

Developing site-specific learning objectives



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Why Site-Specific Objectives?

The FWPE can be used across all practice settings.....

.....however, site specific objectives will *operationalize & clarify expectations* for student's performance of items within the practice setting.

(Costa, 2004)

Operationalizing expectations

- Should correspond to FWPE
- Resources on AOTA web site
- Reflect unique competencies required to provide OT services
- Structure learning experience
- Facilitate ongoing monitoring & evaluation of progress

How? When? Where?

- Staff meetings
- Small service groups
- Current students
- AOTA website
- Similar facilities
- Others?

Objectifying FW Expectations

- Performance (observable behavior)
- Condition (specifics of situation)
- Criteria (level of independence, timeline)

Following assignment of each new patient, student will, within 24 hours, independently perform a complete Initial Evaluation within one hour to at least 6 patients by week 12.

Example: Safety Objective

- Item #2: Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.
- Site specific objectives (incomplete?):
 - Uses transfer belts during all transfers
 - Keeps sharps secure at all times
 - Consistently monitors residents during community outings
 - Sets limits to prevent undesirable student behavior

Example: Basic Tenet Objective

Item #6: Clearly, confidently and accurately communicates the roles of the OT and OTA to clients, families, significant others, colleagues, service providers, and the public.

What if no OTA in facility?

Possible Solution

- The student will present an in-service to the rehab staff on the potential role of the COTA.

Better yet.....

- When there is no COTA on staff, student will research the role of COTA's in like settings and present a 30 minute in-service on the potential role of the COTA in evaluation and treatment to staff by week 9.

Example: Intervention Objective

- Item #21: Selects relevant occupations to facilitate clients meeting established goals.
- Site specific objective: Based on evaluation results of patients with a variety of diagnoses, student consistently selects activities, and introduces them into the treatment plan, that demonstrate a purposeful, goal-oriented outcome. The selected activities consider the individual patient's values, interests and abilities.

Example: Professional Behavior Objective

- Item #42- Demonstrates respect for diversity factors of others including but not limited to sociocultural, socioeconomic, spiritual and life style choices
- When assigned patients from cultural backgrounds unfamiliar to the student, student investigates diversity factors and appropriately modifies behavior or interaction style 95% of the time.

**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"/> Acquistional	<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): Egg
- 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

[Type here]

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

Mayo Clinic: General Student Information

OT Student Fieldwork Objectives

FUNDAMENTALS OF PRACTICE

1. Adheres consistently to the American Occupational Therapy code of ethics and sites policies and procedures including when relevant, those related to human subjects research:

- Demonstrates a concern for the well being of the patients of their services (beneficence).
- Fulfills professional obligation of acting out of beneficence in dealing with all patients. Takes reasonable precautions to prevent imposing or inflicting harm upon the patient of their services or to his/her property (nonmaleficence).
- Respects the patient or his/her surrogates, as well as the patient's rights (autonomy, privacy, and confidentiality).
- Achieves and maintains high standards of competence (duties).
- Takes the initiative to complete all assignments and responsibilities to provide the best patient care.
- Complies with laws and student policies guiding the profession of occupational therapy as stated in the AOTA code of ethics (2010) and Mayo policies and procedures (procedural justice).
- Treats patients, colleagues and other professionals with fairness, discretion and integrity (social justice, fidelity).
- Maintains patient privacy, confidentiality and security of medical record information observing federal, state and facility regulations. Information can not be shared verbally, electronically, or in writing without the appropriate consent. Information must be shared on a need-to-know basis only with those having primary responsibilities for decision making.
- Provides comprehensive, accurate, and objective information when representing profession (verbally).
- Seeks out the clinical instructor if there are any questions regarding conflict of interest as it is imperative to maintaining the integrity of interactions.
- Will not have any personal or sexual relationships that occur during any professional interaction, as it is a form of misconduct.
- If a student is not able to perform the necessary critical job demands as outlined in the Mayo PM&R - Rochester OT job description, and he/she is not able to competently perform his/her duties after given reasonable accommodations, the student will be terminated from this fieldwork.

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

- Follows HIPAA, universal precautions and hospital safety policies for all patients.
- Review chart and/or seek to understand information from appropriate sources, i.e. asks questions when needed for clarification.

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

- Awareness of, will identify, and will follow through with precautions and contraindications to carry out a patient's plan of care.

- Justify the use of selected activities within the limits of established precautions and lab values/vitals in relation to safety with function.
- Make appropriate decisions regarding the need for assistance during evaluation and treatment sessions.
- Maintain the work area and supplies that are conducive to safety.
- Understand and be able to manage the lines and equipment in the Intensive care unit.

BASIC TENETS

4. Articulates the values and beliefs of the OT profession:

- Explains the rationale for patient's care plan related to occupational therapy intervention.
- Demonstrates an awareness of when it is appropriate to initiate contact with the above people to articulate the role of OT related to a patient's care.
- Adjusts terminology according to the audience addressed.

5. Articulates the value of occupation:

- Consistently communicates how treatment activities and care plan will affect occupational performance and outcomes for patients and medical professionals.

6. Communicates the roles of occupational therapist and occupational therapy assistant:

- Clearly recognizes and can verbalize the role delineation between the OT and the COTA.

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

- Consistently involves the patient, family and/or significant others in the goal setting process.
- Makes appropriate decisions regarding sharing information with the above people.
- Provide professional, timely, objective and clear consultation with all health care providers, vendors, school systems, etc.

EVALUATION AND SCREENING

8. Articulates a clear and logical rationale for the evaluation process:

- Understands the theoretical basis or frame of reference for administered evaluations.
- Identifies appropriate options for assessments for specific patient situations.

9. Selects relevant screening and assessment methods while considering such factors as patient's priorities, context(s), theories, and evidence-based practice:

- Demonstrates the ability to select and prioritize relevant areas to assess and OT theories/philosophies to be utilized.
- Seek out the assistance of staff and other resources when in doubt about accurate administration.
- Make appropriate decisions regarding when to utilize standardized vs. non standardized assessments.

10. Determines the patient's occupational profile and performance through appropriate assessment methods:

- Demonstrates the ability to gather appropriate information, including a thorough interview, from the patient, family, significant others, medical staff and medical records.

11. Assess patient factors and context(s) that support or hinder occupational performance:

- Reviews the medical history and precautions prior to assessing the patient.

12. Obtains sufficient and necessary information from relevant resources:

- Select and filter pertinent information to provide ethical and quality patient care.

13. Administers assessments in a uniform manner to ensure that findings are valid and reliable:

- Assessment tools
- Screening tools

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

- Demonstrates and rationales using critical thinking and flexibility in adapting assessments to meet the patient's individual needs.

15. Interprets evaluation results to determine patient's occupational performance strengths and challenges:

- Utilize evaluation results to determine patient's limitations and strengths to assist in reaching the best possible outcomes.

16. Establishes an accurate and appropriate plan based on evaluation results:

- Identifies the appropriate time to re-evaluate the patient's program and documents the re-assessment information.
- Establishes relevant and attainable short and long-term goals that reflect the assessment data and the occupational performance of the patient and his/her individual and family goals.
- Evaluate a patient's functional status and make the optimal clinical judgment to decide if a patient can function safely at home or the type of supervision that is warranted.
- Appreciates the importance of having a goal-directed plan.

17. Documents the results of the evaluations:

- Records the results of assessments accurately, concisely, and selects relevant information to report and document.

INTERVENTION

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

- Uses clinical reasoning to explain patients, fieldwork educator, and medical professionals the rationale for the OT intervention and plan of care.

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

- Utilize multiple resources to provide rationale and support for treatment plans (EBM, EBP).
- Access and utilize the AOTA's Evidence based practice web site for evidence based practice during this affiliation.

20. Chooses occupations that motivate and challenge patients:

- Obtain an occupational profile to direct intervention that facilitates the “just right challenge” for the patients to optimize functional independence.
- Recognize and adapt to therapeutic age and therapeutic moments in patient care.

