



Occupational Therapy
Assistant Program

Fieldwork Educator Handbook 2024-2025



ILLINOIS CENTRAL COLLEGE OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Dear Fieldwork Educators/Clinical Coordinators:

The Fieldwork Educator plays a crucial role in the education of future Occupational Therapy Assistants. According to Gene Bedley, 1986 Parent Teacher Association National Educator of the Year and 1994 Milken Foundation National Educator, the term Professional Educator refers to, "One who is value-driven; guided by principles, passion, and a purpose; and is a catalyst in promoting calculated risks that advance their profession and enable everyone access to success."

You, as a Fieldwork Educator, may have the greatest influence in a student's successful educational fieldwork experience. To create an optimal learning environment for our students, the Accreditation Council for Occupational Therapy Education (ACOTE) mandates that educational programming meet the goal of **Level I** fieldwork which is: *to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients* **AND Level II** fieldwork which is: *to develop competent, entry-level, generalist occupational therapy assistants. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings* through the following standards.

- ✓ **Standard C.1.1** Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education.
- ✓ **Standard C.1.3** Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience. Ensure that fieldwork objectives for all experiences include a psychosocial objective.

You can find helpful fieldwork resources at aota.org, including **sample setting objectives**.

aota.org> education career tab> scroll to Fieldwork > scroll to site-specific objectives

Once again, a BIG thank you goes out to all Fieldwork Educators!!!! Your time and efforts are greatly appreciated.

Illinois Central College
Occupational Therapy Assistant Program

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SECTION 1: OTA PROGRAM INFORMATION

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OTA Program Philosophy (2024)

The Illinois Central College Occupational Therapy Assistant (OTA) Program is committed to the facilitation and development of knowledge, skills and professional relationship habits necessary for a satisfying and successful career as an Occupational Therapy Assistant.

The OTA Program is built upon the belief that people are complex, composite beings driven by an intrinsic need to meaningfully participate in human occupation, within their life context. Such engagement in occupation is intended to support survival and promote or restore health. It also serves to create opportunity for the client to experience human flourishing in ways which are developmentally meaningful. The OTA Program appreciates fully the philosophical tenets of existential-humanism, which inspire practical reflection upon the most meaningful and objective occupational needs of each individual person within their particular context and life situation. Client-centered assessment and interventions respect human developmental needs and also assure that the clinician is listening to the client's need for function, purpose, and meaning.

The OTA Program philosophy is further based upon the belief that its learners need to be actively engaged in a learning community which expresses high expectations, but which is also supportive and ready to give regular feedback. The OTA Program seeks to developmentally transition students from initially more dependent learners, to learners who are positively interdependent adult learners, able to access information and technology, as well as other resources, in order to meet the needs of modern professionals. Cognitive development and problem-based learning within the learning community will be aligned not only with the historical ethos of OT but also with the current and emerging practice areas of the profession. The OTA Program cohort is viewed as a community wherein collaboration and mutual respect will exist and where adult learner diversity will be considered beneficial and good. This same cohort will interface with other college disciplines and with the surrounding community via relationships based upon the *OT Code of Ethics*.

Graduation and completion of the OTA Program will not be viewed as the only goal of the educational process. Students will be engaged with the intentional process of becoming a professional and with the expectation that professionals are self-motivated, lifelong learners who perpetually develop through appropriate participation in professional development activities. The OTA Program faculty are committed to the development of Occupational Therapy practitioners and also advocate for the profession through involvement with the area health care community.

Reference: *Occupational Therapy Code of Ethics of the American Occupational Therapy Association*, American Journal of Occupational Therapy, 69 (suppl. 3) 2000: Bethesda, MD: AOTA, 2015.

AOTA's Vision 2025

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

OTA Program Vision (2024)

The vision of the Occupational Therapy Assistant (OTA) Program at Illinois Central College (ICC) is to provide a successful path to completion of the program and preparation to begin generalist practice as an entry level OTA by enabling students to attain the knowledge, professional skills, and an exceptional educational foundation.

To fulfill its vision, the OTA Program will:

1. Promote student access through equal opportunity admission policies.
2. Provide academic advisement and supportive career resources in the community.
3. Assure quality instruction by meeting ACOTE Accreditation standards; promote faculty scholarship.
4. Provide a curriculum design which includes a sound general education and relevant OTA-specific content courses in preparation to implement optimal client-centered practice.
5. Promote evidenced-based research and practice to foster a desire to embrace lifelong learning and commitment to scholarship.
6. Establish interprofessional relationships with community partners for the procurement of in-depth fieldwork placements to expose students to a variety of settings and clients across the lifespan.
7. Facilitate a professional culture that is characterized by inclusiveness and respect for persons, groups, and populations.
8. Facilitate an awareness of current and future roles within the scope of practice of an occupational therapy assistant within the local and global communities of the rapidly changing service delivery systems.

OTA Program Information (2024)

The certified occupational therapy assistant collaborates with the supervising occupational therapist to provide the use of occupations (everyday life activities) with individuals and/or groups across the lifespan. These occupations include ADLs (activities of daily living), IADLS (instrumental activities of daily living), education, work, rest, sleep, play, and social participation. The occupational therapy assistant may be employed in a variety of practice areas. These settings include but are not limited to: hospitals, skilled nursing facilities, outpatient facilities, schools, community-based health agencies, behavioral health programs, and home health agencies. Occupational therapy assistants provide services that will promote health, well-being, participation, and engagement in occupation throughout one's lifespan. Occupational therapy assistants apply a client-centered holistic approach and recognize the significance of the mind, body, and spirit.

OTA Program Mission (2024)

The mission of the Associate in Applied Science Occupational Therapy Assistant Degree Program at Illinois Central College is to effectively provide educational resources within theory, laboratory, and fieldwork experiences to prepare graduates for a successful career in occupational therapy service delivery and to begin practice as a competent, entry-level, generalist occupational therapy assistant.

OTA Program Goals (2024)

1. Students/graduates of the program will demonstrate clinical reasoning through an understanding and application of knowledge from the Occupational Therapy Practice Framework: Domain and Process, theory, models of practice, and guidelines of practice utilized in the occupational therapy process.
2. Students/graduates of the program will exhibit proficiency in the delivery of evidence-based practice and interventions to facilitate participation and enhance occupational performance across the lifespan.
3. Students/graduates of the program will perform skills to practice as a competent, entry level, generalist in traditional and emerging occupational therapy practice settings across the lifespan.
4. Students/graduates of the program will effectively interact through written, oral, and nonverbal communication with the client, family, significant others, and the public in a professionally acceptable manner.
5. Students/graduates of the program will model positive behaviors to promote effective interprofessional team collaboration.

Completion of ICC OTA Program Graduation Requirements

In accordance with Standard A.4.7, “Students must complete all Level II Fieldwork within 18 months following completion of the didactic portion of the program.” This information is disclosed in the Illinois Central College *Occupational Therapy Assistant Program Student Handbook*.

To remain in and graduate from the program the student must receive a letter grade of “C” or better in all OTA and general education courses. Students will successfully complete the both Level I and both Level II fieldwork rotations with a satisfactory rating **AND** a “C” or better in the related didactic coursework to progress in the program.

If a student is unsuccessful in a Level I FW placement, the entire course will be repeated. Level I is embedded in both OTA 111 (first semester of OTA Program) and OTA 112 (second semester of OTA Program). Satisfactory performance in Level I fieldworks is required to PASS the entire related course.

If a student is unsuccessful in a Level II FW placement, the entire course will be repeated. The student will not be allowed to progress in the program until the failed FW rotation has been completed successfully. A Level II FW experience can only be repeated once. Level II FW placement courses are completed in eight-week blocks. OTA 212 is completed the second 8 weeks of the first semester of the sophomore year. OTA 213 is completed the final 8 weeks of the program’s final semester. Satisfactory performance in Level II fieldwork placement is required to PASS the entire OTA 212 and OTA 213 courses.

*A student must attain a grade of 77.0% of the didactic portion of OTA 111 and OTA 112 in order to be eligible to move forward to Level I fieldwork.

* If unsuccessful in either a Level I or Level II FW rotation, the student will not be allowed to progress in the program at that time.

* Re-entry to OTA Program will be contingent on discretion of the program director, class enrollment, and fieldwork availability.

* Students will only be allowed to repeat course and fieldwork one time.

OTA Program Progression

A student must attain a grade of a "C" (77.0%) or higher in each OTA course in order to progress through the program. In those courses with a patient skills component, the student must pass each practical exam, which includes meeting all safety critical elements and a score of at least 77.0%.

To allow progression to clinical courses, the student must have at least a 77.0% by the start of the first day of OTA 111 Level I Fieldwork and a 77.0% or higher grade in all other concurrent OTA courses. If a student has a "D" or "F" grade (<76.9%) at the start of the fieldwork, the student will not be allowed to continue to the subsequent fieldwork experience resulting in the inability to progress in the OTA Program. As stated, the OTA student must complete the embedded fieldwork with a satisfactory rating to pass the entire OTA 111 and OTA 112 course.

Fieldwork

For fieldwork courses, the student must attain a "77.0% minimum score" to pass the experience and progress through the program.

SECTION 2: GENERAL FIELDWORK INFORMATION

Occupational Therapy Fieldwork Education: Value and Purpose (See documents at the end of handbook)

Steps to Starting a Fieldwork Program (See documents at the end of handbook)

Answers to Your Fieldwork Questions (See documents at the end of handbook)

AOTA Fieldwork Data Form (See documents at the end of handbook)

HIPAA Guidelines for Fieldwork

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

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

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

- Age (age 90 and over must be aggregated to prevent the identification of older individuals)
- Race
- Ethnicity
- Marital Status

- Codes (a random code may be used to link cases, as long as the code does not contain, or is not a derivative of, the person's social security number, date of birth, phone/fax numbers, etc.)

