center on Universal Design for Learning (UDL) at CAST (2014) describes the purpose of UDL as an educational framework that goes beyond access to curriculum and instruction. Learning goals, methods, and assessment do not stop at expecting students to simply acquire a specific body of knowledge and skills. Instead, UDL focuses on helping students to become “expert learners.” Expert learners have lifelong habits of inquiry and mastery and, according to CAST, they are “strategic, skillful and goal-directed, knowledgeable, and purposeful and motivated to learn more. By incorporating UDL principles into our curriculum design, equity and excellence in education is assured (See APPENDIX B).

ACADEMIC DIVISION GOALS

1. Develop and implement an innovative, entry-level Doctor of Occupational Therapy (OTD) Program that prepares entry-level graduates for leadership roles in a global healthcare marketplace, by educating them to be: responsive to diversity; culturally sensitive; population health-focused; and outcomes-driven healthcare practitioners.
2. Ensure that a critical outcome of the OTD program is that graduates are provided with a conceptual framework and applied strategies to excel at client-centered, evidence-based, collaborative interprofessional practice, as a means to innovatively transform the way that patients/clients receive care in current medical, educational and community-based settings.
3. Academically develop and support a high-quality graduate occupational therapy faculty membership who will excel in professional teaching, learner mentorship, and scholarship roles in ways that will enhance the reputation of the Division, the COPHS and Western New England University (WNE).
4. Enhance the image and visibility of the Division of Occupational Therapy within the newly formed College of Pharmacy and Health Sciences and the larger WNE community.

PROFESSIONAL PROGRAM INFORMATION

REQUIREMENTS

Refer to the COPHS Student Handbook for policy information related to health clearance, insurance and certifications, immunizations, and criminal background checks. Prior to matriculation, and again prior to attending Level II Fieldwork and the Doctoral Experiential, OTD students must provide verifying documentation of a physical examination by a health care professional, updated immunizations, current health insurance coverage, and updated criminal background check information. Additional health clearances may be required by fieldwork sites.

Upon matriculation, students are expected to participate in and maintain current certifications in Cardio-Pulmonary Resuscitation (CPR), Blood Borne Pathogens, and the Health Insurance Portability and Accountability Act (HIPAA) and provide the program with a copy of the certifications.

CURRICULUM DESIGN: OVERVIEW

The OTD Program faculty view learning as an uninterrupted process, without a clear beginning or conclusion, but with endless connections and intersections. The OTD program has developed a curriculum design that operationalizes this belief by intentionally designing and sequencing courses that:

1. Promote the integration of knowledge across practice settings and contexts;
2. Have sufficient depth and breadth to comprehensively address current and future practice realities; and
3. Cumulatively lead to the development of clinical reasoning and competent, advanced clinical knowledge, skill, and performance.

CURRICULUM DESIGN: CONCEPTUAL MODEL



Not unlike a tapestry, this curriculum design represents a series of interconnected conceptual themes (outer border), programmatic threads (inner border), and interwoven filaments (core).

These core components are exemplified in AOTA's Vision 2025, operationalized in the Occupational Therapy Practice Framework (AOTA, 2008), and codified in the AOTA Occupational Therapy Official Documents. The curriculum model is evident in all academic and field experiences offered by the program.

CURRICULAR DESIGN: THEMES AND THREADS

INTERPROFESSIONAL PRACTICE/EDUCATION

The OTD program is committed to the World Health Organization's (WHO) position on interprofessional education and collaborative practice:

“Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, careers, and communities to deliver the highest quality of care. It allows health workers to engage any individual whose skills can help achieve local health goals.”(WHO, 2010)

The OTD program is also committed to the Interprofessional Educational Collaborative's (IPEC) definition of interprofessional education and important conceptual understandings (IPEC, 2011):

“Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”(WHO, 2010)

Interprofessional education is viewed as:

- 1. “an innovative strategy that will play an important role in mitigating the global health workforce crisis;*
- 2. a necessary step in preparing a “collaborative practice-ready” health workforce that is better prepared to respond to local health needs;*
- 3. a collaborative practice-ready health worker is someone who has learned how to work in an interprofessional team and is competent to do so.”(IPEC, 2011)*

POPULATION BASED/COMMUNITY HEALTHCARE PRACTICE

Consistent with the basic tenets of occupational therapy, health care systems are moving to provide collaborative services within the community. Population Health has been defined as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.” (Kindig and Stoddart, 2003). The Institute of Healthcare Improvement (IHI) has developed a strategy for Population Health, called the Triple Aim, which calls for “simultaneously improving the health of the population, enhancing the experience and outcomes of the patient, and reducing per capita cost of care for the benefit of communities.” (“Institute for Healthcare Improvement: Triple Aim for Populations,” n.d.) With an increased focus on prevention and wellness through legislative initiatives such as the Patient Protection and Affordable Care Act (2010), the OTD Program is designed to prepare students to be part of the population health initiatives and actions.

TECHNOLOGY

Nothing has or will impact the health care, educational, and social systems quite as dramatically as technology. Diagnosis, treatment, and documentation have been revolutionized. Information and communication technologies, including telehealth applications, coupled with the use of assistive technologies, can help people live healthy, meaningful lives in ways that were previously unimaginable. Twenty-first century practitioners need to be skilled designers and users of technology. OTD students will use technology in their student role, and they will introduce and utilize it in their research and community work during and after the OTD program.

HEALTH LITERACY, DIVERSITY, AND CULTURAL COMPETENCE

The OTD Program has been designed to prepare practitioners who can address and reduce the disparities that exist within healthcare systems and practices, at both national and global levels. Specifically, the curriculum will enact a vision of healthcare practice that serves diverse populations in a changing world. In 2000, the U. S. Department of Health and Human Services identified health literacy as, “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” It is essential, however, that these health literacy skills be employed in the context of what Munoz (2007) calls “culturally responsive caring.” Because the cultural competence of a practitioner can make a significant difference in healthcare access and quality, health literacy, diversity, and cultural competence

are curricular themes. The aim is for OTD graduates to empower people from all backgrounds to lead connected, healthy lives. As suggested by Munoz, OTD students will be taught about building cultural awareness; generating cultural knowledge; applying cultural skills; engaging culturally diverse others; and exploring multiculturalism. Underlying these broad conceptual themes are four program threads that further articulate the foundations of the curriculum.

The threads are:

- a. Leadership, as defined by Facebook executive Sheryl Sandberg is “making others better as a result of your presence and making sure that impact lasts in your absence.” Leadership opportunities and expectations are woven through the OTD curriculum. Successful leadership requires students to step out of their “comfort zone” to engage in effective and meaningful collaboration with clients, other professionals and key stakeholders; and to not only adapt and adjust to changing systems and practices but to become transformational in their leadership outcomes;
- b. Scholarship as a means for personal and professional development and as a way to effect change is also an inherent part of the OTD program. It is believed that educational programs have a professional responsibility to engage students in research and scholarly activities with the goal of fostering lifelong learning. This highlights the importance of evidence to practice as well as the importance of contributing to the knowledge base of the profession;
- c. Clinical Excellence, which graduates are expected to demonstrate within the context of professional integrity and ethics. Clinical excellence requires: current theoretical and practical knowledge; skill performance; professional education; clinical reasoning; cultural competence; effective use of evidence; communication; collaboration; therapeutic use of self; and the ability to be client-centered;
- d. OT practitioners, educators, and researchers need to be able to collaborate effectively with professionals, consumers, and other stakeholders. The OTD program faculty believe that successful occupational therapists have a strong personal and professional Identity and Autonomy. This is grounded in distinctive theory and conceptual frameworks specific to occupational therapy, as well as occupation-based assessment and intervention. At the same time, it is important

to be able to learn with others and as appropriate, to release some or all of one's role to others. Professionals with strong identity and autonomy can effectively collaborate. They can share responsibilities and decision-making in ways that are both responsible to their profession and considerate of their clients.

Encased within the broad themes and binding threads, and interwoven throughout the course sequences are the filaments that bind the doctoral curriculum. These are:

- Healthcare Policy
- Traditional and transformative fieldwork settings
- Ethical Standards
- Client-centered, team-focused, and evidence-based practice
- Occupational performance and participation
- Effective management strategies in changing healthcare market
- Advocacy for the profession and patient/client populations
- Professionalism through leadership, scholarship and clinical excellence

CURRICULUM: COURSE FRAMEWORK

The Doctor of Occupational Therapy Program (OTD) requires 25 credits of prerequisite coursework. The rationale for selecting the prerequisite courses for entering applicants was to ensure that OTD students could demonstrate an introductory level of knowledge regarding the structure and function of the human body (biological and physical sciences); human development and psycho-social principles of behavior throughout the lifespan; and statistics for the purpose of establishing and/or delivering evidence-based practice.

Consistent with the OTD Program's philosophy, and exemplifying the curriculum design, an organizational framework was utilized to structure the curriculum. The 109 course credits in the curriculum include didactic/lab, fieldwork and doctoral experiential residency courses. OTD students must successfully complete all didactic/lab, fieldwork, and experiential components of the program to be eligible for graduation.

The framework used to support course categories, content and sequencing and design includes the following premises:

- fostering an understanding of the development of occupations across the lifespan;

- focusing on population-based and culturally-competent health perspectives in evaluation and intervention;
- furthering health literacy and health technology applications for prevention, health and wellness; and
- facilitating evidence-driven and occupation-based intra/interprofessional practice outcomes in a variety of traditional service delivery contexts and transformational community- based settings.

Please refer to the following appendices that provide additional curriculum information including a listing of all courses by semester, the course descriptions, and the explanation for the positioning and sequencing of courses in the curriculum: OTD PROFESSIONAL CURRICULUM (See APPENDIX C); 2019-2020 COURSE CATALOG DESCRIPTIONS (See APPENDIX D); and OTD CURRICULUM: COURSE FRAMEWORK (See APPENDIX E).

STUDENT LEARNING OUTCOMES

The curriculum design themes and threads are operationalized in the curriculum framework, explicitly documented in the individual course objectives, and measured for outcomes achievement using multiple formative and summative tools. This process ensures that OTD students will:

1. Articulate the philosophical, theoretical and conceptual foundations upon which the occupational therapy process is based;
2. Define the value of occupations to performance and participation in life;
3. Exemplify the profession's core values/principles;
4. Provide competent, considerate, and collaborative occupational therapy services for diverse groups of consumers/communities, and other professionals;
5. Design and provide occupational therapy services in diverse systems of service delivery including medical, social, educational and community-based practice settings, both traditional and nontraditional;

6. Identify and understand the importance of collaborative social, educational, and healthcare service;
7. Represent occupational therapy as part of intraprofessional and interprofessional teams of social service, educational, and health care providers;
8. Be able to articulate the clinical reasoning (procedural, interactive, narrative, ethical, scientific, pragmatic) used in planning and delivering occupation-based and evidence-driven occupational therapy;
9. Design and provide direct and indirect services such as screening, evaluation, planning, intervention, consultation, advocacy, & policy/program development;
10. Demonstrate cultural sensitivity and awareness in professional and interpersonal activities;
11. Demonstrate an understanding of the principles, and implement the corresponding practices necessary to focus on the triple-aim of health care, to:
 - a. improve the health of populations;
 - b. enhance the experience and outcomes of the individual patients/clients; and
 - c. reduce the cost of care for the benefit of individuals and communities;
12. Utilize conceptual models to develop occupational therapy programs that are focused on prevention, wellness, primary care, health literacy, and reducing health disparities in existing and emerging practice settings;
13. Employ technology to engage students, collaborators, and consumers in the coordination of services;
14. Utilize specific learning platforms and other technology (i.e. online databases, electronic health records, telehealth) to foster health literacy in a variety of contexts;
15. Based on evaluation findings, recommend the use of adaptive equipment and assistive technology to promote functional performance and participation across the lifespan;
16. Gather, analyze, and interpret the results of evaluations and scholarly projects that will provide benefit to individual consumers and the health of populations;

17. Identify personal goals, interests and appropriate outcomes as a basis for planning a multi-component doctoral experiential capstone project;
18. Design a doctoral experiential project that focuses on clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development;
19. Synthesize knowledge from preparatory coursework to support the development of a doctoral experiential capstone project;
20. Engage in leadership development by utilizing faculty and site mentors to integrate didactic learning, experiential education and scholarship experience in a community setting;
21. Successfully implement an on-site doctoral experiential experience;
22. Complete an evidence-based professional paper and deliver a professional presentation (e.g., manuals; policy documents; publications) that represents the findings and recommendations of the doctoral experiential.

FIELDWORK EDUCATION

In addition to the coursework/academic requirements of the program, all students must successfully complete level I and level II fieldwork. Fieldwork provides students with the opportunity to synthesize classroom learning and use it in a clinical or community setting. Through fieldwork, students have the opportunity to apply critical thinking and clinical reasoning skills. Fieldwork provides each student with a variety of experiences that include: observations of individuals across the lifespan and population groups; experiences in traditional and non-traditional practice settings; and exposure to a range of human abilities and disabilities. The primary goal of both level I and level II fieldwork is to prepare students for practice as entry-level generalist practitioners. Level I fieldwork experiences run concurrently with didactic and lab courses. After successfully completing all professional coursework and five (5) Level I fieldwork courses, students complete advanced seminar courses and then two (2) Level II fieldwork courses. **Please refer to the Fieldwork Education Section of this Supplemental Handbook for specific descriptions and procedural requirements.**

DOCTORAL EXPERIENTIAL

After successfully completing all classroom, lab and Level I and Level II fieldwork requirements, Doctor of Occupational Therapy students complete a 14-week (640-hour) Doctoral Experiential. The Doctoral Experiential (DE) includes a community experiential and a scholarly project in one or more of the following areas: leadership, program and policy development, advocacy or education. A faculty mentor and a community site mentor supervise and assist each OTD student to design and implement an individualized doctoral experiential learning plan. Planning for and implementation of the Doctoral Experiential, takes place over the last two years of the OTD program. **Please refer to the Doctoral Experiential Section of this Supplemental Handbook for specific descriptions and procedural requirements.**

GENERAL ACADEMIC POLICIES AND PROCEDURES

ESSENTIAL FUNCTIONS FOR THE DOCTOR OF OCCUPATIONAL THERAPY STUDENT

In accordance with the requirements of the Accreditation Council for Occupational Therapy Education (ACOTE), professional occupational therapy education programs prepare students for entry-level practice as generalists. Graduates of such programs are expected to possess a foundation of the knowledge and skills necessary to participate in fieldwork and ultimately to practice in the field. The necessary skills include physical, cognitive, social/emotional, cultural, communication, and professional skills. The Essential Functions document (See APPENDIX F), describes the minimal abilities required for matriculation, successful participation in, and completion of the Doctor of Occupational Therapy (OTD) Program. Students are expected to meet these Essential Functions, with or without reasonable accommodations.

ACCOMMODATIONS FOR THE DOCTOR OF OCCUPATIONAL THERAPY STUDENT

The WNE OTD program is committed to creating an inclusive curriculum that is universal by design. (See APPENDIX B). If students encounter barriers, they are advised to let program faculty and/or administrators know immediately so that they can determine if there is a design adjustment that can be made or if an accommodation might be needed to overcome the limitations of the design. The OTD program is happy to consider creative

solutions as long as they do not compromise the intent of the assessment or learning activity. The program welcomes feedback that will assist in improving the accessibility and experience for all students. Students are also encouraged to view the Student Disability Services webpage and/or contact the office at (413)782-1258 to begin a conversation about establishing any potential academic environmental needs/accommodations. Through collaboration with Student Disability Services, the Division of Occupational Therapy is able to fulfill both the letter and the spirit of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 2016.

ACADEMIC STANDARDS

GRADING POLICY

Grades on individual assignments, quizzes, and exams will be calculated according to the following point structure

Letter Grade	Percentage	Point Value	Pass/Fail
A	100 - 93	4.0	P
A-	92.99 - 90	3.7	P
B+	89.99 - 87	3.3	P
B	86.99 - 83	3.0	P
B-	82.99 - 80	2.7	P
C+	79.99 - 77	2.3	F
C	76.99 - 73	2.0	F
F	Below 73	0.0	F

Matriculated OTD students are subject to the **Academic Policies, Requirements, and Expectations as outlined in the College of Pharmacy and Health Sciences (COPHS) Student Handbook**. There are also OTD program-specific policies and procedures that require student compliance. To remain in good standing in the OTD program, students must:

- earn a minimum of a B- grade in all didactic coursework;
- maintain a minimum cumulative GPA of 3.0;
- achieve a passing grade in all Level I and Level II fieldwork courses (graded using the Pass/Fail option);
- achieve a passing grade in all Doctoral Experiential Residency courses (graded using Pass/Fail option).

Students are not permitted to withdraw from required didactic or fieldwork courses due to the integrated nature of the curriculum design. The courses in each semester have content and application linkages, and are prerequisite to the courses in the following semester. A grade of “I” (incomplete) is awarded only when circumstances beyond the control of the student (i.e., serious medical illness, death in the family) prevents her/him from completing required didactic coursework or fieldwork. The student has four weeks from the last day of the final exam or fieldwork completion date to successfully complete all course requirements. If the course work remains incomplete at the end of the four weeks, the grade becomes an “F.”

GRADUATION REQUIREMENTS

Eligibility for the Doctor of Occupational Therapy degree requires that students remain in good standing in the academic program, by maintaining a minimum cumulative GPA of 3.0, meeting didactic course grade requirements (B- minimum), and passing Level I and Level II fieldwork courses and the doctoral experiential residency courses (pass/fail). In addition, students must satisfactorily complete Level II fieldwork (OTD 675 & 775) and doctoral experiential implementation courses (OTD 780 & 785) within 18 months following the completion of the last didactic courses in the curriculum. Furthermore, students must meet the COPHS standard for being of “good moral character,” and must fulfill her/his university obligations for payment of tuition, fees, and other costs.

ACADEMIC PROBATION AND DISMISSAL

Refer to the COPHS Student Handbook for *Academic Probation and Academic Dismissal and Academic Progression/Dismissal Appeals Process* information. See below for OTD program-specific information:

The OTD program requires a minimum grade of “B-“ to pass didactic courses, and a “P” to pass fieldwork/doctoral experiential courses. Students with a grade of “C+” or below in a didactic course, or “F” in fieldwork/doctoral experiential courses will be placed on academic probation. Earning a failing grade in more than one didactic, fieldwork or experiential course in one semester will result in dismissal from the program. Earning a failing grade in a third didactic, fieldwork or experiential course over the duration of the program, will result in dismissal.

In addition to course grade requirements, the OTD program requires students to maintain a cumulative GPA of 3.00. Students with GPA's below 3.00 at the end of a semester/session will be placed on academic probation and remain on academic probation until the CGPA is raised to the required level. A student has one term to increase the CGPA to 3.0 or she/he will risk dismissal from the program.

ACADEMIC PROGRESSION

The Program Director for the OTD Program will review each student's academic progress at the end of each semester, and report the findings to the COPHS Assistant/Associate Dean for Academic Affairs. Students who do not meet course grade and/or GPA requirements are automatically placed on academic probation. The Assistant/Associate Dean for Academic Affairs will inform OTD students, academic advisors and the Academic Standards Committee (ASC) of the COPHS regarding the probationary status. The Program Director will provide the ASC with academic progress information for all OTD students who have been placed on academic probation. The ASC is responsible for determining whether the circumstances that resulted in a student's academic probation, meet the conditions of the Remediation Policy for courses or qualify for dismissal from the program. Only those students who have been active participants in his/her educational program, including regular class attendance, demonstrating individual initiative, and utilizing available academic resources are offered the option to remediate a course. Students should be prepared to pay the appropriate tuition/fees associated with an approved course remediation. Students in the OTD Program are permitted to remediate only one failed didactic, fieldwork or experiential course per semester, and two courses overall during the academic program. Please refer to the Remediation Policy in the COPHS Student Handbook.

OTD Program specific procedures related to a course remediation for didactic, Level I Fieldwork (not Level II OTD 675/775), and Doctoral Experiential courses (except OTD 780/785) include the following:

1. development of a remediation plan by the:
 - a. instructor of record for didactic courses;
 - b. clinical faculty member and fieldwork educator/or site supervisor for fieldwork courses;
 - c. faculty mentor and site mentor for doctoral experiential courses; and
2. establishment of a plan timeline that designates course remediation completion within 2-4 weeks from the end of the semester during which the course failure occurred; and

3. documentation of specific objectives that identify the content knowledge, competency outcomes, required assignments/examinations, designated meeting times, and clear timelines that must be met for successful completion of the course remediation; and
4. approval of the remediation plan that includes the signatures of the faculty member and the student, and the date that the plan is activated;

A student who successfully meets the conditions/requirements of a remediation plan will have his/her failing grade changed to a “B-“ or a “P” grade. The changed grade will appear on his/her transcript as the final course grade. A student who fails a course remediation plan, will have the failed course grade remain on his/her transcript. In this case, the student will be re-evaluated by the Academic Standards Committee (ASC) to make a determination regarding academic progression. A student who has failed a course remediation, qualifies for dismissal from the program.

LEVEL II FIELDWORK GRADING

A passing grade (on a pass/fail basis) must be earned in Level II Fieldwork courses. A passing grade is based upon a number of evaluative criteria: AOTA Fieldwork Evaluation and completion of assignments and projects, timeliness of submission of required documentation, acceptable conduct, appropriate and sustained communication, etc. The fieldwork educator provides the Director of Fieldwork/Experiential Education (DFEE) with the evaluative data from the fieldwork experience and the DFEE assigns the final course grade.

Students are evaluated at or near the mid-point of the affiliation, and again at the end. In the event that a student is not passing at the end of the 12 week experience (as determined by failing to meet benchmark objectives for entry-level performance or professional behavior, including completion of assignments/projects, results of the AOTA fieldwork evaluation, or other evaluative criteria), a brief time extension beyond the standard 12 weeks may be offered. The policy regarding a Level II time extension is as follows:

- a. The fieldwork educator could decline to offer a time extension and recommend a grade of “fail” for the affiliation; or
- b. In the clinical judgment of the fieldwork educator and the DFEE, if the student is deemed able to pass the affiliation, a brief time extension will be arranged;

- c. A revised fieldwork plan with an extended timeline will be developed by the fieldwork educator and the DFEE, and agreed to by the student.

If a student is assigned a failing grade for a Level II Fieldwork course (i.e., either OTD 675 or OTD 775), the course will need to be repeated to meet program requirements. Students are permitted to repeat one Level II Fieldwork course during the program.

- a. Failure to successfully complete a revised fieldwork plan (with or without a time extension), according to the requirements of the program will result in a failing grade in that affiliation and will qualify the student for dismissal from the program.
- b. Earning a failing grade in a second Level II Fieldwork course will result in dismissal from the program.

Fieldwork settings and the fieldwork educators who accept students for Level II Fieldwork are able to terminate a student from a fieldwork affiliation at any time during a fieldwork placement.

DOCTORAL EXPERIENTIAL RESIDENCY COMPLETION/GRADING

Students must pass the independent, mentored Doctoral Experiential 4: Implementation /Capstone and Mentorship courses (OTD 780/785) to meet graduation requirements. In the event that a student is unable to successfully complete the capstone project/experiential within the 14 week (560-hour) time frame, the faculty mentor will communicate with the site to determine the feasibility of extending the timeframe for course completion. If the site at which the project is being implemented agrees to an extension, the student will meet with the faculty/site mentors to establish a revised plan with timeline for completing the course objectives. The program requires that the student successfully complete the course according to the revised timeline. To be eligible for graduation, the revised timeline will not exceed 18 months following the completion of the didactic courses. Students who do not complete the Doctoral Experiential project as proposed and approved, with or without a time extension, will receive a failing grade for the course.

DISMISSAL/APPEALS

Students who are dismissed from the OTD program for failure to remain in good standing according to a determination by the Academic Standards Committee (ASC), may initiate a “dismissal appeals process.” **Refer to the COPHS Student Handbook in Section Academic Progression/Dismissal Appeals Process.** Students who are dismissed from the OTD program will not be readmitted to this program.

CLASS ATTENDANCE/ABSENCE POLICY

According to the OTD Program’s philosophy of teaching and learning, the faculty believe that students learn best through a developmental process that relies on interactive learning experiences. Optimum learning is achieved when basic knowledge and competencies are progressively supported by more advanced experiential opportunities and learning activities. Class attendance is vital to initiate and advance learning and to integrate course content with fieldwork experiences. Therefore, students are expected to make every effort to attend classes and fieldwork experiences.

It is the policy of Western New England University that learners are expected to attend all class sessions in which they are enrolled. Attendance at all regularly scheduled classes, laboratories (including clinics), and examinations is a learner's obligation to the attainment of professional excellence. Learners must comply with the faculty member’s method of monitoring attendance (class roll, pre-class assessments, etc.). While each instructor is free to evaluate the importance of attendance in determination of course grades, unexcused absences from class activities may result in academic penalties.

A learner who will not be attending class must inform the course instructor (and copy the Assistant/Associate Dean for Student Affairs) by telephone, email, or letter in advance of the class meeting time. In extraordinary circumstances, the course instructor (and Assistant or Associate Dean for Student Affairs) may be notified after the absence occurs. Lack of communication by the learner relative to the absences will be deemed an unexcused absence. In general, excused absences are defined as absences resulting from medical emergencies, sickness, or death in the immediate family. In these instances, the learner must provide documentation that attests to the validity of the reason for the absence to the instructor of record within 24 hours of return to campus. Without documentation, the absence is considered an unexcused absence. Accumulation of absences exceeding ten percent of total class time (e.g., three classroom hours of a two-credit traditional lecture-

based class) in an attendance-required class may be deemed a College of Pharmacy and Health Sciences Code of Conduct violation and constitute the initiation of a preliminary disciplinary hearing.

Learners are expected to give a reason for their absence to individual instructors and to make up all work missed due to the absence (if allowed by the course instructor as indicated in the course syllabus). If a learner is excessively absent, the instructor should report the learner to the Assistant/Associate Dean for Student Affairs. The attendance and absence policies for experiential/fieldwork are outlined in the supplemental experiential/fieldwork handbooks.

Promptness is one of several traits that health care professionals should display. Consequently, learners are expected to be at all class meetings, events, and activities on time. Tardiness disturbs both the learner and the lecturer; repeated violations will be considered improper professional behavior and may result in disciplinary action (COPHS Student Handbook).

INCLEMENT WEATHER POLICY

As documented in COPHS Student Handbook: Please be advised of the various ways that Western New England University makes important announcements concerning weather or emergency cancellations and delays. The learner may call the University's main telephone number at 413-782-3111 for a recorded message of the announcement. The University's website homepage, at www.wne.edu, will post a banner regarding any closings or delays. The learner may listen to or watch the following radio or television stations:

Springfield stations:

WWLP -TV22, WGGB-TV40, WMAS Radio 1450AM/95FM, WHYN 560 /93.1FM

Northampton stations:

WHMP Radio 1400AM or 99.3FM

Pittsfield stations

WBRK Radio 1340AM or 101.7FM

Greenfield Stations:

WRSI Radio 1520AM or 95.3FM

Chicopee station: WACE Radio 730AM

East Longmeadow stations: WAQY Radio 1600AM or 102FM

Hartford, CT stations:

WTIC Radio 1080AM or 96.5FM

Worcester station: WORC Radio 1310AM

Bloomfield, CT stations:

WDRC Radio 1360AM or 103FM

Brattleboro, VT stations: WRSA 1450AM or 96.7FM

Every effort will be made to finalize decisions about canceling Day Classes by 6:00 a.m., and, if necessary, the decision to cancel Evening Classes will be made by 2:00 p.m. Please pay close attention to the details of closings, cancellations, or delays listed in media announcements, as they may not include some areas of the institution.

CLASSES ARE CANCELED

This means that classes are canceled, but offices & other WNE facilities are open.

CAMPUS CLOSED

This means that there are no classes and offices are closed. Only essential functions are open (Campus Dining, Libraries, and Alumni Healthful Living Center).

ACTIVITY CANCELED OR POSTPONED

This means a particular event has been cancelled or postponed.

Each individual must make his or her own decision as to whether or not to travel to the campus if classes are not canceled. Students should be advised that, if classes/exams are not cancelled and a learner is unable to get to campus, it is the learner's responsibility to contact the faculty member(s) to make appropriate arrangements.

NATIONAL BOARD FOR CERTIFICATION OF
OCCUPATIONAL THERAPISTS (NBCOT)

1. NBCOT Examination

Upon completion of all coursework, fieldwork, and the Doctoral Experiential, OTD students are eligible to sit for the NBCOT Exam. Information about registration for the exam will be made available to OTD students as they prepare for Level II Fieldwork. OTD students have an academic course that specifically prepares them for the NBCOT Exam and they will be advised of other opportunities for exam preparation. General information about NBCOT and the NBCOT Exam is available at <https://www.nbcot.org/>

2. Special Considerations for Students with Disabilities Regarding the NBCOT Examination

Students who wish to request accommodations for the National Board for Certification in Occupational Therapy (NBCOT) exam should follow the most recent NBCOT requirements that are available on their website at www.nbcot.org. NBCOT has published a Testing Accommodations Handbook which is available at: https://www.nbcot.org/-/media/NBCOT/PDFs/TA_Handbook.ashx?la=en

3. NBCOT Policy on Criminal Records

Students should be aware that a criminal record with felony-related charges and/or convictions may preclude them from sitting for the NBCOT exam, which ultimately prevents the ability to obtain a state license. Students should contact NBCOT if there is a prior criminal record that may interfere with their ability to sit for the Board exam (www.nbcot.org).

PROFESSIONAL DEVELOPMENT AND BEHAVIOR

As a practice profession, occupational therapy practitioners are expected to engage in an ongoing process of professional development and self-assessment. The ability to engage in honest self-reflection and assessment is an important component of professional development. To facilitate the development of professional self-assessment and reflection in OTD students, the program utilizes a survey tool that is completed by each

student at the end of the first year of the program. Students assess themselves on variables related to professional development, and faculty members/advisors utilize the same self-assessment tool to evaluate each student. The information from the student and faculty is analyzed with respect to the similarities and differences between scores. Advisors discuss the findings with students in order to enhance their opportunities for personal and professional development.

Significant discrepancies in self versus faculty scores may result in the development of a Professional Behavior Plan outlining specific objectives for the student to achieve. It also includes resources and activities the student chooses to use to assist them in achieving their plan objectives. Once a Professional Behavior Plan has been implemented, students are expected to meet as directed with their advisors to discuss behavioral strategies and progress, and are expected to meet the objectives established in the plan within the academic year. Failure to do so may result in disciplinary action or dismissal from the program.

Students and faculty complete the survey tool again in the second year of the program. Data from the two survey administrations is compared to assess student improvement in meeting behavioral objectives, and in the ability to self-reflect on important variables of professional development.

COMMUNICATION POLICY

Oral and written communication, including email and social media interaction, must meet standards for professional interaction. Due to the fact that verbal, nonverbal, and written communication are such an inherent part of occupational therapy practice, students are expected to:

- a. Demonstrate the ability to clearly articulate clinical reasoning through written communication (assignments, etc.) and oral presentations using language appropriate to the target audience and demonstrating a coherent thought process.
- b. Use APA format for all written assignments using the most recent edition of the APA manual.
- c. Complete organized written documentation using professional standards outlined by the faculty and/or clinical site.

LABORATORY SAFETY & EQUIPMENT AND SUPPLIES

The safety of students, faculty, patients/clients, and guests who utilize the OTD assessment and performance laboratories, is paramount. Lab safety procedures are prominently posted in all performance laboratories. Program faculty and staff enforce universal precautions for infection control, and standard behavior that is conducive to maintaining a safe learning and working environment. Knowledge of universal precautions is essential for the prevention of infection and its transmission. According to the World Health Organization, universal precautions includes standard precautions, hand hygiene, personal protective equipment, use and disposal of sharps, cleaning and disinfection, cough etiquette, waste disposal, & safe injection practices (www.who.org). Students are expected to use sound judgment concerning the safety of themselves and others in the conduct of laboratory learning.

Dedicated OTD equipment and supplies are strictly intended for educational use. This equipment and supplies are made available to students in the OTD program to optimize applied learning experiences. Students are expected to be responsible with respect to the operation of equipment, and the use and management of laboratory supplies and materials. Broken equipment should be immediately reported to a faculty member, and equipment that is not in good working order should not be used.

Students are not permitted to remove equipment or supplies from the laboratory environment without written permission from a faculty member. Students who have been permitted to sign out laboratory supplies must log the supplies back in upon their return. Student should expect to be charged for released equipment/supplies that have been lost or returned in a damaged condition. Students are expected to take responsibility for returning laboratory spaces to pre- session status at the end of each laboratory session. Tables, chairs, and other equipment should be returned to designated areas after use.

FACULTY OFFICE HOURS

Faculty office hours are posted on the faculty member's office door. Students should contact the faculty member directly to schedule an office hour appointment, or to request a meeting time that is not within the designated office hour period.

Meeting outside of posted office hours is at the discretion of the faculty member, and may not conform to a student's request for a timelier meeting. Students are not excused from classes to meet with other faculty or mentors/advisors. Meeting with a faculty member or academic advisor during a time when the student should be in class is considered a violation of professional behavior.