21. Selects relevant occupations to facilitate patients meeting established goals:

- Able to break a given occupation into a sequence of steps according to the patient’s level of functioning and cognitive abilities.
- Demonstrates creativity and flexibility in choosing treatment activities.
- Works to expand own repertoire of known activities.
- Seeks out new activities from the staff and other available resources.

22. Implements intervention plans that are patient centered:

- Makes appropriate decisions regarding reviewing progress with patient throughout the intervention process.
- Consistently communicates treatment program, updates and dismissal plans to the patient and/or their families/significant others.

23. Implements intervention plans that are occupation based:

- Consistently seeks out and utilizes activities that are purposeful and meaningful for the patient.

24. Modifies task approach, occupations and the environment to maximize the patient’s performance:

- Understands the concepts of “graded” activity.
- Determines logical sequence of treatment activities to attain the established goals.
- Chooses and modifies the environment appropriate for the patient’s needs.
- Demonstrates flexibility and resourcefulness in adapting the treatment activities, area and care plan as the patient’s needs change.

25. Updates, modifies or terminates the intervention plan based upon careful monitoring of the patient’s status:

- Understands and revises goals in an appropriate and realistic manner.
- Appreciates the need for patient involvement in goal modification.
- Coordinates discharge planning with other disciplines so that continuity of care exists.
- Consistently has adaptive equipment and home environmental recommendations in place prior to patient dismissal.
- Awareness of options for resources that are available to patients upon dismissal.
- Demonstrates an awareness of when to discontinue treatment and the ethical implications of patient dismissal from OT services.

26. Documents patient’s response to serve in a manner that demonstrates the efficacy of interventions:

- Complete daily and weekly documentation in a timely manner and utilize skilled terminology for documentation.

MANAGEMENT OF OT SERVICES

27. Demonstrates through practice or discussion the ability to assign appropriate responsibilities to the COTA or the OT aid:

- Demonstrate leadership and mentoring of support staff.
- Be respectful in all communication and professional dialogue with all staff.

28. Demonstrates through practice or discussion the ability to actively collaborate with a COTA:

- Collaborate with COTA to write appropriate treatment plan and goals for patients.
- Verbalize an awareness of the role of the OT in the facilitation of COTA competencies.

29. Demonstrates an understanding of the costs and funding related to OT services at this site:

- Verbalize understanding of DRGs, PPS system, insurance premiums, co-pay, private funding, govt. funding PPS, FIM, CPT codes, ICD-9 codes.
- Will have working knowledge of CPT codes.

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

- Consistently meets deadlines assigned by fieldwork educator.
- Adjust pace and prioritize daily responsibilities.

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

- Manage a caseload and meet productivity expectations outlined by the department, i.e. 60% billable time.
- Calculate the amount of time needed to complete a task and use time outside of the clinic for task completion as needed.

COMMUNICATION

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

- Provides the above with professional and self-confident, honest and verbal feedback regarding the results of assessments, treatment interventions and goal status.
- Is able to discern which families may need additional instruction and demonstration; provides this information in a way that is not demeaning to the family.
- Listen attentively to what is being said by others and integrate this information into the treatment plan immediately.
- Deliver an articulate message verbally, via phone or e-mail and in written form.
- Identify and build strategies to handle critical and crucial conversations with family members and patients.

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

- Selects relevant information to report and document.
- Completes all assigned daily documentation.
- Creates written, electronic and verbal reports that accurately reflect the patient's status.

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

- Provides accurate information about OT services in written, electronic and verbal communication. The OT student will always provide accurate documentation in any patient care record.

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

- Adjusts terminology according to the audience addressed.
- Will not use abbreviations according to department/institution policy.

PROFESSIONAL BEHAVIORS

36. Collaborates with supervisors to maximize learning experience:

- Accepts responsibility for initiating and communicating desires/optimal learning experiences with fieldwork educator.
- Be self-directed in determining learning strengths and challenges.

37. Takes responsibility for obtaining professional competence:

- Demonstrates clinical reasoning, critical thinking, and self reflection on a daily basis.
- Appreciates the balance between independent problem solving and seeking out assistance from others.
- Independently seeks experiences and information to supplement learning and professional growth.

38. Responds constructively to feedback:

- Accepts feedback from the fieldwork educator in a non-defensive manner and adjusts professional behaviors accordingly.

39. Demonstrates consistent work behaviors:

- Arrive on time and consistently is prepared to start the day upon arrival.
- Complies with Mayo Dress Code Policies.

40. Demonstrates effective time management:

- Organizes schedule to allow for the timely completion of assignments and patient related duties.

41. Demonstrates positive interpersonal skills:

- Demonstrates mutual respect for all individuals in the work environment.
- Develop and maintain a rapport with patients that enhances the therapeutic relationship.

42. Demonstrates respect for diversity:

- Considers cultural and economic background when establishing goals and care plans.
- Deals effectively with a variety of disabilities, age groups, socioeconomic and cultural backgrounds.
- Respects diversity in the work place.

OTS Weekly Objectives & Goals

WEEK 1

- ___ Student will meet with, CCCE, PT
- ___ Student will attend orientation sessions (transfer training, FIM etc).
- ___ Student will review student manual contents with CEC and comprehend included information. Student is expected to refer to and utilize manual as a reference during internship
- ___ Student will demonstrate competency in use of pager and telephone systems
- ___ Student will become familiar with MICS, Synthesis, documentation procedures, and e-billing
- ___ Student will participate in "group effort" (chart/history review, evaluation, intervention, document) with one- two patients
- ___ Student will shadow assigned staff therapist when not in orientation or lectures
- ___ Student may be assigned one (1) patient by the end of the week
- ___ Student will get photo ID taken
- ___ Students are responsible for information in OT student manual.

WEEK 2

- ___ Student will identify a system to organize and maintain patient workload while recalling safety precautions, etc
- ___ Student will individually perform chart/history review, evaluation, intervention, document with 1-2 patients per day with supervision of CEC/FWED. Student assigned to patients via CEC/FWED
- ___ Student will individually perform chart/history review, evaluation, intervention, document with one (1) patient with direct supervision of CEC/FWED
- ___ Student will be billing correctly for their patients and recording their treatment statistics at the end of the day
- ___ Student will begin to fill out weekly self-assessment sheets and will complete them PRIOR to future weekly meetings with clinical education coordinator
- ___ Student will be familiar with department equipment, activities, and evaluations that are available to them
- ___ Student will shadow staff therapist when not in lectures or involved with own patient care
- ___ Student will have completed a literature search to find evidence to apply to at least one (1) of their patients
- Students will have attended one patient progress assessment (IPOC) and have attended off-floor patient care discussions and Morning Rounds
- Students will maintain treatment coverage cards.
- Students will have completed FIM competency training.
- Students will have complete diagnosis worksheet and plan of care on each patient they are assigned

WEEK 3

- ___ Student will begin to meet weekly with the clinical education coordinator as needed
- ___ Students arrange weekly meeting/group discussion.
- ___ Student will individually perform chart/history review, evaluation, intervention, document with assigned patients everyday; with direct to moderate supervision of CEC/FWED.
- ___ Student will be assigned to patients via CEC/FWED; approximately two-three patients
- ___ Student will demonstrate the ability to safely transfer their patients from one surface to another and/or will be able to recognize when additional assistance is needed.
- ___ Student will be familiar with and begin practicing department evaluations that are available to them (i.e. CPT, ACL, Mayo Functional Cognitive Evaluation, Mayo Geriatric Evaluation, CAM, cognitive evaluation, and upper extremity evaluation including ROM and manual muscle testing, ADL evaluation, adaptive equipment, home & safety evaluation etc.)
- ___ Students will have complete diagnosis worksheet and plan of care on each patient they are assigned

WEEK 4

- ___ Student will meet weekly with the CEC/FWED
- ___ Students arrange weekly meeting/group discussion.
- ___ Student will individually perform chart/history review, evaluation, intervention, document with 3-4 patients per day with moderate to minimal supervision of CEC/FWED.
- ___ Student will discuss possible topics for final project with the clinical education coordinator
- ___ Students will have complete diagnosis worksheet and plan of care on each patient they are assigned