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

Resource:

HIPAA Frequently Asked Questions

<http://www.aota.org/Education-Careers/Fieldwork/Supervisor/HIPAA.aspx>

AOTA HIPAA Frequently Asked Questions (See documents at the end of handbook)

SECTION 3:

ACADEMIC INSTITUTION RESPONSIBILITY

Memorandum of Understanding Procedure

C.1.6 The program must have evidence of valid memoranda of understanding in effect and signed by both parties from the onset to conclusion of the Level I fieldwork and the Level II fieldwork if it involves an entity outside of the academic program. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.

The assistant to the Health Careers (HC) department supports the dean of Health Careers in securing current and valid Memoranda of Understanding for each of the OTA Program fieldwork affiliations.

- The Academic Fieldwork Coordinator (AFWC) of the ICC OTA Program updates each clinical affiliation's tentative schedule early in the spring semester for the upcoming academic year.
- At this time clinical schedules are given to the Assistant to HC by the AFWC.
- The dean of Health Careers oversees the distribution of the contract process to secure current contract signatures.
- The assistant will mail or email confirmation letters for validity of the affiliated contract or will mail or email new or updated memoranda of understanding as applicable.
- All Memoranda of Understanding are kept on file in the HC department and are available for review upon request.
- Once contracts are secured the AFWC is informed and future placement processes begin.

Revised: May 2021

Essential Skills and Abilities

for the Occupational Therapy Assistant student to meet the Required Core Performance Standards (2022)

Becoming an occupational therapy assistant requires the completion of an education program that is both intellectually and physically challenging. The student will be expected to acquire knowledge, enhance motor performance, and develop professional behaviors and attitudes that are necessary to provide ethical, safe, effective, compassionate care across the lifespan. The purpose of the Core Performance Standards is to inform students of the Occupational Therapy Assistant (OTA) program of the requirements that they can reasonably be expected to meet, with or without reasonable accommodation, while participating in the program.

Upon entering this program, students should consider the following: The Core Performance Standards are used to assist in the determination as to whether accommodations or modifications are necessary for a student to meet program requirements. A student who identifies potential difficulties with meeting the Core Performance Standards should communicate their concerns to the Program Director. The student has the responsibility to identify and document any disability and to request reasonable and appropriate accommodations as needed. All students must be otherwise qualified and able to perform independently in all areas. Determination is made on an individual basis as to whether any accommodations or modifications can be reasonably made. They are also reasonable expectations of employers; however, employers may have different standards. The ability to meet these standards does not guarantee employment upon graduation.

Communication: Student will need to communicate effectively and efficiently with peers, faculty, clients, families, caregivers and interprofessional team members verbally, in writing, and non-verbally. This includes, but is not limited to:

1. Ability to read at a level that allows the essential skills and abilities of an assignment to be completed safely and effectively.
2. Clearly communicates the values and beliefs of occupational therapy, highlighting the use of occupation to clients, families, caregivers, and interprofessional team members.

3. Clearly communicates the roles of occupational therapist and occupational therapy assistant, highlighting the use of occupation to clients, families, caregivers, and interprofessional team members.
4. Apply health literacy concepts to effectively articulate and interpret information to clients, family members, caregivers, interprofessional team members, and third party payers as appropriate.
5. Ability to recognize, observe, interpret, and respond to nonverbal behaviors of self and others.

Behavior: Student should demonstrate sound judgment and establish empathic and therapeutic relationships with clients and others. Student demonstrates the ability to perform in stressful situations and tolerates close physical contact with coworkers and clients. This includes, but is not limited to:

1. Ability to work concurrently with interprofessional team members and multiple clients/caregivers.
2. Ability to work independently and in collaboration with one or more partners.
3. Ability to work collaboratively with a diversity of populations including OTA students and program faculty in classroom, lab, and clinical settings.
4. Ability to respond constructively to feedback and appropriately modify behavior in response to supervisory feedback.
5. Demonstrate safe and effective coping strategies during stressful conditions, including but not limited to medically or emotionally unstable individuals and situations requiring rapid adaptations such as the provision of CPR or other emergency interventions.
6. Ability to prioritize multiple tasks, integrate information, and make decisions for effective time management in order to meet established deadlines.
7. Ability to respect the diversity factors of others, including but not limited to: age, socio-cultural, socioeconomic, spirituality, and lifestyle choices.
8. Ability to demonstrate a positive therapeutic use of self.
9. Ability to demonstrate values, attitudes, and behaviors consistent with the OT Professional Code of Ethics and Standard of Practice.
10. Ability to display professional appearance (appropriate dress and personal grooming) while involved in all school, clinical, and professional activities.
11. Ability to handle personal and professional problems appropriately so they do not interfere with classroom and clinical performance.
12. Demonstrate positive and expected work ethics including, but not limited to: attendance, punctuality, attending to tasks/submitting assignments when due, and adhering to classroom/clinical policies and procedures.

Motor: The student should have sufficient gross and fine motor capabilities to execute the movements and skills required to provide safe and effective occupational therapy treatment to complete full-time work weeks during OTA Program participation. This includes, but is not limited, to:

1. Sufficient coordination, speed, strength, and agility to safely assist clients who are walking, exercising, or performing other activities.
2. Ability to guide, resist, and assist clients and to provide emergency care, which involves activities including standing, kneeling, sitting, walking, and crawling.
3. Ability and dexterity to fabricate, apply, adapt, and monitor assistive technology; perform and demonstrate occupational performance skills; and administer components of sensory, motor, and Activities of Daily Living/Instrumental Activities of Daily Living assessments and interventions.

4. Sufficient endurance to move about a variety of environments steadily throughout the day, including movement across distances, movement from one floor to another, and negotiation of small spaces.
5. Perform all essential skills and standards to complete full-time work week during OTA Program enrollment.

Mobility: The student should have sufficient physical abilities to move from room to room and maneuver in small spaces.

1. Assist all patients according to individual needs and abilities in moving, turning, and transferring from various surfaces without injury to self, patient, or others.
2. Be able to lift and carry 50 pounds.
3. Exert up to 100 pounds force or push/pull.
4. Must be able to walk and stand for extended periods of time without the use of an assistive device (such as walkers, canes, etc.) or use of a wheelchair.
5. Move from room to room and maneuver in small spaces.
6. Perform instruction by manual demonstration, as appropriate.
7. Must be able to lift and move supplies and equipment to shelves.

Sensory: Student should have sufficient sensory abilities to assess and monitor clients, observe physical movement, participate in physical measures, and recognize and respond to clients' needs in unsafe situations. Student should have the ability to obtain information in classroom, laboratory, or clinical settings through observation, palpation, and other measures, and requires abilities including, but not limited to:

1. Visual ability (corrected as necessary) to recognize and interpret facial expressions and body language, to observe client performance in therapy, to read or set parameters on occupational therapy equipment, and to interpret and assess the environment.
2. Auditory ability (corrected as necessary) to recognize and respond to verbal directions and requests, to be aware of safety mechanisms in the environment, and for effective communication between clients/families/interprofessional team members.
3. Tactile ability to palpate muscle contractions, to discriminate hot and cold modalities, to exert the necessary pressure to fabricate splints, and to identify joint articulation.
4. Olfactory ability to tolerate odors to allow care of patient, noxious odors, perfumes, and other body odors from wounds or skin conditions.

Critical Thinking: Student should possess sufficient abilities in the areas of critical problem solving, reasoning, and assessment to be able to comprehend and process information in a timely manner. Student will be asked to prioritize, organize, and attend to tasks and responsibilities efficiently. This includes, but is not limited to:

1. Ability to collect and interpret data.
2. Ability to prioritize multiple tasks, integrate information, and make decisions.
3. Ability to research, identify, and understand professional publications.
4. Ability to apply knowledge to the provision of occupational therapy.
5. Ability to plan and implement treatment programs that are applicable and practical, and provide creative treatment alternatives.
6. The ability to problem solve in order to act safely and ethically in the occupational therapy lab and clinic.

Mathematical Skills: Student should demonstrate the ability to perform basic mathematical calculations

1. Calculate range of motion of a joint using a goniometer.
2. Calculate strength of muscles using Manual Muscle Testing Grading Scale.
3. Calculate grip strength using a Dynamometer.
4. Calculate pinch strength using a Pinchmeter.
5. Determine amount of force to apply with exercise and/or other occupational therapy interventions.
6. Ability to collect and interpret data relevant to documented therapy goals, assessment, and intervention.

Additional Information: In order to be eligible for placement at a fieldwork education site, students admitted to the program will need to:

1. Obtain certification (health professional level) in cardiopulmonary resuscitation through approved course for health care providers.
2. Must complete training on blood-borne pathogens.
3. Provide proof of health status, including but not limited to proof of MMR and chicken pox vaccination, hepatitis B vaccination (or signed waiver), current Tdap immunization, and current TB test.
4. Complete a criminal background check.
5. Complete other pre-clinical screenings as needed such as drug testing and fingerprinting.
6. Complete and provide all required documentation to the appointed facility.
7. Attain a grade of 'C' or better in OTA111 and OTA112 at the time of Level I fieldwork experience.
8. Attain a grade of 'C' or better in OTA 210 and OTA 211 at time of Level II fieldwork experience.

Students of the Occupational Therapy Assistant Program are required to certify that these Core Performance Standards have been provided to them. Individuals who believe they do not meet the Core Performance Standards requirements may request reasonable accommodation. It is the student's responsibility to contact Access Services (309) 694-5749. Reasonable accommodation is arranged through Access Services.