STATE AND NATIONAL ORGANIZATIONS

Student membership in the American Occupational Therapy Association (AOTA), as well as state and local occupational therapy associations is strongly encouraged. The Program also demonstrates support for student participation at the national level by supporting Student Occupational Therapy Association (SOTA) Club. This includes fundraising efforts to send student delegates to the AOTA national conference and providing approved release time from class for students to attend conferences. Students must initiate a request in writing to the Program Director/Department Chair for absences from class for state and national conference attendance. Some of the local, state, and national organizations include:

- The American Occupational Therapy Association (AOTA): This is a national professional organization established in 1917 and celebrating its centennial in 2017. Its purpose is to represent the interests and concerns of OT practitioners and students and to improve the quality of OT services. AOTA advances the profession and educates the public by providing resources, setting standards, and serving as an advocate to improve healthcare. AOTA is based in Bethesda, Maryland (www.aota.org).
- The Association of Student Delegates (ASD): ASD is made up of the student representatives of AOTA. Each year, delegates from each academic institution represent the college/university at the ASD pre-conference delegates meeting. The ASD is a standing committee of the Representative Assembly and provides a means for students to express their concerns and provide input into AOTA. (www.aota.org).
- The Student Occupational Therapy Association (SOTA): SOTAs are local OT student groups at colleges and universities across the nation. SOTAs are active in promoting intercollegiate relationships among students interested in better understanding occupational therapy. As a social group, SOTA promotes communication among and between OT students, serving as an advocate for student concerns. It also assists its members to advance their knowledge about the profession by encouraging and promoting participation in state and national conferences. SOTA is also committed to community service through volunteer and service oriented activities (www.aota.org).
- The American Occupational Therapy Foundation (AOTF): This organization was created in 1965 and is for charitable, scientific, and educational purposes. It supports the profession through research aimed at increasing public understanding

- of the connection between meaningful activity and health. It supports a program of scholarship awards for OTR and OTA students in entry- level programs, as well as graduate fellowships for students in advanced degree programs (www.aotf.org).
- The World Federation of Occupational Therapists (WFOT): WFOT was founded in 1951 and serves as the official international organization for the promotion of occupational therapy as an art and science. The Federation is committed to supporting the development, use, and practice of OT worldwide. It maintains the ethics of the profession and promotes internationally recognized standards for the education of occupational therapists (www.wfot.org).
 - The New England Occupational Therapy Education Council (NEOTEC): NEOTEC is comprised of members from educational programs in the six New England states. It is a consortium of member OT programs committed to supporting the academic and clinical aspects of OT education. One purpose of NEOTEC is to enhance the quality of fieldwork education and supervision, as well as provide continuing education opportunities related to fieldwork and current clinical practice (www.neoteccouncil.org).
 - The Massachusetts Association for Occupational Therapy (MAOT): MAOT is the Massachusetts state OT organization. It is a volunteer organization committed to serving the needs of OT practitioners and students throughout the state. MAOT includes OTRs, OTAs, OT aides, students, educators, and others interested in advocating for the profession. MAOT also sponsors two annual conferences as well as other professional development opportunities (www.maot.org).
 - Coalition of Occupational Therapists Advocating for Diversity (COTAD): In 2019, WNE OTD program established one of the first student chapters of COTAD. COTAD's stated mission is "to meet society's occupational needs by developing local and national initiatives and aligning with key stakeholders to create a socio-culturally diverse workforce that is able to provide culturally sensitive and client-centered services to occupational therapy consumers." (<https://www.cotad.org/about-cotad-chapters>, 2019). The WNE COTAD Chapter will offer social, educational, and service opportunities intended to engage OTD students and the greater campus community in fulfilling the COTAD mission.
 - The National Board for Certification in Occupational Therapy (NBCOT): NBCOT is the independent, national credentialing agency that certifies individuals as occupational therapy practitioners. NBCOT is responsible for developing and administering the professional certification exam based on current and valid

standards that provide reliable indicators of competence for the practice of occupational therapy. The Board exam is a computerized testing process. Students must pass the Board exam in order to become licensed. Students are encouraged to visit their website at www.nbcot.org and download the NBCOT Candidate Handbook. The Handbook provides necessary information regarding the procedures for completing the application for the exam as well as other requirements for exam eligibility and scheduling. Information regarding exam accommodations and eligibility is also available on the website (www.nbcot.org).

STATE LICENSURE INFORMATION

Most states have licensure laws requiring OTs and OTAs to be licensed (a few have certification or registration by state agencies). While the laws and procedures are similar in each state, they are not identical. The process for obtaining a license in the state or states in which an individual may wish to work can be found through the state occupational therapy regulatory agency. The AOTA website has a link to the state boards at <http://state.aota.org/reglist.aspx>. To obtain a license, individuals must:

- a. Graduate from an accredited educational program;
- b. Complete the required fieldwork;
- c. Apply for and pass the NBCOT exam;
- d. Apply for a state license and pay a fee for each state/jurisdiction in which the individual wishes to practice or be licensed.

Some states allow individuals to practice with a temporary license or limited permit while waiting to sit for the NBCOT exam or while awaiting the results. The regulations and requirements related to temporary licenses and limited permits is available through the state regulatory agency of the state in which the individual wishes to be licensed.

FIELDWORK EDUCATION POLICIES AND PROCEDURES

FIELDWORK WELCOME

There are professional socialization aspects of becoming an occupational therapist that are acquired through time spent observing, interacting with, and carrying out evaluations and interventions with experienced occupational therapists in multiple practice settings. These experiences are referred to as fieldwork education.

The Fieldwork Education Chapter of the OTD (Occupational Therapy Doctorate) Student Handbook is designed to acquaint you with the fieldwork education process and to define and describe the fieldwork education component of the program. It is also intended to delineate specific policies and procedures that are related to fieldwork education to guide you on your journey through the various fieldwork experiences that the WNE entry-level OTD program has to offer.

Michael Salemi, OTD, OTR/L, Director of Fieldwork & Experiential Education

FIELDWORK EDUCATION: ACOTE STANDARDS & DEFINITIONS

The Accreditation Council for Occupational Therapy Education (ACOTE) establishes Fieldwork Education Standards for entry-level OTD programs (ACOTE, 2018). The WNE OTD program was developed under the jurisdiction of the ACOTE 2011 standards. The next version of the ACOTE standards will be effective as of July 2020. As defined by ACOTE, “Fieldwork Education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision of a qualified occupational therapy practitioner serving as a role model” [Standard C.1.0]. As addressed in the Reference Manual of the Official Documents of the American Occupational Therapy Association (AOTA, 2016) fieldwork consists of two levels of applied learning experiences in which students participate in real-time clinical, educational or other contexts that are appropriate to the provision of occupational therapy services.

Level I fieldwork is intended to introduce OTD students to the realm of fieldwork, including interactive experiences with multiple populations. The format of time and duration of Level One fieldwork will vary from semester to semester. Level II fieldwork is an immersive 24 week experience where the OTD student has the opportunity to implement concepts learned during the didactic component of the curriculum in the practice realm, with the primary objective of gaining entry level competency in that specific practice area.

Level I Fieldwork – “The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients” (ACOTE, 2018).

- Level I fieldwork student - Occupational therapy Level I fieldwork students are those individuals who are currently in the process of taking didactic coursework which is enriched “through directed observation and participation in selected aspects of the occupational therapy process” [Standard C.1.8]. Level I fieldwork is aligned with course content knowledge and laboratory competencies.
- Level I fieldwork supervision - Occupational therapy Level I fieldwork students are supervised by either occupational therapy or non-occupational therapy personnel that are “currently licensed or otherwise regulated” [Standard C.1.9] in their area of practice, and are cognizant of the goals and objectives of the learning experience in reference to occupational therapy practice.

Level II – Level II fieldwork consists of two separate 12-week full-time experiences, 24 weeks in total duration [Standard C.1.13.], in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings [Standard C.1.12.]. Level II fieldwork must be implemented under the supervision of a licensed occupational therapist who meets state licensure requirements and who has a minimum of one year of practice experience and who is adequately prepared to serve as a fieldwork educator [Standard C 1.14.].

As stated in the 2011 ACOTE standards that govern fieldwork, “the goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program’s curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupational than research, administration, and management of occupational therapy services” (ACOTE, 2018).

- Level II fieldwork student – Occupational therapy Level II fieldwork students have completed both the didactic portion of the entry level OTD curriculum and all Level I fieldwork experiences. The Level II fieldwork student is now transforming from the primary role of a classroom learner to that of an experiential learner.
- Level II fieldwork supervision – Supervision during occupational therapy Level II fieldwork will be conducted by a qualified and prepared fieldwork educator. Additionally, all Level II fieldwork educators must be in compliance with state specific, federal and ACOTE (2011) standards governing occupational therapy student supervision.

FIELDWORK EDUCATION: PURPOSE

According to the stated mission of this entry level OTD program, “the Doctor of Occupational Therapy (OTD) Program will educate *Transformative Leaders*, who will be guided by population health, health equity, and health literacy perspectives; shape new visions of practice using information and assistive technologies; and utilize their fieldwork experiences to assist health care practitioners to adopt an interprofessional, team-centered framework in current and emerging practice settings” (p. 10). Aligned with the program’s mission, the purpose of fieldwork education is to provide students with hands-on, real-world experiences in current health care, education and community settings in which occupational therapy is practiced. An additional purpose of fieldwork education is to develop a role for services in emerging areas of occupational therapy practice. These opportunities permit students to:

- apply knowledge and competencies accrued in didactic coursework and modeled in laboratory simulations
- engage in clinical reasoning by directly testing theories and conceptual understandings
- develop the values, beliefs and ethical standards that foster professionalism
- refine the technical and interpersonal skills needed in practice while continuing to learn from a fieldwork educator as a role model
- construct a practice style as developed from observation, interaction and feedback from a fieldwork educator

The desired outcome of the fieldwork component of the program is for students to complete the final competencies necessary to be entry-level generalist practitioners prior to implementing the Doctoral Experiential Project that demonstrates advanced level knowledge, scholarship and leadership abilities.

FIELDWORK EDUCATION: ADMINISTRATION

Fieldwork Education is administered and evaluated for compliance under the ACOTE Standards by the Director of Fieldwork/Experiential Education (DFEE). The DFEE is assisted in this process by an Administrative Assistant for Fieldwork Education. The primary responsibility for the ongoing development of the fieldwork component of the program and management of the fieldwork and experiential education aspects of the program resides with the DFEE. The DFEE fulfills the responsibility of fieldwork coordination by:

- Identifying fieldwork learning objectives specific to the OTD curriculum and the learning needs of the OTD students
- Identify OTD student preferences for fieldwork participation including geographical region and practice setting and align preferences with fieldwork assignment within reason
- Facilitating student fieldwork education through the identification of appropriate clinical

facilities, the designation of specific sites and fieldwork educators, and the establishment of close working relationships with site representatives, and occupational therapy practitioner

- Ensure compliance with all ACOTE standards governing fieldwork administration
- Negotiation of contractual arrangements with identified sites that are deemed appropriate to meeting the program's fieldwork objective.

The DFEE identifies medical, educational and community-based settings that are potential sites for Level I or Level II Fieldwork student placements. Once identified, the DFEE is responsible for securing a Memorandum of Understanding (MOU) between the site and the Western New England University OTD Program. The program must have evidence of valid MOU's in effect and signed by both parties before a student begins a Level I or Level II fieldwork experience [Standard C.1.6.]. The legally binding contractual agreements establish the terms of the university and fieldwork site relationship, and thus, must be in effect and active prior to the start of a student fieldwork affiliation. The DFEE is responsible for ensuring that all agreements are fully executed and active for all fieldwork placements.

The University provides professional liability insurance for all matriculated OTD students during their participation in fieldwork. The policy includes \$1,000,000 of coverage per incident and \$3,000,000 of aggregate coverage. The DFEE is responsible for ensuring that the coverage is up to date and for issuing a copy of the certificate of liability insurance to each fieldwork site. This coverage is for fieldwork and doctoral experiential activities only and does not include extracurricular activity or employment.

FIELDWORK EDUCATION: MANAGEMENT SYSTEM

The OTD program has contracted with the CORE Higher Education Group to secure online access to the CORE Experiential Learning Management System (CORE ELMS) to develop and manage the fieldwork education component of the program. The Director of Fieldwork/Experiential Education (DFEE) and the Administrative Assistant for Fieldwork Education have full access to the system. However, faculty members, fieldwork educators, and students will also have varying levels of access to the system to support the fieldwork process.

CORE ELMS has been implemented for the WNE OTD program to develop a fieldwork database to manage site contact information and contractual agreements. The system is also serving as a repository for information on general student fieldwork requirements, site-specific requirements, and student fieldwork portfolios.

All WNE OTD program administration, faculty, students and fieldwork educators are granted access. Faculty will have online access to the evaluate student core competency development. OTD students will have access to monitor and maintain background check information, health information, and fieldwork performance data. Additionally, OTD student will be able to research fieldwork site information. Fieldwork educators working in contracted fieldwork sites who have provided fieldwork opportunities for OTD students will provided with access to the system to view student data, site-specific requirement content, and .

Communication during fieldwork/experiential education is a shared responsibility between the OTD program, the fieldwork program, and the OTD student. Communication from the DFEE to students during Level II fieldwork will take place via the CORE Elms Home Page or the WNE email system. It is the student's responsibility to enter current contact information, including name, address, phone number, and e-mail address into the CORE Elms Home Page (edit Account Information). It is the responsibility of the OTD student to monitor any information and fieldwork site requirements missed due to outdated and/or missing contact information.

Students are encouraged to check the CORE Elms Home Page weekly and the WNEU email and at least three times weekly. Students will be held responsible for communications which are time-sensitive. Internet access is most likely available at fieldwork sites. However, the site is not responsible for email/web access nor are students encouraged to communicate electronically during work time.

RESPONSIBILITIES OF THE DIRECTOR OF FIELDWORK/ EXPERIENTIAL EDUCATION

- Identifying potential fieldwork sites, designating sites as appropriate, establishing fieldwork contractual agreements, and confirming fieldwork placements;
- Coordinating with the Administrative Assistant for Fieldwork/Experiential Education to utilize the CORE Elms fieldwork data management system to maintain required accreditation documentation and review data related to fieldwork education;
- Instruct students on how to navigate and utilize the CORE ELMS system for accessing information, and entering required data;
- Reviewing and evaluating data related to fieldwork objectives entered by students in CORE ELMS;
- Supporting, evaluating and modifying as needed, fieldwork program development at contracted fieldwork settings;
- Executing site visits as needed to fieldwork sites prior to and during fieldwork experiences;
- Educating students on the fieldwork/supervisory process, advising students in determining site preferences, and counseling students during the fieldwork education process;

- Obtain and disseminate necessary student and site information;
- Collaborate with clinical faculty to develop site-specific objectives (in addition to the general objectives) for Level I fieldwork;
- Collaborate with site coordinators and fieldwork educators to develop site-specific objectives (in addition to the general objectives) for Level II fieldwork;
- Communicate with fieldwork educators to provide educational assistance for meeting site-specific objectives, supporting student progress, and achieving fieldwork outcomes;
- Verify that benchmarks and specific objectives are being met at intervals during the fieldwork experience, to ensure successful student outcomes;
- Using evaluative data to modify fieldwork educator expectations and/or student performance, to ensure a successful fieldwork experience;
- Collaborate with students and fieldwork educators, as needed, to establish an individualized learning contract with specific actions/behaviors and timelines for completion established;
- Collaborate intervention and decision-making to facilitate fieldwork conflict resolution;
- Evaluation (including data collection and analysis) of Level I and Level II fieldwork program components to ensure that the program is in compliance with ACOTE standards related to fieldwork education, and meeting program-specific fieldwork goals;
- Determine final grade that OTD student earns for each Level II fieldwork experience.

FIELDWORK MODEL

Embodying the program's philosophy on the concepts of self-efficacy and transformative education, the OTD program espouses a carefully designed and implemented tradition of experiential learning (McLaughlin et al., 2014; Weimer, 2013). In support of this model, the OTD program integrates academic and clinical/experiential activities early and often throughout the curriculum. Fieldwork education, as one form of experiential education, is considered to be a foundational component of OT education that supports the development of clinical excellence, personal and professional autonomy, leadership skills, and practice scholarship. These professional attributes are crucial to professional development as OTD students make their way through the healthcare and education marketplaces of today and tomorrow. The essential outcome of the fieldwork education component of the OTD program is that students will engage in professional socialization experiences that build toward role actualization as competent, responsible, culturally sensitive and ethical practitioners. Thus, the curriculum has been designed to scaffold fieldwork learning experiences for students, from exposure to independence in varied service delivery settings where occupational therapy is practiced or could be practiced.

Experiential education, especially fieldwork education, facilitates the application and integration of academic concepts with “real world” experience. Fieldwork education holds the potential for having a powerful impact on both students and fieldwork educators. Students bring new knowledge to the fieldwork setting in the form of recent research findings, and fieldwork educators contribute applied perspectives to the fieldwork process as the result of years of practice experience. For both, this can be a catalyst for personal and professional growth, or transformational learning. One approach to transform how students and fieldwork educators develop and refine important communication and team leadership skills is through intraprofessional and interprofessional collaboration in fieldwork environments. Students must also self-reflect on fieldwork experiences to maximize the impact on their learning.

Schön (1983) proposed that reflective practitioners engage in a continuous cyclical process of learning during the learning experience. He posited that both *reflection-in action*, referring to learning as part of one’s experience, and *reflection-on-action*, in which one reviews actions after the situation is complete, are essential to improving practice. Specifically, these reflective practices include gathering evidential data as a process, reflecting and making meaning of the observations, and creating plans for future practice. It is this reflective aspect of practice which serves as a foundation for clinical reasoning in occupational therapy. Clinical reasoning enables occupational therapists to “identify the multiple demands, required skills, and potential meanings of the activities and occupations, and gain a deeper understanding of the interrelationships between aspects of the domain that affect performance and that support client-centered interventions and outcomes” (OTPF 3rd edition, 2014).

In order to develop habits of reflection and excellence, fieldwork students and educators have many opportunities to document and reflect upon their interactions and interventions through focused online discussions, journaling of newly learned skills, and self-reflective assignments. Because competent professionals use clinical and research evidence as well as practical experiments to challenge, legitimize, and enhance their practical knowledge, OTD students are also expected to access and integrate multiple sources of information. They are expected to utilize metacognition and reflective practice theory to develop their knowledge, maximize their experiences, and describe how their academic and fieldwork experiences contribute to professional growth.

SUPERVISION HIERARCHY IN LEVEL TWO FIELDWORK

Many models of supervision have been shown to promote the development of professional competence in students. The fieldwork education component of the program incorporates situational leadership theory as a framework for conceptualizing the supervisory process (Costa, 2015; Hersey, Blanchard, & Johnson, 2001). The situational leadership model is a useful guide

for the fieldwork education component of the program because it:

- defines a distinct professional relationship between an experienced professional and a student of occupational therapy
- consists of a developmental process
- exemplifies a dynamic evolution as a student's professional competence

Using this theoretical framework, fieldwork educators adapt their supervision style and strategies to the actual performance, motivation, and confidence of students as they are learning. Four distinct supervisory styles are supported in this model:

- directing
- coaching
- supporting
- delegating

At the start of a Level II fieldwork placement, an occupational therapy fieldwork educator will choose a *directing* style of supervision early in the fieldwork experience. At this time, students are likely to feel insecure about their knowledge and abilities. At this time, supervisors provide close supervision and observation of the students' initial interactions with clientele and explicit explanation, demonstration, and practice for new ideas and technologies. Clear and concise instructions support student decision making and increase their confidence. Directing style may be revisited with the introduction of novel tasks.

When using a *coaching* style, fieldwork educators explain the clinical reasoning behind evaluation, intervention, and interprofessional decisions and actions. Students are encouraged to ask questions as they take on more and more responsibility. Coaching supports the development of a student's level of self-confidence as she/he becomes increasingly independent in clinical reasoning and workload management.

The *supporting* style of supervision typically begins after the halfway point of fieldwork experiences. Here, the fieldwork supervisor shares ideas with students and encourages them to participate in collaboration to determine the best options in clinical decision making. Students perform their assigned tasks fairly independently and they receive guidance as needed and feedback on appropriate performance.

In the final few weeks of Level II fieldwork, students are expected to be ready to perform as entry-level practitioners. During this final period of the affiliation, fieldwork educators implement *delegating* supervision model to assign responsibilities and let students function as independently as possible. Occupational therapy student confidence is highest at this point as they experience the successful integration of academic and experiential learning in "real world" practice.

The supervisory relationship is facilitative and evaluative by providing formal and informal feedback and evaluation (Bernard & Goodyear, 2013) during the fieldwork process. It extends over time and has the goals of:

- enhancing the professional competence and evidence-based practice of the student as she/he progresses from the classroom to the clinical environment
- monitoring the quality of the occupational therapy services provided
- serving a gatekeeping function for entry into the profession

Fieldwork education is a critical part of the OTD program and is well integrated within the curriculum design. The OTD Program integrates academic and fieldwork activities early and often throughout the curriculum. This approach is designed to enhance the applicability of course content by engaging students in clinical problem solving, and to support the development of a team perspective and collaborative decision-making skills necessary for interprofessional practice.

TYPES OF FIELDWORK EDUCATION

- Traditional Level I fieldwork - This type of fieldwork occurs under the direction of occupational therapy practitioners or non-occupational therapy personnel who are certified and who know about occupational therapy and are cognizant of the goals and objectives of the experience.
- Traditional Level II fieldwork - This type of fieldwork occurs under the direct supervision of occupational therapy practitioners.
- Transformational Level I or Level II fieldwork – This type of fieldwork occurs under the direction of clinical faculty members from the program who are occupational therapists. The purpose of implementing this type of fieldwork model is to assist existing healthcare settings to open their doors to fieldwork education, without imposing supervisory responsibilities on their occupational therapy employees. The program is committed to involving students and clinical faculty in transforming existing healthcare settings and community-based settings. Therefore, this model provides sites that do not currently provide occupational therapy services with the opportunity to experience the value-added aspect of occupational therapy practice with their clientele, so long as it is compliant with practice act governing OT student supervision in the geographical region that the fieldwork is being conducted. In addition, expanding Level I fieldwork into community-based settings fulfills the program's focus on client-centered, population driven practice.

FIELDWORK SITE IDENTIFICATION AND DESIGNATION

The Director of Fieldwork/Experiential Education (DFEE) is responsible for providing appropriate Level I and Level II fieldwork opportunities for students in the OTD Program. This process requires the identification and designation of sites that are suitable for initial, intermediate and advanced fieldwork experiences. The primary criteria for identifying sites includes traditional, non-traditional and emerging healthcare, educational, social services or community-based sites; sites representative of infants, children and youth, and young adults through older adults; and sites in national, regional and local settings represented by OTD students. The primary criteria for designating sites for as potential fieldwork opportunities includes the appropriateness of the settings for meeting the experiential learning needs of OTD students as articulated in the curriculum design.

Sites are identified through geographical searches, research on institutional types, exploration of healthcare settings, collaborations with clinicians, and faculty and student recommendations. Students should direct all recommendations for fieldwork sites to the Director of Fieldwork/Experiential Education and provide the facility name, address, and contact person with phone number and email address. It is the responsibility of the DFEE, as the Program's fieldwork representative, to make the initial contact with sites and to negotiate fieldwork contracts. **Under no circumstances should students contact a site directly to inquire about fieldwork opportunities** (or have friends, acquaintances or family members do so.)

Sites are designated as appropriate for providing Level I or Level II fieldwork, based upon the ability of the site to provide students with fieldwork opportunities that are consistent with the curriculum design (e.g., permit students to envision or enact interprofessional collaborative practice) and reflect the sequence and scope of content in the curriculum. Site visits are frequently required to meet this requirement.

Site visits permit face to face interaction with fieldwork educators and visualization of the physical setting, including clinic size, space for students, availability of equipment and intervention supplies, etc. Site visits also permit an analysis of the types of patients/clients, including ages and level of disease or disability, pace of standard treatment in the setting, daily treatment load, and opportunities for interprofessional collaboration. Site websites and other documents are reviewed for information to assist in determining the appropriateness of the site. Whether a site is visited or whether contact is via Skype, email or phone, all sites being considered for experiential learning will be asked to submit an AOTA and/or NEOTEC Fieldwork Data Forms and Site Specific Objectives Forms. These forms will document the educational and clinical profile of the fieldwork site.

FIELDWORK SITE PROGRAM DEVELOPMENT

Sites are designated as appropriate for Level I and Level II fieldwork opportunities, based upon an evaluation process of the fieldwork program at a selected site. The initial evaluation process will include a review of the type of site, the population served, occupational therapy practice provided, and supporting manuals for fieldwork education. The evaluation will also involve communication with the fieldwork educator, and possibly a site visit and tour.

A primary criteria for designating a site as appropriate is by evaluating the level of development of the site's fieldwork education program. One component of this evaluation must include an assessment of the designated fieldwork educator, including the individual's supervisory experience and interest in collaboration. Fieldwork educators are encouraged to complete AOTA's Self-Assessment Tool for Fieldwork Educator Competency (2009) as a means of self-reflection regarding supervisory skills in their setting (See APPENDIX H).

An additional evaluative component includes the degree to which the site's goals for fieldwork education align with the program's fieldwork education objectives. This will require an understanding of the learning opportunities and activities to which the students will have access at the site. The results of the fieldwork program evaluation will dictate the amount of assistance that will be required to align the site's student fieldwork objectives and competencies with those of the OTD Program. Educational support may include identifying site-specific models of supervision, shaping site-specific goals, developing a week-to-week plan for student performance, and methods of providing on-going support for fieldwork educators and students.

LEVEL II FIELDWORK SITE ASSIGNMENT PROCESS

The DFEE reserves fieldwork affiliations with fieldwork sites by sending a *Request for Level II Reservation* form to potential fieldwork sites. Reservations are usually made 12 to 24 months in advance. Sites may opt to offer standing reservations during designated time frames (e.g., Summer/Fall, Fall/Winter). Once reservations are established, the information is entered into the CORE Elms fieldwork management system.

During the Fall Semester –Year One, students are required to access CORE Elms to review site information, noting the established Level II Fieldwork reservations with time slots afforded by the site. Students then self-assess personal preferences based upon interest and fit with educational goals, geographic constraints, etc., compare to active fieldwork sites and decide on preferences. Students must submit their Level II Fieldwork Student Preference form (See APPENDIX I) prior to the end of their first semester in the program.

The DFEE assigns students to Level II Fieldwork placements by utilizing a compilation of data that includes student preference and interests, student learning style, site-specific fieldwork information, student cumulative GPA and demonstrated professional behaviors, as well as advisor and faculty input. While student preference is an important consideration in placement decisions, students must be aware of the competitive climate of fieldwork administration and thus, understand that confirmed site assignments may not be fully aligned with preferences.

The DFEE will notify students about their confirmed site assignments via email. A letter of confirmation is also sent to the intended fieldwork site to finalize affiliation arrangements. Students are expected to contact sites upon receiving their placement notifications to address logistics and to arrange an interview if the site requires one. Pre-placement interviews may be required for some fieldwork sites to ensure that students understand the fieldwork expectations and the type of experience offered. The interview serves as a means to determine if the placement is an acceptable match for the student and fieldwork site. The interview *may or may not be competitive*. Sites have the right not to accept a student based upon the outcomes of the interview. If an affiliation is pending an interview, the fieldwork site is responsible for notifying the DFEE within one week of interview completion to report the outcome.

Students are required to accept and complete confirmed Level II Fieldwork placements. Only in extraordinary circumstances will a student be permitted to request a Level II Fieldwork assignment change. A student who is requesting a change to a confirmed assignment must submit the request in writing to the DFEE within one week of the email confirmation. To support the requested change, the student must describe the extraordinary circumstances involved. Reasons that are not considered extraordinary include, but are not limited to, travel inconvenience, wedding plans, housing changes or financial reasons. A follow-up meeting between the student, the DFEE and the Program Director may be requested to clarify specific considerations. The DFEE will report the final determination regarding the request for a Level II Fieldwork assignment change to the student in person (and in writing), within one week of the student's documented request.

A student whose request for a change in a Level II Fieldwork assignment is denied, must attend and complete the course (OTD 675 or 775) at the assigned site or a grade of "fail" will be documented for the registered course.

A student whose request for a change in a Level II Fieldwork assignment is approved, will have his/her name returned to the student fieldwork placement pool, and will begin to work with the DFEE to secure an alternative assignment. A student who has been returned to the student placement pool must understand that a confirmation and assignment to an alternative Level II Fieldwork site may not be possible within the same fieldwork cycle.

If an alternative assignment cannot be identified within the original fieldwork cycle, the student must understand that this condition necessitates a revised academic plan that will alter their progression in the program. The revised plan will require a delay in the initiation and completion of the Doctoral Experiential Implementation/Mentorship courses (OTD 780/785), as well as a postponement of a student's anticipated graduation date.

LEVEL II FIELDWORK ASSIGNMENT CANCELLATION

Students must be prepared for the possibility of a Level II Fieldwork placement cancellation that is imposed by the fieldwork setting. This type of cancellation can occur due to staffing changes and other unforeseen circumstances. In the event of a cancellation, the DFEE will notify students as early as possible. The DFEE will return the student's name to the fieldwork placement pool and work with the student to begin the process of securing an alternate placement. Reasonable efforts will be made to reassign the student within the same fieldwork cycle. However, this is not always possible and there are no guarantees that this will occur.

EXPECTATIONS FOR PROFESSIONAL APPEARANCE

Students representing Western New England University, the College of Pharmacy and Health Sciences (COPHS) and the OTD program at external fieldwork sites are expected to comply with all standards for academic, personal, professional and social conduct. **Refer to the COPHS Student Handbook for the code of conduct, discrimination/harassment/sexual misconduct/Title IX Policy information, and attire policy.**

Please note the specific attire for OT students attending Level I or Level II Fieldwork below:

- Approved polo shirt with WNE/OTD insignia
- Approved student name tag worn on the front right pocket area of the polo shirt
- Lab coats or other attire may be required for Level II Fieldwork
- Minimize jewelry and fragrances
- OTD students that arrive to fieldwork out of compliance with this professional appearance policy may be asked to leave the fieldwork site, under the discretion of the fieldwork educator

EXPECTATIONS OF PROFESSIONAL BEHAVIOR

During Level I and Level II fieldwork, OTD students portray an image of Western New England University. It is expected that all OTD students will represent WNE with the utmost integrity and professionalism. This includes the following:

- Actively participate in all aspects of the fieldwork experience
- Arrive to all fieldwork experiences on time

- Complete all required course work prior to and during the fieldwork experience
- Provide transportation to and from the fieldwork sites
- Comply with all laws, policies, and procedures of the fieldwork site, Western New England University, College of Pharmacy and Health Sciences, Doctor of Occupational Therapy Program, state licensure boards, and the American Occupational Therapy Association
- Demonstrate the standards of professional behavior outlined in the COPHS Student Handbook and OTD Student Handbook Supplement, including HIPAA/FERPA, OSHA, code of conduct, patient rights and the AOTA Code of Ethics
- Demonstrate respectful interaction and communication with clients, peers, clinical educators/ supervisors, and other individuals who are part of the fieldwork experience
- Follow the chain of command at the fieldwork site for any fieldwork related problems or issues. Refer to the *Communication Protocol for Fieldwork Issues* section of this handbook for details.
- Fulfill all tasks and duties assigned by the fieldwork educator, clinical faculty member and the DFEE within the specified timeframe
- Utilize constructive feedback for personal and professional growth
- Provide feedback regarding the fieldwork experience as requested
- Carry current health insurance, proof of completing health/immunization program requirements or specific requirements for fieldwork sites
- Complete criminal background checks, fingerprinting, drug screening as often as required by fieldwork sites prior to start date of fieldwork placement
- Inform DFEE of any conflict of interests

LEVEL I FIELDWORK: IMPLEMENTATION

Sites selected for Level I fieldwork represent both traditional and emerging settings that meet the curriculum goals to provide a broad range of occupation based and evidence-based occupational therapy services. Under the direction of the DFEE, and with collaboration with clinical faculty members, Level I fieldwork is implemented at:

- Traditional sites include but is not limited to hospital facilities with cardiac, neurological, psychiatric, pediatric units, etc.; skilled nursing facilities; long-term care facilities; private practices; residential settings; schools; outpatient rehabilitation and community agencies.
- Non-traditional settings can include but is not limited to: veterans drop-in programs; homeless shelters; immigrant assistance programs; Alzheimer's/Dementia care respite care centers; teen mother's support groups; primary care private practices; hospice programs; correctional facilities; transition services for older youth; substance abuse recovery programs; health/wellness centers; ergonomics consulting groups.

Level I fieldwork is an integral part of the curriculum design as OTD students participate in coursework with the didactic portion of the program that parallels the setting of Level I fieldwork. Level I fieldwork objectives are designed to have students demonstrate professional behaviors, communication, thinking and problems solving through directed observations and supervised participation. Specific course objectives are determined by Clinical Faculty assigned to each course and are documented in the course syllabus.

Level I fieldwork is implemented in five, one-credit courses, that begin in the first Fall semester, and continue in each semester through the Spring semester of the second program year (OTD 518, 528, 538, 638, and 658). Reflecting the sequence and scope of the curriculum design, Level I fieldwork provides students with the opportunity to work with individuals across the lifespan in a variety of settings. Level I fieldwork occurs across a variety of practice settings, and is offered concurrently with the core practice courses that address a depth and breadth of occupational therapy practice including adult and aging practice (OTD 514, 522, 524 and 640) and children and youth practice (OTD 530 and 640). Fieldwork experiences are designed to provide opportunities for students to engage with clients who are living with acute and chronic physical and mental disabilities, and those with psychological and social barriers to engagement in occupations.

During traditional fieldwork experiences or faculty-supervised on-site fieldwork experiences, students complete learning activities to assess the application of didactic course content. Examples of specific assignments that bridge didactic course content with fieldwork education activities may include but are not limited to include self-reflective journaling, online discussions, participation evaluations, simulated clinical documentation, and development of group format interventions.

The connection of didactic learning and experiential learning is an integral dynamic of the curriculum design of the WNE OTD program. Within this design, students complete Level I fieldwork each semester that corresponds with classroom content and population focus for each semester.