WEEK 5

- ___ Student will meet weekly with the CEC/FWED
- ___ Students arrange weekly meeting/group discussion.
- ___ Student will individually perform chart/history review, evaluation, intervention, document with 3-5 patients per day with minimal supervision to indirect supervision of CEC/FWED. Students assigned to patients via CEC/FWED; approximately three- four patients per day
- ___ Student will continue to practice demonstrating their ability to facilitate department evaluations using the following: CPT, ACL, Mayo Functional Cognitive Evaluation, Mayo Geriatric Evaluation, CAM, upper extremity evaluation, including ROM and manual muscle testing, ADL evaluation, adaptive equipment, home & safety evaluation by mid-term
- ___ Student will identify topic for final project
- ___ Students will have complete diagnosis worksheet and plan of care on each patient they are assigned

WEEK 6

- ___ Student will individually perform chart/history review, evaluation, intervention, document with 4-5 patients per day with indirect supervision of CEC/FWED. Students will begin to rationalize caseload amongst them.
- ___ Student will complete a midterm self-assessment using the AOTA evaluation
- ___ Student will be able to demonstrate the ability to facilitate department evaluation for the following: CPT, ACL, Mayo Functional Cognitive Evaluation, Mayo Geriatric Evaluation, CAM, and upper extremity evaluation, including ROM and manual muscle testing, ADL evaluation, adaptive equipment, home & safety evaluation. Student to demonstrate competency to the CEC/FWED while performing the evaluations with another student or with a patient, depending on patient population
- ___ Students arrange weekly meeting/group discussion.
- ___ Students will have complete diagnosis worksheet and plan of care on each patient they are assigned

WEEK 7

- ___ Student will individually perform chart/history review, evaluation, intervention, document with 4-5 patients per day with indirect supervision of CEC/FWED. Students will rationalize caseload amongst themselves.
- ___ Student will have collaborated with the COTA for at least one patient
- ___ Student will have observed at least one physical therapy, one speech therapy, and one recreational therapy session
- ___ Students arrange weekly meeting/group discussion.
- ___ Students will have complete diagnosis worksheet and plan of care on each patient they are assigned

WEEK 8

- ___ Student will individually perform chart/history review, evaluation, intervention, document with 4-5 patients per day with indirect supervision of CEC/FWED. Students will rationalize caseload amongst themselves.
- ___ Student will have collaborated with the COTA for at least one patient
- ___ Student will have observed at least one physical therapy, one speech therapy, and one recreational therapy session
- ___ Students arrange weekly meeting/group discussion.
- ___ Students will have complete diagnosis worksheet and plan of care on each patient they are assigned
- ___ Student will provide clinical education coordinator with a rough draft of their final project

WEEK 9 & WEEK 10

- ___ Student will maintain 4-5 patients per day with indirect supervision of CEC/FWED.
- ___ Students will rationalize caseload amongst themselves; approximately six to seven (6-7) hours of direct patient care per day
- ___ Student will have collaborated with the COTA for at least one patient
- ___ Students arrange weekly meeting/group discussion.
- ___ Students will have complete diagnosis worksheet and plan of care on each patient they are assigned

WEEK 11

- ___ Student will maintain 4-5 patients per day with indirect supervision of CEC/FWED.
- ___ Students will rationalize caseload amongst themselves; approximately six to seven (6-7) hours of direct patient care per day
- ___ Student will present final project to staff or students
- ___ Student will start planning for closure with their patients
- ___ Students arrange weekly meeting/group discussion.
- ___ Students will have complete diagnosis worksheet and plan of care on each patient they are assigned

WEEK 12

- ___ Student will maintain 4-5 patients per day with indirect supervision of CEC/FWED.
- ___ Students will rationalize caseload amongst themselves; approximately six to seven (6-7) hours of direct patient care per day
- ___ Final Evaluation
- ___ Student will complete the AOTA Student Evaluation of Fieldwork Experience
- ___ Students arrange weekly meeting/group discussion.
- ___ Students will have complete diagnosis worksheet and plan of care on each patient they are assigned

12 week Calendar/Outline

January 7th- 11th

Day 1

WELCOME! Orientation to Mayo & Tour 1-D area

Receive OT student manual for 1-D

Review over objectives and expectations

- a. Work hours
- b. Absence Policy – Mayo and colleges
- c. Fieldwork objectives
- d. Dress code
- e. Professional behaviors

Review over assignments for fieldwork:

- a. Assigned date to facilitate a journal club discussion.
- b. Assigned date/evaluations to facilitate in-service.

Learn pager system

- a. Be able to send/reply to all pages.
- b. Text page through intranet.
- c. Display page if computer is not available.
- d. Verbalize/demonstrate understanding of 4 digit page versus 5 digit page during patient care, if assistance is needed ASAP.
- e. All pages are recorded and can be traced to the original sender.

E-mail

- a. Be able to send, reply, forward e-mails.
- b. Review Mayo Policy to check e-mails first thing in the morning, before or after lunch, and prior to going home at night.
- c. Add personal signature. Review over Mayo Policy that personal signature needs to be attached to every e-mail message sent.
- d. All e-mails are recorded and can be recalled, as indicated.
- e. Verbalize/demonstrate use of calendar.

Share contact numbers/cell phone numbers

Facebook policy

Door codes (5504) / Key location to unlock student office

Location of Dan Abraham Healthy Living Center in Generose

Location of Cafeteria/staff break room

Day 2

Complete list from Day 1, if time did not permit on Day 1

Tour Ortho

- a. OT/PT office area
 - a. Orient to office and resources
- b. Nursing stations
- c. Restrooms
- d. Par Stock areas
 - a. Learn how to check items out with Par Stock

- e. Linen closets
- f. Storage rooms
- g. Shampoo rooms
- h. Dietary areas

Review over MMT, ROM, Transfers

Hospital rooms

- a. How to operate the bed
- b. How to monitor vitals, O2 sat levels, HR
- c. Be able to operate/locate lights in room, TV, nursing buttons, bed alarms, etc.

Learn lift system

- a. Walking sling
- b. Bed Sling to reposition in bed

Complete MSHS competency

ADL communication sheet

Patient room/provider board

Ortho Rounds

Days 3 – 5

Day 3

FOM/FIM training - see student manual for details –

January 9th Old Marion Hall OL 3-116 from 12 – 3 with rehab RN

Shadow staff – as time allows

Introduction to shorthand templates/verbiage

- a. Activate shorthand/open correct dictionary
- b. Practice using shorthand
- c. Review over each template

Documentation

- a. Learn to find chart and history information in Synthesis.
- b. Learn how to/where to document in MICS
 - a. OT Flowsheets
 - b. Ptotv to review over previous notes
 - c. PMRCO to review over order details
 - d. PMRCO to change status of order
- c. Understand the difference between Synthesis and MICS

Group evaluations/interventions on Ortho

- a. Review over “cheat sheets” to gather information from chart and history review.
Create your own cheat sheet, if desired
- b. Chart and history review completed together as a team.
- c. Discuss Lab Values/refer to pocket size guidance.
- d. Complete evaluation/documentation as a team.

Review over/be able to administer these common cognitive screens:

- a. Short Blessed
- b. MoCA
- c. Personal Information form
- d. SLUMS

Verbalize understanding of Lab values/precautions/ortho protocols

Billing

- a. PMRBILL
- b. Time associated with billing units
- c. Need to add contact time in MICS flowsheet
- d. Need to add all contact time for the day together prior to billing out.

Billing competency

Inpatient Documentation competency

January 14th – February 1st

Trauma Ortho –

Intensive care units –

January 18th, 21st

T. off – S. E. (127-03432) to mentor

January 23rd - OT Student Journal Club from 12-1 (Ortho related topic)

January 28th – 31st

Prepare to transition to Gen Med/Internal Med.