Reviewed: June 2021

Safety Policy and Procedures: Off Campus Safety and Security

1. Fieldwork education sites will provide information regarding accident, illness, and security procedures at respective individual facilities.
2. Fieldwork education sites may provide emergency service but not routine medical care. Cost of emergency care in off-campus educational experiences is the responsibility of the student. The College does require the students to have health insurance, and students are aware of this upon admission into the program. Students do have to maintain their own health insurance, ICC does not provide.
3. Students will follow facility procedures and complete necessary documentation regarding the reporting of incidents, and the fieldwork educator will assist with this process. Information related to the incident report will be shared with the AFWC and/or Program Director with College documentation completed.

4. The OTA Program includes community-based learning opportunities, such as field trips during specific courses. For these, students are given an explanation of the activity and travel information and sign the institution's Assumption of Risk and Release Form, which is maintained by that faculty member. A faculty member remains at the facility for the duration of the field trip.

Faculty reviews information regarding safety and emergency procedures applicable to field trips and shares with students. The instructor will complete the Field Trip Safety Checklist in collaboration with community partner. This completed checklist will be maintained by the faculty with course documents.

5. Students travel to/from field trip location is the responsibility of the student.

Path to Practicing as a Generalist OTA

OTA Student Educational Goals and Objectives (2022)

During the course of this program and by its completion the student will:

- I. Develop a base of knowledge concerning occupational therapy domain and process, espouse occupational therapy code of ethics and College core values, and be familiar with various intervention approaches which will guide clinical reasoning and demonstrate professional behaviors. The student will be able to:
 - A. Define and explain occupational therapy and its role in health care.
 - B. Understand engagement in occupation and address the aspects of performance (cultural, personal, physical, social, temporal, and virtual) when providing treatment interventions.
 - C. Understand and demonstrate current evidenced-based practice occupational therapy intervention approaches.
 - D. Explain general relationship between occupation and outcomes of occupational therapy interventions.
 - E. Demonstrate professional behaviors with clients, interprofessional team members, and other key process partners in the community.
 - F. Demonstrate an understanding of typical human development and function.
- II. Be familiar with the occupational profile and analysis of occupational performance which comprise the evaluative process as appropriate for the occupational therapy assistant. The student will be able to:
 - A. Be familiar with diverse occupational therapy assessments currently utilized.
 - B. Demonstrate understanding that occupational therapy assistants need to establish competency under the supervision of an occupational therapist to participate in the occupational therapy process.
 - C. Explain how the occupational therapy assistant in collaboration with an occupational therapist considers performance skills, performance patterns, context, activity demands, and client factors during the occupational therapy process.
 - D. Recognize the need to establish a collaborative relationship with the client, caregiver, and interprofessional team throughout the entire occupational therapy process.
- III. Successfully participate as appropriate in the intervention process, which includes the intervention plan, intervention implementation and intervention review, and relate intervention to outcomes assessment. The student will be able to:

- A. Contribute to the intervention process in collaboration with the client and occupational therapist in the areas of:
 - 1. occupation
 - 2. client factors
 - 3. performance skills
 - 4. performance patterns
 - 5. contexts and environments
 - 6. activity demands
- B. In collaboration with the occupational therapist and client, the occupational therapy assistant will develop an intervention plan which will integrate information from the evaluation process with theory, guidelines of practice, and evidence guided by clinical reasoning.
- C. Participate in the intervention implementation as the skilled process of effecting change in the client's occupational performance leading to engagement in occupations or activities to support participation.
- D. Develop skills related to types of occupational therapy interventions including therapeutic use of self, occupations and activities, preparatory methods and tasks, education and training, and advocacy.
- E. Consistently demonstrate effective communication skills (written, oral, and nonverbal).
- F. Participate in the review of the intervention process as well as progress towards planned outcomes.
- G. Participate in the outcomes assessment process and program evaluation.
- IV. Develop skills related to management and leadership and assist in the management of occupational therapy services. The student will be able to:
 - A. Recognize effective time management practices.
 - B. Anticipate and plan for effective utilization of space, supplies, and equipment.
 - C. Effectively participate and complete requirements in the supervisory process.
 - D. Comply with regulations for quality assurance, reimbursement and professional credentialing.
- V. Develop a lasting commitment to the profession of occupational therapy. As an advocate for the profession, the student will:
 - A. Have confidence in the value of the occupational therapy assistant in the profession and be prepared to advocate for occupational therapy services.
 - B. Develop a concern for excellence by recognizing the needed participation in continued education and the contribution of clinical educators.
 - C. Uphold the ethical standards, values, and attitudes of the occupational therapy profession.
 - D. Demonstrate an understanding of the role AOTA, NBCOT, ILOTA and IDFPR have in maintaining the integrity of the profession.
 - E. Recognize the resources and requirements for lifelong learning and professional development.

Curriculum Threads (2024)

The Illinois Central College OTA Program embraces and emphasizes the model of adult learning which is learner-centered. Knowles, Holton and Swanson established six assumptions of the art and science of educating adults in practice. These are: 1) learner's need to know which addresses the why, what and how of learning; 2) self-concept of the learner which is their autonomous and self-directing nature; 3) prior experience of the learner which reflects the resources and mentally developed models they already have; 4) readiness to learn which is highly life related and a developmental task; 5) orientation to learning emphasizing the problem centered approach and context of adult learner; and 6) motivation to learn clearly reflecting the intrinsic value and personal payoff to the adult learner.

The assumptions, models, and theories discussed in the Illinois Central College (ICC) OTA Program Curriculum Design document further illustrate the structured themes that have been identified and provide the program faculty with a firm scaffolding for the selection, content, scope, and sequencing of the coursework. OTA Program faculty incorporate these threads and competencies into the areas of curriculum design and instruction to facilitate the development of student self-directed learning through dynamic learning opportunities in the classroom, lab, community, and while on fieldwork. Reflecting on the six assumptions described by Knowles, Holton, and Swanson, OTA Program faculty have identified five significant threads that are essential for competent, entry-level practice as a generalist occupational therapy assistant. These threads are integral parts of the curriculum design and include:

1. **Clinical Reasoning:** Students are equipped with the knowledge and skill sets to apply the steps of the OT process. Students are then required to describe their thought process and approach to solving problems in planning and implementing therapeutic interventions. They are provided with resources throughout the program to develop appropriate treatment plans/interventions. Students are further challenged with demonstration of their therapeutic approaches and techniques to support effective documentation of service delivery.
2. **Communication:** OTA Program faculty recognize that exemplary verbal, non-verbal and written communication skills are required for the entry-level generalist to be successful in practice with culturally diverse populations across the lifespan. Students are introduced to the principles of effective communication, active listening, therapeutic use of self, and written documentation in a variety of settings during their first year. In their second year, effective communication and documentation are reinforced and demonstrated in classroom, lab and fieldwork settings. Students are expected to engage in multiple group activities and projects in which community partners are involved. These include but are not limited to health career faculty and students, clients, community agencies, fieldwork educators and interprofessional team members. Second-year students are introduced to emotional competence, negotiation skills and effective conflict resolution strategies.
3. **Evidence-Based Research and Practice:** Students are introduced to the concept of identifying and applying credible research throughout the program. First-year students are introduced to the Embedded Librarian feature exposing them to scientific databases, scholarly reports, peer reviewed journal articles and credible literature reviews. Students are expected to complete a minimum of four scholarly activities using professional literature and demonstrating the ability to read and apply scholarly reports. Second-year students are expected to incorporate their scholarly research into their intervention assignments, lab activities, FW experiences and in the implementation of a Program Development Service Learning Project.
4. **Experiential Learning:** The student's previous life experiences provide a foundation for their approach to professional interactions in the classroom and lab environments. The adult learner is provided the opportunity to incorporate and build on their wealth of knowledge and lived

experiences. Students participate in early immersion learning experiences, where they are provided the opportunity to plan, implement, assess outcomes and interact with a variety of community partners and diverse populations. First-year students engage in simulation activities to demonstrate competence in a variety of assessment and intervention procedures relevant to course sequence. First-year students plan and implement individual and group interventions populations across the lifespan within the classroom lab and community environments. Second-year students engage in simulation activities to demonstrate competence in a variety of assessment and intervention procedures relevant to course sequence and Level II fieldwork placements. Second-year students are given the opportunity to assess and implement intervention activities with key process partners in the community.

5. **Professionalism:** Students complete an introductory letter to OTA Program faculty upon orientation to the program that serves as a basis for their future fieldwork letter of introduction, establishing a baseline for professional communication and presentation. Students are provided with specific expectations and rubrics throughout the program for professional oral and written communication for course assignments and community-based learning opportunities. First- and second-year students complete the process of OTA Program Professional Development Assessment and Review including identifying opportunities for personal and professional growth and then establishing individualized goals and action plans with OTA Program faculty.

General academic coursework is integrated within the OTA Program's program courses. The Occupational Therapy Assistant Program Curriculum Threads are embedded throughout the OTA course content, sequence and scope.

FIRST YEAR:

First Semester

BIOL 140	Human Anatomy and Physiology
OTA 110	Foundations for the Occupational Therapy Assistant
OTA 111	Occupational Therapy Process for Individuals and Groups
OTA 118	Applications of Anatomy and Kinesiology in the Occupational Therapy Process

Second Semester

PSY 110	Introduction to Psychology
HEOCC 200	Disease Processes in Man
OTA 112	Mental Health and Function Across the Lifespan
OTA 114	Task Analysis, Assistive Technology and Therapeutic Media for the Occupational Therapy Assistant

Summer Semester

CHILD 120 or	Growth and Development of the Young Child
PSY 202	Child and Adolescent Development
COMM 110	Introduction to Communication: Process and Practice
Math or Lab Science	<i>Selected from designated approved listing</i>

SECOND YEAR:

First Semester

ENGL 110	Composition I
OTA 210	Occupational Therapy Process and Interventions in Pediatrics
OTA 212	Occupational Therapy Assistant Level II Fieldwork-Pediatrics

Second Semester

Humanities <i>Selected from designated approved listing</i>	
OTA 211	Occupational Therapy Process and Interventions for Physical Dysfunction
OTA 220	Management and Administration for the OTA
OTA 213	Occupational Therapy Assistant Level II Fieldwork-Physical Dysfunction

FIRST YEAR:

OTA 110: FOUNDATIONS FOR THE OCCUPATIONAL THERAPY ASSISTANT

This course provides an introduction to the healthcare discipline of occupational therapy, including its history, philosophy, theory, ethical standards, safety of self and others, evidenced-based research and practice, cultural diversity and role delineation within the occupational therapy process and the Practice Framework. A broad overview of the relationship of cognitive, physical and psychosocial health and disease will be presented, along with a focus on occupational performance, documentation and the Practice Framework for the occupational therapy assistant.