Fieldwork Course	Population	Corresponding Course
Level IA Fieldwork 1 st Semester	Adults in acute care hospitals, rehabilitation, post-acute facilities or community-based programs	OTD 500, 512 & 514
Level IB Fieldwork 2 nd Semester	Acute mental health care, outpatient rehabilitation, mental health clinics, long-term care facilities, and community vocational programs	OTD522, 524 & 526

Level IC Fieldwork 3 rd Semester	Pediatric medical practice in inpatient acute care, outpatient services, rehabilitation centers, residential and long term care facilities	OTD 530
Level ID Fieldwork 4 th Semester	Pediatric school-based services, community-based and residential settings	OTD 630
Level IE Fieldwork 5 th Semester	Aging adults in community based and residential settings	OTD 640 & 646

Clinical faculty assign students to fieldwork experiences. Students are expected to provide their own transportation to Level I fieldwork sites and to attend fieldwork on their assigned days and times. Student performance on Level I fieldwork may include written assignments, reflective journaling, case studies, file reviews, interviews, group planning, and intervention projects, demonstrated competencies, or other specific learning activities. Student performance during Level I fieldwork is supervised and evaluated by either the clinical faculty member, the fieldwork educator, or the site supervisor. Students will receive a pass/fail grade for each fieldwork course based upon meeting specific learning objectives and the requirements outlined in the course syllabus. Evaluation of a student's professional behaviors while on site is an integral part of the overall Level I fieldwork grade. Successful completion of all Level I fieldwork courses is required prior to level II fieldwork.

Responsibilities of the Clinical Faculty in Level I includes:

- Collaborating with the DFEE to determine that fieldwork course objectives meet program; and accreditation standards (including exposure to varied service delivery areas that are aligned with the curriculum);
- Negotiating the logistics and scheduling of the fieldwork experiences with site;
- Identifying the types of assessment and intervention activities to facilitate during; fieldwork experiences that are in alignment with course objectives;
- Providing students with an appropriate orientation to the setting;
- Working with academic faculty to design and provide assignments integrating didactic coursework with clinical experiences;
- Observing and providing feedback to students on-site on a regular basis;
- Providing opportunities for student course advisement outside of the fieldwork setting;
- Collaborating with the DFEE regarding concerns about student performance & site management;
- Document evaluative elements of fieldwork education by complete Level I fieldwork evaluations of each student's performance (See APPENDIX J).

LEVEL II FIELDWORK: IMPLEMENTATION

Students must successfully complete all Level I fieldwork experiences and the first five semesters of academic coursework to be eligible for Level II fieldwork. No portion of Level I fieldwork may be substituted for Level II fieldwork [Standard C.1.10.]. According to ACOTE standards, Level II fieldwork must be conducted in a minimum of one (if more than one practice setting is represented) and a maximum of four settings [Standard C.1.12.]. Students in the OTD program will participate in two Level II affiliations in two different practice settings that are consistent with the curriculum design (e.g. hospitals, rehabilitation centers, skilled nursing facilities, school systems, community-based practice, etc.) and may include the following practice focus: adult and aging physical disabilities; adult and aging mental health/psychosocial disabilities; children and youth physical/psychosocial/educational disabilities, etc.

The first Level II fieldwork course (OTD 675) is offered in the fall semester of the third year and the second Level II fieldwork (OTD 775) is offered in the spring semester of the third year. During each Level II fieldwork experience students earn nine academic credits.

LEVEL II FIELDWORK: COMMUNICATION

Refer to the Communications Policy in the General Academic Policies and Procedures Section of this supplemental handbook. Specific procedures related to Level II Fieldwork communications include:

- OTD students should initiate an introduction email to be sent to their respective fieldwork educator approximately 2 months prior to Level II fieldwork start date. Content of this introduction email should include confirmation of start date, weekly schedule, and dress code clarification.
- OTD students will contact the DFEE via email during the first two weeks of the Level II fieldwork affiliation to report on progress.
- The student should initiate additional communications prior to the midterm and at two-week intervals throughout the twelve-week cycle.

Communications can include general questions regarding supervision or student performance, as well as more serious concerns regarding supervisory issues, ethical conduct, etc. Additionally, OTD students are required to participate in weekly journaling as developed by the DFEE as a part of the Level II Fieldwork experience, which will be conducted through Kodiak. Student are encouraged to develop peer chat rooms or secured social interactions so they can support one another through this learning phase of their development.

LEVEL II FIELDWORK: EVALUATION

Refer to the Grading Policy, Academic Standards/Progression, Graduation Requirements, and Academic Probation and Dismissal information in the General Academic Policies and Procedures Section in the WNE College of Pharmacy and Health Sciences handbook.

Specific information related to fieldwork evaluation/grading includes:

- OTD students are evaluated for Level II fieldwork performance and professionalism at or around the mid-term point in each Level II fieldwork placement, and again at the end of the 12-week assignment.
- Benchmarks objectives for student performance as determined by fieldwork sites, and supported by the DFEE, are provided to the student at the beginning of the fieldwork affiliation.
- Students must meet benchmark objectives toward entry-level competence within timelines established, as the basis for the fieldwork educator and the DFEE to determine if the student will be able to pass their Level II Fieldwork.
- Formal assessment of a student's fieldwork performance will be conducted by the fieldwork educator, and additional evaluative data on communications and professional behavior as provided by the DFEE and other site representatives will also be used in the evaluation process.
- Students are assigned a "pass" or a "fail" grade for OTD 675 and OTD 775 by the DFEE following completion of the 12-week affiliation after a review and analysis of all evaluative data related to fieldwork performance, assignments/projects, and professional behavior (including evidence of misconduct).
- Students may be terminated at any time during the affiliation, as determined by the fieldwork evaluator/site representative in consultation with the DFEE, and awarded a failed grade for that Level II Fieldwork affiliation.

LEVEL II FIELDWORK: FORMS

Standard AOTA forms that are used in Level II Fieldwork include:

- AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student (FWPE) (See APPENDIX K)
- AOTA Student Evaluation of the Fieldwork Experience (SEFWE) (See APPENDIX L)
- NEOTEC Site Specific Objectives (See APPENDIX M)

Fieldwork educators are responsible for completing the FWPE tool at mid-term and again at the conclusion of Level II Fieldwork. Student assessment of fieldwork performance will be calculated by the fieldwork educator followed by discussion of the findings of the evaluation with the students and the DFEE. The original FWPE form will be submitted with the fieldwork educator's signature and the student's signature at the completion of the 12 week Level II Fieldwork affiliation.

Students are responsible for completing the AOTA Student Evaluation of the Fieldwork Experience (SEFWE) form upon completion of each 12-week affiliation and submitting the form to the DFEE (C.1.15). Fieldwork grades will not be posted until the form has been submitted, which may result in a delay in subsequent fieldwork, coursework, or the doctoral experiential residency implementation. As part of program evaluation, information from the SEFWE is used to assess the ability of current fieldwork sites to meet OTD program objectives. Future students will have access to the SEFWE for information regarding fieldwork placements during the selection process.

LEVEL II FIELDWORK: OBJECTIVES

Level II Fieldwork Objectives have been developed to meet the curriculum goals of the OTD program (See APPENDIX O). Other site-specific objectives may be developed that address service delivery and population/client variations. Typical student learning activities that are designed to meet fieldwork objectives may include but are not limited to:

- Chart reviews/summaries
- Occupational therapy client screening/evaluation
- Occupational therapy intervention planning
- Conducting occupational therapy interventions
- Writing discharge summaries
- Attendance at meetings
- Providing in-services to staff including article reviews
- Consultation
- Client/family/caregiver education and home programs
- Activity analysis/grading activity
- Adaptive equipment/assistive technology evaluation and training
- Interprofessional collaboration
- Observing patients/clients in other contexts (home, other classrooms, other disciplines)

FIELDWORK REQUIREMENTS

Standard requirements which must remain current throughout the course of the program, and are mandatory for participation in Level I and Level II fieldwork include:

- Basic Life Support for Healthcare Professionals CPR Certification – renewal required every two years
- CastleBranch Background check – renewal required every two years
- Blood Borne Pathogen / OSHA Certification – renewal required every year
- Health Information for Health Insurance Portability and Accountability Act (HIPAA) certification – No renewal required
- All immunizations and vaccinations which are conditional to being admitted to the OTD program

In addition to standard OTD program requirements, additional site-specific requirements may include but are not limited to, fingerprinting, site-run background checks, and drug testing. Failure to comply with site-specific requirements by the site deadline may result in a cancellation of the site affiliation. In the event that an affiliation is canceled due to student noncompliance with program or site-specific requirements, the program cannot guarantee a placement at an alternate site in the same fieldwork cycle.

RESPONSIBILITIES OF THE FIELDWORK EDUCATOR

The fieldwork educator is the designated professional who works in the program that is supporting the OTD student's experiential learning on both Level I and Level II Fieldwork. Fieldwork educators facilitates the overall learning experience of the OTD student including providing education, clinical experience, feedback and evaluation of student performance. In some instances, the duties of the fieldwork educator may be divided among two different professionals, commonly known as the 2:1 model of Level II fieldwork supervision.

Responsibilities of the fieldwork educator include but are not limited to:

- Provide students with appropriate orientation to the site;
- Communicate fieldwork expectations, objectives, and assignments, including requirements for successful completion of the fieldwork experience;
- Provide appropriate supervision of the student during the fieldwork experience as governed by the OT practice laws in that state;
- Document student performance and participation including completion of the Level I evaluation and the FWPE for Level II fieldwork;
- Provide ongoing and consistent feedback to the student regarding his/her performance and participation;
- Foster an environment supportive of student learning;
- Act as a professional role model;

- Communicate with the Director of Fieldwork/Experiential Education regarding student performance and report any issues that may impede success of the OTD student during fieldwork;
- Maintain active licensure in the state in which he/she practices (Level II Only);
- Have a minimum of one year of professional experience in OT practice (Level II Only);
- Meet the state and AOTA supervisory laws and guidelines with regard to supervision;
- Establish site-specific objectives in coordination with the DFEE;
- Adhere to local, state, and professional standards of practice;
- Create an atmosphere conducive to learning;
- Facilitate maturation of the OTD student from novice observer to entry-level generalist in that practice setting on Level II fieldwork.

RESPONSIBILITIES OF THE FIELDWORK STUDENT

The student will:

- Actively participate in all aspects of the fieldwork experience;
- Complete all required course work prior to and during the fieldwork experience;
- Provide transportation to and from the fieldwork sites;
- Comply with all laws, policies, and procedures of the fieldwork site, the Doctor of Occupational Therapy Program, Western New England University, state licensure boards, and the American Occupational Therapy Association;
- Demonstrate the standards of professional behavior outlined in the student manual, including HIPAA and the AOTA Code of Ethics;
- Demonstrate respectful interaction and communication with clients, peers, fieldwork educators, supervisors, and other individuals who are part of the fieldwork experience;
- Follow the chain of command at the fieldwork site for any fieldwork related problems or issues. Refer to the *Fieldwork Issues* section for details;
- Fulfill all tasks and duties assigned by the fieldwork educator and the DFEE within the specified timeframe;
- Utilize constructive feedback for personal and professional growth;
- Provide feedback regarding the fieldwork experience;
- Carry current health insurance, proof of completing health/immunization requirements of the program and fieldwork sites;
- Complete criminal background checks, fingerprinting, drug screening as required by fieldwork sites
- Inform DFEE of any conflict of interests;
- Provide documentation of fieldwork requirements by deadlines indicated by the assigned site;

- Provide required fieldwork documentation according to deadlines indicated by the assigned site;
- Research fieldwork sites via available resources prior to beginning of fieldwork placement in order to familiarize oneself with the facility, the populations served, and other available information;
- Arrange for out of state housing and travel if fieldwork is not in the student's geographic area of residence;
- Complete the AOTA Student Evaluation of Fieldwork Experience (SEFWE) from on completion of each 12- week affiliation (See APPENDIX L);
- Provide the DFEE with a copy of the original AOTA Student Evaluation completed by the fieldwork educator and signed by the student immediately upon completion of the fieldwork affiliation. Submit original copy of SEFWE immediately after completion of Level II fieldwork.

LEVEL TWO FIELDWORK: INTRODUCTORY PACKET

Six Weeks Prior to the start of the affiliation, the DFEE provides the site with a packet of information pertaining to the student who has been assigned to that site including:

- Fieldwork Confirmation Letter that acknowledges student agreement to attend the assigned fieldwork. This form will be maintained in the student's fieldwork file;
- Attestation letter confirming student has met all general, medical, and site specific requirements prior to starting level Two fieldwork, if requested by fieldwork site;
- AOTA Self-Assessment Tool for Fieldwork Educator Competency (See APPENDIX H);
- AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student (See APPENDIX K);
- AOTA Student Evaluation of Fieldwork Experience (See APPENDIX L);
- NEOTEC Site Specific Objectives Checklist (See APPENDIX M);
- AOTA Fieldwork Data Form (See APPENDIX P);
- Verification of any additional site-specific requirements as indicated in the Memorandum of Understanding with the fieldwork site;
- Internet link to CoreElms which is the database that retains all student specific information including:
 - OTD student's MyCred biography;
 - Personal Data Sheet (See APPENDIX Q) which has been completed by the student;
 - Copy of the Student's Basic Life Support for Healthcare Professionals 2 year CPR Certification: Certification must be current prior to the start of the first level II fieldwork and remain in effect through the conclusion of the fieldwork experience;

- Verification of training in Universal Precautions/Health Information for Health Insurance Portability and Accountability Act (HIPAA) (See APPENDIX R);
- CastleBranch Background Check;
- Evidence of WNE provided Liability Insurance coverage for students on fieldwork;
- Copy of executed fieldwork memorandum of understanding;
- Blood Borne Pathogens (Occupational Safety and Health Administration (OSHA) requirement for training that instructs students about general infection control principles and their management.

Additional site specific information may be requested by the site. Students are financially responsible for the costs of any required tests or procedures. Students are also responsible for any medical expense occurring during the fieldwork and doctoral experiential that is not covered by his or her insurance. Students with conditions that may affect their participation in fieldwork or the well-being of clients with whom they may interact are strongly encouraged to discuss this with the DFEE early in the planning process so that steps can be taken to ensure the safety and well-being of everyone involved.

LIVING ACCOMMODATIONS AND TRAVEL EXPECTATIONS DURING LEVEL II FIELDWORK

During the assignment process for matching OTD students with Level II fieldwork opportunities, every effort will be made to minimize the amount of time that will be required to commute from residence to fieldwork location. However, students may be expected to have a commute to their Level II Fieldwork of up to 90 minutes. Additionally, all costs associated with housing, travel, and site requirements will be the responsibility of the student.

COMMUNICATION PROTOCOL FOR FIELDWORK ISSUES

Collaboration and communication between the DFEE, fieldwork educator and OTD student is expected throughout Level II fieldwork. Standard communication regarding non urgent business should occur through email. Examples of non urgent business includes communication on fieldwork administration, requirements, and collaboration on paperwork. Urgent matters including issues with student performance, safety issues, and time sensitive matters should be conducted via telephone communications. In the event of an emergency only, the DFEE can be contacted via cell phone.

Regarding the chain of communication for fieldwork issues, OTD students are recommended to first attempt to address the issue with their respective fieldwork educator. If a mutually agreed upon solution does not occur, then the supervisor of the fieldwork educator should be contacted. In situations that cannot be addressed on site, the DFEE should be contacted via telephone communications. If the DFEE is unable to resolve the reported issue, then the Program Director of the OTD program should be contacted.

STUDENTS WITH DISABILITIES AND FIELDWORK EDUCATION

Students who believe they will require accommodations while on fieldwork are strongly encouraged to disclose their disability early in the academic program by contacting WNE Student Disability Services (<https://www1.wne.edu/student-disability-services/index.cfm>). Students will be required to submit appropriate documentation to receive specific accommodations. Student Disability Services will indicate the specific documentation that will be required; however, this documentation may include psychoeducational testing results, medical records, and educational records indicating a history of academic support services.

If a student will be seeking fieldwork accommodations, he/she should meet with the DFEE well before fieldwork placements have been assigned. Neither WNE nor the OTD program will disclose information regarding a student's disability status to fieldwork/experiential sites without written consent from the student.

Fieldwork sites are required to provide reasonable accommodations; however, students must be mindful of the demands of any particular fieldwork site and whether the accommodations they are requesting are "reasonable" to achieve entry-level practice independence at the site. The student will want to work closely with the DFEE and the WNE Student Disability Services Department to ensure that the setting and the accommodations are both appropriate and reasonable. If the student discloses his/her disability to representatives of the fieldwork setting, the representative is required to maintain confidentiality on medical/disability-related information with the following limited exceptions:

- The fieldwork educator may be notified of any necessary restrictions and/or accommodations
- First aid/safety personnel may be notified if the nature of the disability may require emergency treatment and/or response

EMPLOYMENT DURING FIELDWORK

Due to the academic rigor of the entry-level doctoral program, employment during Level II Fieldwork is not recommended or encouraged. Students should be aware that they may be required to use “after class” hours for special activities, fieldwork research, case preparation, and a variety of other tasks and/or events. In the event that a student elects employment in a non-professional occupational therapy-related capacity, he/she cannot use his/her program name badge or use “OTS” following his/her signature. In addition, the WNE liability insurance policy does not cover the student in this capacity.

COMPLIANCE

Students who refuse to comply with the program requirements as specified in the COPHS Student Handbook and the OT Student Handbook Supplement are ineligible to participate in curriculum-specific fieldwork/experiential learning activities, and thus may be dismissed from the program.

In addition to program requirements, students are also required to comply with any additional site-specific requirements prior to beginning fieldwork. Failure to comply with site-specific requirements by the site deadline imposed may result in a cancellation of the affiliation at this site. In the event that an affiliation is canceled due to student noncompliance with program or site-specific requirements, the program cannot guarantee a placement at an alternate site in the same fieldwork cycle. Furthermore, the program cannot assume responsibility for delays in completion of the program or eligibility to sit for the NBCOT exam if the student fails to accept or complete a scheduled fieldwork experience, or if the fieldwork site cancels a scheduled placement.

INTERNATIONAL FIELDWORK EXPERIENCES

The opportunity to complete fieldwork outside of the United States is permitted under ACOTE standards of Occupational Therapy education. Proposals from OTD students to complete fieldwork outside of the United States must be submitted in writing to the DFEE. For fieldwork outside the United States, supervision must be provided by an occupational therapist who graduated from an academic program that is approved by the World Federation of Occupational Therapists and has at least one year of practice experience [Standard C.1.19.]

HOLIDAYS AND SNOW DAYS

When WNE classes are canceled due to weather, Level I fieldwork students should not report to fieldwork unless explicitly instructed to do so through email or the CORE ELMS messaging center. During Level II fieldwork, all students are expected to make every reasonable effort to report to the fieldwork site for scheduled fieldwork hours unless instructed otherwise by the fieldwork educator or other site personnel. This policy applies to students attending Level II Fieldwork at local sites, even if WNE has canceled classes for the day. If travel to the facility is impossible, or if tardiness is unavoidable, the student should contact his or her fieldwork educator before the start of the scheduled hours to report the absence or delayed arrival. The student must also report such absences to the DFEE via email.

IMMUNIZATION COMPLIANCE WITH RELIGIOUS AND PERSONAL BELIEFS

The faculty and staff in the entry level OTD program at WNE will make every reasonable effort to support student beliefs and principles. In the event that an OTD student elects to defer receiving immunizations, vaccines or other medical requirements that are considered standard operating procedure for occupational therapy practice, OTD students must consider that this decision could impact access to fieldwork sites and may delay progression through the OTD program at WNE. Potential delays in progression through the OTD curriculum and graduation can occur. This is due to the fact that the number of fieldwork sites not requiring immunizations is very limited as the potential exposure to communicable disease from close contact with clients is considered common in occupational therapy practice.

LEVEL II FIELDWORK INTERVIEW TIPS

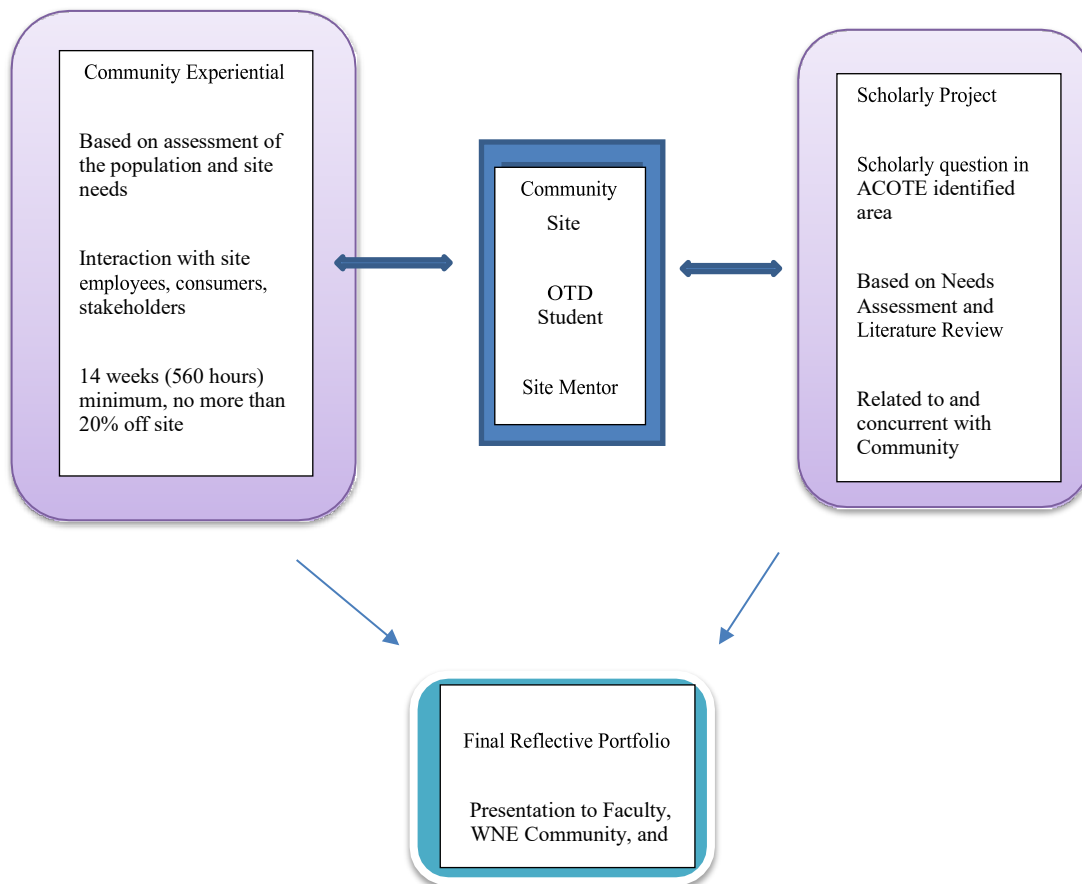
Frequently asked Level II fieldwork interview questions are as follows:

- What are your expectations for this fieldwork?
- What do you hope to learn in this placement?
- How do you learn best?
- Why did you choose occupational therapy as a profession?
- What are your long-term career goals/professional interests?
- Discuss some of the learning you have experienced on your previous fieldwork.
- Identify any theories/frames of reference relevant to occupational therapy in this setting.
- Identify your strengths and areas for growth.
- What are you looking for regarding supervision?
- Identify past experiences that may be relevant to the fieldwork experience.
- What motivates you? How do you handle stress?
- How do you orient and familiarize yourself when entering a new system?
- Is there anything that may interfere with your ability to perform the required tasks/duties?

Recommended questions for students to pose to prospective site/supervisor:

- Describe a “typical day” and week.
- What are site’s patient/client needs?
- How can student’s best prepare for this experience?
- What are the characteristics of successful students in this setting?
- What are the greatest rewards & challenges of being an occupational therapist at this site?
- Are there any follow-up administrative requirements prior to starting fieldwork?

OCCUPATIONAL THERAPY DOCTORAL EXPERIENTIAL



Adapted from the Pacific University Doctoral Experiential Manual, Accessed 6/18/2018 from <https://www.pacificu.edu/sites/default/files/documents/OTD%20Capstone%20Manual%20Revised%202016%20%28002%29.pdf>

Division of Occupational Therapy
Western New England University
Doctoral Experiential Manual

One of the most innovative aspects of occupational therapy entry-level education at the doctoral level is the “doctoral experiential component” of the curriculum. This new educational opportunity occurs after the traditional didactic and fieldwork components of the program have been completed. It is neither a traditional fieldwork experience nor is it a traditional research project. But, it has elements of both experiential education and scholarship/research. This individualized experience extends the OTD student’s education into community practice, program development, interprofessional practice, and collaborative supervision/mentorship. OT doctoral experiential projects truly have the potential to improve the practice of occupational therapy.

This section of the WNE OTD Student Handbook Supplement also serves as the Doctoral Experiential Manual. It describes the general policies and procedures for the Western New England University (WNE) entry-level Doctor of Occupational Therapy (OTD) program doctoral experiential, including the responsibilities of students, faculty mentors and site mentors. It is intended to provide guidance and direction through the doctoral experiential process.

Ellen Berger Rainville OTD, OTR, FAOTA

Assistant Program Director, Doctoral Experiential Coordinator, Professor

DOCTORAL EXPERIENTIAL: PURPOSE

The purpose of the Doctoral Experiential is for students to apply the knowledge and skills gained during their OTD academic courses and their Level I and II fieldwork experiences in ways that challenge and perhaps transform the delivery of health, educational, and social services. Through designing and implementing a community experiential and a scholarly project that specifically respond to the needs of a population and setting, students experience the roles of reflective practitioner, transformative leader, and innovative designer. The Doctoral Experiential is a complex interrelated field experience and scholarly project that is coordinated by a student, university and community team.

ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) STANDARDS

The profession of occupational therapy has only recently begun offering and accrediting entry level (first professional degree) doctoral programs. The newly developed accreditation standards emphasize leadership, advocacy, scholarship, consultation, and advanced practice as central to the doctorate in occupational therapy. These accreditation standards, the literature on graduate and professional education in occupational therapy and other professions, and collaborative consultation from other occupational therapy education programs form the basis for the development of our program and especially of our Doctoral Experiential.

The entry level (first professional degree) Doctor of Occupational Therapy (OTD) Program at Western New England University (WNE) has been designed to meet and exceed the standards set for OTD programs by the American Occupational Therapy Association (AOTA). Standards for the entry level OTD require a Doctoral Experiential Component. The WNE OTD program refers to this component as the Doctoral Experiential. This includes a Community Experiential and a Scholarly Project that have been designed to meet or exceed the following AOTA standards:

“ACOTE Standard C.2.0: The goal of the Doctoral Experiential component is to develop occupational therapists with advanced skills (those that are beyond a generalist level). The Doctoral Experiential component shall be an integral part of the program’s curriculum design and shall include an in-depth experience in one or more of the following: Clinical practice skills; Research skills; Administration; Leadership; Program & Policy Development; Advocacy; Education; Theroy Development.

- a. All students must successfully complete all coursework and Level II fieldwork and pass a competency requirement prior to the commencement of the Doctoral Experiential component. The program determines the specific content and format of the competency requirement. Examples of competency requirements include a written or oral comprehensive exam, NBCOT certification exam readiness tool, and/or the NBCOT practice exams.
- b. Ensure that the Doctoral Experiential component is designed and administered by faculty and provided in setting(s) consistent with the program’s curriculum design, including individualized specific objectives and plans for supervision.
- c. Require that the length of this Doctoral Experiential component be a minimum of 14 weeks (560 hours), consistent with the individualized specific objectives and culminating project. No more than 20% of the 560 hours can be completed outside of the mentored practice setting(s). Prior fieldwork or work experience may not be substituted for this experiential component.
- d. Ensure that the student is mentored by an individual with expertise consistent with the student’s area of focus. The mentor does not have to be an occupational therapist.
- e. Document a formal evaluation mechanism for objective assessment of the student’s performance during and at the completion of the Doctoral Experiential component (ACOTE, 2011).

DOCTORAL EXPERIENTIAL: DESCRIPTION

The WNE OTD Doctoral Experiential has two components. One, a *community experiential*, involves completing 14 weeks, or 560 hours at a community organization. Community organizations include hospitals, clinics, schools, health care, social service, advocacy, or educational organizations. Students will learn about the population and setting, the organization's strengths and challenges, and will participate in daily activities. Students will also conduct a *scholarly project* designed to answer a question generated from a needs assessment, literature review and collaboration with faculty, site and peer mentors. The intention of both the *community experiential* and the *scholarly project* are to establish a meaningful connection between University and community, to improve health, education, and social services, and to explore potentially transformative roles for occupational therapists.

The specific roles and responsibilities of the OTD student during the *community experiential* and the *scholarly project* are determined via an ongoing collaborative planning process and documented in a Doctoral Experiential Proposal. All student plans and activities must be within the limits of the practice act for their state. As OTD students will not have completed their professional educational program by the time they begin the *community experiential* and the *scholarly project*, they are not yet able to practice occupational therapy independently. Appropriate supervision and mentorship are built into the planning and implementation processes. Through this experiential form of education, students are expected to learn about themselves and their community, imagine and innovate in response to identified need, understand organizational development and function, and apply the skills and knowledge gained in the academic and fieldwork components of the OTD program

The WNE OTD Doctoral Experiential has three phases:

1. A preparatory phase which involves knowledge and skill building and the design of a *community experiential* and a *scholarly project*
2. A concurrent experiential and scholarship phase which involves implementation of what was proposed in the preparatory phase;
3. A dissemination phase which involves production and presentation of a reflective portfolio that reports on Doctoral Experiential components.

The preparatory phase occurs first, beginning in the second semester of the first year of the OTD program, and is synchronous with academic and Level I fieldwork courses. The experiential and scholarship phases may occur in sequence or simultaneously depending on the design of the project. The dissemination phase follows the completion of the doctoral *community experiential* and *scholarly project* and involves presentation(s) to a faculty panel, the WNE community, and the site organization.

In the preparatory phase, students learn the foundational research and evidence-based practice strategies to complete the Doctoral Experiential. At this stage, students learn to conduct a needs assessment and develop both a *scholarly project* proposal and a *community experiential* project plan. At the culmination of that phase, they present a written *Doctoral Experiential Proposal*, including a workplan with delineation of responsibilities and timelines for project completion, to a faculty panel for review and approval. The proposal will include, for the scholarly project: plans for ongoing review of the literature, a clearly stated research question, a methodology for answering that question, planned strategies for data collection and analysis, and, for the community experiential, a detailed outline of planned activities. A format (Appendix A) and detailed instructions for this proposal are provided by the WNE OTD program. This phase begins during the fall of the second year of the program in OTD 632 Doctoral Residency I: Needs Assessment and OTD 633 Doctoral Residency 1: Mentorship, and is completed during the spring semester of the second year of the OTD program in the course OTD 642 Doctoral Residency 2: Proposal Development and OTD 643 Doctoral Residency 2: Mentorship. Further refinement, planning, and development occurs during the summer or fall of the second year in OTD 662 Doctoral Residency 3: Research and Planning and OTD 663 Doctoral Residency 3: Mentorship.

The experiential and scholarship phases of the project will usually occur during the same time period as they are deeply connected activities. For example, a student group may have conducted a literature review and needs assessment related to homelessness in the Springfield area which reveals a need for support and education for care providers. Their proposal for the Doctoral Experiential would summarize these findings and then articulate a research question such as “Will an occupation based in-service training program increase the caregiving competencies and reduce stress for staff at homeless shelters and day programs?” The methodology would include a description of how the students will spend the required 560 hours of experiential learning at local homeless shelters, how they will design, provide and evaluate the occupation based in-service education program, how they will collect and analyze data about staff competencies and stress, and how they might best prepare (format) and present their project findings. The implementation of the proposal, including the 560-hour *community experiential* and the *scholarly project* will occur in the final semester of the third year of the program in OTD 780 Doctoral Residency 4: Implementation/Capstone and OTD 785 Doctoral Residency 4: Mentorship.

Students prepare for the dissemination phase beginning in the second year of the program as they finalize plans for their project(s), collaborate with their mentors, and begin to execute their Doctoral Experiential workplan. At that time, they will decide what is the best format to represent and disseminate their project results (i.e. Poster, PowerPoint presentation, Video, Lecture, Publishable Paper, etc.). This phase culminates in the preparation and presentation of a reflective e-portfolio, which includes a copy of the approved Doctoral Experiential proposal, the community experiential product, the scholarly product, a copy of their professional presentation, responses to reflective questions, references and resources. This e-portfolio is then presented to a faculty panel, the WNE community, and the site organization during the summer semester of the third year of the OTD program and is considered part of courses OTD 780 and OTD 785. Once completed, the student is eligible to graduate.

DOCTORAL EXPERIENTIAL: RELATIONSHIP TO THE OTD CURRICULUM

Similar to a tapestry, the WNE OTD curriculum design represents a series of interconnected conceptual themes (outer border), programmatic threads (inner border), and interwoven filaments (core), illustrated below:



These core components are exemplified in AOTA's Vision 2025, operationalized in the Occupational Therapy Practice Framework (AOTA, 2017), and codified in the Occupational Therapy Official Documents. The curriculum model is evident in all academic, lab, and field experiences offered by the program.

The WNE OTD curriculum has been designed so that didactic and fieldwork courses lead to and culminate in the Doctoral Experiential. The Doctoral Experiential directly links interprofessional practice and interprofessional education with scholarship. Collaboration with sponsoring sites for educational, clinical, and research based interprofessional projects promotes autonomy/identity, professional reasoning, management, leadership, research, and clinical/consultative skill, technology, health literacy, diversity and cultural competence, and population health.

The concepts of scholarship and community service that characterize the Doctoral Experiential are infused throughout the OTD curriculum. While much of the curriculum is oriented towards preparation for clinical occupational therapy practice, the Doctoral Experiential challenges students to integrate and apply course and field based knowledge in new ways, to be autonomous and self-directed as learners, and to collaborate with academic faculty and community partners to begin a lifelong practice as transformational occupational therapists.