Preparation includes reviewing over/in-service on the following:

- Independent Living Scales (ILS)
 - 1:30 to 2:30
- Texas Functional Living Scales (TFLS)
 - 2:30 to 3:30
- Allen Cognitive Levels Screen-
 - 1:30 to 2:30
- Home Assessment Cognitive Performance
 - 2:30 to 3:30
- Mayo Functional Cognitive
 - 1:30 to 2:30
- Executive Function Performance Test
 - 2:30 to 3:30
- Cognitive of Assessment of Minnesota
 - 2:30 to 3:30

February 4th – March 1st

Domitilla 2 ,3 ,4, 5, 6

General Medicine/Internal Medicine

February 4th – First Day on Domitilla (General Medicine/Internal Medicine)

February 12th – 14th - AOTA Mid-term Evaluations

February 20th - OT Student Journal Club from 12-1 (Applied Cognition topic) Domitilla Main Floor, room 132

February 26th, 27th, March 1st : T. off – S. E. (127-03432) to mentor

February 25th – March 1st - Prepare to transition to Cardiac/Pulmonary floors. Preparation includes reviewing over cardiac/pulmonary information and group discussion.
Completion of staff competencies Modules 1-8

March 4th – March 29th

Cardiac/Pulmonary Floors

March 4th – First Day on Cardiac/Pulmonary

March 8th, 15th : T. off – S. E. (127-03432) to mentor

March 20th- OT Student Journal Club from 12-1
(Cardiac/Pulmonary related topic)

March 25th – 27th – AOTA FW Evaluation Finals!

March 28th and 29th – T. off. A. K. (127-00681) to mentor

March 29th - Last Day!

Pager Numbers

Student Project

- Social Media Drop Box OT student Manual

Mayo Clinic Occupational Therapy Department, Used with Permission, 2014

PM&R ST. MARYS ACUTE CARE: WEEKLY OUTLINE/GOALS

WEEK 1

- ___ Student will meet with **Heidi Dunfee, PT, DScPT, CCCE**
- ___ Student will get photo ID taken.
- ___ Student will attend orientation sessions, review over Mayo policies/procedures, and complete institution competencies as outlined by fieldwork educator/ CEC and CCCE.
- ___ Student will review student manual contents and comprehend included information. Student is expected to refer to and utilize manual as a reference throughout the internship.
- ___ Student will demonstrate competency in use of pager, telephone systems, and e-mail.
- ___ Student will become familiar with electronic documentation and billing protocol.
- ___ Student will collaborate with other students while intervening with patients, i.e. chart/history review, evaluation, intervention, document. CEC will assign patients to student team.
- ___ Student will individually perform chart/history review, evaluation, intervention, document with assigned patient(s) with direct supervision of clinical education coordinator (CEC)/fieldwork educator.
- ___ Student will shadow assigned staff therapist when they are not participating in direct patient care.

WEEK 2

- ___ Student will identify a system to organize and maintain patient workload while recalling safety precautions, etc. (i.e. index card per patient, clipboard, etc.)
- ___ Student will individually perform chart/history review, evaluation, intervention, documentation with 1-3 patients per day with direct supervision to moderate supervision of the CEC/fieldwork educator. Student will be assigned to patients via CEC/fieldwork educator.
- ___ Student will bill correctly and ethically for patient evaluations/interventions with moderate assistance from CEC.
- ___ Student will begin to fill out weekly self-assessment sheets and will complete them PRIOR to weekly meetings with clinical education coordinator (CEC).
- ___ Student will be familiar with department equipment, activities, and evaluations that are available to them.
- ___ Student will shadow a staff therapist as assigned by CEC/fieldwork educator.
- ___ Student will demonstrate the ability to safely transfer their patients from one surface to another and/or will be able to recognize when additional assistance is needed.

WEEK 3

- ___ Student will begin to meet weekly with the clinical education coordinator.
- ___ Student will individually perform chart/history review, evaluation, intervention, documentation with 2-4 patients per day; with moderate to minimal supervision of CEC/fieldwork educator.
- ___ Student will be assigned to patients via CEC/fieldwork educator; approximately two-three hours of direct patient care per day.
- ___ One student in the group will have completed a literature search to find evidence to apply to at least one of his/her patients and will share the literature with his/her peers and fieldwork educator early in the week. There will be a group discussion on the literature later in the week. Each student is responsible to read the information and come prepared for discussion at the group meeting. The responsibility of the literature search will be rotated through the student group on a weekly basis.

WEEK 4

- ___ Student will meet weekly with the CEC/fieldwork educator to discuss progress and individual goals.
- ___ Student will individually perform chart/history review, evaluation, intervention, document with 3-5 patients per day with minimal to indirect supervision of CEC/fieldwork educator.
- ___ Student assigned to patients via CEC/fieldwork educator; approximately three hours of direct patients care per day.
- ___ Student will receive information via CEC/fieldwork educator and will read information and begin to prepare for transition to Gen Med unit next week. At the end of the week, students will be able to discuss and verbalize understanding of transition and expectations.
- ___ Student will be familiar with and begin practicing department evaluations that are available to them (i.e. CPT, ACL-5, Mayo Functional Cognitive Evaluation, CAM, EFPT, ILS, cognitive evaluations, and upper extremity evaluation including ROM and manual muscle testing, ADL evaluation, adaptive equipment, home & safety evaluation) and as opportunities arise with patient care.

WEEK 5

- ___ Student will meet weekly with CEC/fieldwork educator to discuss progress & individual goals.
- ___ Student will discuss possible topics for final project with the clinical education coordinator.
- ___ Student will individually perform chart/history review, evaluation, intervention, document with 4-6 patients per day with minimal supervision to indirect supervision of CEC/fieldwork educator. Students assigned to patients via CEC/fieldwork educator; approximately four hours of direct patient care per day.
- ___ Student will continue to practice demonstrating their ability to facilitate department evaluations using the following: CPT, ACL-5, Mayo Functional Cognitive Evaluation, CAM, EFPT, upper extremity evaluation, including ROM and manual muscle testing, ADL evaluation, adaptive equipment, home & safety evaluation by mid-term as opportunities present with patient care.
- ___ Student will collaborate with a COTA and develop a partnership (OT/OTA) while on the Gen Med/Internal Med floors. Students will assign patients to COTA and work respectfully in an OTS/COTA partnership. Students will meet with COTA on weekly basis.

WEEK 6

- ___ Student will individually perform chart/history review, evaluation, intervention, document with 5-7 patients per day with indirect supervision of CEC/fieldwork educator.
- ___ Students will begin to rationalize caseload and divide up caseload as a team without the assistance of the CEC; approximately four hours of direct patient care per day.
- ___ Student will collaborate with a COTA for coverage of the Domitilla Building (Gen/Int Med). Students will assign patients to COTA and work respectfully in an OTS/COTA partnership. Students will meet with COTA on weekly basis to discuss caseload.
- ___ Student will meet with CEC and will complete a midterm self-assessment using the AOTA evaluation. No weekly meeting with CEC as midterm will serve as weekly meeting.
- ___ Student will be able to demonstrate the ability to facilitate department evaluation for the following: CPT, ACL-5, Mayo Functional Cognitive Evaluation, EFPT, CAM, ILS, and upper extremity evaluation, including ROM and manual muscle testing, ADL evaluation, adaptive equipment, home & safety evaluation.
- ___ Student will identify topic for final project.

WEEK 7

- ___ Student will meet weekly with the CEC/fieldwork educator to discuss progress and individual goals.
- ___ Student will individually perform chart/history review, evaluation, intervention, document with 5-7 patients per day with indirect supervision of CEC/fieldwork educator.
 - ___ Students will begin to rationalize caseload and divide up caseload as a team without the assistance of the CEC; approximately five hours of direct patient care per day.
- ___ Student will have observed in at least one area of interest with another discipline, i.e. physical therapy session, speech therapy session, surgical procedure, etc.
- ___ One student in the group will have completed a literature search to find evidence to apply to at least one of his/her patients and will share the literature with his/her peers and fieldwork educator early in the week. There will be a group discussion on the literature later in the week. Each student is responsible to read the information and come prepared for discussion at the group meeting. The responsibility of the literature search will be rotated through the student group on a weekly basis.