Primary Threads: Communication, Evidence-Based Research and Practice, Professionalism

OTA 111: OCCUPATIONAL THERAPY PROCESS FOR INDIVIDUALS AND GROUPS

This course addresses the fundamental concepts of occupational therapy for individuals and groups. Occupational therapy assessments and interventions, group development and group dynamics to support occupational performance, participation, and well-being across the lifespan with a primary focus on the aging process are discussed. Level I fieldwork experience is completed.

Primary Threads: Clinical Reasoning, Communication, Evidence-Based Research and Practice, Experiential Learning, Professionalism

OTA 112: MENTAL HEALTH AND FUNCTION ACROSS THE LIFESPAN

This course provides a basic understanding of mental health conditions and behaviors across the lifespan. The principles of the occupational therapy process, assessment and interventions are discussed. Level I fieldwork experience with a psychosocial emphasis is completed.

Primary Threads: Clinical Reasoning, Communication, Evidence-Based Research and Practice, Experiential Learning, Professionalism

OTA 114: TASK ANALYSIS, ASSISTIVE TECHNOLOGY AND THERAPEUTIC MEDIA FOR THE OTA

In this course, the occupational therapy process including assessment and intervention implementation will be examined through task analysis, gradation of activities, and adaptation through the use of assistive technology and therapeutic media and interventions to promote occupational performance across the lifespan.

Primary Threads: Clinical Reasoning, Communication, Evidence-Based Research and Practice, Experiential Learning, Professionalism

OTA 118: APPLICATIONS OF ANATOMY AND KINESIOLOGY IN THE OCCUPATIONAL PROCESS

In this course, body structures and functions of the neuromusculoskeletal system will be examined in relation to performance in areas of occupation across the lifespan. Training in techniques to enhance functional mobility, wheelchair management and mobility devices will be examined. Analysis of activities of daily living (ADLs) and instrumental activities of daily living (IADLs) tasks and their upper extremity activity demands including joint range of motion, muscle strength, gross motor coordination, fine motor coordination, grip and pinch strength, and prehension and grasp patterns will be emphasized. Functional mobility, physical transfers, upper and lower extremity joint range of motion, goniometry, and manual muscle testing competencies are directly assessed. Therapeutic exercise and its relationship to performance skills and occupations will be examined. Documentation of occupational therapy service provision to ensure accountability will be reinforced.

Primary Threads: Clinical Reasoning, Communication, Experiential Learning, Professionalism

SECOND YEAR:

OTA 210: OCCUPATIONAL THERAPY PROCESS AND INTERVENTIONS IN PEDIATRICS

This course applies the occupational therapy process in traditional and emerging pediatric practice settings. Occupational therapy assessments and interventions addressing behavioral, cognitive, neuromuscular, orthopedic, perceptual, physical, sensory impairments and other health conditions found in the pediatric population will be the primary focus.

Primary Threads: Clinical Reasoning, Communication, Evidence-Based Research and Practice, Experiential Learning, Professionalism

OTA 212: OCCUPATIONAL THERAPY ASSISTANT LEVEL II FIELDWORK-PEDIATRICS

This course provides an off-site, clinical fieldwork experience with an emphasis on pediatric assessment and intervention. Concentrated focus on the cognitive, developmental, physical, psychological and social factors that influence engagement in occupation with the pediatric population. Students are provided an in-depth learning opportunity to experience delivering occupational therapy services to individuals and groups, focusing on application of purposeful and meaningful occupation. Level II fieldwork experience is completed.

Primary Threads: Clinical Reasoning, Communication, Evidence-Based Research and Practice, Experiential Learning, Professionalism

OTA 211: OCCUPATIONAL THERAPY PROCESS AND INTERVENTIONS FOR PHYSICAL DYSFUNCTION

This course applies the occupational therapy process in the assessment and intervention of individuals with physical dysfunction across the lifespan. The process of assessment and interventions addressing cognitive, neuromuscular, orthopedic, perceptual, physical, and sensory impairments and other health conditions in traditional or emerging physical dysfunction practice settings will be the primary focus.

Primary Threads: Clinical Reasoning, Communication, Evidence-Based Research and Practice, Experiential Learning, Professionalism

OTA 213: OCCUPATIONAL THERAPY ASSISTANT LEVEL II FIELDWORK- PHYSICAL DYSFUNCTION

This course provides an off-site, clinical fieldwork experience with an emphasis on assessment and intervention for physical dysfunction. Concentrated focus on the cognitive, physical, psychological and social factors that influence engagement in occupation of individuals or groups with physical dysfunction. Students are provided an in-depth learning opportunity to experience delivering occupational therapy services to individuals and groups, focusing on application of purposeful and meaning occupation. Level II fieldwork experience is completed.

Primary Threads: Clinical Reasoning, Communication, Evidence-based Research and Practice, Experiential Learning, Professionalism

OTA 220: MANAGEMENT AND ADMINISTRATION FOR THE OTA

This course introduces program development, marketing, management, promotion and advocacy for occupational therapy service delivery. Concentrated focus on leadership, professional behaviors, and interprofessional team collaboration. This course includes a service learning project with key process partners from within the community.

Primary Threads: Clinical Reasoning, Communication, Evidence-based Research and Practice, Experiential Learning, Professionalism

OTA 255: INDEPENDENT STUDY

This course provides the opportunity to work on a technical project, research, or other specialized study related to individual academic needs. A written plan for the independent study project is developed with a faculty member (including a detailed description of the study project, the number of credit hours assigned to it, the evaluative criteria to be used, and other relevant matters). The project is carried out under the periodic direction of the faculty member. The written plan is submitted to the dean/associate dean for approval and remains on file within the department. A final written report is submitted to the faculty member by the student.

Scope and Sequence

C.1.5 Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.4.7.

In accordance with *Standard A.4.7* "Students must complete all Level II Fieldwork within 18 months following completion of the didactic portion of the program." This information is disclosed in the *Illinois Central College Occupational Therapy Assistant Program Student Handbook*. Tentative fieldwork schedules are sent out to all affiliated fieldwork sites approximately 12 months in advance of student placement. Follow-up for confirmation of secured dates is completed by the Academic Fieldwork Coordinator via email, phone call, and/or US Postal service. Once the dates are secured, Illinois

Central College Health Careers personnel send out agency contract agreements, which are valid for one year. Student placement procedures (C.1.2 attached documentation) are implemented towards the end of the spring semester of first year, ongoing over the summer break and if needed into the start of fall semester second year. Continued contact and confirmation follow-up is ongoing, as planning for students' fieldwork rotations needs to be modified as a result of personnel changes or other unexpected circumstances that may occur.

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

C.1.7 At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation.

Level I fieldwork experiences are embedded in two separate first-year OTA courses. The student's first Level I placement occurs during week fifteen of the first semester course OTA 111 **OCCUPATIONAL THERAPY PROCESS FOR INDIVIDUALS AND GROUPS**. The students are placed five days a week with an OT practitioner during his or her full-time hours. The students have completed didactic content including but not limited to addressing geriatrics and the aging process as well as an introduction to the OT Domain and Process, OT jargon, philosophy and practice guide.

The student's final Level I fieldwork placement occurs during week fifteen of the second semester course of OTA 112 **MENTAL HEALTH AND FUNCTION ACROSS THE LIFESPAN**. The students are placed five days a week with an OT practitioner during his or her full-time hours. The students have completed didactic content including but not limited to addressing psychosocial issues and mental health diagnoses across the lifespan. This Level I placement will have a focus addressing *psychological and social factors that influence engagement in occupation*.

Level II fieldwork rotations begin during the second eight weeks of the fall semester of the second year of the program and conclude with the final fieldwork rotation during the last eight weeks of the ICC OTA Program. The program fieldwork sequence supports the didactic sequence for student learning. First-year students complete the didactic learning addressing psychosocial needs of the clients. The first eight weeks of the fall semester second year, students complete the didactic learning addressing pediatric content OTA 210 **OCCUPATIONAL THERAPY PROCESS AND INTERVENTIONS IN PEDIATRICS**. Second eight weeks of the fall semester second year the student's first Level II fieldwork placement occurs focusing on psychosocial/pediatric intervention needs. This Level II placement will have a focus addressing *psychological and social factors that influence engagement in occupation*.

During the first eight weeks of the student's final semester of second year, didactic learning opportunities address adult physical disability content in OTA 211 **OCCUPATIONAL THERAPY PROCESS AND INTERVENTIONS FOR PHYSICAL DYSFUNCTION**. This prepares the students for their final rotation for the required Level II adult physical disability expectations. Throughout the placement procedures the AFWC communicates via phone and email with the secured sites as well as initiates contact with possible new affiliations in the attempt to develop valuable and additional student learning opportunities.

Reviewed: Summer 2022

Health Documentation Policies & Procedures

Upon admission to the Illinois Central College (ICC) Occupational Therapy Assistant Program (OTA), students will be advised on OTA Program health requirements. It is strongly suggested the students be in compliance before the first day of class fall semester first year.

Mandated health requirements and basic orientation need to be in compliance before Level I fieldwork placement can be initiated the fall and spring semesters of the first year.