Specific Doctoral Experiential courses and field experiences require students to learn about and practice assessment of needs, management of resources, collection, analysis and interpretation of data, presentation of information to others, and collaboration with University and community partners. These courses provide students with an in-depth, customized Doctoral Experiential and the opportunity to extend, refine, and hone the knowledge and skills garnered throughout the didactic and fieldwork components of the program. It also offers them an opportunity to transform the health care and educational environment as a result of their Doctoral Experiential.

As OTD students progress through the sequence of Doctoral Experiential courses, they design and then carry out their planned Doctoral Experiential Projects. Through an experiential placement at a community organization (*community experiential*) and a related *scholarly project*, they engage in learning experiences framed around the concepts of leadership, transformative learning, and interprofessional education and practice. Of the eight areas identified in the ACOTE standards, the WNE OTD will primarily focus on the ones that are *italicized* here: Clinical practice skills, Research skills, Administration, *Leadership*; or *Program and Policy Development*; *Advocacy*; *Education*; Theory Development.

Table 1 illustrates the course content and learning competencies of the OTD courses most closely aligned with the Doctoral Experiential and Table 2 lists possible Doctoral Experiential projects.

Table 1: WNE OTD COURSES DIRECTLY RELATED TO THE DOCTORAL EXPERIENTIAL

Year: Term	Course Number/Title	Course Content and Competencies
Year One: Spring	OTD 526 (2cr) Population Health & Interprofessional Practice (IPP) 1	Learn to: <ol style="list-style-type: none"> 1. Review the literature, 2. Explore strategies for needs assessment, 3. Identify population health needs, 4. Appreciate programs, activities and outcome measures 5. Understand health care behavior change theory, 6. Understand and impart population health and interprofessional practice (IPP) strategies, 7. Inform, engage and empower populations and IPP teams/practitioners

<p>Year One: Summer</p>	<p>OTD 536 (2 cr) Population Health & Interprofessional Practice 2</p>	<p>Learn to:</p> <ol style="list-style-type: none"> 1. Review the literature, 2. Identify specific strategies to conduct needs assessment, 3. Identify population health needs, 4. Delineate programs, activities and outcome measures 5. Explore program initiatives 6. Understand and impart population health and interprofessional practice (IPP) strategies, 7. Inform, engage and empower populations and IPP teams/practitioners
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Year: Term	Course Number/Title	Course Content and Competencies
	OTD 534 (2 cr) Research Process/Evidence-Based Practice 1	Learn to: <ol style="list-style-type: none"> 1. Explore the principles of human subject research 2. Appreciate the need for research in knowledge development and the breadth of research methodologies 3. Assess/establish evidence basis for practice using literature reviews, systematic reviews, and meta- analysis 4. Understand the research process, including <ol style="list-style-type: none"> a. defining the question, b. reviewing the literature, c. selecting methodologies, measurements and samples, d. analyzing and writing up research e. Procedures for assuring human subjects informed consent

<p>Year Two: Fall</p>	<p>OTD 626 (2 cr) Population Health & Interprofessional Practice 3</p>	<p>Learn to:</p> <ol style="list-style-type: none"> 1. Review the literature 2. Identify measures to conduct needs assessment, 3. Identify population health needs, 4. Delineate assessment tools, programs, activities and outcome measures 5. Discuss and envision program initiatives 6. Understand health care behavior change theory, 7. Understand and impart population health and interprofessional practice (IPP) strategies, 8. Inform, engage and empower populations and IPP
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	<p>OTD 624 (2 cr)</p> <p>Research Process/Evidence-Based Practice 2</p>	<p>Learn to:</p> <ol style="list-style-type: none"> 1. Discuss the principles of human subject and community research 2. Participate in the design of quantitative and qualitative research methodologies 3. Understand the selection of data analysis tools for qualitative and quantitative research 4. Develops skills in writing about research methodology for proposals and reports 5. Consider ways to report and display findings from research 6. Demonstrate the ability to summarize and interpret research findings. 7. Complete NIH Human Subject Training 8. Understand procedures for the Western New England University Institutional Review Board.
<p>Year Two Fall</p>	<p>OTD 630 (2 cr)</p> <p>Leadership: Needs Assessment and Program Development</p>	<p>Learn to:</p> <ol style="list-style-type: none"> 1. Develop a critical analysis of program strengths, weaknesses, opportunities, and threats, 2. Work collaboratively to conduct a needs assessment 3. Understand communities and community health 4. Consider how occupational therapy may be helpful in non-traditional service settings 5. Identify strategies for obtaining funding, i.e. grants

	<p>OTD 632 (1 cr)</p> <p>Doctoral Residency 1: Needs Assessment</p>	<p>Learn to:</p> <ol style="list-style-type: none"> 1. Identify possible populations and possible Doctoral Experiential facilities/site 2. Identify the objectives of a needs assessment 3. Develop various needs assessment instruments 4. Identify appropriate data analysis methods
	<p>OTD 633 (1 cr)</p> <p>Doctoral Residency 1: Mentorship</p>	<p>Work with faculty mentor and Doctoral Experiential group members to explore:</p> <ol style="list-style-type: none"> 1. Possible Doctoral Experiential topic areas, populations, and settings 2. Facility and site procurement 3. Structure and guidance for formulating needs assessment tools in various settings 4. Conduct evidence-based searches and literature reviews 5. Understand the responsibilities of faculty and site mentors and students in the Doctoral Experiential

<p>Year Two: Spring</p>	<p>OTD 646 (2 cr) Population Health and Interprofessional Practice 4</p>	<p>Learn to:</p> <ol style="list-style-type: none"> 1. Review the literature, 2. Identify measures to conduct needs assessment, 3. Identify population health needs, 4. Delineate assessment tools, programs, activities and outcome measures 5. Design program initiatives 6. Understand health care behavior change theory, 7. Understand and impart population health and interprofessional practice (IPP) strategies, 8. Inform, engage and empower populations and IPP teams/practitioners
	<p>OTD 642 (1 cr) Doctoral Residency 2: Proposal Development</p>	<p>In order to foster skills for developing proposals in multiple settings for multiple purposes, learn to:</p> <ol style="list-style-type: none"> 1. Practice writing a proposal, section by section, such as a grant proposal, a business plan and/or a program/administrative request 2. Create essential graphics such as timelines and growth charts 3. Practice adapting language and style to the target audience for your proposal 4. Develop and justify budgets and project return on investment 5. Practice acting as a consultant, giving and receiving constructive feedback

	<p>OTD 643 (1 cr)</p> <p>Doctoral Residency 2: Mentorship</p>	<p>Work with faculty mentor and Doctoral Experiential group members to:</p> <ol style="list-style-type: none"> 1. Identify and procure a facility/site at which they will complete the Doctoral Experiential Component/Residency. 2. Identify a site and a site mentor for the Doctoral Experiential project and begin to establish a Memorandum of Understanding and a mentorship agreement with that site. 3. Conduct a preliminary needs assessment and literature review which form the basis for a Doctoral Experiential project proposal 4. Write and present the proposal (using a format provided by the OTD program) to a faculty panel for approval, analyze the information 5. If possible, submit Institutional Review Board documents
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<p>Year Two: Summer or Year Three: Fall</p>	<p>OTD 662 (3 cr) Doctoral Residency 3: Research and Planning</p>	<p>Learn to:</p> <ol style="list-style-type: none"> 1. Update the literature review and needs assessment 2. Identify and consult with stakeholders to develop realistic project workplans 3. Articulate research questions which have meaning to the population and setting of your Doctoral Experiential 4. Develop procedures for including stakeholders in the design and implementation of the Doctoral Experiential 5. Develop outcome goals and objectives
	<p>OTD 663 (2 cr) Doctoral Residency 3: Mentorship</p>	<p>Work with faculty mentor, site mentor, and Doctoral Experiential group members to:</p> <ol style="list-style-type: none"> 1. Confirm the facility/site at which you will complete the Doctoral Experiential. 2. Develop attendance, task, and supervisory meeting schedules with your faculty and site mentors for the Doctoral Experiential project. 3. Continue to update the preliminary needs assessment and literature review which formed the basis for your Doctoral Experiential project proposal 4. Work with stakeholders to articulate outcome goals and objectives and develop a specific workplan and schedule for implementation of the Doctoral Experiential.
	<p>LEVEL II FIELDWORK</p>	<p>Six (6) months in OT Fieldwork Level II</p>

<p>Year Three: Spring</p>	<p>OTD 780 (10 cr) Doctoral Residency 4: Implementation/Cap stone</p>	<p>Work with faculty and site mentors to:</p> <ol style="list-style-type: none"> 1. Complete the evidence-based, interprofessional, community-based, Doctoral Experiential Residency, a 14-week/560-hour experience that implements a planned project at a specific community agency/facility. 2. Complete the scholarly component of your Doctoral Experiential Project, including obtaining necessary human subjects committee approvals, participant recruitment and informed consent, data collection and analysis, preparation of a final reports/products for both the experiential and capstone components of the Doctoral Experiential 3. Prepare a Doctoral Experiential e-portfolio that contains <ol style="list-style-type: none"> a. Approved Doctoral Experiential Proposal b. Experiential Product c. Scholarly Project Product d. Professional Presentation e. Reflective Questions f. Resources 4. Present the findings to participants, peers, and faculty.
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	<p>OTD 785 (2 cr)</p> <p>Doctoral Residency 4: Mentorship</p>	<p>Working with faculty and site mentors, the student will</p> <ol style="list-style-type: none">1. Communicate and collaborate regularly2. Provide reports and evidence of progress according to workplan3. Revise workplan as needed4. Complete both the experiential and scholarly components of the Doctoral Experiential5. Support site visits and meetings (online or in person)6. Document hours and activities and relevant communications7. Prepare the finished report for professional publication/dissemination.
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EXAMPLES OF DOCTORAL EXPERIENTIAL PROJECTS

Focus area	Problem Statement	Doctoral Experiential	Community Partner	Format of Final Project/ Product
Clinical Practice Skills	OT Practice in the Neonatal Intensive Care Unit (NICU) requires advanced clinical and interprofessional skills beyond entry level but there is little formal training for this area of practice	Work with OTR and other clinicians in Neonatal Intensive Care Unit (NICU) including participation in evaluation, intervention, consultation and research activities. Data collection on practice knowledge and skills	Baystate Health NICU	Module for teaching NICU knowledge and skills to entry level students in Allied Health
Research Skills	Is parent/teacher interview more accurate than child observation to determine levels of child motor development	Work in four local child development centers to support the development of challenging indoor and outdoor play. Collect data on motor development via interview and observation and conduct statistical analysis	YMCA Preschools	Academic paper (report) and Presentation for Preschool Enrichment Team
Administration	Can a University sponsored Clinic influence population health in an urban area?	Development of a Springfield Well Elderly home and center (OTD Wellness House) program to improve the health status of area seniors	Area Council on Aging	Academic paper (report) and written plans for program revision and continuation
Leadership	What do transformative leaders in health care identify as essential skills for new clinicians in Occupational Therapy	Using the Leadership Practice Inventory, transformative leaders in a large hospital system were identified. Focus Group data was collected about the future of health care and the skills they expect for entry level occupational therapists	Trinity Health Care System	Article manuscript for OT in Health Care
Program and policy development	Can occupational therapy services meet a distinct need in the service delivery system for people who are homeless?	Working with area agencies, develop a grant funded program to include occupational therapy services in the current caregiving system for people who experience homelessness	National Coalition for the Homeless, Friends of the Homeless	Grant proposal
Advocacy	Does the affordable care act protect individuals with disabilities?	Working in the offices of a local senators and representatives who sits on the health care and in the office of the Disability Law Center, identify pathways for effective care	State Legislature, Disability Law Center	Academic Report

DOCTORAL EXPERIENTIAL: STUDENT LEARNING OUTCOMES

OTD Students will demonstrate, through observed professional interactions and through reflective and professional writing, that they have become self-aware, self-determined learners, competent entry-level practitioners, and transformative leaders.

WNE OTD Curricular Theme or	As measured by
<u>Interprofessional Education/Practi ce</u>	Documentation of experience in collaboration for program or service delivery with professionals and/or members of consumer groups who are not occupational therapists. This includes being able to negotiate the role of occupational therapy as part of an interprofessional team.
<u>Population Health</u>	Documentation of a needs assessment for a particular population and using said assessment as the foundation for planning a successful Doctoral Research and Residency Project. Additional evidence will include feedback from consumers that indicate the impact of the project on the population they represent.
<u>Technology and Health Literacy</u>	Demonstrated proficiency with the use of personal computers, learning platforms, electronic health records and assistive technology sufficient to fully document the Doctoral Research and Residency Project for WNE as well as for members of the population served by that project.
<u>Diversity and Cultural Competence</u>	Recognize and be able to describe the diverse systems of service delivery that are most cost effective and considerate for health, social, and educational settings, both traditional and nontraditional. Through both clinical and reflective writing, be able to articulate a sensitivity to cultural, linguistic, and other diversities and describe solutions for care disparities.
<u>Leadership</u>	Documentation of the ability to work with others to identify meaningful objectives, organize, manage, and motivate people and resources, communicate effectively, and oversee action to accomplish stated program or service goals.
<u>Clinical Excellence</u>	Through both clinical and reflective writing, be able to articulate the therapeutic/ clinical reasoning (procedural, interactive, narrative, ethical, scientific, pragmatic) process that they use during planning, delivery and evaluation of population-based and evidence-driven occupational therapy services. Demonstrate the ability to implement, in existing programs, and plan for in developing programs, an occupational therapy process that is occupation-based, client-centered, culturally sensitive, and ethically appropriate
<u>Scholarship</u>	Documentation of an experiential and scholarly project that reflects the literature in the field and uses responsive, ethical methods. The scholarly process and results should be made accessible to the college and the community, especially to the population served by the project. A report of the project, presented in a professional format that others can replicate or build upon, will be evidence of accomplishment.
<u>Autonomy/ Identity</u>	Through both clinical and reflective writing, be able to articulate a clear awareness of their own personal and professional strengths and boundaries and identify supports and strategies for goal achievement.

DOCTORAL EXPERIENTIAL ADMINISTRATION AND SUPERVISION

The WNE OTD Doctoral Experiential is accomplished through a mentorship model. This is defined in the 2011 ACOTE standards as:

“... a relationship between two people in which one person (the mentor) is dedicated to the personal and professional growth of the other (the mentee). A mentor has more experience and knowledge than the mentee. (p.38)”

Each OTD student has a WNE OTD Faculty Mentor, a Site Mentor, and Peer Mentors (other students in their mentorship group) for their Doctoral Experiential. In the Spring semester of the first year of the OTD program, the Faculty Mentor identifies an area of scholarly interest and/or clinical expertise that will frame the selection of Doctoral Experiential projects. Students then indicate their preferences for topic area(s) and/or faculty mentor(s) and they are assigned to a mentorship group. Each faculty member is responsible for a mentorship group (3 – 5 students) throughout their Doctoral Experientials. They work together to develop, implement, and evaluate Doctoral Experientials that are independent and individual but that are also related to each other and to the overall topic area. The WNE OTD program believes that the collective, coordinated effort of a small group of students will have a more profound impact than the efforts of one student alone.

The OTD Leadership Team (Department Chair/Program Director, Assistant Program Director, and Academic Fieldwork Coordinator) is responsible for administration and management of the OTD program, including the Doctoral Experiential. The specific responsibilities of the WNE OTD Assistant Program Director include service as the Doctoral Experiential Coordinator. Primary advisory responsibility for each individual Doctoral Experiential resides with the assigned OTD faculty member who is referred to as the faculty mentor (may or not be the student’s academic advisor) and a site mentor who represents the community/agency partner.

The WNE OTD Doctoral Experiential Coordinator and the WNE OTD Faculty Mentor will review the Site Mentor Qualification Form (Appendix C) and curriculum vitae or resume establishing qualification to serve as Site Mentor. This review will evaluate expertise in the area of the student’s project focus as well as their experience, education, and professional activities that are evidence of qualification. Once qualification has been established and the Site Mentor has agreed to serve, a Memorandum of Understanding (Coming soon...) will then be negotiated with the site and a Doctoral Experiential Mentorship Agreement (Appendix D) will be completed. This document outlines the objectives for the Doctoral Experiential and the respective responsibilities of student and mentor(s).

This will take place approximately one year before the Doctoral Experiential will be implemented.

This allows sufficient time to plan for the details of both the experiential and the scholarly components. A preliminary proposal is written during the spring semester of the second year of the OTD program. The Site Mentor is expected to collaborate with the student and faculty mentor to design projects that will support the work of the site as well as that of the student. The responsibilities of the Coordinator, the Mentors and the student are described here.

DOCTORAL EXPERIENTIAL: COORDINATOR

The responsibilities of the Assistant Program Director/Doctoral Experiential Coordinator include:

1. Coordinating and overseeing the development of Doctoral Experiential Policies and Procedures;
2. In consultation with the WNE Attorney and the Director of Fieldwork/Experiential Education, development and negotiation of the Doctoral Experiential Memorandum of Understanding/Agreement;
3. Reviewing the CV, resume and supporting documents of site mentors to verify that the site mentor is qualified to serve. This ensures that the student is mentored by an individual with expertise consistent with the student's area of focus. This individual may or may not be an occupational therapist;
4. Coordination and collaboration with University, College, Division, and Program administrators, faculty and staff to assure that the Doctoral Experiential Program follows the appropriate rules and procedure;.
5. Plan and convene Doctoral Experiential meetings, including training;
6. Develop and maintain communication systems for collaboration and accountability;
7. Oversee the Doctoral Mentorship courses and the Doctoral Experiential;
8. Oversee the development and presentation of Doctoral Experiential portfolios;
9. Evaluate and report the outcomes of the Doctoral Experiential.

DOCTORAL EXPERIENTIAL: FACULTY MENTOR

The Faculty Mentor is a WNE OTD faculty member who has expertise in an identified area(s). They are matched with and responsible for supervision and mentorship of a small group of students throughout the Doctoral Experiential. In the fall semester of the second program year, students are assigned an OTD faculty member to serve as the Doctoral Experiential faculty mentor. Assignment reflects the alignment of faculty expertise and student interests as well as compatibility of learning and

supervision styles. Student Doctoral Experiential teams may, on occasion, find it helpful to informally consult with other faculty or community members in areas of their expertise or experience. The faculty mentor is responsible to:

1. Coordinate Doctoral Experiential group supervision meetings with students who have registered for the assigned Doctoral Mentorship sections;
2. Oversee the conceptualization and development of each group members Doctoral Experiential proposal, including oversight, review, final approval and grading of the implementation project;
3. Participate in recruitment of and negotiation with community partners regarding site and mentorship agreements and detailed plans for roles, responsibilities, schedules and communication plans for the Doctoral Experiential;
4. Communicate and provide feedback regularly to the team, especially the students, in person, or via Skype, telephone, email or other methods;
5. Collaborate with the site mentor and leadership team on any concerns regarding student performance, site management, etc.;
6. Oversee the implementation of the Doctoral Experiential work plan using evidence-based mentoring and teaching strategies;
7. Evaluate the student's performance and progress at midterm (@ 7 weeks) and at the end of the Doctoral Experiential using the *Doctoral Experiential Learning Plan and Evaluation* (Appendix E);
8. Support, review and finally approve the report and presentation of the project outcomes and findings, and grading of the mentorship and implementation courses.

DOCTORAL EXPERIENTIAL: STUDENT

The Doctoral Experiential Student is a WNE OTD student in good standing who actively participates in the Doctoral Experiential mentorship process while completing all of the academic and fieldwork requirements of the program. Following completion of these requirements, the student registers for and participates in an individualized Doctoral Experiential as described in their proposal and other relevant documents.

1. Complete all required academic classes and fieldwork prior to beginning the *community experiential* portion of the Doctoral Experiential;
2. Assume a leadership role for the Doctoral Experiential, demonstrating respectful interaction and communication with fellow students, community partners, faculty and community mentors and other individuals who are part of the Doctoral Experiential;
3. Develop and maintain a structure for working with your team to conduct and complete your Doctoral Experiential. This should include clearly delineated responsibilities and timelines, both individual and group;
4. Demonstrate a professional approach to the Doctoral Experiential, including effective time management, observing deadlines, initiating, reading and responding to communications from the Doctoral Experiential team and other members of the OTD Program and WNE, and taking responsibility for your own skills and career development;
5. Actively participate in all aspects of the Doctoral Experiential, including:
 - a. Developing a proposal and work plan;
 - b. Negotiating a community partnership specific to your individual project;
 - c. Finding and using appropriate resources;
 - d. Completing all necessary forms and assurances;
 - e. Arranging for transportation, housing, and other supports as needed to conduct the Doctoral Experiential;
 - f. Completing 560 hours (14 weeks full-time) of doctoral experience, at least 80% of which (448 hours) must be completed at the doctoral experience site. Absences must be made up to ensure 560 hours of doctoral experience;
 - g. Arranging and maintaining communication systems for regular information and consultation with your faculty and community mentor(s);
 - h. Obtaining Institutional Review Board (IRB) review and approval as needed;
 - i. Conducting a scholarly project, including collecting, managing, and analyzing of data as proposed;
 - j. Preparing and presenting a final reflective portfolio that reports the project outcomes/findings.
6. Comply with all laws, policies, and procedures of the Doctoral Experiential Residency site, the Doctor of Occupational Therapy Program, Western New England University, state licensure boards, and the American Occupational Therapy Association;

7. Demonstrate the standards of professional behavior outlined in this WNE OTD student manual, including HIPAA/FERPA, OSHA, patient rights and the AOTA Code of Ethics;
8. Evaluate the Doctoral Experiential mentors and site to help continue to improve educational outcomes (Appendix F).

DOCTORAL EXPERIENTIAL: SITE MENTOR

The Doctoral Experiential Site Mentor is the liaison and coordinator representing the Doctoral Experiential site. Their expertise not only in the work of the experiential site organization, but also in the topic area of the *community experiential* and *scholarly projects* has been documented and evaluated. The Doctoral Experiential Site Mentor is selected during the OTD 643 Mentorship in the Spring of the second year of the OTD educational program. The Doctoral Experiential Site Mentor responsibilities are to:

1. Agree to work with Western New England University OTD program, including the identified faculty mentor and OTD student(s) for the duration of the Doctoral Experiential, including providing site orientation and delineating mentorship and student responsibility at their community/agency site location(s);
2. Collaborate with the faculty mentor to guide the student(s) through the needs assessment component of the project proposal, to oversee its implementation and to collaborate in managing any problems which may arise;
3. Provide guidance on the logistics of completing the Doctoral Experiential at the site, including scheduling for the student, on-site support and supervision, and arranging access to necessary resources;
4. Collaborating with the faculty mentor to evaluate the student's on-site performance and progress at midterm (@ 7 weeks) and at the end of the Doctoral Experiential using the *Doctoral Experiential Learning Plan and Evaluation* (Appendix E) and the final project report (portfolio) and presentation;
5. Actively participate in regular communication with the other OTD students in your group and your faculty mentor in person, virtually (Skype, Adobe Connect, etc.), by email or other means, including giving both verbal and written feedback on implementation and documentation;
6. Develop and maintain a system for documenting students' experiential hours on site and the tasks and activities accomplished during those hours (as identified in the workplan);
7. Provide a written evaluation (in a format provided by the WNE OTD program) of each

student's work, including on and off-site activities for the Doctoral Experiential, at midterm and at the end of the experiential.

DOCTORAL EXPERIENTIAL: LOGISTICAL PREPARATION

The University will determine the dates for the Doctoral Experiential. The location should be close enough to the University or easy enough to access by transportation, that the Faculty Mentor can easily visit the Site before, during and/or after the Doctoral Experiential. It is important for the WNE OTD program to have on site presence at Doctoral Experiential Sites in order to promote ongoing collaborations and sustainable site options. The recommendation is that the site be within one to two hours of the University if possible. The WNE OTD Leadership Team, given unusual circumstances or opportunities, may grant exceptions.

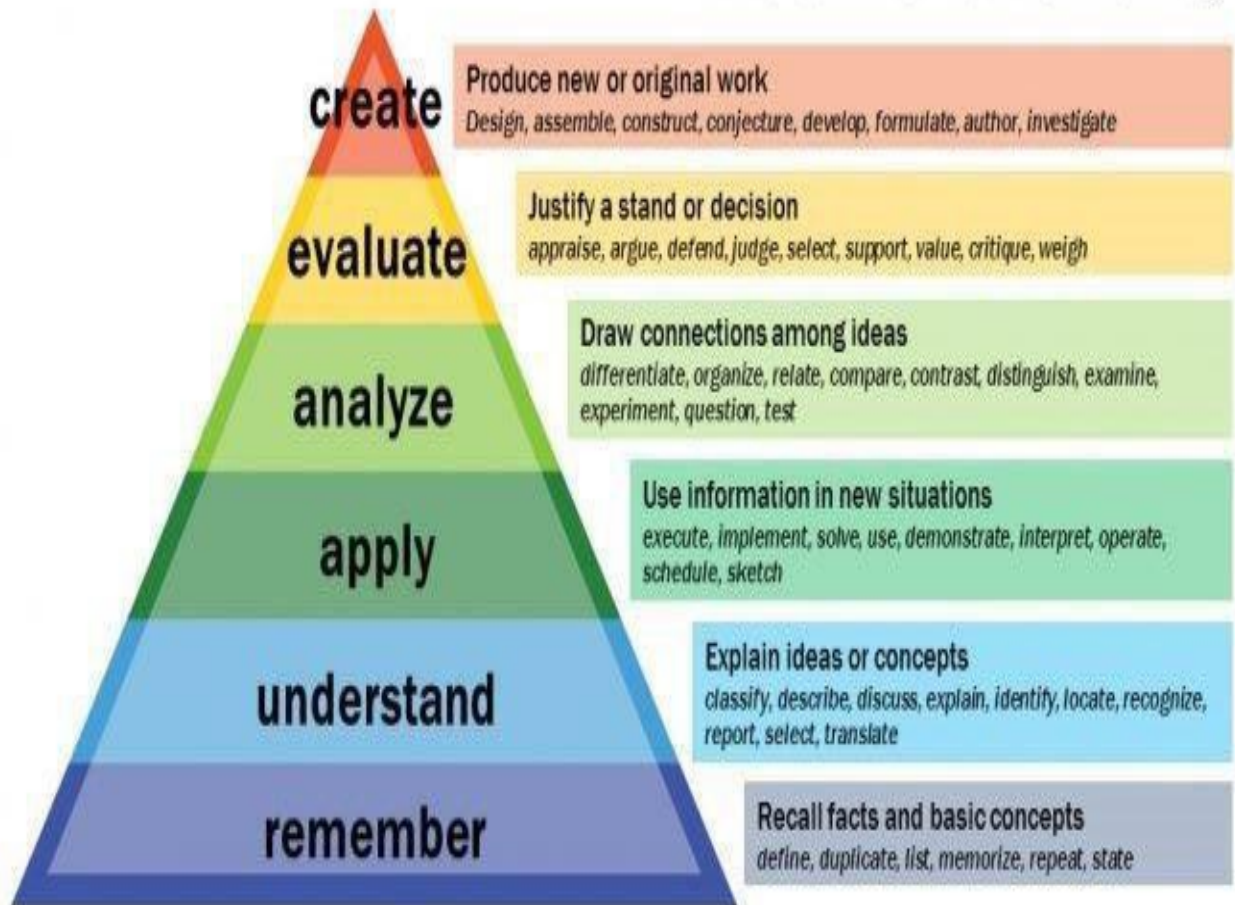
DOCTORAL EXPERIENTIAL: PORTFOLIO AND PRESENTATION

Students will receive specific instructions over the course of Doctoral Experiential planning and implementation. The Final Reflective E-Portfolio will have the following sections; Approved Proposal, Community Experiential Product, Scholarly Project Product, Professional Presentation (i.e. PowerPoint, Video, Poster, etc.), Reflective Questions, References, Appendices. The portfolio will be presented for review, approval, and grading following completion of the Doctoral Experiential.

ACKNOWLEDGMENTS

This Doctoral Experiential Manual draws heavily upon the expertise, resources, and publications of the following entry level occupational therapy doctoral programs; Boston University Sargent College, Duquesne University, Mass General Hospital Institute for Health Professions, The Ohio State University, and Pacific University

Bloom's Taxonomy



Vanderbilt University Center for Teaching

Universal Design for Learning Guidelines

I. Representation

Use multiple means of representation

1. Provide options for perception

- Options that customize the display of information
- Options that provide alternatives for auditory information
- Options that provide alternatives for visual information

2. Provide options for language and symbols

- Options that define vocabulary and symbols
- Options that clarify syntax and structure
- Options for decoding text or mathematical notation
- Options that promote cross-linguistic understanding
- Options that illustrate key concepts non-linguistically

3. Provide options for comprehension

- Options that provide or activate background knowledge
- Options that highlight critical features, big ideas, and relationships
- Options that guide information processing
- Options that support memory and transfer

II. Expression

Use multiple means of expression

4. Provide options for physical action

- Options in the mode of physical response
- Options in the means of navigation
- Options for accessing tools and assistive technologies

5. Provide options for expressive skills and fluency

- Options in the media for communication
- Options in the tools for composition and problem solving
- Options in the scaffolds for practice and performance

6. Provide options for executive functions

- Options that guide effective goal-setting
- Options that support planning and strategy development
- Options that facilitate managing information and resources
- Options that enhance capacity for monitoring progress

III. Engagement

Use multiple means of engagement

7. Provide options for recruiting interest

- Options that increase individual choice and autonomy
- Options that enhance relevance, value, and authenticity
- Options that reduce threats and distractions

8. Provide options for sustaining effort and persistence

- Options that heighten salience of goals and objectives
- Options that vary levels of challenge and support
- Options that foster collaboration and communication
- Options that increase mastery-oriented feedback

9. Provide options for self-regulation

- Options that guide personal goal-setting and expectations
- Options that scaffold coping skills and strategies
- Options that develop self-assessment and reflection



Entry-level Doctor of Occupational Therapy Program

Division of Occupational Therapy

Professional Curriculum		Year One		Credit Total: 43				
FALL 2017		SPRING 2018		SUMMER 2018				
OTD500	Occupational Science/Occupational Therapy	2	OTD519	Clinical Neuroscience	3	OTD530	Children & Youth Practice 1	4
OTD505	Neuroanatomy/Neurophysiology	3	OTD520	Therapeutic Use of Self and Group Interventions	3	OTD534	Research Process/Evidence-based Practice 1	2
OTD510	Kinesiology	3	OTD522	Adult & Aging Practice 2	4	OTD536	Population Health & Interprofessional Practice 2	2
OTD511	Evaluation: Theory & Assessment Measures	2	OTD524	Adults & Aging Practice 3	4	OTD538	Level IC Fieldwork	1
OTD512	Evaluation: Occupational Profile & Analysis of Occupations	2	OTD526	Population Health & Interprofessional Practice 1	2			
OTD514	Adult & Aging Practice 1	4	OTD528	Level IB Fieldwork	1			
OTD518	Level IA Fieldwork	1						
TOTAL:		17	TOTAL:	17	TOTAL:			9

Professional Curriculum		Year Two		Credit Total: 36				
FALL 2018		SPRING 2019		SUMMER 2019				
				GROUP 1				
OTD614	Children & Youth Practice 2	4	OTD640	Adult & Aging Practice 4	4	OTD660	Leadership in a Global Health Marketplace	2
OTD624	Research Process/Evidence-based Practice 2	2	OTD642	Doctoral Residency 2: Proposal Development	1	OTD661	Advanced Seminar: Future Trends in Practice	2
OTR626	Population Health & Interprofessional Practice 3	2	OTD643	Doctoral Residency 2: Mentorship	1	OTD662	Doctoral Residency 3: Research & Planning	3
OTD630	Leadership: Needs Assessment and Program Development	2	OTD646	Population Health & Interprofessional Practice 4	2	OTD663	Doctoral Residency 3: Mentorship	2
OTD632	Doctoral Residency 1: Needs Assessment	1	OTD647	Preparation for Professional Practice	2			
OTR633	Doctoral Residency 1: Mentorship	1	OTD648	Management in Changing Health Care Contexts	2	GROUP 2		
OTD638	Level ID Fieldwork	1	OTD658	Level IE Fieldwork	1	OTD675	Level II-2 Fieldwork	9
			OTD659	Comprehensive Exam	1			
TOTAL:		13	TOTAL:	14	TOTAL:			9

Professional Curriculum		Year Three		Credit Total: 30				
FALL 2019		SPRING 2020		SUMMER 2020				
GROUP 1								
OTD675	Level II-1 Fieldwork	9	OTD775	Level II Fieldwork	9	OTD780	Doctoral Residency 4: Implementation/Capstone	10
					OTD785	Doctoral Residency 4: Mentorship	2	
GROUP 2								
OTD660	Leadership in a Global Health Marketplace	2						
OTD661	Advanced Seminar: Future Trends in Practice	2						
OTD662	Doctoral Residency 3: Research & Planning	3						
OTD663	Doctoral Residency 3: Mentorship	2						
TOTAL:		9	TOTAL:	9	TOTAL:			12
TOTAL PROGRAM CREDITS: 109								

Prerequisite Coursework **Credit Total: 25**

- Human Anatomy and Physiology (8 Credits); and
- Physics or Chemistry (4 Credits); and
- Introduction to Sociology or Social Psychology (3 Credits); and
- Developmental Psychology (3 Credits); and
- Abnormal Psychology (3 Credits); and
- Biological, Psychological, Mathematical or Educational Statistics (3 Credits)
- Medical Terminology (1 Credit)