WEEK 8

- ___ Student will meet weekly with the CEC/fieldwork educator to discuss progress and individual goals.
- ___ Student will individually perform chart/history review, evaluation, intervention, document with 7-9 patients per day with indirect supervision of CEC/fieldwork educator.
 - ___ Students will begin to rationalize caseload and divide up caseload as a team without the assistance of the CEC; approximately five hours of direct patient care per day.
- ___ Student will receive and are expected to read cardiac information in preparation for transition to cardiac unit.
- ___ Student will provide clinical education coordinator with a rough draft of his/her final project or the group project.
- ___ Student will prepare for transition to cardiac/pulmonary floors next week. Each student will communicate his/her caseload to the OT/OTA who will be assigned to the gen med floor. Each student will prepare individually for transition according to his/her fieldwork goals.

OTS/COTA Partnership

- Weeks 4-8 (possible weeks 9-12 as well) students will be given an opportunity to collaborate with a COTA. OTS will appropriately assign patients to COTA and will demonstrate respectful behavior in the partnership.
- OTS evaluates the patient, documents evaluation and plan of care.
- OTS discussed evaluation results and plan of care with the COTA.
- OTS discusses patient progress with the COTA and advises COTA appropriately.
- OTS doubles with the COTA for treatments as indicated.
- OTS rewrites plan of care goals as indicated.
- OTS writes a supervisory note for COTA and fieldwork educator co-signs.
- The note justifies current plan of care and continued COTA treatment.

WEEK 9 & WEEK 10

- ___ Student will meet weekly with CEC/fieldwork educator to discuss progress & individual goals.
- ___ Student will verbalize understanding of all cardiac/pulmonary precautions pertaining to patient safety during OT evaluations/interventions.
- ___ Student will maintain 7-9 patients per day with indirect supervision of CEC/fieldwork educator.
- ___ Students will begin to rationalize caseload and divide up caseload as a team without the assistance of the CEC; approximately six hours of direct patient care per day.

WEEK 11

- ___ No weekly meeting with the CEC/fieldwork educator unless requested by student.
- ___ Student will maintain 8-10 patients per day with indirect supervision of CEC/fieldwork educator.
- ___ Students will begin to rationalize caseload and divide up caseload as a team without the assistance of the CEC; approximately six/seven hours of direct patient care per day.
- ___ Student will present final project to staff or students
- ___ One student in the group will have completed a literature search to find evidence to apply to at least one of his/her patients and will share the literature with his/her peers and fieldwork educator early in the week. There will be a group discussion on the literature later in the week. Each student is responsible to read the information and come prepared for discussion at the group meeting. The responsibility of the literature search will be rotated through the student group on a weekly basis.
- ___ Student will start planning for closure with his/her patients.

WEEK 12

- ___ No weekly meeting with the CEC/fieldwork educator unless requested by student.
- ___ No weekly literature discussion unless requested by OT student group.
- ___ Student will maintain 8-10 patients per day with indirect supervision of CEC/fieldwork educator.
- ___ Students will begin to rationalize caseload and divide up caseload as a team without the assistance of the CEC; approximately six-seven hours of direct patient care per day.
- ___ Final AOTA Evaluation with CEC.
- ___ Student will complete the AOTA Student Evaluation of Fieldwork Experience.

LAST DAY CHECK-OFF LIST

- Evaluations, daily notes, and discharge summaries in documents browser have been co-signed. It is your responsibility to check your patient list and notify the CEC/fieldwork educator if co-signatures are needed.
- Discharge summaries are all updated as the therapist taking over can make an addendum.
- AOTA Fieldwork Site Evaluation Forms are completed & brought to final evaluation.
- Pager, Name Tags, & Library Cards have been returned!
- Old evaluations or anything you have saved from the H or M Drive (your personal drive) are DELETED.
- Forwarding e-mail & physical address has been given to your CEC/fieldwork educator.

Philadelphia Region Fieldwork Consortium
LEVEL I FIELDWORK STUDENT EVALUATION
University of Wisconsin La Crosse Occupational Therapy Program

Student name: _____ **Dates of fieldwork:** _____

Site name: _____ **Course Number:** _____

Semester: _____ **Year:** _____

Indicate the student's level of performance using the scale below.

- 1=Well Below Standards:** Performance is weak in most required tasks and activities. Work is frequently unacceptable.
2=Below Standards: Opportunities for improvement exist however student has not demonstrated adequate response to feedback. Work is occasionally unacceptable.
3=Meets Standards: Carries out required tasks and activities. This rating represents good, solid performance and should be used more than all the others.
4=Exceeds Standards: Frequently carries out tasks and activities that surpass requirements. At times, performance is exceptional.
5=Far Exceeds Standards: Carries out tasks and activities in consistently outstanding fashion. Performance is the best that could be expected from any student.

<p>1. Time management Skills Consider ability to be prompt, arrive on time, completes assignments on time. Comments:</p>	<p>1 2 3 4 5</p>
<p>2. Organization Consider ability to plan and set priorities, be dependable, be organized, follow through with responsibilities Comments:</p>	<p>1 2 3 4 5</p>
<p>3. Engagement in the fieldwork experience Consider student's apparent level of interest, level of active participation while on site; investment in individuals and treatment outcomes. Comments:</p>	<p>1 2 3 4 5</p>
<p>4. Self-Directed Learning/Reasoning/Problem Solving Consider ability to take responsibility for learning; demonstrate motivation. Comments: this includes use of down time, enthusiasm, interest Consider ability to use self- reflection, willingness to ask questions, synthesize/interpret info, understand OT process. Include: understanding and processing of information</p>	<p>1 2 3 4 5</p>
<p>5. Use of AOTA's Code of Ethics and Ethics Standards and Standards of Practice in practice setting. (ACOTE B.9.1) Consider interactions with both clients and staff, awareness of confidentiality and ethical decision making practices.</p>	<p>1 2 3 4 5</p>

Communication: 3,9,10,11 Initiative: 4, 7 Cognition: 5,6,8,12 Organization and Time Use: 1,2

<p>6. Written Communication Consider grammar, spelling, legibility, successful completion of written assignments, documentation skills. Comments: must be complete, accurate, and on-time</p>	<p>1 2 3 4 5</p>
<p>7. Initiative Consider initiative, ability to seek and acquire information from a variety of sources; demonstrates flexibility as needed. Comments: takes action and demonstrates flexibility</p>	<p>1 2 3 4 5</p>
<p>8. Observation skills Consider ability to observe relevant behaviors for performance areas and performance components and to verbalize perceptions and observations. Comments:</p>	<p>1 2 3 4 5</p>
<p>9. Participation in the Supervisory Process Consider ability to give, receive and respond to feedback; seek guidance when Necessary, follows proper channels. Comments: asks for, accepts, and integrates feedback</p>	<p>1 2 3 4 5</p>
<p>10. Verbal communication and Interpersonal skills with patients/clients/ staff/caregivers Consider ability to interact appropriately with individuals such as eye contact, empathy, limit setting, respectfulness, use of authority, etc; degree/quality of verbal interactions; use of body language and non-verbal communication; exhibits confidence. Comments: content, frequency, volume, tone</p>	<p>1 2 3 4 5</p>
<p>11. Professional and Personal Boundaries Consider ability to recognize/handle personal/professional frustrations; balance personal/professional obligations; handle responsibilities; work w/others cooperatively, considerately, and effectively. Shows responsiveness to social cues. Comments: recognizes boundaries with patients, supervisors, staff, family members</p>	<p>1 2 3 4 5</p>
<p>12. Use of professional terminology Consider ability to respect confidentiality; appropriately apply professional terminology (such as uniform terminology, acronyms, abbreviations, etc) in written and oral communication. Comments: Communicates about patient's treatment, outcomes, plans</p>	<p>1 2 3 4 5</p>
<p>Final score: _____ [] Pass [] Fail Requirements for passing: Student signature _____ • No more than one item below a "2", OR • No more than two items below a "3". Supervisor signature _____</p>	

FW I Debriefing Form

Used for OT 573: Fieldwork I Mental Illness, OT 790: Physical Dysfunction, OT 791 Pediatrics

Debriefing Talking Points:

Each OTS will describe the setting (context) in which they completed FW I and also respond to the following questions. Students will also be given an opportunity to meet with the Instructor of record or the Academic Fieldwork Coordinator individually if needed to discuss the following questions privately.