- Infection Control and Blood-Borne Pathogens Orientation
- Health Insurance Portability & Accountability Act of 1996 (HIPAA) Privacy & Security Rules Orientation
- Basic Life Support for Health Care Providers (CPR) certification

First-year students agree to complete the following:

- Physical examination and health history
- Drug screen: 11 channel
- Uniform Conviction Information Act (UCIA) criminal background check/fingerprinting
- Latex allergy/sensitivity screen
- Vaccines or proof of immunity, including: Hepatitis B, MMR, Tdap, and Varicella
- Two-step Tuberculosis (TB) test
- Seasonal flu vaccine

Second-year students agree to complete the following:

- TB one step: If not past expiration date of two-step TB test, if past expiration date another two-step will be required.
- Basic Life Support for Health Care Providers (CPR) certification
- Mandated health requirements and basic orientation need to be in compliance before Level II fieldwork placement can be initiated the fall and spring semesters of the second year.

All mandated health requirements must be submitted to Stevie at stephanie.becker@icc.edu in the Health Careers office

All OTA Program student records are maintained at *IWIRC: Illinois Work Injury Resource Center*.

Updated compliance reports are sent weekly to OTA faculty from Health Careers assistant to ensure accuracy of pertinent data.

If a student fails to comply with health records policy and procedure, they will be terminated from the ICC OTA Program.

Reviewed: Summer 2022

Confidential Clinical Information (See documents at the end of handbook)

Fieldwork Placement Process

Fieldwork (FW) Level I and Level II (2022)

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

FW Selection Process

Academic Fieldwork Coordinator (AFWC) will:

- Send out tentative site schedules requesting placement for upcoming academic year
- Contact potential FW sites as needed
- Access Health Careers Assistant to initiate and maintain MOU compliance
- Collaborate with FWEd or clinical coordinator to initiate development of site specific objectives
- House and maintain site data forms and Level II site specific objectives and ICC OTA Program generated Level I objectives for student information gathering in FW placement process prior to the student's FW experience.
- House and confirm verification of current and sufficient practice experience prior to the student's FW experience.

FW Placement requirements

Students will:

- Complete all health mandated requirements
- Submit all required documentation to IWIRC and Health Careers Assistant
- Complete current Basic Life Support CPR and submit to OTA faculty
- Student completes letter of introduction; Obtain and wear clinical badge identification at all FW rotations
- Complete One-step TB for second year of program
- Confirm current Basic Life Support CPR status
- Follow any additional health related requirements/background checks per site (student responsible for cost)
- Failure to adhere to the above listed mandates will result in NON-PLACEMENT for either Level I or Level II rotations up to program termination
- Will review Level II site specific objectives, Level I objectives, prior student evaluation of FW site and data forms prior to the start of the FW rotation,

FW Placement Procedure for Level I and Level II

- AFWC begins contract finalization between ICC and the cooperating facility
- AFWC initiates FW partnership/placement confirmation for current and/or upcoming academic year
- AFWC present placement selections to students
- Students complete FW placement **REQUEST** forms relevant to academic status
- Students are informed of the following before completing the request form
 - they may be required to travel up to **2.0** hours each way to secure FW placements
 - request forms are used by the AFWC as a **guide** for student placement
 - in **NO** way are the student requests a guarantee of placement **AND**
 - the final assigned placement is the decision of the ICC OTA AFWC and ICC OTA faculty
- AFWC finalize student placements
- Students are provided placement information and are told to contact their Fieldwork Educators (FWEd) or Clinical Coordinators within the assigned timeframe prior to the student's FW experience
- AFWC sends student FW information packets to assigned placement coordinator/ FW educator
- Student will complete all FW education center orientation responsibilities
- Students will complete all required components of all assigned rotations; Turn in all required signed and finalized FW documentation

If needed: Students have 18 months to complete required FW expectations

Fieldwork Collaboration Plan

Policy & Procedure Statement

C.1.3 Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience. Ensure that fieldwork objectives for all experiences include a psychosocial objective.

Illinois Central College OTA Program seeks input from fieldwork educators having an affiliation agreement.

Policy and Procedures:

- Fieldwork Educator Handbooks are distributed to fieldwork educators and or clinical coordinators.
- Level I fieldwork objectives are provided via the Fieldwork Educator Handbooks.
- Level II sample fieldwork objectives that include a psychosocial objective, schedule, and pacing are included in the Fieldwork Educator Handbook that is provided to the fieldwork educator.
- Fieldwork educators are asked to review the objectives, sign and return documentation showing the manual and objectives have been reviewed and adopted, reviewed and modified, or facility SSO have been provided.
- Site-specific objectives may be attached and returned with signed documentation.
- Included in this request is return of Fieldwork Data Form and the navigation path to AOTA resources for the fieldwork educator.
- Reviews of the midterm and final Student Evaluation of the Fieldwork Experience, as well as site correspondence, are used as components in the determination of continued affiliation.
- Ongoing communication via email, Blackboard, telephone, US postal service, other virtual communication, and site visits between AFWC, assigned faculty, student, and fieldwork educator allows for any concerns to be addressed (e.g., student performance throughout placement, attendance, professionalism).
- Assigned ICC OTA faculty document communication of student progress and performance.
- AFWC is available upon request to meet directly with site staff to assist with the development of fieldwork program planning.
- Clinical in-services/workshops are offered to fieldwork educators via ICC Health Careers department and/or ICC OTA Program.

Independent Site Supervision Policy & Procedure

Fieldwork sites that do not provide occupational therapy services are required to adhere to the following ACOTE standard C.1.14:

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

Illinois Central College (ICC) Occupational Therapy Assistant (OTA) Academic Fieldwork Coordinator (AFWC) will:

- Make contact with site administration to develop fieldwork program plan.
- Collaborate with site personnel to designate on-site supervisor from another profession will be established before ICC OTA student placement can begin.
- Provide ICC faculty/program contact information to the on-site supervisor and student.

Illinois Central College (ICC) Occupational Therapy Assistant (OTA) Program Faculty, either full-time or adjunct, will:

- Deliver not less than eight direct hours of on-site supervision per week for the duration of the student placement.
- Assigned faculty will be expected to document time logs, student progress, on-site supervisor communication, OTR supervision if applicable and other pertinent data.
- Be available to on-site supervisor and student via a variety of means. This may include but not be limited to: email, telephone and other virtual communication methods for the entirety of student placement.
- Designated site OTA faculty will have a minimum of three years professional experience.
- When designated site faculty is a COTA, consultation and supervision will be provided by a licensed OTR.

Reviewed 2022

FWEd Credentials (Revised 2022)

ACOTE C.1.11 Document and verify that the student is supervised by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the supervision of an occupational therapist) who has a minimum of 1 year full time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist or occupational therapy assistant prior to the onset of the Level II fieldwork.

Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork. The supervising therapist may be engaged by the fieldwork site or by the educational program.

FWEd credentials are provided by the agreeing facility's FW data form, providing a copy of FWEd license/license number for AFWC to look license up **before** student placement begins. If verification form is on file at the college, AFWC will confirm information provided on form is current. If no verification, form is on file, AFWC will gather information to complete verification form to be kept on file for future placement confirmation. ICC OTA AFWC, in collaboration with FW site, identifies the upcoming FWEd assignment. The student will complete the FWEd contact form at the site. ICC faculty support is available for new FWEds. ICC OTA Program adheres to student placement with practitioners having a least one of clinical experience.

Level II FWEd Qualifications:

- When establishing a Level II fieldwork site the AFWC completes a site interview. This is done via a direct site visit, phone call, or virtual means.
- Each site is evaluated for qualified personnel. If site is determined appropriate for a Level II fieldwork placement, discussions are initiated and explanations of mandates for qualified Level II supervisor are stated.
- During this collaboration, opportunities for learning, ICC OTA Program expectations/site-specific learning objectives, and site specific requirements are addressed.

- Students are required to complete an FWEd contact form to be kept on file in the office of the AFWC.

Site visits and routine phone calls, emails and Blackboard posts take place to allow for open communication between AFWC, FWEd and student. Communication logs are kept for each student following their performance.

SECTION 4: STUDENT SUPERVISION AND STUDENT EXPECTATIONS

Level I and Level II Fieldwork Site Supervision Policy and Procedures

Guidelines for student safety/supervision and client safety

The role of the fieldwork educator is of mentor. The fieldwork educator should be mindful of their professional interactions not only with patients and clients but with coworkers and the OTA student. The AFWC will complete fieldwork educator assignments in collaboration with clinical coordinators or fieldwork educators. ICC OTA Program faculty contact information is provided to fieldwork educators, and ICC OTA faculty will make contact with assigned fieldwork educators during week one of placement.

ACOTE C.1.13 Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.

Suggested guidelines for student supervision:

As the ICC OTA student begins their placement in the facility, supervision should:

- Fieldwork supervision is a dynamic process, ranging from direct to delegation. The fieldwork educator will adapt supervision methods to the student confidence level and competency as well as client complexity.
- Begin in a more direct, formal manner.
- As the student demonstrates more competent skill sets the fieldwork educator may wish to adjust the supervision style to the student's level of performance.
- Once the student has demonstrated competent skills and has gained confidence; they are allowed more independence in client care.
- The fieldwork educator has the right to revert back to a closer and direct style of supervision dependent on student performance or complexity of patient care.
- At all times, client and student safety should be addressed.
- Consistent student and fieldwork educator communication with ICC OTA faculty will be ongoing through a variety of means for the entirety of the student placement.
- The fieldwork educator is expected to follow all mandated supervision requirements directed by governing bodies.

Evaluating Supervision Efficacy Plan

ACOTE C.1.12 Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).

ACOTE C.1.4 Ensure that the ratio of fieldwork educators to students enables proper supervision, and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.