500	<p>OTD 500 - Occupational Science/Occupational Therapy (2 crs.) Prerequisite: Admission to the OTD program</p> <p>This course introduces key concepts related to occupational therapy and occupational science, including the study of the role of occupation in the profession and the innate desire for humans to engage in meaningful and purposeful occupations throughout life. In addition, the history and guiding philosophy of occupational therapy, the principles and theories guiding practice, and the roles and responsibilities of the occupational therapy practitioner will be introduced. Key legislation, and professional documents, including the OT Practice Framework, Code of Ethics, Standards of Practice, etc., will be introduced and established as frameworks for practice. Requirements for licensure and certification will also be introduced.</p>
505	<p>OTD 505 - Neuroanatomy and Neurophysiology (3 crs.) Prerequisite: Admission to the OTD program</p> <p>This course covers the anatomy and physiology of the adult nervous system as a foundation for the evaluation, interpretation, and treatment of clients with disorders of the nervous system. The basic structure and function of the nervous system will be covered, with an emphasis on the implications of neurological impairments and the role of occupational therapy in addressing dysfunction in occupational performance.</p>
510	<p>OTD 510 - Kinesiology (3 crs.) Prerequisite: Admission to the OTD program</p> <p>This course introduces the concepts of biomechanics and kinesiology as they relate to human movement. The anatomical, physiological, and mechanical principles of movement will be analyzed and evaluated relative to occupational performance. Students will conduct physical and occupational analyses of human movement using biomechanical methodologies including goniometry, manual muscle testing, as well as grip and pinch measurements. Students will examine major joint movements and consider the physical forces that influence human movement. The course material will be presented in lecture/laboratory format and be supplemented with hands-on sessions, practicing skills with peers, using anatomical models, skeletal material, and online videos.</p>
511	<p>OTD 511 - Evaluation: Theory and Assessment Measures (2crs.) Prerequisite: Admission to the OTD program</p> <p>In this course, students will be introduced to general concepts related to the theory and development of assessment tools/measures used for occupational therapy evaluation. Students will learn about various types of assessment tools and methods (standardized, non-standardized, ethnographic, interview, observation, survey/questionnaire, etc.), as well as the psychometric properties of and methodological research for assessment tools. Through the use of case studies, students will understand the use of clinical reasoning in the choice of assessment strategies and tools. Principles of administration and scoring will be covered, as well as challenges in the use of specific measures, including cultural bias. Students will practice interpreting test results and writing sections of an evaluation.</p>

512	<p>OTD 512 - Evaluation: Occupational Profile and Analysis of Occupations (2 crs.) Prerequisite: Admission to the OTD program</p> <p>This course focuses on using a top-down approach to evaluation by assessing the client’s abilities to engage in desired roles and activities in their primary environments (home, school, work and the community). Students will learn methods of gathering client occupational profiles using specific measures (COPM, PEGS, etc.) that are designed to understand the meaning of occupation in maintaining occupational identity, the function and purpose of specific occupations, the form that occupation takes, and occupational performance components related to functional participation. Students will learn to identify meaningful occupations, as well as the barriers to participation in these occupations through activity analysis. Students will design therapeutic interventions that include both preparatory and occupation-based strategies. Throughout this course, students will learn to grade/adapt activities to meet client-specific goals and abilities.</p>
514	<p>OTD 514 - Adult & Aging Practice (4 crs.) Prerequisite: Admission to the OTD program</p> <p>This course is focused on evaluation and intervention in medical, rehabilitation, and post-acute settings for patients/clients with medical and neurological diagnoses and conditions. Theories and models of practice appropriate to diagnosis and practice setting guides the selection and use of evidence-based assessment tools, intervention methods, and assistive technology. The course also stresses ethical practice and the use of precautions with this population in these settings, as well as screening, evaluation, intervention, documentation, and discharge appropriate to setting and client’s occupational needs. Content relevant to legislative, legal, political, economic, and management/billing considerations for these service delivery areas is also covered.</p>
518	<p>OTD 518 - Level IA Fieldwork (1 cr.) Prerequisite: Admission to the OTD program</p> <p>Level I fieldwork is an integral part of the curriculum design woven in with the didactic components of the program. Level I fieldwork provides students with the opportunity to work with individuals across the lifespan in a variety of settings. OTD 518 will include clinical observations of adults in acute care hospitals/medical centers and post-acute facilities. During faculty-led, on- and off-site fieldwork experiences, students will complete learning activities in order to assess their understanding and comprehension of the OTD didactic coursework. Activities and assignments will coincide with OTD 500, 510, 511, 512, and 514.</p>
519	<p>OTD 519 - Clinical Neuroscience (3 crs.) Prerequisite: OTD 505</p> <p>This course will provide a comprehensive study of the neural systems that underlie human perception, emotion, memory, and attention; and of the pathological disorders that result from damage to these systems. Following a review of neural cell physiology and neuroanatomy, the course will focus on the manner in which basic cognitive behavioral processes are disrupted due to neurodevelopmental, or neurodegenerative disorders, or subsequent to brain injury. Current diagnostic methods will be examined, including an examination of how to interpret research/clinical findings and detect inherent limitations.</p> <p>The course will culminate with the preparation and presentation of a neurobehavioral case study. Through this assignment, the students will learn to read and comprehend articles from a variety of scientific journals and integrate literary sources from physiological and behavioral approaches centered on a common clinical topic.</p>

520	<p>OTD 520 - Therapeutic Use of Self and Group Interventions (3crs.) Prerequisite: Fall 1 - OTD 500, OTD 505, OTD 510, OTD 511, OTD 512, OTD 514, OTD 518</p> <p>This course focuses on group and individual treatment methodologies in mental health and cognitive settings. Using the OTPF-3 as a guide, students will learn a variety of psychosocial treatment methods, including those addressing the areas of social skills, relaxation, cognition, sensory processing, and other areas. Group dynamics/group development is also emphasized, including group stages, leadership roles, conflict resolution, and problem solving. Therapeutic use of self is woven throughout the course as a therapeutic tool in occupational therapy. The nature of the material discussed in class may bring up personal feelings and experiences. For this reason, confidentiality is essential and each class member is expected to show respect for the ideas and beliefs of others.</p>
522	<p>OTD 522 - Adult & Aging Practice 2 (4 crs.) Prerequisite: OTD 514</p> <p>This course focuses on evaluation and intervention appropriate for inpatient and outpatient rehabilitation settings for patients/clients with motor and orthopedic diagnoses and conditions. Theories and models of practice appropriate to the diagnosis and practice setting guides the selection and use of specific assessment tools and evidence-based intervention methods including modalities, orthotics, and prosthetics. The course also stresses ethical practice and the use of precautions with this population, in these settings, as well as intervention planning, implementation, documentation, and discharge appropriate to the setting and client occupational needs. Content relevant to legislative, legal, political, economic, and management/billing considerations for these service delivery areas is also covered.</p>
524	<p>OTD 524 - Adult & Aging Practice 3 (4 crs.) Prerequisite: OTD 514</p> <p>This course is focused on training students about evaluation and evidence-based interventions, appropriate for patients/clients of different cultures, throughout the lifespan, who have mental health diagnoses and conditions. Students learn to apply theories and models of practice, as well as social or community supports, to meet client occupational needs and reduce social and institutional barriers to performance and participation. They learn to apply these theories and models of practices to ethical practice related to intervention planning, implementation, documentation, and discharge appropriate to hospital and community mental health settings. Concepts that underlie much of the material of the course include the pervasive impact of trauma, a client-centered and individualized definition of recovery, and the inter-related impact of cognition and emotions on occupational performance. The course includes role-playing activities to enhance communication skills and exposure to the use of technology in evaluation and treatment. The course also covers the positive and negative effects of medication on cognition and occupational performance. Content relevant to legislative, legal, political, economic, and management/billing considerations for these service delivery areas is also covered.</p>

526	<p>OTD 526 - Population Health & Interprofessional Practice 1 (2 crs.) Prerequisite: Fall 1 - OTD 500, OTD 505, OTD 510, OTD 511, OTD 512, OTD 514, OTD 518</p> <p>This course introduces the basic concepts of population health and focuses on physical and mental health issues in the adult and aging population as the basis for fostering a transformation within the health care continuum, i.e. acute care practice in hospitals; post-acute care in inpatient and outpatient rehabilitation centers, and skilled nursing facilities; primary care in community-based settings; and home health. Content correlates with OTD 514, 522, and 524. Populations studied include Veterans with PTSD; workers with acquired injuries; individuals with substance abuse, clients with memory impairment including concussion, and rural communities and populations with access to care challenges, etc. Students review the literature on interprofessionalism, develop tools for guiding the formation of interprofessional teams, identify questions to initiate needs assessments, design program initiatives, and recommend methods for achieving optimum interprofessional practice outcomes within existing settings.</p>
528	<p>OTD 528 - Level IB Fieldwork (1 cr.) Prerequisite: OTD 518</p> <p>Level I fieldwork is an integral part of the curriculum design woven in with the didactic components of the program. Level I fieldwork provides students with the opportunity to work with individuals across the lifespan in a variety of settings. OTD 528 will include clinical observations of adults and adolescents in, but not limited to, alternative high school, dementia care facilities, independent and assisted living facilities, and acute mental health, specifically focusing on the psychosocial components of their care. During faculty-led, on- and off-site fieldwork experiences, students will complete learning activities in order to assess their understanding and comprehension of the OTD didactic coursework. Activities and assignments will coincide with OTD 520, 522, and 524.</p>
530	<p>OTD 530 - Children & Youth Practice 1 (4 crs.) Prerequisite: OTD 522 and OTD 524</p> <p>The focus of this course is on occupational therapy evaluation and intervention for children from newborn to age five years. Developmental and ecocultural theories and models of sensory processing, neurodevelopment, and learning are examined as appropriate to child and caregiver needs and practice settings. Students will explore the occupations of children and caregivers, as influenced by health and wellness, illness, disability, context, and environment, in medical, early intervention, preschool, and home settings. Students will learn how theory guides the selection and safe use of assessment tools, intervention methodologies, assistive technology, and the choice of social or community supports. This course also addresses legislation and ethics in pediatric practice.</p>

534	<p>OTD 534 - Research Process/Evidence-Based Practice 1 (2 crs.) Prerequisite: Spring 1 - OTD-519, OTD-520, OTD-522, OTD-524, OTD-526, & OTD-528</p> <p>This course is the first of two courses on the research process and evidence based practice (EBP). The two courses will explore the principles of human subject research, the necessity for research in knowledge development, and breadth of research methodologies. In this first course of the series, students will learn to transform clinical problems, departmental issues, legislative concerns or advocacy opportunities, and population needs into researchable questions. The course has three principal foci: 1) assessing/establishing evidence bases for practice using databases, systematic literature reviews, meta analyses, and validity/reliability assessment of research, 2) understanding the research process, from defining the research question; performing literature reviews; selecting methodologies, measurements, and samples; to analyzing and writing up research; and 3) securing funding and human subjects authorization for research.</p>
536	<p>OTD 536 - Population Health & Interprofessional Practice 2 (2 crs.) Prerequisite: OTD 526</p> <p>This course focuses on the area of population health as it relates to developmental, physical, and psychosocial issues for the population of infants, young children, and their caregivers as the basis for fostering a transformation within the health care continuum. Settings include acute, post-acute care and rehabilitation in hospitals and inpatient and outpatient rehabilitation centers, early intervention programs, pre-school settings and transitions and communication across the settings. Populations studied include children with congenital and chronic disabilities, acute care condition; terminal diagnoses, and other medically-based conditions. Students review the literature on interprofessionalism, develop tools for guiding the formation of interprofessional teams, identify measures to conduct needs assessments, consider program initiatives, and recommend methods for achieving optimum interprofessional outcomes within existing settings.</p>
538	<p>OTD 538 - Level IC Fieldwork (1 cr.) Prerequisite: OTD 528</p> <p>Level I fieldwork is an integral part of the curriculum design woven in with the didactic components of the program. Level I fieldwork provides students with the opportunity to work with individuals across the lifespan in a variety of settings. OTD 538 will include clinical observations of children, with a focus on birth to 5, in but not limited to, child care facilities, play groups, and early intervention. During faculty-lead, on- and off-site fieldwork experiences, students will complete learning activities in order to assess their understanding and comprehension of the OTD didactic coursework. Activities and assignments will coincide with OTD 530.</p>

614	<p>OTD 614 - Children & Youth Practice 2 (4 crs.) Prerequisite: OTD 530</p> <p>This course is focused on evaluation and intervention appropriate for community, school-based, and residential practice for children and youth with mental health diagnoses and substance abuse conditions, learning and emotional disabilities, and developmental disabilities. Theories and models of practice appropriate to the diagnosis and practice setting guides the selection and use of specific assessment tools, evidence-based intervention methods, assistive technology, and social, educational, or community supports needed to facilitate client transitions and reduce social and institutional barriers to performance and participation. The course also stresses ethical practice related to intervention planning/implementation, documentation of services, and discharge practices appropriate to the setting and the client's needs. Content relevant to legislative, legal, political, economic, and management/billing considerations for these service delivery areas is also covered.</p>
624	<p>OTD 624 - Research Process/Evidence-Based Practice 2 (2 crs.) Prerequisite: OTD 534</p> <p>This course is the second of the two courses on research process and evidence based practice (EBP). The two courses will explore the principles of human subject research, the necessity for research in knowledge development, and breadth of research methodologies. In this second course of the series, students will move beyond being knowledgeable consumers of research to becoming interprofessional team members who 1) participate in the design of qualitative and quantitative research methodologies, 2) understand the selection of data analysis tools for qualitative and quantitative research, 3) develop skills in writing about research methodology for both proposals and research papers, 4) become adept at displaying findings from research, and 5) demonstrate the ability to summarize and interpret research findings.</p>
626	<p>OTD 626 - Population Health & Interprofessional Practice 3 (2 crs.) Prerequisite: OTD 536</p> <p>This course focuses on the area of population health as it relates to the developmental, physical, and psychosocial issues of school-age youth and adolescent populations and their caregivers as the basis for fostering a transformation within the health care continuum. Settings include post-acute care in inpatient and outpatient rehabilitation centers, school and community settings, community-based/residential settings, and home health as well as transition and communication across the settings. Populations studied include children with disabilities, congenital and chronic disabilities; acute care conditions; terminal diagnoses and learning and other medically-based conditions. Students review the literature on interprofessionalism, develop tools for guiding the formation of interprofessional teams, identify measures to conduct needs assessments, consider life-long population needs and program initiatives, and recommend methods for achieving optimum interprofessional outcomes within existing settings.</p>

630	<p>OTD 630 - Leadership: Needs Assessment & Program Development (2 crs.) Prerequisite: Summer 1 OTD 530, OTD 534, OTD 536, & OTD 538</p> <p>This course focuses on the sequence of actions necessary to conduct a needs assessment and develop an evidence-based program to address the identified needs. Students will examine theoretical models of community based practice and health promotion; conduct a critical analysis of program strengths, weaknesses, opportunities, and threats; research and identify available grant funding options for program development; and learn strategies for grant writing. This course supports OTD 632 Doctoral Experiential 1: Needs Assessment.</p>
632	<p>OTD 632 - Doctoral Experiential 1: Needs Assessment (1 cr.) Prerequisite: Summer 1 OTD 530, OTD 534, OTD 536, & OTD 538</p> <p>This is the first course in the Doctoral Experiential sequence. During this course, students will work with their assigned faculty mentor to identify potential populations and possible facilities/sites at which he/she may complete the Doctoral Experiential Component of the program. Using the skills/knowledge regarding needs assessment from OTD 630 Leadership: Needs Assessment and Program Development and faculty guidance from OTD 633: Mentorship (both taken concurrently with this course), students will identify objectives of a needs assessment, develop various needs assessment instruments, and analyze methodology of data collection.</p>
633	<p>OTD 633 - Doctoral Experiential 1: Mentorship (1 cr.) Prerequisite: Summer 1 OTD 530, OTD 534, OTD 536, & OTD 538</p> <p>This course is taken in conjunction with OTD 632 and provides the student with faculty mentorship for facility and site mentor procurement; identification of measurement tools for conducting a needs assesment; analyzing the data collected; and writing and disseminating a scholarly report on the results of the needs assessment. Students will be assigned a faculty mentor who will work with them throughout the Doctoral Experiential sequence of courses.</p>
638	<p>OTD 638 - Level ID Fieldwork (1 cr.) Prerequisite: OTD 538</p> <p>Level I fieldwork is an integral part of the curriculum design and integrated with the didactic components of the program. Level I fieldwork provides students with the opportunity to work with individuals across the lifespan in a variety of settings. OTD 638 will include clinical observations of children and adolescents, in but not limited to, the school setting. During off-site faculty guided clinical experiences, students will complete learning activities in order to assess their understanding and comprehension of the OTD didactic coursework. Activities and assignments will coincide with OTD 614.</p>
640	<p>OTD 640 - Adults & Aging Practice 4 (4 crs.) Prerequisite: OTD 524</p> <p>This course is focused on evaluation and intervention for primary care medicine, community health and home settings, as well as long-term disability for adults and aging individuals to promote a healthy lifestyle and to support productive aging. Theories and models of practice appropriate to the diagnosis and practice setting guides the selection and use of specific assessment tools, evidence-based interventions, assistive technology, and social or community supports. Sociocultural sensitivity, aimed at reducing social and institutional barriers to performance and participation is also addressed. This course also stresses ethical practice related to intervention planning/implementation, documentation of services, and discharge practices appropriate to the setting and the client's needs. Content relevant to legislative, legal, political, economic, and management/billing considerations for these service delivery areas is also covered.</p>

642	<p>OTD 642 - Doctoral Experiential 2: Proposal Development (1 cr.) Prerequisite: OTD 632</p> <p>This course is designed to foster skills for developing proposals in multiple settings and for multiple purposes. Students will learn to perform many tasks that are required in leadership positions: writing grant proposals, business plans, and requests to administration for process, equipment, or staffing changes. They will learn how to create graphics, gain practice in adapting language and style to target audiences, and how to develop and justify budgets (of time and costs), and project return on investment. Proposals are often team efforts, so students will also learn to be a consultant and to give and receive constructive feedback. The proposals that will be created in this course are similar to those that will be created this semester for the Doctoral Experiential projects.</p>
643	<p>OTD 643 - Doctoral Experiential 2: Mentorship (1 cr.) Prerequisite: OTD 633</p> <p>This course is taken in conjunction with OTD 642 Doctoral Experiential 2: Proposal Development. During this course, students will work with their faculty mentor, identify and begin collaboration with a site mentor, and prepare a proposal for their individual Doctoral Experiential, including both the experiential and scholarly components. The proposal will include development of a doctoral project focus and a plan for completion.</p>
646	<p>OTD 646 - Population Health and Interprofessional Practice 4 (2 crs.) Prerequisite: OTD 626</p> <p>This course focuses on the area of population health as it relates to primary care and community based practice with the adult and aging population as the basis for fostering a transformation within community based/residential settings and home health, as well as transition and communication across the settings. Various populations and conditions for adults through the life cycle, including well elderly and those with chronic disease, are studied within this course with a focus on the advancement of interprofessionalism as a catalyst for change in these settings. Settings include post-acute care in inpatient and outpatient rehabilitation centers, work and community settings, and community-based/residential settings. Students review the literature on interprofessionalism, develop tools for guiding the formation of interprofessional teams, consider life-long population needs, program initiatives, and develop education and advocacy tools to inform, engage and empower populations across the lifespan.</p>
647	<p>OTD 647 - Preparation for Professional Practice (2 crs.) Prerequisite: Fall 2 - OTD-614, OTD-624, OTD-626, OTD-630, OTD-632, OTD-633, and OTD-638</p> <p>This course focuses on facilitating the transition from academic student, to fieldwork student, and ultimately to future practitioner. Topics addressed include clinical supervision, communication, ethics, certification and licensure, employment, professional organizations and affiliations, professional behaviors at fieldwork and beyond, the student's role as a future fieldwork educator, interviewing skills, negotiation, and lifelong learning. In addition, students will complete an electronic portfolio highlighting their progress throughout the didactic portion of their education and in preparation for fieldwork and employment.</p>

648	<p>OTD 648 - Management in Changing Healthcare Contexts (2 crs.) Prerequisite: Fall 2 - OTD-614, OTD-624, OTD-626, OTD-630, OTD-632, OTD-633, and OTD-638</p> <p>This class is designed for students to focus on administration, organization, and management issues in traditional and role emergent practice settings. Topics addressed include organizational management in healthcare, marketing, reimbursement, budgeting, advocacy, legislation, and human resource issues. In addition, emphasis is placed on the internal and external forces impacting the systems in which occupational therapists work (healthcare, educational, community, sociocultural, etc.) facilitating the development of collaborative interprofessional skills.</p>
658	<p>OTD 658 - Level IE Fieldwork (1 cr.) Prerequisite: OTD 638</p> <p>Students experience occupational therapy practice in adult/aging, well-elderly/community-based, and/or residential settings. Opportunities to observe aging adults within their primary residential settings and interact with standardized and/or real clients experiencing chronic disabilities, pain, age-related conditions, etc. are provided. Students will be given opportunities to provide recommendations to promote successful aging in place, including fall prevention strategies, home/ environmental modifications, community access/mobility strategies, home management, and others relevant to the client(s)/setting(s). Students are expected to model interprofessionalism, as permitted by the site (e.g. in-service presentation; form an IPP team to work with a client; develop a proposal for an IPP team on a unit; create a survey to establish perceptions of IPP; run a focus group to identify barriers to IPP).</p>
659	<p>OTD 659 - Comprehensive Exam (1 cr.) Prerequisite: Fall 2 - OTD-614, OTD-624, OTD-626, OTD-630, OTD-632, OTD-633, and OTD-638</p> <p>This course supports the further development of clinical reasoning, problem-based thinking/learning, and test taking strategies through case studies, simulated experiences, and clinical practice examinations. Students will be guided in organizing and reviewing curriculum content; applying clinical knowledge; and preparing for the National Board for Certification in Occupational Therapy (NBCOT) exam. This course includes opportunities for test-taking strategies, rational for specific answers, and time management techniques specific to test taking. This course is graded pass/fail. Students must pass this course to progress to the Level II Fieldwork and Doctoral Experiential phases of the program.</p>
660	<p>OTD 660 - Leadership in a Global Health Marketplace (2 crs.) Prerequisite: Spring 2 - OTD-640, OTD-642, OTD-643, OTD-646, OTD-647, OTD-648, OTD-658, OTD-659</p> <p>This course focuses on leadership and management skills for the delivery of occupational therapy services in a global marketplace. Students are introduced to a range of current and ongoing international health issues and developments in global health. This includes new and emerging conditions/diseases and their impact on health/wellness and participation in occupation/life roles (i.e. leisure and social participation, parenting, etc.). The goal of this course is to enable students to understand the leadership role occupational therapists can take as part of an interprofessional team in the changing local, national, and global health care environment. As a class, students will implement a service project to support an agency/organization providing global health care services.</p>

661	<p>OTD 661 - Advanced Seminar: Future Trends in Practice (2 crs.) Prerequisite: Spring 2 - OTD-640, OTD-642, OTD-643, OTD-646, OTD-647, OTD-648, OTD-658, OTD-659</p> <p>This course focuses on preparing for leadership and management skills for the delivery of occupational therapy at local, state, national, and global levels as part of a collaborative interprofessional health care team. A central focus of this course will be on emerging and innovative practice areas. Students will review the history of the profession and the environments where occupational therapists provide care as well as social, economic, political, geographic, and demographic issues. Emphasis will be on the influence that occupational therapy has had on populations and settings over time, as well as the influence that the contexts of practice have on the profession. Students will envision and prepare for the future of health care, education, and community services, and the leadership roles and influence that is possible for occupational therapists.</p>
662	<p>OTD 662 - Doctoral Experiential 3: Research and Planning (3 crs.) Prerequisite: OTD 642</p> <p>This course is designed to enhance skills for program development for research and educational projects. It is focused on preparation for the scholarship part of the doctoral experiential. Students will learn to perform many tasks that are required in managing large projects in general terms and for the students' projects in particular: project time management, application of theoretical frameworks, instrument development, application of appropriate technologies/media for education, development of appropriate IRB/consent documentation, and creation of meaningful project evaluation/outcome measures. Students will develop essential graphics for their proposals and later reports. They will gain practice in adapting their language, style, and media to target the audience for whom they are creating materials. They will further develop and justify budgets (of time and costs) for their project. Most of the experiential projects are team efforts; students will work with their experiential group on projects for this course. Labs will involve both time to work on the week's projects with assistance of faculty, practice using new technologies when relevant, and sharing of ideas/problem solving with the rest of the class.</p>
663	<p>OTD 663 - Doctoral Experiential 3: Mentorship (2 crs.) Prerequisite: OTD 643</p> <p>This course is taken in conjunction with OTD 662: Doctoral Experiential 3: Research and Planning. Following up on the work accomplished in OTD 643, this course provides the student with faculty mentorship for further developing the proposal and plan for the Doctoral Experiential. During this course, students will work with their faculty and site mentors to specify dates, deadlines, and activities for the planned community experience. They will also conduct a preliminary scholarly project, such as a pilot of data collection and analysis, a needs assessment, or a scholarly literature based project such as a systematic review.</p>
675/775	<p>OTD 675 - Level II Fieldwork (9 crs.) OTD 775 - Level II Fieldwork (9 crs.) Prerequisite: All Entry-Level OTD Coursework</p> <p>The Level II Fieldwork section of the WNE OTD program is an integral part of the overall curriculum. The core objective of Level II Fieldwork is for the OTD student to evolve into an entry level practitioner in the assigned practice area through application of theory and techniques learned throughout the didactic portion of the curriculum. Level II Fieldwork consists of two separate experiences, OTD 675 and OTD 775. Each fieldwork is 12 weeks, full time in duration, for approximately 480 hours, or part time on a case by case basis. WNE OTD students are assigned to Level II Fieldwork, a supervised clinical internship experience, in a traditional or role emerging practice setting. These supervised fieldwork experiences provide the OTD student with an opportunity to apply didactic and prior clinical knowledge, experience the evaluation and intervention process across the lifespan and across a range of abilities in a variety of practice settings. Students will demonstrate the ability to engage in ethical practice, applying clinical thinking and reasoning, and demonstrating professionalism to actively integrate into the OT process.</p>

780	<p>OTD 780 - Doctoral Experiential 4: Implementation/Capstone (10 crs.) Prerequisite: OTD 662 Co-requisite: OTD 785</p> <p>This is the fourth and final course in the Doctoral Experiential sequence. This course is taken concurrently with OTD 785, Doctoral Experiential 4: Mentorship. It is an advanced professional development opportunity that is realized through implementation of the 14-week/560-hour community experiential and scholarly project that students have designed with their faculty and site mentors. Working with their faculty and site mentors, the student will prepare a final reflective portfolio and a formal presentation for professional publication/dissemination.</p>
785	<p>OTD 785 - Doctoral Experiential 4: Mentorship (2 crs.) Prerequisite: OTD 663 Corequisite: OTD 780</p> <p>This course is taken in conjunction with OTD 780, Doctoral Residency 4: Implementation/Capstone and provides the student with faculty mentorship for completion of the Doctoral Experiential, including implementation of the doctoral project/study, completion of all sections of the scholarly paper, presentation of the project/study, and preparation for publication and/or dissemination. Formerly "Doctoral Residency 4: Mentorship"</p>

OTD CURRICULUM: COURSE FRAMEWORK

The WNE OTD curriculum includes courses that have been intentionally categorized, positioned and sequenced within and across semesters. Each course sequence is designed to be linked via content, competencies and opportunities for application. The purpose of this aspect of curriculum design is to initiate and knowingly reinforce knowledge, overlap knowledge application with opportunities for professional socialization, and reinforce practice competencies.

Each core course in the practice series is intended to be comprehensive related to a focused age range and broad area of practice, i.e. exploring related models of practice, levels/types of care provided by occupational therapists, the types of patients/clients in those settings, and the site-specific requirements for evaluation, intervention, documentation, and discharge in each environment.

COURSE CATEGORIES

1. advanced science courses (i.e. Neuroanatomy and Neurophysiology, Kinesiology and Clinical Neuroscience);
2. foundational professional courses (i.e. Occupational Science/Occupational Therapy, Evaluation: Occupational Profile and Analysis of Occupations, and Therapeutic Use of Self and Group Interventions);
3. core practice courses;
 - Evaluation: Theory and Assessment Measures
 - Adult & Aging Practice 1-4
 - Children & Youth Practice 1-2
 - Population Health and Interprofessional Practice 1-4
 - Level I Fieldwork (A – E) (**See Fieldwork Education Section**)
 - Level II Fieldwork (**See Fieldwork Education Section**)
4. conceptual practice/professional development courses;
 - Leadership: Needs Assessment and Program Development
 - Preparation for Professional Practice
 - Management in Changing Healthcare Contexts
 - Leadership in a Global Health Marketplace
 - Advanced Seminar: Future Trends in Practice
5. knowledge development/advanced practice preparation courses:
 - Research Process/Evidence-Based Practice 1 & 2
 - Doctoral Experiential (Residency) 1 – 4 (**See Doctoral Experiential (Residency) Section**)
 - Doctoral Experiential (Residency) Mentorship 1-4 (**See Doctoral Experiential (Residency) Section**)

COURSE CONTENT AND KNOWLEDGE PROGRESSION

The sequential courses in each course series were designed to be intentionally linked via content, competencies and opportunities for application across semesters. The intent in designing these course relationships was to initiate and knowingly reinforce knowledge, overlap knowledge applications and opportunities for professional socialization, and cumulatively reinforce practice competencies.

Each core course in the practice series focuses one or more of the varied health care models of practice, and the level/type of care provided by occupational therapists in service delivery settings, the types of patients/clients in those settings, and the site-specific requirements for evaluation, intervention, documentation, and discharge.

- The models of practice include: medical, social, educational, residential, home- health and community-based;
- The levels of rehabilitation care include inpatient, outpatient, acute, sub-acute, long-term, assisted living, habilitation in primary care health/education;
- The service-delivery settings include: hospitals units, intensive care units, nursing homes, rehabilitation facilities, schools, early intervention centers, day activity programs, primary care centers, emerging practice areas, etc.;
- The types of diagnoses or conditions encountered in each model of practice, level of care and service delivery setting includes, but is not limited to individuals with: spinal cord injury; stroke; brain injury; neuro-degenerative disease; cardiac conditions; orthopedic injuries; peripheral nerve injuries/conditions; rheumatoid arthritis; autism; joint replacement; mental health conditions; learning disabilities; congenital deformities; joint replacement; amputation; intellectual disabilities; cognitive impairments; and those at health risk due to social determinants of health.

Intrinsically linked to each course in the core practice series, is a course that explores related population health perspectives and associated interprofessional practice opportunities possible in relevant service delivery contexts and practice settings. There is also a Level I Fieldwork experience that is linked to each core course in the practice series providing students with the opportunity to apply knowledge in practice.

ESSENTIAL FUNCTIONS OF THE OCCUPATIONAL THERAPY STUDENT

Western New England University (“University”), the Division of Occupational Therapy, and the Doctor of Occupational Therapy Program (“Program”) support the principles of diversity, equal opportunity, and reasonable accommodations in accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. The Division is committed to the education of all qualified students, regardless of ability or disability, and to ensuring that the Essential Functions of the Program can be met with or without reasonable accommodations.

In accordance with the requirements of the Accreditation Council for Occupational Therapy Education (ACOTE), professional occupational therapy education programs educate students for entry level practice as generalist practitioners. Graduates of such programs are expected to possess a foundation of knowledge and skills necessary to participate in fieldwork and ultimately practice in the field. The skills necessary include physical, cognitive, social/emotional, cultural, communication, and professional skills. The following Essential Functions describe the minimal abilities required for successful participation in and completion of the Doctor of Occupational Therapy (OTD) Program. Students are expected to meet these Essential Functions, with or without reasonable accommodations. The University will provide reasonable accommodations to help students participate in the program and within the campus community.

All students applying to and progressing through the Doctor of Occupational Therapy Program at Western New England University are expected to meet the minimum standards outlined within this document. The purpose of the Essential Functions is to designate the various physical, motor, sensory, cognitive, social/emotional, cultural, communication and professional skills that are essential for matriculation into, participation in, and completion of the OTD program.

Essential Functions:

The following essential functions are considered necessary for full participation in the OTD program:

Physical, Motor, and Sensory Skills – The student must:

- Demonstrate the ability to actively participate and have endurance required to complete academic, community, and fieldwork/experiential activities that typically includes 30 hours or more per week of learning activities and additional 20-30 hours per week preparation;
- Demonstrate the ability to safely navigate the University, community, and fieldwork/ experiential environments;
- Demonstrate the ability to complete moderately taxing physical tasks, including but not limited to prolonged sitting or standing, walking, stooping, kneeling, crouching, rotating, squatting, reaching, and lifting in order to complete therapeutic evaluations and interactions;
- Demonstrate the ability to utilize proper body mechanics during class, lab, competency assessments, community, and fieldwork/experiential activities for personal and professional health, well-being and safety.
- Demonstrate the ability to safely assist a client/peer to move from one surface or position and reposition clients/peers of various sizes and ages in a variety of contexts.
- Demonstrate the ability to access patient/clients in a variety of settings that may include being able to climb stairs and negotiate uneven terrain without stumbling, or falling;

- Demonstrate the ability to assess and respond quickly to emergency situations to safely move clients by lifting, pushing, pulling, transferring and transporting;
- Demonstrate the ability to safely evaluate clients/peers and provide therapeutic intervention, including but not limited to responding to emergency situations that emerge as a result of changes in appearance, vital signs, verbal or nonverbal communication of distress; reading digital displays on equipment; feeling a pulse and bony landmarks; and identifying faint body sound and the blood pressure sounds using a stethoscope ability to detect odors and smoke;
- Demonstrate the safe and effective use of tools and equipment;
- Demonstrate the ability to participate in joint measurement, muscle testing, therapeutic exercise activities and qualify for CPR certification and demonstrate CPR competencies in laboratory simulations;
- Demonstrate the ability to tolerate and safely manage occasional exposure to wet/humid internal environments; close proximity to mechanical objects or parts; exposure to fumes and/or airborne particles; exposure to blood borne pathogens; exposure to unfavorable weather conditions, such as rain or snow; exposure to hot/cold materials or environments; and exposure to vibration on an infrequent or non-routine basis;

Cognitive – The student must:

- Demonstrate the ability to be alert and attend to complete 30 hours or more each week for academic, community, and fieldwork/experiential activities and additional 20-30 hours per week preparation;
- Demonstrate the ability to follow written instructions, such as policies and procedures and safety precautions;
- Demonstrate the ability to measure, calculate, analyze, process, reason, integrate, synthesize, apply, retain, and understand complex relationships among and between facts, data, concepts, and theories within a reasonable timeframe as necessary for practice;
- Demonstrate the ability to identify, organize, synthesize, and integrate material across courses, content areas, resources (textbooks, research articles, health records, interviews, observations, etc.), and practice settings;
- Demonstrate the ability to apply research, theoretical concepts, and clinical reasoning to address client specific goals and participation limitation and provide a rationale for selected intervention;
- Demonstrate the ability to differentiate between relevant and irrelevant information, define problems, identify and implement solutions, and evaluate outcomes, and be cognitively flexible in order to create effective therapeutic treatment plans
- Demonstrate the ability to contribute to academic, community, and fieldwork/experiential activities by appropriately and professionally sharing opinions, perspectives, insight, and experiences;
- Demonstrate the ability to utilize effective time management and organizational skills to meet academic, and fieldwork/ experiential deadlines;
- Demonstrate the ability to identify potential errors or mistakes in academic, community, fieldwork/experiential activities and take appropriate steps to proactively address these potential errors;
- Demonstrate the ability to accurately observe, gather relevant data/information from multiple sources, analyze the information, and report on the information, in a manner appropriate to the target audience and within a reasonable timeframe as necessary for practice;
- Understand computer literacy at a level sufficient for word processing, documentation, presentations, and other program requirements;
- Demonstrate the ability to reflect on past and current performance and accurately self-assess areas of strength and areas of weakness; develop a plan to address areas of weakness in order to develop proactive strategies for professional growth and development.