1. Context for fieldwork? How did the context facilitate and limit the experiences that you had on FW I?
2. Did you feel supported by your FWE and within the site setting while on FW I?
2. Did you feel prepared for this experience? Explain.
3. Were you able to ask questions and complete assignments in a timely fashion?
4. Did this FW I support your learning style?
5. Other

Level One Fieldwork Site Evaluation Form

Site _____ Semester:

Student's Name _____ Course:

1=Not Agree

3=Agree

5=Strongly Agree

This experience provided an opportunity:

to develop a therapeutic relationship with clients	1	2	3	4	5	NA
to use time management skills	1	2	3	4	5	NA
to practice skills learned in the classroom	1	2	3	4	5	NA
to practice a treatment activity with a population	1	2	3	4	5	NA

This fieldwork experience provided an opportunity to gather information on clients through:

Observation	1	2	3	4	5	NA
Interview	1	2	3	4	5	NA

The objectives of this fieldwork experience were clear:

Through class assignments	1	2	3	4	5	NA
---------------------------	---	---	---	---	---	----

The supervisor of this experience was:

Shared resources and knowledge	1	2	3	4	5	NA
Provided timely feedback	1	2	3	4	5	NA

Did you enjoy this fieldwork experience? 1 2 3 4 5 NA

Please provide any additional information:

Signature of student _____ Date _____

FW I

Fieldwork Educator's Feedback

Dear Fieldwork Educators:

In an effort to help the UWL faculty provide quality education and prepare students for fieldwork, please answer the following questions.

- 1. What are the three most important student abilities/qualities for FW I success?**

- 2. What knowledge to you expect students to bring to the FW I experience?**

- 3. Knowing a bit about of curriculum here at UWL, do you feel that our students are a good "fit" for training at your facility?**

- 4. Other: Please provide any other useful information to help us prepare students for clinical practice.**

Signed: _____ Facility: _____

**Note: Please return this form with the FW I Student Evaluation. (attached) This information will be shared with OT faculty. Thanks again for your continued support of our program.
Fondly, Joan Temple, MEd, OTR**

**2015 Summer/Fall
UWL Occupational Therapy Program
Facility Site Visit
Completed with the FWE and OTS**

Date: _____

Name of Facility/Type of FW (I or II)
Student:

FWE:
Main Contact Person:
Telephone:
E-mail:

Type of Facility

Physical Disability _____ Pediatrics _____

Psych-Social _____ Geriatrics: _____

Other:

Population:

Diagnosis:

Assignment:

Physical Environment:

Parking _____ Facility _____

Décor: _____ OT _____

Bathrooms _____ Eating Area _____

Noise _____ Activity Area _____

Lighting _____

Accessibility _____ Smell _____

FWE Educator:

Clinical Experience:

Does this FW Site have the needed equipment/environmental factors for OT Practice?

	YES no problem!	NO---Comments
Physical Layout		
Craft tools		
Play equipment		
Work Supplies		
Bathrooms		
School supplies		
Eating equipment		
Therapy equipment		
Other		

Fieldwork Objectives

- y/n Reviewed program general objects (in Fieldwork Manual).
- y/n Suggested modifications
- y/n Site has specific objectives

Mid Term Results: Discuss mid- term results and areas of strength/change needed/more experience. Open discussion regarding the following: **(C.1.1)**

Preparedness of OTS:

Professional behaviors

Outcomes Measures:

Occupations used in practice:

New markets and Practice:

Cognitive Training:

Curriculum Themes and Fieldwork Experience—Gather Info on the following and explain our curriculum to FWEs (C.1.1)

Fieldwork site provides the student with the opportunity to experience a facility that is:

- y/n Person-centered
- y/n Occupation-based— Can students use occupation in interventions as deemed appropriate, How defined at this site?
- y/n Promotes participation in meaningful activity. Explain.
- y/n Science Foundation:
- y/n Evidence Based/Best Practice: examples of....
- y/n Cultural Competencies:
- y/n **UWL Goals and Objectives:**

Does the student has the opportunity to:

- y/n Review a program manual at the beginning of their fieldwork, indicating learning objectives Has manual
- y/n Discuss supervisor expectations:
- y/n Attend an organized orientation/packets, HIPPA, etc
- y/n Observe other services:
- y/n See a variety of clients :
- y/n Communicate during team meetings/rounds:
- y/n Access resources within FW site (e.g., site fieldwork manual, library, other staff).
- y/n Observe a variety of intervention approaches (e.g., preparatory methods, purposeful activity, & occupation based)
- y/n End the fieldwork with end competencies equivalent to those of an entry level therapist?

The fieldwork educator:

- y/n Uses a variety of supervisory approaches with students (e.g., written, supportive, constructive, multiple supervisors, etc)
- y/n Is aware that the academic site should be notified as soon as a student develops difficulty(*reinforce this*)

point if needed for this FW and also future)

- y/n Provides ___ per week ___ day supervision to meet students' educational needs, in beginning then weans off as needed.
- y/n Has a minimum of 1 year practice experience subsequent to initial certification
- y/n Provides the student with a formal FW evaluation **at midterm** and end of placement
- y/n Ask about current FW Data Base and site specific objectives.
- y/n Provides the student with the opportunity to look at the person within a system as well as individually
- y/n Encourages the student to understand how psychosocial factors influence client engagement in occupation
- y/n Would consider modifying the more traditional workweek to accommodate part time students or different schedules?
- y/n Offers an environment that accommodates student with unique learning needs

Talking Points for FWEs: Other Items for discussion

1. **FW ECP Program**
2. **Distinguished Lecturer—Spring Semester**
3. **Ask if need for any cont. education, topics?**
4. **Ask what specific needs they might have or facility to take students**
5. **What can University do?**
6. **Get FWE email to add to contact list for various notifications**
7. **Reinforce adult and peds lab**
8. **Reinforce leadership thread and the OTS assignment from Encouraging the Heart**
9. **OT Program Web site**
10. **Strengths of program**
11. **Double check if using Site Specific Objectives**
12. **Emerging markets/Other FW Opportunities:**

Talking Points for OTS: Things to bring up:

1. **Supervision good fit?**
2. **What learning?**
3. **Pace comfortable?.**
4. **Able to ask questions? yes**
5. **Active in learning process?**
6. **Areas to improve?**
7. **Strengths/weakness?**
8. **Recommend this site?**

Date of Visit or Phone Interview:

Interview Conducted by:

Fieldwork Performance Evaluation For The Occupational Therapy Student

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

COLLEGE OR UNIVERSITY

FIELDWORK SETTING:

NAME OF ORGANIZATION/FACILITY

ADDRESS: (STREET OR PO BOX)

CITY STATE ZIP

TYPE OF FIELDWORK

ORDER OF PLACEMENT: . OUT OF

FROM: TO:
DATES OF PLACEMENT

NUMBER OF HOURS COMPLETED

FINAL SCORE

PASS: _____ NO PASS: _____

SUMMARY COMMENTS:
(ADDRESSES STUDENT'S CLINICAL COMPETENCE)

SIGNATURES:
I HAVE READ THIS REPORT.