The AFWC will:

1. AFWC reviews all fieldwork educator verification forms before student placement begins to confirm fieldwork educator eligibility to provide student supervision via ACOTE standards.
2. Collect Student Evaluation of Site forms both Level I and Level II at midterm and completion of placement.
3. AFWC and Program Director will review each student's evaluation
4. AFWC completes summary sheet for each specific site.
5. The AFWC shares summary information with Program Director.

6. Annual Health Careers Department clinical educator workshops are offered through the college professional development office.
7. Specific OT focused workshops and trainings are offered to local practitioners.
8. Fieldwork Educator Handbooks are updated annually with current supervision requirements and relevant information to fieldwork experiences.

Reviewed 2022

AOTA Student Supervision and Medicare Requirements (See documents at the end of handbook)

General Guidelines for Fieldwork Educator (See documents at the end of handbook)

Policy on Illness/Serious Injury at Fieldwork Sites

STUDENTS

If you are ill and cannot attend fieldwork:

1. Notify your supervisor (or the facility) prior to reporting time.

AND

2. Email program faculty as instructed.

If you become ill or are injured at the facility:

1. Notify your immediate supervisor. Request that they contact OTA Program faculty if you are unable. Follow College procedures always.

SUPERVISORS

If students call to cancel fieldwork attendance:

1. Use your judgment in allowing them time off, or you can contact OTA Program faculty for consultation.
2. Keep track of details and number of days missed, and report to program faculty during next call or visit, or email as problem arises.

If students become seriously ill or injured at your facility and require medical attention:

1. Complete procedures as outlined via Health Careers Department documentation.
2. Notify in the following order:
OTA Program faculty
Dean of Health Careers

Please Note: Under no circumstances should appropriate medical care be delayed while attempting to contact ICC faculty or administration.

FACULTY

The faculty member is responsible for completing the *Illinois Central College Accident or Injury Report*.

1. Fax a copy of the *Illinois Central College Accident or Injury Report* and any report document created at the clinical site to ICC Risk Management (309) 694-8563.
2. Duplicate in file in student's departmental record.

Fieldwork Expectations

ATTENDANCE

Regular attendance to fieldwork dates is expected. If pressing circumstances (illness, etc.) prevent you from attending, email assigned faculty and fieldwork educator before start time. Missed time will be made up. Students are expected to work same hours as fieldwork educator including holidays and weekends as appropriate.

TRANSPORTATION/TRAVEL

Students are responsible for their own transportation to and from classes and clinical sites. Although individual student needs will be considered, there is no implied guarantee that they will be taken into account in clinical placement.

Students may be required to travel up to two hours one-way to all fieldwork experiences. Students are expected to access reliable transportation and are responsible for their own transportation fees, such as gasoline and parking.

DRESS POLICY

It is the belief of the OTA Program that to be socialized into the profession successfully, students must present themselves as members of that profession. Students in the ICC OTA Program are required to dress in a manner demonstrating respect for the profession, consumers of services, and faculty and staff, including clinical supervisors. Attire should be consistent with the professional persona.

Fieldwork Dress Code

Although some sites will require students to wear scrubs, in most situations, students will be required to dress in casual slacks/skirt, a modest shirt that does not reveal cleavage or bare midriff upon movement, and flat-soled, comfortable shoes. Flip-flops and open sandals are not acceptable footwear. Clothing may not be excessively revealing, distracting, or provocative. Attire should not include words or images that might be offensive to others. Tank tops or "spaghetti strap" tops are not acceptable (shoulders should be covered). Tattoos and body piercings, other than earrings, should not be visible. Jewelry should be modest and not interfere with hands-on interaction. Hats are not appropriate; head coverings for religious, cultural reasons, or health/physical considerations are permitted. Students should strictly adhere to the dress code policies at their fieldwork sites, no exceptions.

FIELDWORK EVALUATIONS AND SUMMARY EVALUATION OF FACILITY

Fieldwork evaluations are completed at the midpoint and end of each fieldwork assignment. These are completed by clinical supervisors and clinical staff using an established Fieldwork Performance evaluation. These reports will be discussed with each student by the supervising therapist. Students' evaluation of facility are completed at conclusion of each student's Level I and Level II site. A Midterm Student Agency Evaluation will also be completed.

LIABILITY INSURANCE

The College provides liability insurance coverage for students enrolled in clinical education courses. The cost is covered under Health Careers fees.

BEING FULLY PREPARED TO FUNCTION IN FIELDWORK EXPERIENCE

Follow policies, procedures, and student fieldwork guidelines of the fieldwork site. Be punctual reporting to assigned fieldwork setting.

Be prepared to provide safe and competent care to assigned clients. Students whose behavior indicates lack of preparation or unsafe practice will require a formal meeting of faculty and fieldwork educator and may lead to a dismissal from the fieldwork site.

Notify fieldwork educator and a faculty of absence prior to scheduled clinical practicum session.

Violations of any of these responsibilities may subject the student to disciplinary sanctions in accordance with the procedure in the *ICC Student Rights & Responsibilities Handbook*.

Matters relating to academic honesty or contrary action such as cheating, plagiarizing, flagrant disruptiveness, unsafe practice in clinical assignments, or giving unauthorized help on assignments may result in an instructor giving a student a failing grade for the assignment and also recommending the student be given a failing grade for the course and/or be subject to dismissal. Situations involving academic dishonesty as well as other situations which, in an instructor's opinion, might create problems should a student remain in a class or program are referred by the instructor to the appropriate Department Chair, who, after consulting with the appropriate Dean, also may recommend a failing grade for the course and/or suspension or dismissal.

Serious violations of professional or ethical standards by a student may result in suspension or dismissal from a course or the program.

Discipline of a serious nature involving probation, suspension, or dismissal, which may be from the College or from an individual class, must be approved by the Vice President of Academic Affairs.

BEHAVIORAL OBJECTIVES OF THE FIELDWORK EXPERIENCES

Upon completion of the fieldwork experience, the student will be able to:

1. Apply OT theory in various OT clinical areas under supervision.
2. Demonstrate an understanding of OT through observation, participation, and discussion.
3. Apply knowledge of human growth and development, personality development, and learning theory.
4. Develop client-centered long- and short-term goals related to maintenance of independent living/daily living skills; and assist the OTR with the development of long-term and short-term goals related to the remediation of independent living/daily living skills, and range of motion, gross and fine motor coordination, strength and endurance, sensory awareness, body integration, cognitive and psychosocial behavior.
5. Demonstrate competency in planning and carrying out both individual and/or group interventions.
6. Demonstrate skill in selecting various media for effective intervention.
7. Demonstrate skill in maintaining appropriate interpersonal relationships with members of the interprofessional team.
8. Demonstrate skill in selecting and utilizing therapeutic techniques appropriate to the clinical setting.
9. Demonstrate proficiency in oral and written reporting and recording of client behavior.
10. Practice proper safety measures and precautions.
11. Participate in clinics, team meetings, in-service meetings, and other planning sessions.
12. Demonstrate ability to function within the organizational and administrative structure of the clinical facility.
13. Fulfill other assigned duties within the scope of a student fieldwork experience.

FIELDWORK BEHAVIORS/RESPONSIBILITIES

Use of cell phones, smoking, food, or drinks are to be in accordance with site policies.

Students are responsible for being able to carry out learned procedures. Such procedures are to be carried out under the direction and supervision of the faculty supervisor or the fieldwork educator. If a student is asked to carry out a procedure for which they have no instruction or practice, it is the responsibility of the student to notify the fieldwork educator of this fact.

FIELDWORK SITE INCIDENT REPORTS

The student is required to complete and submit to the faculty supervisor a copy of any incident report when client/patient safety is potentially breached during clinical assignment. The potential breach in safety may occur in situations such as transfers or implementing client activities.

The faculty supervisors will meet with any student who has an incident report during any given semester. The student must come prepared to present plans for future error prevention and performance improvement. The faculty, along with fieldwork educators, shall respond appropriately depending on the seriousness of the incident and the student's presentation. Consequences will be based upon severity of incident and may include immediate termination of site placement.

Student Action Plan for Improvement of Fieldwork Performance

NAME: _____

DATE: _____

ID#: _____

Description of Incident/Situation/Concern:

Areas of Strengths:

Opportunity for Improvements:

Student-Generated Action Plan for Success:

Student Signature Date

Faculty Signature Date

Student Signature Date

Faculty Signature Date

**Signature of the student and faculty is an indication that this written plan was developed and discussed in a formal meeting to increase student success and professional development.*

SECTION 5: LEVEL I FIELDWORK

COE Guidelines for an Occupational Therapy Fieldwork Experience - Level I (See documents at the end of handbook)

Level I Fieldwork Learning Objectives

(Summer 2022)

According to 2011 Accreditation Council for Occupational Therapy Education (ACOTE®) the goal of Level I fieldwork is: *To introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients.*

The Illinois Central College OTA Program will provide the student with two Level I experiences. First semester of the student's first year, the first Level I rotation fieldwork is embedded in the OTA 111: *Occupational Therapy for Individuals and Groups*. This fieldwork experience consists of one week/full-time hours. Second semester of the student's first year the second Level I fieldwork rotation is embedded in OTA 112: *Mental Health and Function Across the Lifespan*. This fieldwork experience consists of one week/full-time hours via traditional or Simulation experiences.

A student must attain a grade of a "C" (77.0%) or higher in each OTA course in order to progress through the program. In those courses with a patient-skills component, the student must pass each practical exam, which includes meeting all critical safety elements and a score of at least 77.00%.

To allow progression to the OTA clinical course, the student must have at least a 77.0% by the start of the first day of OTA 111 and OTA 112 Level I fieldwork and a 77.0% or higher grade in all other concurrent OTA courses. If a student has a "D" or "F" grade (<76.9%) at the start of the fieldwork, the student will not be allowed to continue to the subsequent fieldwork experience resulting in the inability to progress in the OTA Program. As stated, the OTA student must complete the embedded fieldwork with a satisfactory rating to pass the entire OTA 111 and OTA 112 courses.