Social/Emotional – The student must:

- Demonstrate the ability to self-regulate emotional state and personal behaviors and utilize self-directed learning in academic, community and fieldwork/experiential activities;
- Demonstrate the ability to be flexible and adapt to unexpected and/or frequent change;
- Demonstrate maturity and adaptability during times of stress/uncertainty;
- Demonstrate the ability to understand, identify, and maintain personal and professional boundaries in academic, community and fieldwork/experiential activities;
- Limit the impact of personal life challenges on academic, community and fieldwork/experiential activities
- Demonstrate sufficient emotional stability for full use of one’s intellectual abilities, adaptation to change, exercise of good judgement, adherence to ethics and safe and timely completion of responsibilities;
- Demonstrate the ability to maintain self-control during challenging situations/encounters;
- Understand, interpret, and utilize peer and instructor feedback to maximize learning; give effective and constructive feedback in a respectful manner; ✓ Demonstrate a commitment to working collaboratively with OT students, students from other disciplines, clients, faculty, administrators, community members, and other individuals and groups of individuals associated with the University and the Program;
- Accept responsibility for all actions, reactions, and inactions; integrate feedback in a productive and non-defensive manner;
- Demonstrate behaviors and attitudes that promote and protect the safety and well- being of clients, peers, faculty, and other individuals in academic, community and fieldwork/experiential environments;
- Demonstrate the ability to effectively and appropriately engage with clients in personal situations involving client care (i.e., dressing, bathing, toileting, etc.); ✓ Establish and maintain healthy relationships/interactions with peers, faculty, staff, fieldwork educators, experiential mentors, colleagues, clients, client families, and client partners;
- Demonstrate empathy toward peers, colleagues, and clients in situations involving pain, grief, death, stress, and trauma.

Cultural – The student must:

- Demonstrate cultural sensitivity and responsiveness in the evaluation, treatment, and education of individuals from diverse races, cultures, religions, socioeconomic statuses, abilities, and lifestyles, across the lifespan, without bias or prejudice;
- Demonstrate cultural awareness and sensitivity in communicating with clients, colleagues, peers, faculty, community members, and others from different cultural, spiritual, and social backgrounds;
- Use culturally appropriate language in documentation and communication.

Communication – The student must:

- Demonstrate the ability read, write, speak and comprehend the English language at level consistent with successful academic, community and fieldwork/experiential activities and the development of positive patient/client-therapist relationships;
- Demonstrate respectful and appropriate language in all verbal, written, email, and electronic communication that are consistent with productive classroom participation, respectful interactions with faculty, staff, students, fieldwork supervisors; and development of appropriate client-centered

therapeutic relationships with patients/clients, family members, members of interprofessional teams in one-to-one and small and large group settings;

- Demonstrate awareness of nonverbal behaviors and their impact on communication/ interaction;
- Effectively and appropriately use technology to communicate/interact in a professional manner;
- Request and respond to peer, instructor, mentor, and supervisor feedback in a professional manner;
- Use correct grammar, vocabulary, and language in all academic, community and fieldwork/experiential activities;
- Use appropriate language (written, verbal, and nonverbal), including person-first language, and demonstrate the ability to adapt the message to the audience.
- Uphold privacy and confidentiality policies;
- Complete required medical record, documentation and intervention plans according to fieldwork policies and procedures in a timely and accurate manner.

Professionalism – The student must:

- Adhere to the policies and procedures of Western New England University as outlined in the OT Student Handbook, the University Catalog, and other official program and University documents;
- Adhere to the AOTA Code of Ethics, the Occupational Therapy Practice Framework: Domain and Process; other professional documents; and the local, state, and national legislation governing practice;
- Demonstrate the ability to accept responsibility for all actions and take the initiative to learn from and respond to challenges in a mature and responsible manner;
- Represent Western New England University, the Division of Occupational Therapy, the Doctor of Occupational Therapy Program, the profession of occupational therapy, and one's self in a professional manner as demonstrated through appropriate dress, respectful communication/interaction, proper etiquette/netiquette and independence with transportation to/from all learning activities;
- Demonstrate effective time management skills by being on time and fully prepared for all academic, community, and fieldwork/experiential activities;
- Demonstrate respect, courtesy, maturity, honesty and integrity in all academic, fieldwork, community, and experiential activities;
- Exhibit a positive, respectful and compassionate attitude for academic, community, and fieldwork/experiential experiences including those that require exposure of body parts and palpation of body structures;
- Demonstrate the ability to evaluate the impact of one's personal actions on others and modify the impact appropriately;
- Demonstrate personal initiative to direct one's learning in all environments that includes completing responsibilities without waiting for direction or reminders from others;
- Demonstrate the ability to prioritize and organize multiple course load/workload needs to complete assigned tasks and responsibilities within specified timeframes;
- Be flexible in adapting to change;
- Demonstrate professional behavior when dealing with pain, grief, death, stress, communicable diseases, blood and body fluids and toxic substances and when experiencing heavy course/ workloads, fast paced environments; and/or unexpected demands;
- Exercise good judgment and attend to issues of safety in all environments;
- Work cooperatively and collaboratively with a variety of faculty, staff, peers, community members, fieldwork educators, experiential mentors, clients, and other individuals and/or groups associated with fulfilling the requirements of the Doctor of Occupational Therapy Program.

AOTA CODE OF ETHICS (2015)

Preamble

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

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

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

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

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

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

Core Values

The profession is grounded in seven long-standing Core Values: (1) Altruism, (2) Equality, (3) Freedom, (4) Justice, (5) Dignity, (6) Truth, and (7) Prudence. Altruism involves demonstrating concern for the welfare of others. Equality refers to treating all people impartially and free of bias. Freedom and personal

choice are paramount in a profession in which the values and desires of the client guide our interventions. Justice expresses a state in which diverse communities are inclusive; diverse communities are organized and structured such that all members can function, flourish, and live a satisfactory life. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009).

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

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

Principles and Standards of Conduct

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

Beneficence

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

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

Related Standards of Conduct Occupational therapy personnel shall:

- A. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs.
- B. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised.
- C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice.
- D. Ensure that all duties delegated to other occupational therapy personnel are congruent with credentials, qualifications, experience, competency, and scope of practice with respect to service delivery, supervision, fieldwork education, and research.
- E. Provide occupational therapy services, including education and training, that are within each practitioner's level of competence and scope of practice.

- F. Take steps (e.g., continuing education, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice.
- G. Maintain competency by ongoing participation in education relevant to one's practice area. H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial. I. Refer to other providers when indicated by the needs of the client.
- J. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including determination of potential risks and benefits.

Nonmaleficence

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

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

Related Standards of Conduct Occupational therapy personnel shall

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

Autonomy

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

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

Related Standards of Conduct Occupational therapy personnel shall:

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

Justice

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

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

Related Standards of Conduct Occupational therapy personnel shall:

- A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.
- B. Assist those in need of occupational therapy services to secure access through available means.

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

Veracity

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

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

Related Standards of Conduct Occupational therapy personnel shall

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

Fidelity

Principle 6. Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity. The Principle of Fidelity comes from the Latin root fidelis, meaning loyal.

Fidelity refers to the duty one has to keep a commitment once it is made (Veatch, Haddad, & English, 2010). In the health professions, this commitment refers to promises made between a provider and a client or patient based on an expectation of loyalty, staying with the patient in a time of need, and compliance with a code of ethics. These promises can be implied or explicit. The duty to disclose information that is potentially meaningful in making decisions is one obligation of the moral contract between provider and client or patient (Veatch et al., 2010). Whereas respecting Fidelity requires occupational therapy personnel to meet the client's reasonable expectations, the Principle also addresses maintaining respectful collegial and organizational relationships (Purtilo & Doherty, 2011). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision making and professional practice.

Related Standards of Conduct Occupational therapy personnel shall

- A. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws.
- B. Address incompetent, disruptive, unethical, illegal, or impaired practice that jeopardizes the safety or well-being of others and team effectiveness.
- C. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.
- D. Avoid using one's position (employee or volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations.

- E. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.
- F. Refrain from verbal, physical, emotional, or sexual harassment of peers or colleagues.
- G. Refrain from communication that is derogatory, intimidating, or disrespectful and that unduly discourages others from participating in professional dialogue.
- H. Promote collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients.
- I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of interprofessional teams.
- J. Use conflict resolution and internal and alternative dispute resolution resources as needed to resolve organizational and interpersonal conflicts, as well as perceived institutional ethics violations.
- K. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization's official and authorized positions.
- L. Refrain from actions that reduce the public's trust in occupational therapy.
- M. Self-identify when personal, cultural, or religious values preclude, or are anticipated to negatively affect, the professional relationship or provision of services, while adhering to organizational policies when requesting an exemption from service to an individual or group on the basis of conflict of conscience.

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Adopted by the Representative Assembly 2015AprilC3.

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AOTA SELF-ASSESSMENT TOOL FOR FIELDWORK EDUCATOR COMPETENCY

Fieldwork education is a vital component in preparing students for entry-level occupational therapy practice. This voluntary self-assessment tool supports the development of skills necessary to be an effective fieldwork educator (FWE) whose role is to facilitate the progression from student to entrylevel practitioner. This tool was designed to provide a structure for fieldwork educators to assess their own level of competence and to identify areas for further development and improvement of their skills. Competency as a fieldwork educator promotes the practitioner’s pursuit of excellence in working with students and ensures the advancement of the profession.

PURPOSE

Both novice and experienced OTA and OT fieldwork educators can use this tool as a guide for selfreflection to target areas for professional growth. Proficiency as a fieldwork educator is an ongoing process of assessment, education, and practice. It is essential for fieldwork educators to continually work toward improving their proficiency in all competency areas as they supervise OTA/OT students. Use of this assessment tool is intended to be the foundation from which each fieldwork educator will create a professional growth plan with specific improvement strategies and measurable outcomes to advance development in this area of practice.

CONTENT

The self-assessment tool includes the following features:

- 1) Addresses fieldwork educator competencies in the areas of professional practice, education, supervision, evaluation, and administration.
- 2) Uses a numerical rating (Likert) scale from 1 (Low Proficiency) to 5 (High Proficiency) to aid in selfassessment.
- 3) Includes a “Comment Section” intended to be used by the fieldwork educator in identifying aspects of competency for self improvement.
- 4) Results in a “Fieldwork Educator Professional Development Plan.” Fieldwork educators can use the suggested format for recording a professional development plan of action. The suggested format or chart may be copied for additional space. Such a plan helps fieldwork educators meet the standards established for FWE s as stated in the Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guidelines (2006).
- 5) Explains terminology, which is based on the Practice Framework 2nd Edition.

WHO SHOULD USE THE TOOL

This self-assessment tool is designed to be used by OTA and OT fieldwork educators at all levels of expertise in supervising students. While the tool is primarily oriented toward OTA/OT practitioners who directly supervise OTA and/or OT Level II fieldwork, it can easily be applied to Level I fieldwork and to non-OT supervisors.

DIRECTIONS

Fieldwork educators should determine the relevance of each competency to the role of the OTA/OT in their setting. Some competency statements may not be applicable in their setting and/or in their state (refer to the appropriate OTA/OT role delineation documents). In addition, the “SelfAssessment Tool for Fieldwork Educator Competency” is to be used for professional development only. It is not intended to be used as a performance appraisal. However, the fieldwork educator may certainly include goals articulated in the “Fieldwork Educator Professional Development Plan” in their annual professional goals.

Self-Assessment Tool:

Circle the number that correlates with your level of competence for each item. The “Comments” section can be used to highlight strengths, areas that need improvement, etc.

Development Plan:

It is helpful to prioritize the competency areas that need improvement and to select only a few areas that can realistically be accomplished. Write goals for each of the selected areas and identify strategies to meet the goals at the same time as establishing a deadline for meeting the goals. OT practitioners are adept in assessing, planning, and implementing practical and meaningful continuous quality improvement plans. It is this attribute, plus a desire to support the growth of future practitioners, that motivates OTAs and OTs to seek methods for gaining and maintaining their competence as fieldwork educators. We hope this tool is helpful in guiding fieldwork educators on a journey of self-appraisal and professional development. It meets the immediate need of defining basic competencies of fieldwork educators. It is in this spirit that the "Self-Assessment Tool" was drafted and offered as a means for better serving the needs of individuals and the future of occupational therapy.

Originally developed in 1997 by the COE Fieldwork Issues Committee.

Revised in 2009 by the Commission on Education:

René Padilla, PhD, OTR/L, FAOTA, *Chairperson*

Andrea Billics, PhD, OTR/L

Judith Blum, MS, OTR/L

Paula Bohr, PhD, OTR/L, FAOTA

Jennifer Coyne, COTA/L

Jyothi Gupta, PhD, OTR/L

Linda Musselman, PhD, OTR, FAOTA

Linda Orr, MPA, OTR/L

Abbey Sipp, OTS

Patricia Stutz-Tanenbaum, MS, OTR

Neil Harvison, PhD, OTR/L (AOTA Liaison)

LEVEL II FIELDWORK STUDENT PREFERENCE FORM

Name: _____

Hometown: _____

Other Towns Near My Hometown that I Would Like to Have Considered for Level II Fieldwork:

1. In what type of a work environment are most comfortable?

5	4	3	2	1
Fast pace		Somewhat fast		Relatively slow

2. How much do you like to be challenged when you are learning something new?

5	4	3	2	1
Challenged a lot Being put on the spot is OK		Somewhat challenged Demonstration preferred		Just a little challenge is good Always need demonstration/coaching

3. How flexible would you rate your work style?

5	4	3	2	1
Very flexible		Somewhat flexible		Rather inflexible

4. Please rank order your preferences for the developmental age/stage of life that you would like to encounter on Level II Fieldwork:

a. Children & Youth: _____

b. Adults: _____

c. Older Adults: _____

5. Please rank order your preferences for practice setting that you would like to experience on Level II Fieldwork:

a. Acute Care: _____

b. Rehabilitation/Subacute: _____

c. Outpatient/Community: _____

d. School Based: _____

Please indicate any particular facilities that should be avoided in considering your placement due to a potential conflict of interest (e.g., previous internship/employment, relative working at site, etc.).

1. _____

2. _____

3. _____

6. Describe what you consider to be your top interpersonal strengths and your most difficult challenges?

Strengths

a. _____

b. _____

c. _____

Challenges

d. _____

e. _____

f. _____

7. In terms of content knowledge relative to occupational therapy practice, in what areas are you the most confident/comfortable and in which areas are you the least comfortable?

Most Comfortable

a. _____

b. _____

c. _____

Least Comfortable

d. _____

e. _____

f. _____

8. How would you describe your learning style?

9. Is there any other information that you feel we should know about you when matching you to a fieldwork site?

10. Please identify six sites that you would like to be considered for during the student/Level II Fieldwork matching process?

1. _____

2. _____

3. _____

4. _____

5. _____

LEVEL I FIELDWORK EVALUATION OF STUDENT FORM

Please check:

Level IA (Year one Fall) Level IB (Year one Spring)
 Level IC (Year one Summer) Level ID (Year two Fall) Level IE (Year two Spring)

Student: _____

Rater(s): _____

Site(s): _____

1. **Unacceptable:** Student performance is weak in most required tasks and activities.
2. **Below Standards:** Student does not demonstrate adequate response to feedback. Performance is occasionally unacceptable.
3. **Meets Standards:** Student carries out required tasks and activities as expected. This rating represents good, solid performance expected from a Level I fieldwork.
4. **Exceeds Standards:** Frequently carries our tasks and activates that surpass requirements.
5. **Outstanding:** Consistently carries pit tasks and activities in an outstanding manner.

Demonstrates Autonomy & Identity Arrives & completes assignments on time; manages time; flexible; sets priorities; follows through & takes responsibility of own behavior	1	2	3	4	5
Comments:					
Demonstrates Emerging Leadership Actively participates, positive attitude; motivated to learn; invested in individuals and treatment outcomes; able to anticipate potential changes and proactively address them	1	2	3	4	5
Comments:					

Professionalism Demonstrates professional confidence; manages personal and professional boundaries, responsibilities and frustrations; respects confidentiality; takes responsibility for personal choices; dresses appropriately; upholds the OT Code of Ethics	1	2	3	4	5
Comments:					
Scholarship Independently seeks and acquires information from a variety of sources; asks relevant questions; takes responsibility for own behavior and learning	1	2	3	4	5
Comments:					
Cultural sensitivity Demonstrates sensitivity to diverse views and opinions; open to individual and cultural differences; respects dignity, values, and beliefs of each individual	1	2	3	4	5
Comments:					
Interpersonal communication Interacts cooperatively and effectively with clients, families, professionals, and fellow students; establishes rapport; responsive to social cues; handles conflict constructively; demonstrates empathy and support of others	1	2	3	4	5
Comments:					
Professional reasoning/Problem solving Uses self-reflection; analyzes, synthesizes, and interprets information; understands the occupational therapy process; uses appropriate judgment and safety awareness	1	2	3	4	5
Comments:					

Involvement in the supervisory process Seeks and provides feedback; using that feedback to modify actions and behavior; seeks guidance when necessary; collaborates with fieldwork educator to maximize learning	1	2	3	4	5
Comments:					
Professional Written Communication Attention to grammar, spelling, and legibility in written assignments; applies professional terminology in written and oral communication	1	2	3	4	5
Comments:					
Ethics Maintains confidentiality; Adheres to client privacy and HIPAA regulations; avoids social media references to fieldwork experience	1	2	3	4	5
Comments:					
Emerging Screening/Evaluation/Intervention Skills Contributes to screening/ evaluations/interventions, identifying and appropriately using resources	1	2	3	4	5
Comments:					

Additional comments:

Student comments:

Prepared by:

Signature: _____ Date: _____

Title of rater: _____

Reviewed with:

Student signature: _____ Date: _____

AOTA FIELDWORK PERFORMANCE EVALUATION FOR THE OCCUPATIONAL THERAPY STUDENT (FWPE)



Fieldwork Performance Evaluation For The Occupational Therapy Student

NOT FOR PUBLIC RELEASE

MS./MR. _____
 NAME: (LAST) _____ (FIRST) _____ (MIDDLE) _____

SIGNATURES:
 I HAVE READ THIS REPORT.

 COLLEGE OR UNIVERSITY

 SIGNATURE OF STUDENT

FIELDWORK SETTING:

 NAME OF ORGANIZATION/FACILITY

 NUMBER OF PERSONS CONTRIBUTING TO THIS REPORT

 ADDRESS: (STREET OR PO BOX)

 CITY STATE ZIP

 SIGNATURE OF RATER #1

 TYPE OF FIELDWORK

 PRINT NAME/CREDENTIALS/POSITION

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

FROM: _____ TO: _____
 DATES OF PLACEMENT

 SIGNATURE OF RATER #2 (IF APPLICABLE)

 NUMBER OF HOURS COMPLETED

 PRINT NAME/CREDENTIALS/POSITION

FINAL SCORE

PASS: _____ NO PASS: _____

SUMMARY COMMENTS:

(ADDRESSES STUDENT'S CLINICAL COMPETENCE)

Fieldwork Performance Evaluation For The Occupational Therapy Student

NOT FOR PUBLIC RELEASE

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

PURPOSE

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

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

USE OF THE FIELDWORK PERFORMANCE EVALUATION FOR THE OCCUPATIONAL THERAPY STUDENT

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

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

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

DIRECTIONS FOR RATING STUDENT PERFORMANCE

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

OVERALL MIDTERM SCORE

Satisfactory Performance. 90 and above
Unsatisfactory Performance. 89 and below

OVERALL FINAL SCORE

Pass 122 points and above
No Pass 121 points and below

RATING SCALE FOR STUDENT PERFORMANCE

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

RATING SCALE FOR STUDENT PERFORMANCE

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

I. FUNDAMENTALS OF PRACTICE:

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

1. **Adheres to ethics:** Adheres consistently to the American Occupational Therapy Association Code of Ethics (4) and site's policies and procedures including when relevant, those related to human subject research.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
2. **Adheres to safety regulations:** Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
3. **Uses judgment in safety:** Uses sound judgment in regard to safety of self and others during all fieldwork-related activities.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |

Comments on strengths and areas for improvement:

• Midterm

• Final

II. BASIC TENETS:

4. Clearly and confidently **articulates the values and beliefs** of the occupational therapy profession to clients, families, significant others, colleagues, service providers, and the public.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
5. Clearly, confidently, and accurately **articulates the value of occupation** as a method and desired outcome of occupational therapy to clients, families, significant others, colleagues, service providers, and the public.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
6. Clearly, confidently, and accurately **communicates the roles of the occupational therapist and occupational therapy assistant** to clients, families, significant others, colleagues, service providers, and the public.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
7. **Collaborates with** client, family, and significant others throughout the occupational therapy process.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |

Comments on strengths and areas for improvement:

• Midterm

• Final

RATING SCALE FOR STUDENT PERFORMANCE

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

III. EVALUATION AND SCREENING:

8. **Articulates a clear and logical rationale** for the evaluation process.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
9. **Selects relevant screening and assessment methods** while considering such factors as client's priorities, context(s), theories, and evidence-based practice.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
10. **Determines client's occupational profile** and performance through appropriate assessment methods.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
11. **Assesses client factors and context(s)** that support or hinder occupational performance.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
12. **Obtains sufficient and necessary information** from relevant resources such as client, families, significant others, service providers, and records prior to and during the evaluation process.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
13. **Administers assessments** in a uniform manner to ensure findings are valid and reliable.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
14. **Adjusts/modifies the assessment procedures** based on client's needs, behaviors, and culture.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |

15. **Interprets evaluation results** to determine client's occupational performance strengths and challenges.

Midterm	1	2	3	4
Final	1	2	3	4

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

Midterm	1	2	3	4
Final	1	2	3	4

17. **Documents the results of the evaluation** process that demonstrates objective measurement of client's occupational performance.

Midterm	1	2	3	4
Final	1	2	3	4

Comments on strengths and areas for improvement:

• Midterm

• Final

IV. INTERVENTION:

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

Midterm	1	2	3	4
Final	1	2	3	4

19. **Utilizes evidence** from published research and relevant resources to make informed intervention decisions.

Midterm	1	2	3	4
Final	1	2	3	4

20. **Chooses occupations** that motivate and challenge clients.

Midterm	1	2	3	4
---------	---	---	---	---

Final	1	2	3	4
-------	---	---	---	---

21. **Selects relevant occupations** to facilitate clients meeting established goals.

Midterm	1	2	3	4
---------	---	---	---	---

Final	1	2	3	4
-------	---	---	---	---

22. **Implements intervention plans that are client-centered.**

Midterm	1	2	3	4
---------	---	---	---	---

Final	1	2	3	4
-------	---	---	---	---

23. **Implements intervention plans that are occupation-based.**

Midterm	1	2	3	4
---------	---	---	---	---

Final	1	2	3	4
-------	---	---	---	---

24. **Modifies task approach, occupations, and the environment** to maximize client performance.

Midterm	1	2	3	4
---------	---	---	---	---

Final	1	2	3	4
-------	---	---	---	---

25. **Updates, modifies, or terminates the intervention plan** based upon careful monitoring of the client's status.

Midterm	1	2	3	4
---------	---	---	---	---

Final	1	2	3	4
-------	---	---	---	---

26. **Documents client's response** to services in a manner that demonstrates the efficacy of interventions.

Midterm	1	2	3	4
---------	---	---	---	---

Final	1	2	3	4
-------	---	---	---	---

Comments on strengths and areas for improvement:

- Midterm

- Final

V. MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES:

27. **Demonstrates through practice or discussion the ability to assign** appropriate responsibilities to the occupational therapy assistant and occupational therapy aide.

Midterm	1	2	3	4
---------	---	---	---	---

Final	1	2	3	4
-------	---	---	---	---

28. **Demonstrates through practice or discussion the ability to actively collaborate** with the occupational therapy assistant.

Midterm	1	2	3	4
---------	---	---	---	---

Final	1	2	3	4
-------	---	---	---	---

29. **Demonstrates understanding of the costs and funding** related to occupational therapy services at this site.

Midterm	1	2	3	4
---------	---	---	---	---

Final	1	2	3	4
-------	---	---	---	---

30. **Accomplishes organizational goals** by establishing priorities, developing strategies, and meeting deadlines.

Midterm	1	2	3	4
---------	---	---	---	---

Final	1	2	3	4
-------	---	---	---	---

31. **Produces the volume of work** required in the expected time frame.

Midterm	1	2	3	4
---------	---	---	---	---

Final	1	2	3	4
-------	---	---	---	---

Comments on strengths and areas for improvement:

- Midterm

- Final

RATING SCALE FOR STUDENT PERFORMANCE

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

VI. COMMUNICATION:

32. **Clearly and effectively communicates verbally and nonverbally** with clients, families, significant others, colleagues, service providers, and the public.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
33. **Produces clear and accurate documentation** according to site requirements.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
34. **All written communication is legible**, using proper spelling, punctuation, and grammar.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |
35. **Uses language appropriate to the recipient** of the information, including but not limited to funding agencies and regulatory agencies.
- | | | | | |
|---------|---|---|---|---|
| Midterm | 1 | 2 | 3 | 4 |
| Final | 1 | 2 | 3 | 4 |

Comments on strengths and areas for improvement:

• Midterm

• Final

VII. PROFESSIONAL BEHAVIORS:

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

Midterm	1	2	3	4
Final	1	2	3	4

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

Midterm	1	2	3	4
Final	1	2	3	4

38. **Responds constructively to feedback.**

Midterm	1	2	3	4
Final	1	2	3	4

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

Midterm	1	2	3	4
Final	1	2	3	4

40. **Demonstrates effective time management.**

Midterm	1	2	3	4
Final	1	2	3	4

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

Midterm	1	2	3	4
Final	1	2	3	4

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

Midterm	1	2	3	4
Final	1	2	3	4

Comments on strengths and areas for improvement:

• Midterm

• Final

PERFORMANCE RATING SUMMARY SHEET

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

MIDTERM:

Satisfactory Performance. 90 and above
 Unsatisfactory Performance. 89 and below

FINAL:

Pass 122 points and above
 No Pass 121 points and below

REFERENCES

1. American Occupational Therapy Association. (1998). Standards of practice for occupational therapy. *American Journal of Occupational Therapy, 52*, 866–869.
2. Accreditation Council for Occupational Therapy Education. (1999). Standards for an accredited educational program for the occupational therapist. *American Journal of Occupational Therapy, 53*, 575–582.
3. National Board for Certification in Occupational Therapy. (1997). *National Study of Occupational Therapy Practice, Executive Summary*.
4. American Occupational Therapy Association. (2000). Occupational therapy code of ethics (2000). *American Journal of Occupational Therapy, 54*, 614–616.
5. American Occupational Therapy Association (2002). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy, 56*, 606–639.

GLOSSARY

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

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

(Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy, 56*, 606–639.) (5)

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

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

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

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

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

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

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

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

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

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

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

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

STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

Purpose:

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

- Enable the Level II fieldwork student who is completing a placement at the site to evaluate and provide feedback to the fieldwork educator[s] and fieldwork setting
- Enable academic programs, fieldwork sites, and fieldwork educators to benefit from student feedback in order to develop and refine their Level II fieldwork programs
- Provide objective information to students who are selecting sites for future Level II fieldwork

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

Instructions to the Student:

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

Instructions to the Fieldwork Educator(s):

Review the SEFWE with the student after the final Fieldwork Performance Evaluation (FWPE) has been reviewed and signed.

The SEFWE is signed by both the fieldwork educator(s) and the student.

Return both the FWPE and SEFWE promptly upon completion of the fieldwork to the academic fieldwork coordinator.

STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE

Fieldwork Site: _____

Address: _____

Type of Fieldwork: _____

Placement Dates: from _____ to _____

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

Student work schedule:

Hours required: _____ per week

Weekends required Evenings required

Flex/Alternate Schedules Describe: _____

Identify Access to Public Transportation: _____

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

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

Experience report on _____
(date)

Student's Signature

FW Educator's Signature

Student's Name (Please Print)

FW Educator's Name and credentials (Please Print)

FW Educator's years of experience _____

ORIENTATION—WEEK 1

Indicate the adequacy of the orientation by checking “Yes” (Y) or “Needs Improvement” (I).

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

CLIENT PROFILE

Check age groups worked with

List most commonly seen occupational performance issues in this setting

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

Occupational Performance Issues

Describe the typical population: _____

OCCUPATIONAL THERAPY PROCESS

I. EVALUATION

List assessment tools used	Observed	Performed

II. INTERVENTION

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

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

Education: provides knowledge & enhances understanding about occupation, health and well-being to client to develop helpful behaviors, habits, routines				
Training: develops concrete skills for specific goal attainment. Targets client performance				
Advocacy: promotes occupational justice and empowers clients				

Identify theory(ies) that guided intervention: _____

III. OUTCOMES

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

Type of outcome	yes	no	Provide example
Occupational Performance			
Prevention			
Health & Wellness			
Quality of Life			
Participation			
Role competence			
Well-being			
Occupational Justice			

**OTPF-III terminology

ASPECTS OF THE ENVIRONMENT

	Yes	No
The current Practice Framework was integrated into practice		
Evidence-based practice was integrated into OT intervention		
There were opportunities for OT/OTA collaboration		
There were opportunities to collaborate with other professionals		
There were opportunities to assist in the supervision of others—		

specify:		
There were opportunities to interact with other students		
There were opportunities to expand knowledge of community resources		
Student work area/supplies/equipment were adequate		

Additional educational opportunities provided with comments (specify): _____

DOCUMENTATION AND CASE LOAD

Documentation Format:

- Narrative SOAP Checklist Other: _____
Hand-written documentation Electronic

If electronic, name format & program: _____

Time frame & frequency of documentation: _____

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

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

SUPERVISION

What was the primary model of supervision used? (check one)

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

Frequency of meetings/types of meetings with fieldwork educator (value/frequency):

General comments on supervision: _____

SUMMARY of FIELDWORK EXPERIENCE

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

	Circle one				
Expectations of fieldwork experience were clearly defined	1	2	3	4	5
Expectations were challenging but not overwhelming	1	2	3	4	5
Experiences supported student's professional development	1	2	3	4	5

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

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

Study the following evaluations:

Study the following intervention methods:

Read up on the following in advance:

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

Please feel free to add any further comments, descriptions, or information concerning your fieldwork at this center.