SIGNATURE OF STUDENT

NUMBER OF PERSONS CONTRIBUTING TO THIS REPORT

SIGNATURE OF RATER #1

PRINT NAME/CREDENTIALS/POSITION

SIGNATURE OF RATER #2 (IF APPLICABLE)

PRINT NAME/CREDENTIALS/POSITION

Fieldwork Performance Evaluation For The Occupational Therapy Student

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

PURPOSE

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

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

USE OF THE FIELDWORK PERFORMANCE EVALUATION FOR THE OCCUPATIONAL THERAPY STUDENT

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

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

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

DIRECTIONS FOR RATING STUDENT PERFORMANCE

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

- 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	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
- Adheres to safety regulations:** Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.

Midterm	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
- Uses judgment in safety:** Uses sound judgment in regard to safety of self and others during all fieldwork-related activities.

Midterm	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

Comments on strengths and areas for improvement:

• Midterm

• Final

II. BASIC TENETS:

- 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	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
- 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	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
- 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	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
- Collaborates with client, family, and significant others throughout the occupational therapy process.

Midterm	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

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.

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

Midterm	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Midterm	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on strengths and areas for improvement:

• Midterm

• Final

III. EVALUATION AND SCREENING:

8. **Articulates a clear and logical rationale** for the evaluation process.

Midterm	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Midterm	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. **Assesses client factors and context(s)** that support or hinder occupational performance.

Midterm	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. **Administers assessments** in a uniform manner to ensure findings are valid and reliable.

Midterm	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Midterm	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. INTERVENTION:

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

Midterm	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Midterm	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

• 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	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

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

Midterm	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

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

Midterm	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

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

Midterm	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

Comments on strengths and areas for improvement:

• Midterm

• Final

VII. PROFESSIONAL BEHAVIORS:

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

Midterm	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

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

Midterm	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

38. **Responds constructively to feedback.**

Midterm	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

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

Midterm	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

40. **Demonstrates effective time management.**

Midterm	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

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

Midterm	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

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

Midterm	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Final	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>

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)

SITE SEFW

Session:

OT 795 Level II Summer - Class of 2014 (full-time, 12 week rotations)

Site Name:

Test - Site - FOR TESTING ONLY

START DATE:

6/9/2014

END DATE:

8/29/2014

DURATION :

12 WEEK

SETTINGS:

ACUTE CARE ADULT PHYS DIS(OP)

Form not submitted yet. Form once submitted will get locked.

Purpose:

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

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

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

Instructions to the Student:

Complete the STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE) form before your final meeting with your fieldwork supervisor(s). It is imperative that you review the form with your

supervisor and that both parties sign below. Please upload the signed document to **Signed Signature Form under My Placement section on the Exxat**, so your Academic Fieldwork Coordinator can confirm completion. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student's evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

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Page 1

Basic Information

Fieldwork Site

Test - Site - FOR TESTING ONLY (/CSPS/Site/SiteOverView/1071)

Address :

615 Washington Ave SE, Minneapolis, Minnesota(MN) - 55414

Placement Dates:

6/9/2014 - 8/29/2014

Order of Placement:

First Second

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

Public transportation in the area:

Please indicate if you are willing to talk to future students about your experience at this site

Yes | No

slides

First Previous Next Last

Save

Form under My Placement section on the Exxat, so your Academic Fieldwork Coordinator can confirm completion. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student's evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

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Page 2

A. ORIENTATION

Indicate your view of the orientation by selecting "Satisfactory" (S) or "Needs Improvement" (I) Or "Not Applicable" (N/A) regarding the three factors of adequacy, organization, and timeliness.

Sr. No	Topic	Adequate	Organize	Timely
1	Site-specific fieldwork objectives	-Sel ▼	-Sel ▼	-Sel ▼
2	Student supervision process	-Sel ▼	-Sel ▼	-Sel ▼
3	Requirements/assignments for students	-Sel ▼	-Sel ▼	-Sel ▼
4	Student schedule (daily/weekly/monthly)	-Sel ▼	-Sel ▼	-Sel ▼
5	Staff introductions	-Sel ▼	-Sel ▼	-Sel ▼
6	Overview of physical facilities	-Sel ▼	-Sel ▼	-Sel ▼
7	Agency/Department mission	-Sel ▼	-Sel ▼	-Sel ▼
8	Overview of organizational structure	-Sel ▼	-Sel ▼	-Sel ▼
9	Services provided by the agency	-Sel ▼	-Sel ▼	-Sel ▼
10	Agency/Department policies and procedures	-Sel ▼	-Sel ▼	-Sel ▼

11	Role of other team members	-Sel	▼	-Sel	▼	-Sel	▼
12	Documentation procedures	-Sel	▼	-Sel	▼	-Sel	▼
13	Safety and emergency procedures	-Sel	▼	-Sel	▼	-Sel	▼
14	Confidentiality/HIPAA	-Sel	▼	-Sel	▼	-Sel	▼
15	OSHA—Standard precautions	-Sel	▼	-Sel	▼	-Sel	▼
16	Community resources for service recipients	-Sel	▼	-Sel	▼	-Sel	▼
17	Department model of practice	-Sel	▼	-Sel	▼	-Sel	▼
18	Role of occupational therapy services	-Sel	▼	-Sel	▼	-Sel	▼
19	Methods for evaluating OT services	-Sel	▼	-Sel	▼	-Sel	▼
20	Other	-Sel	▼	-Sel	▼	-Sel	▼

Comments or suggestions regarding your orientation to this fieldwork placement:

B. CASELOAD

List approximate number of each age category in your caseload.

Sr. No	Age	Number
1	0-3 years old	
2	3-5 years old	

- 3 6-12 years old
- 4 13-21 years old
- 5 22-65 years old
- 6 > 65 years old

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

[+ Add New](#)

Condition/Problem	Number	Action
No Records Found		

supervisor and that both parties sign below. Please upload the signed document to **Signed Signature Form under My Placement section on the Exxat**, so your Academic Fieldwork Coordinator can confirm completion. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student's evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

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C. OCCUPATIONAL THERAPY PROCESS

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

Sr. No		Required	How Many	Educational Value
1	Client/patient screening	<input type="checkbox"/>		-Select- <input type="checkbox"/>
2	Written treatment/care plans	<input type="checkbox"/>		-Select- <input type="checkbox"/>
3	Discharge summary	<input type="checkbox"/>		-Select- <input type="checkbox"/>
4	Client/Patient Evaluation	<input type="checkbox"/>		-Select- <input type="checkbox"/>

✕

+ Add New Client/Patient Evaluations

D. THERAPEUTIC INTERVENTIONS

Of the 3 major therapeutic interventions frequently used please indicate whether it was provided in group, individually, co-treatment, or consultation. List other professionals involved. Give examples.

#	Individual	Group	Co-Treatment	Consultation
---	------------	-------	--------------	--------------

#	Individual	Group	Co-Treatment	Consultation
Occupation-based Activity (i.e., playing, shopping, ADL, IADL, work, school activities, etc. Within clients own context with his or her goals)	Give Exan	Give Exan	Give Exan	Give Exan
Purposeful Activity (therapeutic context leading to occupation)	Give Exan	Give Exan	Give Exan	Give Exan
Preparatory Methods (i.e., sensory, PAMs, splinting, exercise, etc. (preparation for occupation-based activity))	Give Exan	Give Exan	Give Exan	Give Exan

First Previous Next Last

Save

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E. THEORY—FRAMES OF REFERENCE—MODELS OF PRACTICE

Indicate frequency of theory/frames of reference used

Sr. No	Topic		
1	Model of Human Occupation	-Select-	<input type="checkbox"/>
2	Occupational Adaptation	-Select-	<input type="checkbox"/>
3	Ecology of Human Performance	-Select-	<input type="checkbox"/>
4	Person-Environment-Occupation Model	-Select-	<input type="checkbox"/>
5	Biomechanical Frame of Reference	-Select-	<input type="checkbox"/>
6	Rehabilitation Frame of Reference	-Select-	<input type="checkbox"/>
7	Neurodevelopmental Theory	-Select-	<input type="checkbox"/>
8	Sensory Integration	-Select-	<input type="checkbox"/>
9	Cognitive Behavioral Therapy	-Select-	<input type="checkbox"/>
10	Cognitive Theory	-Select-	<input type="checkbox"/>

Never
Rarely
Occasionally
Frequently

Sr. No	Topic		
11	Cognitive Disability Frame of Reference	-Select-	<input type="checkbox"/>
12	Motor Learning Frame of Reference	-Select-	<input type="checkbox"/>
13	Other (list)	-Select-	<input type="checkbox"/>

EMERGING PRACTICE SETTINGS

Indicate exposure to the following emerging practice settings.