Level I fieldwork is considered pass/fail. The student will receive "S" or "U" for a satisfactory or unsatisfactory performance during each rotation. The student must receive a rating of satisfactory in both rotations to pass the OTA 111 and OTA 112 courses.

By the end of this fieldwork experience the student will:

1. Articulate common OT terminology as related to the OT Practice Framework Domain and Process; participate in the OT/OTA supervisory process.
 - Demonstrate basic knowledge of OT philosophy.
2. Recognize, articulate, and demonstrate sound and appropriate judgement in regards to self and others; by adhering to the safety regulations and ethical practices set forth by ICC and assigned fieldwork setting.
 - Demonstrate consistent fundamentals of practice by adhering to all policy and procedures expected by the fieldwork education center and the ICC OTA Program.
3. Demonstrate professional oral and written communication skills as related to the fieldwork setting.
 - Participate in site documentation process and complete SOAP notes assignment for ICC OTA Program while at assigned facility using acceptable grammar, spelling, and punctuation.
4. Effectively demonstrate appropriate interactions with clients and/or caregiver through the use of therapeutic self.
 - Assist with or develop an implementation activity for an individual or group intervention.
 - Recognize and report the psychosocial influences of, typical growth and development, rehabilitation, and health maintenance and prevention factors.
5. Pose a professional attitude and demeanor by demonstrating respect and acceptance of feedback throughout the placement.
6. Develop and ask sound questions pertinent to assigned setting by utilizing critical thinking and clinical reasoning skills.
7. Be prepared to describe the impact that psychological and social factors have with engagement in occupation.

Fieldwork expectations for academic programming:

Student will:

- Review Level I Learning Objectives and Fieldwork Data Form.
- Turn in fieldwork educator verification form to ICC faculty.
- Complete three SOAP notes per fieldwork rotation.
- Participate in Blackboard fieldwork discussion thread talking points.
- Submit OTA 111 PowerPoint addressing evidence-based practice as observed/participated at fieldwork site. Must include a psychosocial objective in the presentation.
- Submit OTA 112 psychosocial intervention plan or OT.com CEU certificate and orally present the plan.
- Complete student site evaluation for each rotation.
- Turn in to ICC OTA faculty all signed required paperwork for each rotation.

Fieldwork expectations by fieldwork education center:

- Each site has the option of providing further educational experiences deemed appropriate by the individual fieldwork educator.
- For learning objectives set specifically by the site, please turn these objectives in to ICC OTA Program faculty.
- **Meet with student and review Student Performance Evaluation/Student Evaluation of Fieldwork site.**
- **This review MUST be complete in the following order:**
 - 1. Student Performance Evaluation complete first**
 - 2. Student and Fieldwork Educator signatures**
 - 3. Student completes review of student site evaluation**
 - 4. Student and Fieldwork Educator signatures**
- Examples: Student will
 - o Develop intervention activities for individual or group clients.
 - o Assist the fieldwork educator with a client treatment session or evaluation.
 - o Create an assistive piece of technology for a specific client.
 - o Observe interdisciplinary interactions.
 - o Complete and observation journal or Q&A notebook for the fieldwork educator.

OTA 111 Level I Fieldwork Presentation (2022)

Evidenced-Based Practice Clinical Reasoning Assignment

The objective of the assignment is: to recognize the importance of gathering primary clinical research as well as credible published research and applying collected data to clinical practice.

You will be expected to present an overview of the OT Process on a selected individual from your Level I Fieldwork.

Students will be required to connect the following elements throughout their presentation.

To begin: EBR that reflect EBP Keep in mind: All the domains of the OTPFD&P

Start with the Client in mind

- Review the client's chart and interview the client and FWEd.
- Start by researching your client's health condition and underlying factor(s) to improve functional independence.
- Resources appropriate for intervention, including a combination of:
 - o Books (published within last 5 years)
 - o Database articles
 - o Minimum of three credible library/web sources: NO more than two websites (make sure they pass the C.R.A.P. test!) AND primary source: **Total minimum of four sources**

Evidenced-Based Practice Presentation: APA format: Current terminology, people first language

- Description of client; client's needs and impact of intervention; summary of diagnosis; health condition
 - o Use the Domain Aspect to assist in the introduction
 - o Holistic approach to address all identified deficits as well as inclusion of psychosocial and emotional factors
 - o Explain how emotional, psychological, cognitive, and mental well-being influences recovery.
 - o Explain how FWEd/student of OTA use of therapeutic self and rapport supported patient's motivation.
- Correct APA citation style for each source on corresponding slide, verbally cite source during presentation and reference slide must be included at the end of the presentation.
- Answers to the following questions should be included in the PowerPoint presentation:
 - o Why does the intervention work?
 - o How does the evidence support the clinical application?
 - o Was any disparity of data found in your research? If so, please explain.
 - o How does the OT Code of Ethics impact patient's therapy?

SOMETHING TO THINK ABOUT: Patient Intervention Session observations ideas:

- Skilled instruction was observed to support the use intervention activity.
 - o Explanation of how equipment/activity/patient's emotional state supports the client's level of function for independence
 - o Explanation of modifications needed during treatment; how therapeutic use of self was utilized
 - o Safety precautions noted

Required Elements:

1. Collect primary clinical information related to the selected intervention (FWEd/client interview, survey, observation). Conduct research via three or more credible secondary sources: resulting in 3+ credible sources AND primary sources; APA reference slide, internal citations throughout.
2. Clinically evaluate the collected data and draw a professional conclusion on the value of the intervention.
3. Discussion of OT Code of Ethics.
4. Address appropriate guideline of practice with interventions.
5. Importance of therapeutic use of self and patient rapport and patient well-being
6. Research and clinical conclusion will be discussed via a PowerPoint presentation.
7. Within the PowerPoint, address the clinical reasoning, primary/secondary source research that bridges evidence and application.
8. Completion of EBP 5-step process and PICO worksheet
9. Discuss why this individual was of interest to you.
10. Clear, concise professional PowerPoint presentation: 7-minute time limit

OTA 111 Level I Fieldwork Student Evaluation Process

OTA 111 Level I Fieldwork Performance Evaluation (At the end of the handbook)

OTA 112 Level I Fieldwork Presentation (2022)

Traditional: Evidenced-Based Practice/Client Performance/Psychosocial/Holistic Assignment

Simulation: OT.com CEU video summary presentation

The objective of the assignment is: to recognize the importance of a holistic client-centered approach through observation, building therapeutic rapport and gathering data from credible research. This assignment will be addressing *Mental Health and Function* in relationship to occupational performance resulting in a positive client outcome.

You will be expected to present an overview of the OT Process on a selected individual from your Level I FW.

Students will be required to connect the following elements throughout their presentation.

Keep in mind: All the domains of the OTPFD&P

TO begin: EBR that reflects Social, Emotional, Physical HOLISTIC Practice

Start with the Client in mind

- Review the client's chart/watch CEU video.
- Interview the client and FWEd.
- Start by researching your client's health condition(s) and underlying factor(s) to improve functional independence as well as how the client's emotional and mental well-being impact therapeutic progress.
- Resources appropriate for intervention, including a combination of:
 - o *DSM-5 (Required)
 - o Books (published within last 5 years)
 - o Database articles
 - o Minimum of three credible library/web sources: NO more than two websites (make sure they pass the C.R.A.P. test!) AND primary source AND DSM-5: Total of minimum of five sources

Evidenced-Based Practice Presentation: APA format: Current terminology, people first language

- Description of client; client's needs, attitude and emotional well-being, and impact with intervention; summary of diagnosis; health condition
 - o Use the Domain Aspect to assist in the introduction
 - o Holistic approach to address all identified deficits as well as inclusion of psychosocial and emotional factors
- Correct APA citation style for each source on corresponding slide; verbally cite source during presentation and reference slide must be included at the end of the presentation.

SOMETHING TO THINK ABOUT: Patient intervention session observations to be addressed in presentation:

- o What was your patient's/client's emotional response to provided interventions?
- o How did caregiver support influence patient/client performance?
- o How did your therapeutic use of self influence the response of the patient/client to intervention?

Required Elements:

1. Research and clinical conclusion will be discussed via a PowerPoint presentation. Collect primary clinical information related to the selected intervention, client performance and volition (FWEd/client interview, survey, observation) address how the OT Code of Ethics play a role.
2. Conduct research via three or more credible secondary sources: **resulting in 3+ credible sources, AND DSM-5 AND primary sources**; APA reference slide, internal citations throughout.
3. Clinically evaluate all the collected data and draw a professional conclusion on the patient/client mental and emotional well-being during the recovery process.
4. Within the PowerPoint, address the clinical reasoning and guidelines of practice, primary/secondary source research that bridges evidence, psychosocial intervention planning/goals and how you implemented therapeutic use of self.
5. Discuss why this individual was of interest to you.
6. **MUST** attend all presentations (random selection for presentations).
7. Clear, concise professional PowerPoint presentation 10-15-minute time limit.

OTA 112 Level I Fieldwork Student Evaluation Process

OTA 112 Level I Fieldwork Performance Evaluation (At the end of the handbook)

SECTION 6: LEVEL II FIELDWORK

AOTA Fieldwork Performance Evaluation (At the end of the handbook)

Fall semester of 2021 AOTA mandated the use of the electronic Fieldwork Performance Evaluation. You can resource training tutorials regarding the electronic tool at the following link.