Would you recommend this fieldwork site to other students? Yes or No ____

Why or why not? _____

INSTRUCTIONS

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

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

FIELDWORK EDUCATOR NAME: _____

FIELDWORK EDUCATOR YEARS OF EXPERIENCE: _____

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

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

Comments: _____

**NEOTEC Inc., Level II Fieldwork Site Specific Objectives Checklist for use with:
The AOTA Fieldwork Performance Evaluation (for the Occupational Therapy Student)**

Site: _____ **Date:** _____

Contact Person: _____ **Phone #:** _____

Email: _____ **Fax #:** _____

I. FUNDAMENTALS OF PRACTICE

FWPE item #1: Adheres consistently to AOTA Code of Ethics & Ethics Standards (AOTA 2010, draft) & site's policies & procedures; including, when relevant, those related to human subject research as stated below:

- Demonstrates concern for well-being & safety of recipients of services (beneficence)
- Intentionally refrains from actions that cause harm (nonmaleficence)
- Respects right of individual to self rule (autonomy, confidentiality)
- Provides services in fair & equitable manner (social justice)
- Complies with institutional rules, local, state, federal, international laws & AOTA documents applicable to profession of occupational therapy (procedural justice)
- Provides comprehensive, accurate, & objective information when representing profession (veracity)
- Treats colleagues & other professionals with respect, fairness, discretion, & integrity (fidelity)
- Other: _____

FWPE item #2: Adheres consistently to safety regulations. Anticipates potentially hazardous situations & takes steps to prevent accidents for clients & staff members throughout fieldwork related activities including:

- | | |
|--|---|
| <input type="checkbox"/> record review | <input type="checkbox"/> OSHA/BBP |
| <input type="checkbox"/> medication side effects | <input type="checkbox"/> I.V./lines |
| <input type="checkbox"/> post-surgical | <input type="checkbox"/> ER codes/protocols |
| <input type="checkbox"/> infection control | <input type="checkbox"/> restraint reduction |
| <input type="checkbox"/> fall prevention | <input type="checkbox"/> HIPAA |
| <input type="checkbox"/> swallowing | <input type="checkbox"/> w/c locks/bedrails/call button |
| <input type="checkbox"/> food allergies | <input type="checkbox"/> Vital signs (BP, O2) |
| <input type="checkbox"/> ambulation status | <input type="checkbox"/> Trach/Ventilator monitoring |
| <input type="checkbox"/> behavioral system/privilege level
(e.g., locked area/unit, on grounds) | <input type="checkbox"/> Fire/Evacuation/Lockdown |
| <input type="checkbox"/> 1:1 for personal safety/suicide precautions | <input type="checkbox"/> CPR certification |
| <input type="checkbox"/> sharps count | <input type="checkbox"/> Communication re: change in status |
| <input type="checkbox"/> environment set up (no clutter, spills, unsafe items, etc.) | <input type="checkbox"/> Other: _____ |

FWPE item #3: Uses sound judgment in regard to safety of self & others during all fieldwork related activities:

- adheres to facility policies & procedures
- thorough chart reviews/checks MD orders/parent agreement for IEP
- consistently analyzes space for potential hazards based on client risk factors
- addresses anticipated safety concerns
- provides safe supervision of client based on client status
- accurately identifies ambulation needs/functional mobility status
- uses safe transfer techniques/equipment according to protocols
- determines wheelchair positioning needs (e.g., footrests, cushions, trays/supports, etc.)
- correctly positions client (e.g., in chair/bed; at desk, for feeding, etc.)
- provides supervision of client based on client status to ensure safety
- demonstrates proper splinting techniques such as
- correct selection of type
- correct selection of materials
- making adjustments as needed

FWPE item #3 (con't): Uses sound judgment in regard to safety of self & others during all fieldwork related activities:

- operates equipment according to training protocols
- attends to professional boundaries in therapeutic use of self-disclosure
- effectively limit sets & redirects client(s)
- establishes safe group climate (reinforce expectations/group rules or contract)
- Other: _____

II. BASIC TENETS

FWPE items #4-6: Clearly, confidently, & accurately communicates values/beliefs of occupational therapy profession, occupation as method/outcome, roles of OT/OTA as collaborative team appropriate to setting, using examples & language consistent w/ OTPF:

- verbally
- via written material (e.g., handout, article, sample job description, etc.)

Communicates about these 3 tenets with:

- client
- families/significant others
- OTA
- PT
- PTA
- SLP
- Teacher
- Aides
- MDs
- Nursing
- LISCW
- Psychologist
- CRTS
- CRC
- AT
- MT
- 3rd party payers
- regulatory bodies
- general public (e.g., promotional materials, in-services)
- Others: _____

Communicates about these 3 tenets in:

- client intervention/education
- meetings
- documentation/correspondence
- in-services, brochures, bulletin boards, media announcements, etc.
- Other: _____

Communicates re: occupation using:

- examples of occupation-based assessment tools
- citations of literature/evidence base for use of occupation relative to person/context
- terms & examples specific to person, organization, population (facility mission/level of care/service delivery)
- OTPF language (revised) verbally & in written work
- current AOTA official documents/fact sheets
- Other: _____

Communicates re: OT/OTA roles using:

- current AOTA official documents
- federal & state laws/practice acts governing evaluation/intervention
- state laws/practice acts re: role of OT/OTA
- Other: _____

FWPE item # 7: Effectively collaborates with clients, family/significant others throughout occupational therapy process (evaluation, intervention, outcome):

- seeks & responds to client feedback
- maintains client focus in sessions
- respectfully engages in discussion when conflict arises to address concerns
- provides written documentation of collaborative plan (e.g., home program)
- incorporates client/family priorities & interests
- tailors client/family education to individual needs
- Other: _____

III. EVALUATION AND SCREENING

FWPE item #8: Articulates clear & logical rationale for evaluation process:

- describes reasoning based on client, condition, context, FOR/EBP
- explains choice of occupation-based &/or client factors
- discusses psychometric properties (validity & reliability) of assessment tool
- Other: _____

FWPE item #9: Selects relevant screening/assessment* methods (*see assessment chart):

- Selects assessment according to:
 - client condition
 - client priorities
 - current context
 - future context
 - evidence
 - psychometric properties/validity/reliability

___ Selects assessment based on Theories/Frames of reference pertinent to setting such as:

<input type="checkbox"/> PEO	<input type="checkbox"/> Sensory Integrative
<input type="checkbox"/> Biomechanical	<input type="checkbox"/> NDT
<input type="checkbox"/> Behavioral	<input type="checkbox"/> Functional Group Model
<input type="checkbox"/> Acquisitional	<input type="checkbox"/> MOHO
<input type="checkbox"/> Psychodynamic	<input type="checkbox"/> Occupational adaptation
<input type="checkbox"/> Cognitive Behavioral	<input type="checkbox"/> Ecology of Human Performance
<input type="checkbox"/> DBT	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Sensory Processing	<input type="checkbox"/> Clinical Reasoning
<input type="checkbox"/> Developmental	<input type="checkbox"/> Cognitive/Cognitive Disability
<input type="checkbox"/> Motor Learning	<input type="checkbox"/> Coping
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

FWPE item #10: Determines occupational profile & performance through appropriate assessment methods (see assessment chart for specific tools/competency expectations)

FWPE item # 11: Assesses client factors & contexts that support or hinder occupational performance (see assessment chart for specific tools/competency expectations)

FWPE item #12: Obtains sufficient/necessary information from relevant resources such as client, families, significant others, service providers, & records prior to & during evaluation process via:

- thorough record/chart review
- client interview
- observation of client performance in areas of occupation (ADL/IADL, Education, Work, Play, Leisure, Social Participation, Rest/Sleep)
- assessment instruments addressing occupational performance (see assessment chart)
- observation of client performance skills (motor & praxis, emotional regulation, cognitive, communication/social, sensory-perceptual)
- assessment instruments addressing client performance skills
- observation of client performance patterns (roles, routines, rituals, habits)
- assessment instruments addressing client performance patterns (see assessment chart)
- assessment of client factors (see assessment chart)
- observation in current context(s) (personal, physical/environment, social, cultural, temporal, virtual)
- gathering information re: anticipated future context(s)
- gathering input from family/significant others/service providers (PCA, nursing, teachers, team members, referral source)
- discussion of psychosocial factors that effect performance/disposition (e.g., motivation, adjustment, anxiety, self-concept, QoL/participation, etc.,)
- assessment instruments that address psychosocial factors that effect performance/disposition (see assessment chart)
- Occupational Profile addresses
 - Who is client?
 - Client problems
 - Client values/interests/needs
 - Why seeking services?
 - Occupational history
 - Client successes/strengths
 - Priorities
 - Influence of environment/context
- Other(s): _____

FWPE item #13: Administers assessments in uniform manner to ensure valid/reliable results:

- adheres to assessment tool protocols/procedures (format, script, item use, scoring, etc.)

FWPE item #14: Adjusts/modifies assessment procedures based on client needs, behaviors, cultural variables such as:

- fatigue
- O2 sat/respiration rate
- BP/heart rate
- frustration tolerance
- anxiety
- acuity
- concerns re: safety (please specify): _____
- cultural beliefs, values, customs, expectations
- cognitive status
- pain
- language
- attention
- inability to perform task
- refusal
- Other: _____

FWPE item #15: Interprets evaluation results to determine client’s occupational performance strengths & challenges by integrating quantitative & qualitative information such as:

- standardized assessment results
- observations of client’s performance
- information re: client condition/dx
- client’s stated values, beliefs/motivations
- subjective/objective impressions
- identified problems/needs
- verbal reports of others (team, family/caretakers, etc.)
- Other: _____

FWPE item #16: Establishes accurate & appropriate plan based on evaluation results, integrating factors such as client’s priorities, context(s), theories & evidence-based practice:

- integrates information with client priorities to create plan relative to setting/scope of practice
- incorporates client’s present and future context(s) (personal, cultural, temporal, virtual, physical, social) in clinical reasoning/intervention planning
- utilizes summarized evidence from Critically Appraised Topics/Papers (CATs/CAPs) to guide decision-making/reasoning (<http://www.otcats.com/index.html>)
- uses EBP approach (e.g., PICO question: Person, Intervention, Comparison, Outcome) to search for/find relevant evidence according to client priorities & frame of reference
- critically appraises findings (e.g., CAT: <http://www.otcats.com/template/index.html>; or CanChild (www.canchild.ca/en/canchildresources/educationalmaterials.asp#CriticalReview))
- uses structured method to review evidence (journals, case studies, consensus of experts)
- creates realistic plan reflective of accurate understanding of client abilities and potential
- sets goals consistent with client priorities, theory/frame of reference, evidence, & setting
- Other: _____

FWPE item #17: Documents results of evaluation process in manner that demonstrates objective measurement of client’s occupational performance:

- records observed performance in areas of occupation (ADL/IADL, Education, Work, Play, Leisure, Social Participation, Rest/Sleep) as per setting’s policies & procedures/scope of practice
- accurately reports standardized assessment data (raw scores/results) as applicable
- formulates goals that are specific, measurable, realistic, attainable, time-limited
- utilizes outcome measurement methods when available or per setting policies
- Other: _____

IV. INTERVENTION

FWPE item #18: Articulates a clear and logical rationale for intervention process:

- verbally in supervision sessions
- verbally in client sessions
- via written assignments (journal, case study)
- in pt education materials
- via sharing EBP article reviews
- in written documentation
- in rounds/team meetings
- via in-services
- Other: _____

FWPE item #19 (part 1): Utilizes evidence from published research & relevant resources to make informed decisions, with supervisor/client/team/caregiver/agency (as appropriate) using information found in:

- Critically Appraised Papers (CAPs)/Critically Appraised Topics (CATs)
(www.aota.org/Educate/Research.aspx; <http://www.otcats.com/index.html>)
- articles from peer reviewed journals (e.g., AJOT, OTJR, etc.,)

FWPE item #19 (part 2): Utilizes evidence from published research & relevant resources to make informed decisions with supervisor/client/team/caregiver/agency (as appropriate) using:

- discussion/sharing of material learned via other sources (textbooks, OT Practice, coursework, association website searches, conferences, etc.,) in supervision
- Other: _____

FWPE items #20 & 21: Chooses relevant occupations that motivate & challenge clients to facilitate meeting established goals based on clients':

- condition/status stated interests beliefs & values psychosocial needs
- progress current context & resources future context & resources
- Other: _____

FWPE items # 22 & 23: Implements client centered & occupation based intervention plans considering areas of occupation/outcomes such as:

- Role competence ADL Play Work IADL Sleep/rest
- Social participation Education Leisure Adaptation Health/wellness
- Quality of life Self advocacy Occupational (social) justice
- Other: _____

FWPE item #24: Modifies task, approach, occupations, & environment to maximize client performance by:

- adapting sequence of activity & objects used changing length/frequency/timing of sessions
- ↑↓ sensory input ↑↓ cognitive demand
- ↑↓ visual/verbal cues ↑↓ physical requirements
- ↑↓ amount of physical assistance provided
- ↑↓ social demand (1:1 vs. group, family vs. peer(s), rules/norms)
- ↑↓ amount of emotional/behavioral support provided
- promoting ↑ safety (↑awareness, education/feedback, environmental modifications, removing potential sources of injury, etc.,)
- creating adaptive device(s)
- reviewing/revising expectations with client(s) relative to desired occupations, role(s) & context
- Other: _____

FWPE item #25: Updates, modifies, or terminates intervention plan based upon careful monitoring of client's status:

- accurately represents client progress verbally & in documentation
- accurately reports change in client status (e.g., illness, affect) affecting performance
- frequently re-evaluates effectiveness of intervention based on goal achievement and/or outcome measurement
- subjective data consistent with objective data reported verbally or in documentation

FWPE item # 26: Documents client's response to services in a manner that demonstrates efficacy of interventions via:

- progress reports with quantitative data (goal attainment scaling, excel charts/graphing, re-assessment, score comparison, outcome measurement results)
- narrative summary with qualitative descriptors according to problems identified/goals achieved
- Other: _____

V. MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES

FWPE item # 27: Demonstrates through practice or discussion ability to assign appropriate responsibilities to the occupational therapy assistant & occupational therapy aide:

- describes or assigns duties commensurate to educational level, assessed competency, federal & state laws regulating use of supportive personnel
- considers number of clients, complexity of needs, type of setting, safety
- describes or provides type of supervision required (close, direct, line of sight)
- provides reference for state statutes/regulations governing performance of services & definitions of supervision (www.aota.org/Practitioners/Licensure/StateRegs/Supervision/36455.aspx)
- Other: _____

FWPE item # 28: Demonstrates through practice or discussion ability to actively collaborate with occupational therapy assistant:

- describes &/or engages in tasks with OTA relative to job description &/or scope of practice as defined by state guidelines (e. g., soliciting contributions to evaluation process &/or delegating implementing & adjusting intervention plan) in accordance with AOTA Official Guidelines for Supervision, Roles, & Responsibilities (www.aota.org/Practitioners/Official.aspx)
- completes alternate assignment to meet objective (please describe or attach):

FWPE item # 29: Demonstrates understanding the costs and funding related to occupational therapy services at this site:

- discusses political issues/policy decisions that affect funding
- outlines how services are regulated and funds allocated pertaining to local and/or federal laws such as IDEA, ADA, Medicare/Medicaid, etc.
- describes agency billing/payment system (grant funding, types of insurance, private pay, cost-share, state/federal funding)
- describes eligibility criteria for reimbursement and discharge
- identifies possible resources available (grants, community partnerships, sources for donations, fundraising ideas, etc.,)
- demonstrates awareness of risk management and liability as part of costs and quality care
- demonstrates awareness of budgetary implications when procuring/using supplies
- Other: _____

FWPE item #30: Accomplishes organizational goals by establishing priorities, developing strategies, and meeting deadlines:

- articulates setting's mission & values
- schedules meetings/sessions according to facility expectations
- begins & ends sessions on time
- attends meetings on time
- reports in meetings in concise manner
- meets paper work deadlines per policy & procedures
- prioritizes workload according to policies & caseload demands
- uses time management strategies (checklists, templates, to-do list)
- Other: _____

FWPE item #31: Produces the volume of work required in the expected time frame:

- is self directed in managing schedule to meet workload/caseload
- gathers necessary evaluation data within allotted amount of time - specify:
- completes evaluation write-up with documentation co-signed & in chart/record within:
 - 8 hours 24 hrs 1 week other: _____
- conducts (specify number) of evaluations: per day per week per month
- serves caseload commensurate with entry-level therapist (please specify # of clients/groups):
 - _____ / _____ per day _____ / _____ per week _____ / _____ per month

FWPE item #31 (con't): Produces the volume of work required in the expected time frame:

- completes progress note documentation within expected time period of: _____
- completes (specify number) of progress notes: per day per week per month
- Other: _____

VI. COMMUNICATION

FWPE item #32: Clearly & effectively communicates verbally and nonverbally with clients, families, significant others, colleagues, service providers, and the public:

- uses language appropriate to the recipient of information, including but not limited to funding agencies & regulatory agencies
- gauges use of terminology to level of understanding of person with whom communicating
- utilizes examples to illustrate meaning/intent
- uses active listening strategies (restates/paraphrases) to ensure both parties have shared understanding of information/plan
- uses multiple modes of communication (verbal, written, nonverbal)
- makes eye contact when appropriate
- attends to physical boundaries/body space
- demonstrates professional presentation/demeanor in facial expression, posture, grooming affect, & attire
- utilizes setting's services for translators or translation of written materials when indicated/available
- Other: _____

FWPE item # 33-34: Produces clear and accurate documentation according to site requirements. All written communication is legible, using proper spelling, punctuation, and grammar:

- completes computerized &/or hand-written documentation per setting protocols/formats
- uses approved institutional terminology/abbreviations
- uses technology when available to check work (grammar, spelling)
- uses strategies such as proof reading, reading aloud, checking against template, asking colleague/peer to proof if feasible
- Other: _____

FWPE item #35: Uses language appropriate to the recipient of the information, including but not limited to funding agencies & regulatory agencies:

- writes in a manner conducive to being read by recipients of services & other disciplines, free of jargon, retaining language consistent with OTPF-Revised (client profile, analysis of occupational performance (areas, skills/patterns, influence of context(s), client factors)
- gauges use of terminology to level of understanding of person with whom communicating
- utilizes examples to illustrate meaning/intent (verbal/demonstration)
- takes into account cultural differences, providing handouts in client's first language, when available, providing illustrations with written content
- adjusts content (verbal/nonverbal) in response to clients/family/caregivers colleagues' response
- provides clear & concise instructions
- Other: _____

VII. PROFESSIONAL BEHAVIORS

FWPE item #36: Collaborates with supervisor(s) to maximize the learning experience:

- asks supervisor for specific feedback
- consistently checks in to clarify expectations
- shares information about learning style with supervisor and asks for help as needed to adjust
- utilizes structures in setting to support learning (e.g., student manual, reviews expectations, tracks own caseload/workload)
- asserts need to schedule supervision meetings

FWPE item #36 (con't): Collaborates with supervisor(s) to maximize the learning experience:

- discusses concerns & identify possible avenues for changes or improvements
- discusses &/or negotiates need for adjustments to supervisory relationship, performance expectations, caseload, & learning environment to improve quality of experience (e.g., reviews AOTA Fieldwork Experience Assessment Tool)
- Other: _____

FWPE item # 37: Takes responsibility for attaining professional competence by seeking out learning opportunities & interactions with supervisor(s) & others:

- comes to supervision w/ list of questions/concerns & possible options for how to address them
- takes initiative to meet w/ other members of team to understand their role/perspective
- reviews testing materials/manuals on own prior to observing or administering
- seeks out, reviews & shares reading materials/articles on frames of reference/EBP, client conditions, public law/policy, etc.,
- pilots new program ideas/improvements (e.g., assessment tools, outcome measures, groups, new forms or procedures etc.,) when feasible/available
- collaborates in research design or data collection with others (per IRB approval)
- exercises good judgment when choosing to attend in-services or other continuing education opportunities (e.g., based on workload management, caseload focus, scope of practice)
- Other: _____

FWPE item #38: Responds constructively to feedback:

- engages in mutual feedback exchange (e.g., listen, clarify, acknowledge feedback &/or redirection, provide examples, ask "How can I improve?"; discuss ways to make active changes, identify what would be helpful, discusses options)
- demonstrates commitment to learning by identifying specific goals/actions to improve behavior/performance in collaboration with supervisor
- processes feedback & seeks support from supervisor appropriate to context of supervisory relationship & learning opportunity
- utilizes tools to reflect on own performance or variables affecting performance (e.g., self-assessment on FWPE, journaling, FEAT)
- takes initiative to contact academic program resource persons for support if needed
- Other: _____

FWPE #39: Demonstrates consistent work behaviors including initiative, preparedness, dependability, and work site maintenance:

- takes initiative to address workload management
- demonstrates consistent work behaviors in both task & interpersonal interactions
- attends to site cleanliness, safety & maintenance of supplies as appropriate to role
- comes prepared for meetings/sessions
- takes responsibility to address areas of personal/professional growth
- proactively plans for & requests appropriate supports or accommodations in manner consistent with federal law & site resources (e.g., open in communication, provides appropriate documentation, requests reasonable accommodation if indicated)
- Other: _____

FWPE item #40: Demonstrates effective time management:

- monitors, maintains & adapts own schedule in accordance w/ site's priorities
- organizes agenda or materials for meetings & sessions
- conducts evaluation &/or intervention sessions w/in allotted time, inclusive of set-up/clean-up
- arrives on time to work, meetings, client sessions
- completes documentation/paperwork in timely manner
- completes learning activities by due dates

FWPE item #41: Demonstrates positive interpersonal skills including but not limited to cooperation, flexibility, tact, and empathy in social interactions w/ clients/patients, peers & colleagues:

- communicates concerns in 1st person manner (e.g., “I statements”)
- remains calm when conveying point of view when conflict arises
- compromises as needed when negotiating workload
- demonstrates flexibility to support own learning or department mission (e.g., extra effort, stay late if needed, etc.,)
- demonstrates ongoing awareness of impact of own behavior on others
- displays positive regard for others
- demonstrates effective use of self disclosure (e.g., moderate)/therapeutic use of self to build rapport, establish alliance(s) & motivate others (peers/colleagues/clients)
- provides genuine encouragement to maximize client’s participation/performance
- provides timely & specific feedback
- sets limits to maintain safety & support positive behavior/performance improvement

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

- demonstrates awareness of own background and sensitivity to worldviews of others (clients, family, colleagues)
- refrains from imposing own beliefs & values on others
- maintains clients’ dignity
- gathers information about clients’ cultural values &/or spiritual beliefs
- incorporates clients’ values & beliefs into therapeutic interactions & interventions
- considers clients socioeconomic & community resources & lifestyle when designing intervention plans & discharge planning
- demonstrates tolerance for differences in others & willingness to work w/ all clients

Other expectations not noted above:

Signature

LEVEL I FIELDWORK OBJECTIVES

- Demonstrate professional behaviors consistent with the role of an emerging occupational therapist for time management, flexibility, adherence to fieldwork facility's policies and procedures, ethics, and responsible participation in the supervisory relationship
- Acknowledge and adhere to safety precautions and practices related to client care and facility policies and procedures
- Identify the roles of the interprofessional care team and recognize various disciplines value in delivery of care
- Develop comfort and skill in communicating with clients, caregivers, family members, and members of the care team Identify the contribution of client-centered and occupation-based perspectives in a variety of settings
- Communicate relevant observations through oral and written means, incorporating professional terminology

LEVEL II FIELDWORK OBJECTIVES

The purpose of Level II Fieldwork is for students to develop and demonstrate entry-level competencies as a generalist in occupational therapy. This is accomplished through in-depth clinical experiences in a variety of settings with clients across the lifespan. Consistent with the mission, philosophy, and curriculum design of the WNE OTD program, the central objectives for Level II Fieldwork are below. Site-specific objectives will be established through collaboration between the Program and the facility for each site.

By the end of the Level II Fieldwork experience, the student will be able to:

- Demonstrate personal and professional conduct reflecting the values and ethics of the profession
- Develop entry-level proficiency in application of the 3rd Edition of the Occupational Therapy Practice Framework: Domain and Process (OTPF 3rd edition, 2014), including all aspects of the OT process including:
 - Evaluation/Screening
 - Gather pertinent information prior to evaluating/screening the client;
 - Select relevant areas and appropriate methods of assessment;
 - Inform client/family regarding evaluation/assessment purpose and procedure;
 - Administer and adapt the assessment if needed;
 - Interpret and report the assessment data accurately; and
 - Re-evaluate as necessary.
 - Treatment Planning
 - Collaborate with the client and other members of the healthcare team (including families, etc.) to develop a client-centered, evidence-based, occupation-based treatment plan;
 - Establish and document treatment goals;
 - Review client progress with the healthcare team and other relevant parties;
 - Educate clients, family members, and staff in activities supportive of client's goals;
 - Use activity analysis to plan treatment;
 - Determine appropriate and logical sequence for treatment;
 - Engage in discharge planning with the healthcare team; and
 - Terminate treatment when appropriate.
 - Treatment:
 - Prepare client for treatment and explain each step of the process;
 - Establish and maintain therapeutic rapport;
 - Respond appropriately to client needs and status;
 - Set appropriate boundaries and limits;
 - Adhere to measures of safety, precautions, and contraindications;
 - Incorporate prevention into treatment;
 - Collaborate with the healthcare team to optimize client outcomes;

- Modify treatment when and as appropriate;
- Grade tasks as appropriate;
- Demonstrate effective problem-solving skills; and
- Model client-centered, occupation-based, evidence-based practice.
 - Administration/Professionalism/Communication:
 - Develop effective communication and interpersonal skills;
 - Effectively collaborate with all key stakeholders in the practice and academic settings;
 - Actively participate in the supervisory process; use feedback for personal and professional growth;
 - Demonstrate self-directed learning;
 - Manage time effectively and adjust priorities as and when needed;
 - Comply with all policies and procedures;
 - Demonstrate professional and ethical behaviors;
 - Adhere to safety regulations/requirements; and
 - Maintain client, facility, and staff confidentiality.

**NEW ENGLAND OCCUPATIONAL THERAPY EDUCATION COUNCIL INC., (NEOTEC)
FIELDWORK DATA FORM
Adapted from: AOTA, 2008**

Introduction: The purpose of the Fieldwork Data Form is to facilitate communication between occupational therapy practitioners (in their supervisory role as Fieldwork Educators), academic programs (faculty and fieldwork coordinators), and students. This information is required to meet the Accreditation Council for Occupational Therapy (ACOTE) Standards to be met by all academic programs. In addition, students benefit from this valuable information.

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. NEOTEC has adapted the form originally developed through the joint efforts of the Commission on Education (COE) and Education Special Interest Section (EDSIS) Fieldwork Subsection. We have developed a companion Fieldwork Site Specific Objectives checklist to help expedite clarification of expectations for the Level II fieldwork student. The checklist is organized according to the AOTA Fieldwork Performance Evaluation items. If you have Site Specific Objectives prepared, please feel free to complete only the Assessment table to accompany your document.

This document is an important part of the collaborative process of fieldwork education. We appreciate your efforts in providing this information to support best practices in fieldwork education. NEOTEC's aim in providing one standard document is to maximize efficiency and clarity in a user-friendly format. We welcome your feedback and encourage any additional input you feel would be helpful to add to the forms.

Thank you!

Please complete and return to:

Please call or email if you have questions.

NEOTEC FIELDWORK DATA FORM

Date: _____
Name of Facility: _____ Multiple Locations, please attach list
Address: _____ City _____ State _____ Zip: _____

Title of Parent Corporation (if different from facility name): _____
Address (if different from facility): _____
 Street: _____ City: _____ State: _____ Zip: _____

<p>FW I</p> <p>Contact Person: _____ Credentials: _____</p> <p>Phone: _____ E-mail: _____</p>	<p>FW II</p> <p>Contact Person: _____ Credentials: _____</p> <p>Phone: _____ E-mail: _____</p>
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<p>Director: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Web site address: _____</p> <p>Email address: _____</p>	<p>Corporate Status:</p> <p><input type="checkbox"/> For Profit</p> <p><input type="checkbox"/> Non-Profit</p> <p><input type="checkbox"/> State Gov't</p> <p><input type="checkbox"/> Federal Gov't</p>	<p>Preferred Sequence of FW:</p> <p><input type="checkbox"/> Any</p> <p><input type="checkbox"/> Full-time only <input type="checkbox"/> Part-time option</p> <p><input type="checkbox"/> OT Only <input type="checkbox"/> OTA Only</p> <p><input type="checkbox"/> 2nd/3rd only (1st must be in:</p>
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Accreditation Bodies: _____ **Yr. of last review:** _____

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

<p>Hospital-based settings</p> <p><input type="checkbox"/> In-Patient Acute 1.1</p> <p><input type="checkbox"/> In-Patient Rehab 1.2</p> <p><input type="checkbox"/> SNF/ Sub-Acute/ Acute Long-Term Care 1.3</p> <p><input type="checkbox"/> General Rehab Outpatient 1.4</p> <p><input type="checkbox"/> Outpatient Hands 1.5</p> <p><input type="checkbox"/> Pediatric Hospital/Unit 1.6</p> <p><input type="checkbox"/> Peds Hospital Outpatient 1.7</p> <p><input type="checkbox"/> In-Patient Psych 1.8</p> <p>Other areas (specify): _____</p>	<p>Community-based settings</p> <p><input type="checkbox"/> Peds Community 2.1</p> <p><input type="checkbox"/> Behavioral Health Community 2.2</p> <p><input type="checkbox"/> Older Adult Community Living 2.3</p> <p><input type="checkbox"/> Older Adult Day Program 2.4</p> <p><input type="checkbox"/> Outpatient/hand private practice 2.5</p> <p><input type="checkbox"/> Adult Day Program for DD 2.6</p> <p><input type="checkbox"/> Home Health 2.7</p> <p><input type="checkbox"/> Peds Outpatient Clinic 2.8</p>	<p>School-based settings</p> <p><input type="checkbox"/> Early Intervention 3.1</p> <p><input type="checkbox"/> School 3.2</p> <p>Age Groups:</p> <p><input type="checkbox"/> 0-5</p> <p><input type="checkbox"/> 6-12</p> <p><input type="checkbox"/> 13-21</p> <p><input type="checkbox"/> 22-64</p> <p><input type="checkbox"/> 65+</p>	<p>Staff Composition:</p> <p><input type="checkbox"/> OTRs <input type="checkbox"/> COTAs</p> <p><input type="checkbox"/> Aides <input type="checkbox"/> Social Workers</p> <p><input type="checkbox"/> PTs <input type="checkbox"/> Speech</p> <p><input type="checkbox"/> Nutritionist <input type="checkbox"/> Case Managers</p> <p><input type="checkbox"/> Teachers/Resource Teachers</p> <p><input type="checkbox"/> Counselor/Psychologist</p> <p><input type="checkbox"/> Therapeutic Rec (CTRS)</p> <p><input type="checkbox"/> Expressive (art/music/movement)</p> <p><input type="checkbox"/> MD/Medical Residents</p> <p><input type="checkbox"/> Orthotics/Prosthetics</p> <p><input type="checkbox"/> Nursing Personnel</p> <p><input type="checkbox"/> CRC Vocational Counselor</p> <p><input type="checkbox"/> Other: _____</p>
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Student Pre-requisite competencies:

MMT <input type="checkbox"/>	Vital signs <input type="checkbox"/>	Group protocols/ leadership <input type="checkbox"/>
Goniometry <input type="checkbox"/>	Transfers <input type="checkbox"/>	Universal Precautions <input type="checkbox"/>
Interviewing techniques/ skills <input type="checkbox"/>	Wheelchair use/ safety/ positioning <input type="checkbox"/>	Task/activity analysis <input type="checkbox"/>
Other (describe): _____		

Site Requirements for students (check all that apply) ACOTE Standard B.10.6

<p><input type="checkbox"/> CPR</p> <p><input type="checkbox"/> BLS</p> <p><input type="checkbox"/> Health Provider</p> <p><input type="checkbox"/> AED</p> <p><input type="checkbox"/> Medicare / Medicaid Fraud Check</p> <p><input type="checkbox"/> Criminal Background Check</p> <p><input type="checkbox"/> by site <input type="checkbox"/> by college</p> <p><input type="checkbox"/> residency (all states)</p> <p><input type="checkbox"/> National</p> <p><input type="checkbox"/> OIG (Off. Inspector Gen)</p>	<p><input type="checkbox"/> Child Protection/abuse check</p> <p><input type="checkbox"/> Sexual Offense Record Inquiry</p> <p><input type="checkbox"/> First Aid</p> <p><input type="checkbox"/> Infection Control training</p> <p><input type="checkbox"/> HIPAA Training</p> <p><input type="checkbox"/> Prof. Liability Ins.</p> <p><input type="checkbox"/> Fingerprinting</p>	<p><input type="checkbox"/> HepB</p> <p><input type="checkbox"/> MMR</p> <p><input type="checkbox"/> Tetanus</p> <p><input type="checkbox"/> Chest x-ray</p> <p><input type="checkbox"/> Drug screening</p> <p><input type="checkbox"/> TB/Mantoux</p> <p><input type="checkbox"/> 2 step PPD</p> <p><input type="checkbox"/> Interview</p> <p><input type="checkbox"/> Own transportation</p>	<p><input type="checkbox"/> Physical Check up</p> <p><input type="checkbox"/> Varicella titre</p> <p><input type="checkbox"/> Influenza</p> <p><input type="checkbox"/> Certificate of Liability</p> <p><input type="checkbox"/> Site established student orientation program/procedure (please describe):</p> <p><input type="checkbox"/> Dress Code (attach or describe below)</p>
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Please list any other requirements or fees: _____

Please identify additional ways students should prepare for placement:

Students will participate in (check all that apply)

<input type="checkbox"/> Direct service	<input type="checkbox"/> Evaluation/Screening	<input type="checkbox"/> Consultation	<input type="checkbox"/> Billing
<input type="checkbox"/> One-to-one	<input type="checkbox"/> Meetings(team, department, family)	<input type="checkbox"/> In-service training	<input type="checkbox"/> Documentation
<input type="checkbox"/> Small group(s)	<input type="checkbox"/> Client/caregiver education	<input type="checkbox"/> Presenting	<input type="checkbox"/> Other:
<input type="checkbox"/> Large group (s)	<input type="checkbox"/> Discharge planning	<input type="checkbox"/> Attending	

Identify safety precautions at FW site:

<input type="checkbox"/> Medications	<input type="checkbox"/> Swallowing/ choking risks
<input type="checkbox"/> Post-surgical (list procedures)	<input type="checkbox"/> Behavioral system/ privilege level (locked areas, grounds)
<input type="checkbox"/> Vital signs (BP, O2)	<input type="checkbox"/> Sharps count
<input type="checkbox"/> Fall risk	<input type="checkbox"/> 1:1 for safety
<input type="checkbox"/> Allergies	<input type="checkbox"/> Suicide precautions
<input type="checkbox"/> Restraint Protocols	<input type="checkbox"/> Lockdown/evacuation/fire
<input type="checkbox"/> Other (describe):	

<p>Target caseload/productivity at end of fieldwork: Productivity per day: Productivity per week: # Groups per day: Caseload:</p>	<p>Documentation Format (briefly describe):</p> <input type="checkbox"/> Narrative <input type="checkbox"/> SOAP <input type="checkbox"/> Checklist <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hand-written documentation <input type="checkbox"/> Computerized Medical Records	<p>Student Assignments beyond service delivery</p> <input type="checkbox"/> Research <input type="checkbox"/> EBP/Literature review <input type="checkbox"/> In-service <input type="checkbox"/> Case study <input type="checkbox"/> Participate in in-services/ grand rounds <input type="checkbox"/> Fieldwork Project <input type="checkbox"/> Field visits <input type="checkbox"/> Observation of other units/disciplines <input type="checkbox"/> Other assignments (please list):
<p>Student work schedule Hours Required: <input type="checkbox"/> Weekends required <input type="checkbox"/> Evenings required <input type="checkbox"/> Flex/Alternate Schedules Describe: <input type="checkbox"/> Outside study expected</p>	<p>Time frame & frequency of documentation: Evaluation due within: _____ <input type="checkbox"/> Contact note <input type="checkbox"/> Progress Summary <input type="checkbox"/> Other: _____</p>	<p>Other</p> <input type="checkbox"/> Access to Public Transportation Room provided <input type="checkbox"/> yes <input type="checkbox"/> no If yes: <input type="checkbox"/> Free <input type="checkbox"/> At Cost Describe Assistance Provided (if any): _____ Meals <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> for a fee Stipend amount:

Administrative/ Management duties or responsibilities of student

Supervision of others (Level I students, aides, OTA, volunteers)
 Procuring supplies
 Other:

INTEGRATION OF CURRICULUM THEMES (ACADEMIC PREPARATION)

Please identify the <i>extent of opportunities</i> that students will have to incorporate the following themes in occupational therapy practice during the fieldwork experience	1 = No opportunity 2 = Limited opportunities 3 = Some opportunities 4 = Many opportunities (with most clients) 5 = Consistent opportunities (for all clients)				
	1	2	3	4	5
A. CLIENT-CENTERED PRACTICE					
B. OCCUPATION-BASED PRACTICE					
C. EVIDENCE-BASED PRACTICE					
D. LEADERSHIP & ADVOCACY					
E. ASSISTIVE TECHNOLOGY					
F. CLINICAL REASONING					

Supports for client-centered practice:

- A.1. Clients are routinely interviewed and goals documented
- A.2. Clients/family members/caregivers formally agree to the intervention plan
- A.3. Clients are provided with choices to direct the priorities of the intervention plan
- A.4. Other: (please describe)

Supports for occupation-based practice:

- B.1. The client is provided intervention in a natural environment [school-based, community outings (grocery shopping, using public transportation, entertainment, etc.), home care, home evaluation/visit, car transfers, etc.]
- B.2. The client is involved in active collaboration with practitioners to identify similarities and differences between the hospital/healthcare facility's simulated environment and that of their residence/home
- B.3. The client and/or practitioner bring-in/provide authentic occupation-based activities as part of the intervention plan (cooking, playing games, musical instruments, arts & crafts, sports/fitness, etc.)
- B.4. Other: (please describe)

Supports for evidence-based practice (EBP):

- C.1. Evidence-based practice is valued by the fieldwork facility and practitioners
- C.2. Clients/consumers inquire about research-proven options for interventions/OT services
- C.3. Time is allotted (each week) for staff development to address activities such as EBP
- C.4. In-services are offered on a regular basis to promote staff development and continued learning
- C.5. Internet access and access to online professional journals is available for searching and using EBP
- C.6. Other: (please describe)

Supports for leadership and advocacy:

- D.1. Leadership and advocacy is valued by the fieldwork facility and practitioners who serve as role models
- D.2. The facility's environment promotes leadership and advocacy
- D.3. Time is allotted for activities that promote leadership and advocacy
- D.4. Other: (please describe)

Supports for Assistive Technology

- E.1. Offers opportunities to participate in the *process* of evaluating and prescribing assistive technology (including client education), training in the use of assistive technology *devices* and/or training clients in use of adaptive *strategies* (e.g., one handed dressing, joint protection, etc)
- E.2. Offers opportunities to participate in environmental

Supports for Clinical Reasoning & Reflective Practice

- F.1 Provided opportunity to assess knowledge & practice skills in simulated contexts (e.g. role plays, problem based case scenarios)
- F.2 Verbal prompts to probe reasoning in safe learning context (e.g., before, during, after sessions, in supervisory meetings)
- F.3 Written assignments to challenge assumptions, build use of narrative, enhance reflection (e.g., interactive journal, case study)
- F.4 Feedback re: growth in areas of clinical/professional reasoning (e.g., scientific/procedural, interactive, pragmatic, ethical, etc.) assessments and/or adaptation
- E.3 Other: (please describe)

Supervision Process

What is the nature and frequency of supervision meetings: Formal Informal

Frequency: daily weekly other

What is the model of supervision utilized at your site:

- 1:1 Supervision Model Several Students: 1 Therapist (Collaborative model) Several Therapists: 1 student

Supervisory Methods to promote reflective practice:

- Journaling Processing verbally Student Self Assessment/Self Appraisal (log/form)
- Written activity analysis Probing questions Written submission of intervention plans & rationale
- Other: _____

Describe record keeping of supervision sessions:

- Co-signed documentation of daily/weekly supervision All informal/formal notes maintained by FW Educator
- Records kept when student not meeting expectations Other:

Please check off any training or resources that fieldwork educators at your site have available to support their role in supervision of students (e.g., print resources, continuing ed coursework, online materials, workshops, etc.)