Children and Youth:

- Psychosocial needs of Children
- Childhood Obesity
- Transition to post high school
- Bullying
- Driving for Teens with disabilities

Health and Wellness

- Prevention
- Chronic Disease Management.
- Obesity

Work and Industry

- Aging workforce
- Ergonomics
- New Technologies at work

Mental Health

- Recovery and Peer Support Models
- Depression
- Sensory Approaches to Mental Health
- Wounded Warriors and Veteran's Mental Health

Productive Aging

- Community Mobility
- Older Driver
- Aging in Place
- Design and Accessibility
- Low Vision
- Dementia, Alzheimers
- Caregiver Education/support

Rehabilitation, Disability and Participation

- Technology and Assistive Devices
- Cancer Care/Oncology
- Telehealth
- Hand Transplants/Bionic Limbs
- Veteran and Wounded Warrior Care
- Autism in Adults

First Previous Next Last

Save

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F. FIELDWORK ASSIGNMENTS

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

1-5 NA

Sr. No Topic

1	Case study applying the Practice Framework	-Select-	<input checked="" type="checkbox"/>
2	Evidence-based practice presentation Topic:	-Select-	<input checked="" type="checkbox"/>
3	Current site-specific fieldwork objectives	-Select-	<input checked="" type="checkbox"/>
4	Program development Topic:	-Select-	<input checked="" type="checkbox"/>
5	In-service/presentation Topic:	-Select-	<input checked="" type="checkbox"/>

Sr. No	Topic		
6	Research Topic:	-Select-	<input type="checkbox"/>
7	Other (List)	-Select-	<input type="checkbox"/>

G. ASPECTS OF THE ENVIRONMENT

Please rate how frequent the following occurred

*Rarely
Occasionally
Frequently
Constantly*

Sr. No	Topic		
1	Staff and administration demonstrated cultural sensitivity	-Select-	<input type="checkbox"/>
2	The Practice Framework was integrated into practice	-Select-	<input type="checkbox"/>
3	Student work area/supplies/equipment were adequate	-Select-	<input type="checkbox"/>
4	Opportunities to collaborate with and/or supervise OTs, OTAs, and/or aides	-Select-	<input type="checkbox"/>
5	Opportunities to network with other professionals	-Select-	<input type="checkbox"/>
6	Opportunities to interact with other OT students	-Select-	<input type="checkbox"/>
7	Staff used a team approach to care	-Select-	<input type="checkbox"/>

Sr. No	Topic		
8	Opportunities to observe role modeling of therapeutic relationships	-Select-	<input type="checkbox"/>
9	Opportunities to expand knowledge of community resources	-Select-	<input type="checkbox"/>
10	Opportunities to participate in research	-Select-	<input type="checkbox"/>

H. ADDITIONAL DETAILS ABOUT SITE

Please specify on the following.

1
Additional educational opportunities (specify):

2
How would you describe the pace of this setting?
-Select-

3
Types of documentation used in this setting?:

4
Ending student caseload expectation:

of clients per week or day

5
Ending student productivity expectation:

% per day (direct care)

supervisor and that both parties sign below. Please upload the signed document to **Signed Signature Form under My Placement section on the Exxat**, so your Academic Fieldwork Coordinator can confirm completion. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student's evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

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Page 6

I. INTEGRATION OF ACADEMIC THEMES WITHIN THE FIELDWORK EXPERIENCE

1

How did you address psychosocial issues with your patient population?

2

How would describe the use of occupations at this setting?

3

Was evidence based practice integrated into treatment? Were you given opportunities to explore EBP?

4

How did this fieldwork experience help you develop your clinical reasoning skills and clinical competencies as an entry level therapist?

5

How did this experience help you develop cultural competency? Explain

6

Were you able to practice leadership principles during this FW experience?

Describe

J. SUPERVISION

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

2 How was student feedback and assessment handled?

3 Was it adequate for your learning needs?

Please list fieldwork educators other than primary clinical educators who participated in your learning experience.

+ Add New

supervisor and that both parties sign below. Please upload the signed document to **Signed Signature Form under My Placement section on the Exxat**, so your Academic Fieldwork Coordinator can confirm completion. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student's evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

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K. ACADEMIC PREPARATION

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

Sr. No	Topic	Adequacy for Placement		Relevance for Placement	
		-Select-	▼	-Select-	▼
1	Anatomy and Kinesiology	-Select-	▼	-Select-	▼
2	Neurodevelopment	-Select-	▼	-Select-	▼
3	Human development	-Select-	▼	-Select-	▼
4	Evaluation	-Select-	▼	-Select-	▼
5	Intervention planning (Design)	-Select-	▼	-Select-	▼
6	Interventions (individual, group, activities, methods)	-Select-	▼	-Select-	▼
7	Theory	-Select-	▼	-Select-	▼
8	Documentation skills	-Select-	▼	-Select-	▼

Sr. No	Topic	Adequacy for Placement		Relevance for Placement	
9	Leadership	-Select-	<input type="checkbox"/>	-Select-	<input type="checkbox"/>
10	Professional behavior and communication	-Select-	<input type="checkbox"/>	-Select-	<input type="checkbox"/>
11	Therapeutic use of self	-Select-	<input type="checkbox"/>	-Select-	<input type="checkbox"/>
12	Level I fieldwork	-Select-	<input type="checkbox"/>	-Select-	<input type="checkbox"/>
13	Program development	-Select-	<input type="checkbox"/>	-Select-	<input type="checkbox"/>
14	Human Movement	-Select-	<input type="checkbox"/>	-Select-	<input type="checkbox"/>
15	Psychosocial Issues	-Select-	<input type="checkbox"/>	-Select-	<input type="checkbox"/>
16	Wellness	-Select-	<input type="checkbox"/>	-Select-	<input type="checkbox"/>
17	Evidence Based Practice	-Select-	<input type="checkbox"/>	-Select-	<input type="checkbox"/>
1	What changes would you recommend in your academic program relative to the needs of THIS Level II fieldwork experience?				

First Previous Next Last

Save

supervisor and that both parties sign below. Please upload the signed document to **Signed Signature Form under My Placement section on the Exxat**, so your Academic Fieldwork Coordinator can confirm completion. This information may be reviewed by future students as well. The evaluation of the student (FWPE) should be reviewed first, followed by the student's evaluation of the fieldwork experience (SEFWE), allowing the student to be honest and constructive.

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L. SUMMARY

Please indicate your opinion on the following topics. (1= Strongly Disagree --- 5 = Strongly Agree)

Sr. No Topic

- | | | | |
|---|---|----------|--------------------------|
| 1 | Expectations of fieldwork experience were clearly defined | -Select- | <input type="checkbox"/> |
| 2 | Expectations were challenging but not overwhelming | -Select- | <input type="checkbox"/> |
| 3 | Experiences supported student's professional development | -Select- | <input type="checkbox"/> |
| 4 | Experiences matched student's expectations | -Select- | <input type="checkbox"/> |

5

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

6

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

A

Study the following evaluations:

B

Study the following intervention methods:

C

Read up on the following in advance:

7

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

8

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

First Previous Next Last

Save Submit

STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

Instructions to the Student:

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

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

Student's Signature

FW Educator's Signature

Student's Name *(Please Print)*

FW Educator's Name and credentials *(Please Print)*

FW Educator's years of experience _____