Site Specific Student objectives (please attach) Facility's Student manual Facility Training in supervision

Release time and/or reimbursement for continuing education

AOTA Certificate in Fieldwork Education Program

Mentoring opportunities (e.g., in 1:1 or Group Format)

Training or in-service provided by NEOTEC, Regional, State or individual Academic Programs

Use of online resources such as: AOTA (<http://www.aota.org/Educate/EdRes/Fieldwork/Supervisor.aspx>)

NEOTEC, Regional, ([/www.neotecouncil.org/](http://www.neotecouncil.org/)), State Associations, or individual Academic Programs

Facility Name: _____

Month/Year: _____

Occupational Therapy Staff Profile

ACOTE standards (B.10.17) require that students are supervised by a currently licensed or credentialed Occupational Therapy Practitioner who has a minimum of 1 year of practice experience subsequent to initial certification, and is adequately prepared to serve as a fieldwork educator. In accordance with this, we ask that you complete the grid below and update it regularly, or as changes to your staff occur. Thank you in advance for your assistance with this!

Name and (OT/OTA)	Title	Degree	Year of Initial Certification

SUPPLEMENTAL INFORMATION ~ please attach any of the following if you have them available or if they have changed

- Literature/pamphlets on programs and services offered
- Student Manual
- Job description for entry-level occupational therapy personnel
- Mission statement
- Facility Policies & Procedures (e.g., HIPAA)

Thank you!!

STUDENT PERSONAL DATA SHEET

PERSONAL DATA SHEET

This form is completed by the student and is sent to the student's Level II fieldwork educator prior to the start of the fieldwork experience.

PERSONAL DATA SHEET
FOR STUDENT FIELDWORK EXPERIENCE

PERSONAL INFORMATION

Name _____

Permanent Home Address _____

Phone number and dates that you will be available at that number

Phone Number _____ Dates _____

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

EDUCATION INFORMATION

1. Expected degree (*circle one*)

OTA:

Associate Baccalaureate Masters Doctorate Certificate

OT:

Baccalaureate Masters Doctorate Certificate

2. Anticipated year of graduation _____

3. Prior degrees obtained _____

4. Foreign languages read _____ spoken _____

5. Do you hold a current CPR certification card? Yes _____ No _____

Date of expiration _____

HEALTH INFORMATION

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

2. If yes, name of company _____

Group # _____ Subscriber # _____

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

PREVIOUS WORK/VOLUNTEER EXPERIENCE

PERSONAL PROFILE

Over...

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

HIPAA Guidelines for Fieldwork and Doctoral Experiential Education

The AOTA website is a resource for OT students, fieldwork educators and university faculty. This includes guidelines and strategies on how to maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA) (“HIPAA Guidelines for Fieldwork,” n.d.).

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

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

For written reports, the following information **can** be shared:

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

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

INFECTION CONTROL

Infection Control Policy

The following policy refers specifically to the Doctor of Occupational Therapy program at Western New England University. Clinical and community-based settings may have other policies. In these situations, the policies will be made available at the site. Infection control standards must be followed by all OT students and practitioners. The following information is the most update to date protocol from the Center for Disease Control and Prevention website (“Handwashing - Clean Hands Save Lives | CDC,” 2016).

General infection control procedures include:

- Wearing personal protective equipment (protective gloves, masks, gowns, eyewear, and face shields) whenever splashing or splattering of blood or other bodily fluids may occur.
- Thorough handwashing with soap and water before and after client contact is required. Follow the Centers for Disease Control Handwashing recommendations:
 - WET hands with clean, running water (warm or cold), turn off the tap and apply soap.
 - LATHER hands by rubbing them together with the soap. Lather the backs of the hands, between the fingers, and under the nails.
 - SCRUB hands for at least 20 seconds. If there is no timer available, hum the “Happy Birthday” song from start to finish two times.
 - RINSE hands well under clean, running water.
 - DRY hands using a clean towel or air dry.
- In the event proper handwashing is not available, the use of antiseptic hand gel is recommended. The CDC recommends use of an alcohol-based hand sanitizer containing at least 60% alcohol. Antiseptic hand sanitizer recommendations include:
 - APPLY product to the palm of one hand (check label for correct amount).
 - RUB hands together.
 - RUB the product over all surfaces of the hands and fingers until hands are dry.
- Clean and disinfect all equipment/devices used in client care after each client contact or when exposed to bodily fluids.
- Universal precautions **MUST** be followed at all times and in all situations in the presence of blood or other bodily fluids.

DOCTORAL EXPERIENTIAL MANUAL

APPENDIX A

DOCTORAL EXPERIENTIAL: PROPOSAL FORM

Western New England University
Occupational Therapy Doctoral Experiential Proposal
DRAFT January 21, 2019

This proposal should be typed, double spaced, and formatted to conform to American Psychological Association (APA) Publication Style, 6th edition. The Doctoral Experiential Faculty and Site Mentors, the WNE OTD Doctoral Experiential Coordinator, and a WNE OTD Faculty Panel must approve the final proposal. It must also be presented to representatives of the Doctoral Experiential Site. This proposal should be 10 – 15 pages in length (not including appendices) and it must be available in paper and digital formats.

Student Name:

Date of Proposal Submission:

Faculty Mentor (Include contact information and qualifications)

Site Mentor (Include contact information and qualifications)

Tentative Title (should include the population(s), setting(s), and variable(s) that will be addressed)

Executive Summary – A 2 -3 sentence description of the proposed project

Population(s) – Describe the location, characteristics, and needs of the population you will serve.

Setting(s) – Describe the organization(s) and community where you will access and serve this population. Include information about organizational mission, purpose, location(s), funding, and governance

Variable(s) of interest – List and define the population, intervention and outcome variables that are of interest to you and which form the basis for your problem statement and the PICO question(s) you may develop to frame the project

Statement of Purpose – State the rationale and context for the project as well as projected outcomes.

Review of the Literature – Beginning with a broad problem statement, review and synthesize relevant literature to explore what is currently known and where gaps may exist.

Preliminary Needs Assessment – This is the starting point for your project. Identify the status and needs of the identified population or organization and the desired change(s). Use and cite relevant data sources (i.e. stakeholders, consumers, literature, secondary data sources such as demographic and public health data) and summarize your analysis.

Description of Community Experiential Component – Describe what you will be doing for the 14-week experiential component of your project. Include where you will spend time, what your responsibilities and activities will be, who you will report to and what you hope to achieve and learn there. The relationship between the needs assessment and your experiential plan should be made explicit.

Description of Scholarly Component – Describe the specific aspects of your doctoral experiential that will comprise the scholarly/capstone project. Specify the background, problem, purpose, research question, PICO or hypothesis, method (including population, data collection/instrumentation, and procedure), and analysis. Be specific about how you will recruit and retain project participants. If you will be collecting and analyzing data explain inclusion and exclusion criteria, measure that you will use to identify/qualify participants, and if appropriate, the sampling strategy you will use. Include your plan for obtaining relevant Institutional Review Board and other approvals.

Conceptual and Practical Relationship of Community Experiential to Scholarly Components – Detail the interrelationships of the experiential and scholarly components of the proposed project. Explain how they are distinct and where there is overlap. Consider how these two components might result in specific outcomes that would not be achievable if the two components occurred in isolation.

Conceptual and Practical Relationship of this project to the projects proposed by others in your Doctoral Experiential Group – Briefly describe how this project relates to and is distinctive from the other projects being proposed by the other members of your group. Explain why and how this project contributes to the collective outcome for the identified population(s) and setting(s)

Learning Objectives – List three (3) or more learning objectives that are specific to your project. They may be achieved through either the experiential or scholarly components or both.

Doctoral Experiential Schedule and Workplan (include outcomes/deliverables) – The workplan should include:

- Objectives/Outcomes
- Competencies
- Activities/Tasks
- Timeline
- Responsibilities
- Resources

Include a plan for obtaining the appropriate agreements (i.e. contract, memorandum of understanding, etc.). The OTD program will provide a specific workplan format.

Comments/Additional Information

References

The **Appendix** should include:

- Proposal Review and Approval Form
- Doctoral Experiential Memorandum of Understanding
- Mentorship Agreement
- Workplan
- Experiential Hours Documentation
- Institutional Review Board Documents

DOCTORAL EXPERIENTIAL: SCHEDULE AND WORKPLAN

Name: _____

Date: _____

Title of Doctoral Experiential: _____

Why? Objectives/ Outcomes	What? Activities/Tasks	When? Timeline	Who? Responsibility	How? Resources

DOCTORAL EXPERIENTIAL: VERIFICATION OF SITE
MENTOR QUALIFICATIONS



Student Name:

Student Contact Information:

Dates of Doctoral Experiential placement

Title of Doctoral Experiential

WNE Faculty Mentor Name

WNE Faculty Mentor Contact Information

Site Mentor Name

Site Mentor (work) Contact Information

Legal Name and contact information for the Site Verification of Credentials and Qualifications

_____ Current Licensure and/or Certification

List relevant licenses and/or certifications with effective dates, and attach copies

_____ Qualifications

1. Please attach a current Curriculum Vitae or Resume
2. Relevant Education and/or Training
3. Relevant Experience

Please fax, mail, or email this form and supporting documentation to:

Ellen Rainville
Division of Occupational Therapy
College of Pharmacy and Health Sciences
Western New England University
1215 Wilbraham Road
Springfield, MA 01119-2684
ellen.rainville@wne.edu

DOCTORAL EXPERIENTIAL: MENTORSHIP AGREEMENT

Doctoral Student:
Doctoral Experience Site:
Site Mentor:
Faculty Mentor:

This Mentorship Agreement, is effective _____ (date) by and between above named occupational therapy doctoral (OTD) student, doctoral experience site mentor, and the Western New England University OTD faculty mentor. The following lists the learning objectives for (student), the supervision/mentoring plan, and the responsibilities of all parties involved.

Doctoral Experiential Learning Objectives:

Upon completion of the OT Doctoral Experiential, OTD Students will demonstrate, through observed professional interactions and through reflective and professional writing, that they have become self-aware, self-determined learners, competent entry-level practitioners, and transformative leaders, as measured by:

1. Documentation of their experience in collaboration for program or service delivery with professionals and/or members of consumer groups who are not occupational therapists. This includes being able to negotiate the role of occupational therapy as part of an interprofessional team
2. Documentation of a needs assessment for a particular population and using said assessment as the foundation for planning a successful Doctoral Research and Residency Project. Additional evidence will include feedback from consumers that indicate the impact of the project on the population they represent.
3. Demonstrated proficiency with the use of personal computers, learning platforms, electronic health records and assistive technology sufficient to fully document the Doctoral Research and Residency Project for WNE as well as for members of the population served by that project
4. Recognize and be able to describe the diverse systems of service delivery that are most cost effective and considerate for health, social, and educational settings, both traditional and nontraditional. Through both clinical and reflective writing, a sensitivity to cultural, linguistic, and other diversities and

- the ability describe solutions for care disparities
5. Documentation of the ability to work with others to identify meaningful objectives, organize, manage, and motivate people and resources, communicate effectively, and oversee action to accomplish stated program or service goals.
 6. Through both clinical and reflective writing, be able to articulate the therapeutic/clinical reasoning (procedural, interactive, narrative, ethical, scientific, pragmatic) process that they use during planning, delivery and evaluation of population-based and evidence-driven occupational therapy services. Demonstration of the ability to implement, in existing programs, and plan for in developing programs, an occupational therapy process that is occupation-based, client-centered, culturally sensitive, and ethically appropriate
 7. Documentation of experiential and scholarly projects that reflect the literature in the field and that use responsive, ethical methods. The scholarly process and results should be made accessible to the college and the community, especially to the population served by the project. A report of the project, presented in a professional format that others can replicate or build upon, will be evidence of accomplishment
 8. Through both clinical and reflective writing, be able to articulate a clear awareness of their own personal and professional strengths and boundaries and identify supports and strategies for goal achievement

Doctoral Experiential Group and Individual Learning Objectives

WNE OTD students participate in a group mentorship/supervision model. This small group of students work together with a faculty mentor to develop, implement, and evaluate individual doctoral experiential projects that focus on a specific topic, population, and/or setting. The group members write objectives that address the desired outcomes of all of the group's individual doctoral experiential projects. Individual student learning objectives are specific to each individual Doctoral Experiential. Students write these objectives based on a literature review and needs assessment, consultation and planning with site, faculty, and peer mentors. They identify the desired outcomes of this students doctoral experiential

- 1.
- 2.
- 3.
- 4.

Doctoral Experiential Management/Supervision Plan:

1. The site mentor and the faculty mentor will supervise and mentor the student.

2. The student will only participate in activities as assigned by the site or faculty mentor.
3. If the student is providing skilled occupational therapy services, the supervision guidelines for the provision of occupational therapy services by students for each particular state is required.
4. If the site mentor is not available to supervise the student on a particular date, the site and mentor will provide a replacement supervisor for that particular time period.
5. The student may spend additional time at other locations within the site organization as assigned by the site mentor.
6. This is a 560-hour doctoral experience. At least 80% of those hours must be spent at the doctoral experience site. Any absences must be made up to get to 560 hours to ensure successful completion of the doctoral experience.
7. Any concerns should be brought to the attention of the faculty or site mentor. If they are not able to be resolved, they should be brought to the attention of Ellen Rainville, Doctoral Experiential Coordinator, ellen.rainville@wne.edu or 413-782-1437

Responsibilities of all Parties: Verifying the hours the student completed.

The Doctoral Experiential Student is responsible to:

1. Complete all required academic classes and fieldwork prior to beginning the Residency portion of the Doctoral Experiential;
2. Develop and maintain a structure for working with your team to conduct and complete your Doctoral Experiential. This should include clearly delineated responsibilities and timelines, both individual and group
3. Actively participate in all aspects of the Doctoral Experiential, including:
 - a. Developing a proposal and work plan;
 - b. Negotiating a community partnership specific to your individual project;
 - c. Finding and using appropriate resources;
 - d. Completing all necessary forms and assurances;
 - e. Arranging and maintaining communication systems for regular information and consultation with your faculty and community mentor(s);
 - f. Obtaining IRB review and approval as needed;
 - g. Collecting, managing, and analyzing of data as proposed;
 - h. Preparing and presenting a final portfolio format report of project outcomes/findings.

4. Arrange for transportation, housing, as needed to conduct the Doctoral Experiential Residency Project
5. Complete 560 hours (14 weeks full-time) of doctoral experience, at least 80% of which (448 hours) must be completed at the doctoral experience site. Absences must be made up to ensure 560 hours of doctoral experience.
6. Comply with all laws, policies, and procedures of the Doctoral Experiential Residency site, the Doctor of Occupational Therapy Program, Western New England University, state licensure boards, and the American Occupational Therapy Association.
7. Demonstrate the standards of professional behavior outlined in this WNE OTD student manual, including HIPAA/FERPA, OSHA, patient rights and the AOTA Code of Ethics;
8. Assume a leadership role for the Doctoral Experiential, demonstrating respectful interaction and communication with fellow students, community partners, faculty and community mentors and other individuals who are part of the Doctoral Experiential Residency Project;
9. Demonstrate a professional approach to the Doctoral Experiential, including effective time management, observing deadlines, initiating, reading and responding to communications from the Doctoral Experiential team and other members of the OTD Program and WNE, and taking responsibility for your own skills and career development;
10. Evaluate the doctoral experiential supervisors and site to help continue to improve educational outcomes.

The Doctoral Experiential Faculty Mentor is responsible to:

9. Coordinate Doctoral Experiential group supervision meetings with students who have registered for the assigned Doctoral Mentorship sections
10. Oversee the conceptualization and development of each group members Doctoral Experiential proposal, including oversight, review, final approval and grading of the implementation project;
11. Participate in recruitment of and negotiation with community partners regarding site and mentorship agreements and detailed plans for roles, responsibilities, schedules and

communication plans for the Doctoral Experiential;

12. Communicate and provide feedback regularly to the team, especially the students, in person, or via Skype, telephone, email or other methods;
13. Collaborate with site mentor and leadership team on any concerns regarding student performance, site management, etc.;
14. Oversee the implementation of the Doctoral Experiential work plan using evidence based mentoring and teaching strategies;
15. Support, review and finally approve the report and presentation of the project outcomes and findings, and grading of the implementation course.

The Doctoral Experiential Site Mentor is responsible to:

8. Agree to work with Western New England University OTD program, including the identified faculty mentor and OTD student(s) for the duration of the doctoral experiential, including providing site orientation and delineating mentorship responsibility at their community/agency site location(s);
9. Collaborate with the faculty mentor to guide the student(s) through the needs assessment component of the project proposal, to oversee its implementation and to collaborate in managing any problems which may arise;
10. Provide guidance on the logistics of completing the doctoral experiential at the site, including scheduling for the student, on-site support and supervision, and arranging access to necessary resources;
11. Collaborate with the faculty mentor to evaluate the student team's on-site performance, and final project report and presentation;
12. Actively participate in regular communication with the other OTD students in your group and your faculty mentor in person, virtually (Skype, Adobe Connect, etc.), by email or other means, including giving both verbal and written feedback on implementation and documentation;
13. Develop and maintain a system for documenting students' experiential hours on site and the tasks and activities accomplished during those hours (as identified in the workplan);

14. Provide a written evaluation (in a format provided by the WNE OTD program) of each student’s work, including on and off site activities for the doctoral experiential, at midterm and at the end of the experiential.

The Doctoral Experiential Coordinator is responsible for:

10. Development of Doctoral Experiential Policies and Procedures
11. In consultation with the WNE Attorney, development and negotiation of the Doctoral Experiential Memorandum of Understanding/Agreement
12. Reviewing the CV, resume and supporting documents to verify that the site mentor is qualified to serve. This ensures that the student is mentored by an individual with expertise consistent with the student’s area of focus. This individual may or may not be an occupational therapist.
13. Coordination and collaboration with University, College, Division, and Program administrators, faculty and staff to assure that the Doctoral Experiential Program follows the appropriate rules and procedures.
14. Plan and convene Doctoral Experiential meetings including training
15. Develop and maintain communication systems for collaboration and accountability
16. Oversee the Doctoral Mentorship and Experiential courses
17. Oversee the development and presentation of Doctoral Experiential portfolios
18. Evaluate and report the outcomes of the Doctoral Experiential

By signing the agreement, all parties agree to the provisions above.

Site Mentor Date Student Date

OTD Faculty Mentor Date Doctoral Experiential Coordinator Date

DOCTORAL EXPERIENTIAL: LEARNING PLAN AND EVALUATION FORM



Document a formal evaluation mechanism for objective assessment of the student’s performance during and at the completion of the doctoral experiential component.

The student, the faculty mentor, and the site mentor collaborate to ensure completion of the doctoral experience.

Student Name:
Doctoral Experiential Site and Address:
Doctoral Experiential Dates:
Doctoral Experiential Site Mentor:
Doctoral Experiential Faculty Mentor:
Doctoral Experience Mentor’s expertise relevant to this Doctoral Experiential:
Description of the Doctoral Experiential:
Notes:

<p><u>WNE OTD Learning Objectives</u></p> <p><i>What does student want/need to know?</i></p> <p><i>What skills does student need to develop?</i></p>	<p><u>Evidence of Accomplishment</u></p> <p><i>How will performance be measured and evaluated and by whom?</i></p> <p><i>Name external project, skill, etc.</i></p> <p><i>Identify target dates of completion.</i></p>	<p><u>Progress</u></p> <p>Site and faculty mentor will rate student's progress at midterm and final</p>	<p><u>Comments for Midterm and Final</u></p> <p><i>Site and Faculty Mentor should comment regarding the student's progress on each objective</i></p>
<p><u>WNE OTD Objective #1:</u></p> <p>Document their experience in collaboration for program or service delivery with professionals and/or members of consumer groups who are not occupational therapists. This includes being able to negotiate the role of occupational therapy as part of an interprofessional team.</p>	<p><i>Evidence of Accomplishment to be completed by student and verified by site mentor</i></p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <hr/> <p>FINAL:</p>
<p><u>WNE OTD Objective #2:</u></p> <p>Documentation of a needs assessment for a particular population and using said assessment as the foundation for planning a successful Doctoral Research and Residency Project. Additional evidence will include feedback from consumers that indicate the impact of the project on the population they represent.</p>	<p><i>Evidence of Accomplishment to be completed by student and verified by site mentor</i></p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <hr/> <p>FINAL:</p>

<p><u>WNE OTD Objective #3:</u> Demonstrated proficiency with the use of personal computers, learning platforms, electronic health records and assistive technology sufficient to fully document the Doctoral Research and Residency Project for WNE as well as for members of the population served by that project</p>	<p><i>Evidence of Accomplishment to be completed by student and verified by site mentor</i></p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Notprogressing, needs attention</p> <p>FINAL</p> <p><input type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Notprogressing, needs attention</p>	<p>MIDTERM:</p> <p>FINAL:</p>
<p><u>WNE OTD Objective #4:</u> Recognize and be able to describe the diverse systems of service delivery that are most cost effective and considerate for health, social, and educational settings, both traditional and nontraditional. Through both clinical and reflective writing, be able to articulate a sensitivity to cultural, linguistic, and other diversities and describe solutions for care disparities</p>	<p><i>Evidence of Accomplishment to be completed by student and verified by site mentor</i></p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Notprogressing, needs attention</p> <p>FINAL</p> <p><input type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Notprogressing, needs attention</p>	<p>MIDTERM:</p> <p>FINAL:</p>

<p><u>WNE OTD Objective #5:</u> Documentation of the ability to work with others to identify meaningful objectives, organize, manage, and motivate people and resources, communicate effectively, and oversee action to accomplish stated program or service goals.</p>	<p><i>Evidence of Accomplishment to be completed by student and verified by site mentor</i></p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <p>FINAL:</p>
<p><u>WNE OTD Objective #6:</u> Through both clinical and reflective writing, be able to articulate the therapeutic/clinical reasoning (procedural, interactive, narrative, ethical, scientific, pragmatic) process that they use during planning, delivery and evaluation of population-based and evidence-driven occupational therapy services.</p> <p>Demonstrate the ability to implement, in existing programs, and plan for in developing programs, an occupational therapy process that is occupation-based, client-centered, culturally sensitive, and ethically appropriate</p>	<p><i>Evidence of Accomplishment to be completed by student and verified by site mentor</i></p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <p>FINAL:</p>

<p>WNE OTD Objective #7: Documentation of an experiential and scholarly project that reflects the literature in the field and uses responsive, ethical methods. The scholarly process and results should be made accessible to the college and the community, especially to the population served by the project. A report of the project, presented in a professional format that others can replicate or build upon, will be evidence of accomplishment</p>	<p><i>Evidence of Accomplishment to be completed by student and verified by site mentor</i></p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <p>FINAL:</p>
<p>WNE OTD Objective #8: Through both clinical and reflective writing, be able to articulate a clear awareness of their own personal and professional strengths and boundaries and identify supports and strategies for goal achievement</p>	<p><i>Evidence of Accomplishment to be completed by student and verified by site mentor</i></p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input type="checkbox"/> Accomplished <input type="checkbox"/> Making Progress <input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <p>FINAL:</p>

<p><u>Student Objective # 9:</u></p> <p><i>These objectives are specific to the site and are written based on the student's literature review and interests.</i></p>	<p><i>Evidence of Accomplishment to be completed by student and verified by site mentor</i></p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <p>FINAL:</p>
<p><u>Student Objective # 10:</u></p> <p><i>These objectives are specific to the site and are written based on the student's literature review and interests.</i></p>	<p><i>Evidence of Accomplishment to be completed by student and verified by site mentor</i></p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <p>FINAL:</p>

<p><u>Student Objective # 11:</u></p> <p><i>These objectives are specific to the site and are written based on the student’s literature review and interests.</i></p>	<p><i>Evidence of Accomplishment to be completed by student and verified by site mentor</i></p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <p>FINAL:</p>
<p><u>Student Objective # 12:</u></p> <p><i>These objectives are specific to the site and are written based on the student’s literature review and terests.</i></p>	<p><i>Evidence of Accomplishment to be completed by student and verified by site mentor</i></p>	<p>MIDTERM</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p> <p>FINAL</p> <p><input type="checkbox"/> Accomplished</p> <p><input type="checkbox"/> Making Progress</p> <p><input type="checkbox"/> Not progressing, needs attention</p>	<p>MIDTERM:</p> <p>FINAL:</p>

Initial Approval by Site Mentor/Student/Faculty Advisor:

I agree with the above stated objectives and feel that all learning objectives are obtainable within the fourteen (14)- week timeframe. I believe that the stated objectives encompass all aspects of the student role in this doctoral experience. I understand that the site mentor or student can add additional objectives at any time as the situation and experience dictate with approval of the faculty advisor. Any objectives that are proposed to be removed will need to be approved by the faculty advisor approval.

Site Mentor Signature Date

Student Signature Date

OTD Faculty Mentor Date

OTD Doctoral Experiential Coordinator Date

APPENDIX F

STUDENT EVALUATION OF DOCTORAL EXPERIENTIAL



OTD Student:

Faculty Mentor:

Site Mentor:

Doctoral Experiential Site:

Dates of Doctoral Experiential Placement:

At the conclusion of your 14 week Doctoral Experiential, please write a 3–5 page narrative reflection paper using the questions on this form as a guide. Be as constructive and honest as you can. The results will be reviewed with your Faculty Mentor and your Site Mentor and once signed by all, this evaluation will become a part of the Division of Occupational Therapy records and it will have a place in your Doctoral Experiential portfolio. In the future, other students may view it as they consider whether this site would be a good match for their own Doctoral Experiential.

- ❖ Briefly Describe your Doctoral Community Experiential Site/Setting. Discuss why you first chose this site/setting and what your initial expectations and hopes were. Then describe the extent to which the experience met, did not meet, or exceeded your expectations. You may of course discuss how your expectations and understandings have changed since you originally conceived of this doctoral experiential
- ❖ What would you recommend to another student who is doing a Doctoral Experiential at this site consider in their planning? What do you know now, that you wish that you had known then? What should they do to prepare (i.e. suggested readings, review of specific class materials, etc.)
- ❖ How prepared do you think that you were academically (classes, labs, fieldwork etc.) to take on the actual responsibilities of your Doctoral Experiential? Please comment on the effectiveness of your faculty and site mentors and on the overall administration of the Doctoral Experiential program. What suggestions do you have for the OTD program going forward?
- ❖ Please describe a very satisfying experience at this site
- ❖ Please describe a frustrating experience at this site
- ❖ What do you think you learned here that you might not have been able to learn in a class, lab, or fieldwork? How did you learn it? What do you want to know now?
- ❖ Other comments or feedback

Final Site Mentor / Student Evaluation

Site mentor evaluation of student performance (Identify if all objectives have been met. If yes, please comment on students' achievement for each objective. If no, please identify why goal not met):

Student evaluation of Site mentor, experience and self (please comment on opportunities provided, supervisory relationship and individual performance):

Please check one:

All the learning objectives have been accomplished and I recommend that the student Pass the Doctoral Experience.

The Student has NOT fulfilled the objectives for the Doctoral Experience and is NOT recommended to pass

Site Mentor Signature Date

Student Signature Date

OTD Faculty Mentor Date

OTD Doctoral Experiential Coordinator Date

This form is adapted from those used by the Ohio State University (2018) and Boston University (2018)

REFERENCES

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WESTERN NEW ENGLAND UNIVERSITY
COLLEGE OF PHARMACY AND HEALTH SCIENCES

Acknowledgement of Receipt of COPHS *Student Handbook* and DOT *Student Handbook Supplement*

I hereby acknowledge that I have received an electronic copy of the 2020-2021 Western New England University College of Pharmacy and Health Sciences *Student Handbook* (COPHS-SH) and the 2020-2021 Doctor of Occupational Therapy *Student Handbook Supplement* (DOT-SHS). I understand that I am responsible for reading both of these documents promptly and thoroughly, and for abiding by the contents which set forth the terms and conditions of my enrollment. Ignorance of the contents of the *Student Handbook* (COPHS-SH) and the *OT Student Handbook Supplement* (DOT-SHS) is not a valid defense to any violation of the codes, policies, requirements, or guidelines therein. I understand that if I have any questions regarding the *Student Handbook* or the *OT Student Handbook Supplement*, I am to discuss them with my OTD program academic advisor, or appropriate individuals in College of Pharmacy and Health Sciences Office of Student Affairs.

I understand that circumstances will undoubtedly require that the policies, procedures, rules and benefits described in the *Student Handbook* (COPHS-SH) and the *OT Student Handbook Supplement* (DOT-SHS) change from time to time as the Western New England COPHS and Doctor of Occupational Therapy Program deem necessary and important. I understand that such changes will be incorporated into future editions of the COPHS-SH and the DOT-SHS, for which I am responsible.

I also acknowledge that the contents of the COPHS-SH and the DOT-SHS was discussed with me during new student orientation and that I had the opportunity to ask questions regarding the contents of these documents.

Signed: _____ Date: _____

Printed
Name: _____