<https://www.aota.org/Education-Careers/Fieldwork/performance-evaluations.aspx>

COE Guidelines for an Occupational Therapy Fieldwork Experience - Level II (At the end of the handbook)

Practice Advisory: Services Provided by Students in Fieldwork Level II Settings
(At the end of the handbook)

OTA 212 LEVEL II FIELDWORK

OTA 212 Level II Fieldwork **SAMPLE** Learning Objectives

These sample learning objectives are to assist in the development of Site-Specific Objectives (SSO). **The goal of Level II fieldwork is: to develop competent, entry-level, generalist occupational therapy assistants... In accordance with**

ACOTE Standard C.1.3 *Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience. Ensure that fieldwork objectives for all experiences include a psychosocial objective.*

ACOTE Standard C.1.7 *At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation.*

ACOTE Standard C.1.1 *Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education.*

- ◆ Please use the following to assist in the development of facility site-specific learning objectives to include attention to psychosocial factors and scheduling.
- ◆ If you have any questions or are in need of assistance with the development of site-specific learning objective or scheduling please contact Lee Ann Hohstadt, Academic Fieldwork Coordinator: lee.hohstadt@icc.edu
- ◆ Assigned ICC OTA Program faculty will be contacting both student and fieldwork educator team throughout the assigned placement to assess student progress and performance.

Sample Level II Learning Objectives: By the end of this Illinois Central College Occupational Therapy Assistant student's Level II placement, the student will:

1. Ethics & Safety:
 - Demonstrate consistent adherence to professional ethics, codes and adherence to HIPAA regulations for client confidentiality at all times, including in and out of the setting.
 - Consistently display sensitivity to client's values (cultural, religious, social) and ask clients if there are any issues that may conflict with interventions.
 - Respect and provide client-centered goals, needs, and expectations.
 - Immediately report any abusive behavior toward a client to the immediate supervisor and follow appropriate reporting procedures.
 - Follow appropriate documentation per setting's policies and procedures; adhere to reimbursement requirements.
 - Demonstrate awareness of the need for assistance and/or seek assistance for supervision.
 - Create and maintain a safe environment. Demonstrate proper safety protocol prior to and during interventions implementation as well as throughout fieldwork experience.
2. Basic Tenets of OT
 - Articulate the values and beliefs of the occupational therapy profession and philosophy, as it relates to site practice, clients, families and caregivers, etc.
 - Articulate the value of occupational performance as it applies in context and environment to client's occupation.
 - Articulate best OT practice and the role of the OT and OTA in current environment to client, family, caregivers, interprofessional staff and public.

- Competently research evidenced-based practice techniques to implement intervention preparatory/occupation based interventions resulting in positive occupation-based outcomes.

3. Evaluation/Screening

- Identify and gather data addressing areas of concern related to the client's occupational history, patterns of daily living, interests, values, and needs in the practice setting.
- Competently administer assessment tools or evaluation procedures routinely used by OTAs in practice setting.
- Collaborate, understand and explain evaluation results with OTR/OTA relevant to client's goals.
- Demonstrate competency in developing client-centered goals, objectives, and interventions. To include focus on psychosocial influence while engaged in occupation-based activities.

4. Interventions

- Competently select, plan, and implement preparatory and occupation-based interventions to maximize client's performance; demonstrating an understanding of skilled use of tasks/activities in typical growth and development, rehabilitation and maintenance of health resulting in positive outcomes.
- Utilize activity analysis to grade and motivate client engagement and success.
- Actively demonstrate positive therapeutic use of self to motivate and engage clients.
- REASONING SKILLS:
 - o Identify appropriate solutions to issues/problems/needs.
 - o Justify intervention choices.
 - o Grade/modify activities, treatment plans, and/or goals to meet the client's needs.
 - o Display the ability to be dynamic in approach to treatment.
 - o Use multiple frames of reference and/or theories.
 - o Use evidence to support decision-making and planning.

5. Communication

- Effectively and appropriately communicate in both written and oral formats with fieldwork educator, OT supervisor, family, clients, caregivers, and interprofessional staff relevant to client.
- Appropriately and respectfully modify performance based on provided feedback.

6. Professional Behaviors

- Demonstrate legal, ethical practice.
- Demonstrate effective time management.
- Demonstrate positive interpersonal skills by modifying behavior appropriately to feedback; cooperatively work as an effective member of an interprofessional team.
- Develop a positive professional self-image, including the importance of the OTA in research, publication, program development and evaluation, documentation of service.
- Demonstrate awareness of limitations, strengths and flexibility.
- Exhibit cultural awareness and respect to a variety of social cultures, socioeconomic factors, and spiritual or lifestyle choices.

OTA 212 Level II Fieldwork Pediatric/Psychosocial Rotation

SAMPLE Course Schedule/Pacing

ACOTE Standard C.1.3 *Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience. Ensure that fieldwork objectives for all experiences include a psychosocial objective.*

ACOTE Standard C.1.7 *At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation.*

- ◆ Please use the following to assist in the development of facility site-specific learning objectives and scheduling.
- ◆ If you have any questions or are in need of assistance with the development of site-specific learning objective or scheduling please contact Lee Ann Hohstadt, Academic Fieldwork Coordinator: lee.hohstadt@icc.edu
- ◆ Assigned ICC OTA Program faculty will be contacting both student and fieldwork educator team throughout the assigned placement to assess student progress and performance.
- ◆ Please include in the site-specific objectives an objective focusing on psychosocial factors that influence engagement in occupation.

Week 1 Orientation: Day 1 and 2

- Review site-specific learning objectives/schedule/assignments and other expectations. Pay close attention to include an objective relevant to psychosocial aspect of rotation.
- Instruct the student on the general work expectations, safety, and emergency protocol.
- Educate student on supervision process.
- Set a regular weekly time to meet with student.
- Overview of facility policies, procedure, documentation procedures, client safe handling aspects, and confidentiality; familiarize with equipment/forms that are specific to the placement.
- Review Student Fieldwork Manual/complete orientation.
- Sign all forms provided by student.
- Have the student identify personal goals for placement.
- Tour the facility and introduce student to the OT team and interprofessional staff.
- Have the student attend routine meetings, observe, and co-treat with fieldwork educator as appropriate.

Week 1: Day 3-5: (continue with above as appropriate)

- Have the student observe and co-treat with fieldwork educator as appropriate.
- Identify two clients, complete chart review, and have student begin intervention planning.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.

Week 2: (continue with above as appropriate)

- Assign responsibility for additional clients to caseload.
- Complete a chart review on chosen clients.
- Assign student to complete documentation for sessions as appropriate and according to department procedure.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Identify a client for case study and set due date for presentation if applicable.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.

Week 3: (continue with above as appropriate)

- Encourage student to continue work on case study/interviewing family/client.
- Assign responsibility for additional clients to caseload; complete a chart review on chosen clients.
- Assign student to complete documentation for sessions as appropriate and according to department procedure.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.

Week 4 (continue with above as appropriate)

- Encourage student to continue work on case study/interviewing family/client.
- Assign responsibility for additional clients to complete full caseload.
- Assign student to complete documentation for sessions as appropriate and according to department procedure.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.
- Score and review the midterm FWPE with the student before the student site midterm evaluation.
- ♦ Meet with student and review FWPE/SEFW****
- ♦ This review MUST be complete in the following order:
 1. Fieldwork educator completes review of student's midterm FWPE
Student and fieldwork educator signatures
 2. Student completes review of midterm site evaluation
Student and fieldwork educator signatures
- With student, set goals for second half of placement.

Week 5

- Continue with full caseload and documentation.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Set date for presentation if applicable.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.

Week 6:

- Continue with full caseload and documentation.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.
- Review student's case study in preparation for in-service if applicable.

Week 7:

- Facilitate the student's presentation of case study to OT personnel.
- Continue with full caseload and documentation.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.

Week 8: (continue with above as appropriate)

- Score student final Fieldwork Performance Evaluation (FWPE).
- Review FWPE before student presents SEFW (Student Evaluation of Fieldwork Site).
- Student to complete SEFW (Student Evaluation of Fieldwork Site).
- Meet with student and review FWPE/SEFW****
 - ◆ This review MUST be completed in the following order:
 1. Fieldwork educator completes review of student's final FWPE
Student and fieldwork educator signatures
 2. Student completes review of SEFW
Student and fieldwork educator signatures

OTA 212 Clinical Case Study Assignment Outline

Name:

Date:

OTA Course:

- I. Introduction (Summarize all Context Areas, each area must be internally cited)
 - A. Environmental Factors
 - B. Personal Factors
- II. Client background information to include client: *(Each area must be internally cited)*
 - A. Family History
 - B. Medical History
 - C. Developmental History
 - D. Interprofessional Therapies
 - E. Current Medications (specific type, prescription, general purpose, possible side effects)
- III. Describe current level of participation in occupation. *(Each area must be internally cited)*
 - A. ADL
 - B. IADL
 - C. Health Management
 - D. Rest and Sleep
 - E. Education
 - F. Work
 - G. Play
 - H. Leisure
 - I. Social Participation
- IV. Diagnosis #1
 - A. Definition
 - B. Classical versus Clinical outline discussion *(Table format and internal citation required)*

<u>Classical</u>	<u>Clinical</u>
Onset	Onset
Etiology	Etiology
Signs and Symptoms	Signs and Symptoms
Course of Disease	Course of Disease
Prognosis	Prognosis

- C. Summary of Occupational Therapy treatment of above diagnosis. Incorporate the three “Performance Skill” areas; incorporate strengths and deficits in all areas:
 1. Motor Skills
 2. Process Skills
 3. Social Interaction Skills

Diagnosis #2

- A. Definition
- B. Classical versus Clinical outline discussion (*Table format and internal citation required*)

Classical

Onset

Etiology

Signs and Symptoms

Course of Disease

Prognosis

Clinical

Onset

Etiology

Signs and Symptoms

Course of Disease

Prognosis

- C. Summary of Occupational Therapy treatment of above diagnosis. Incorporate the three “Performance Skill” areas; incorporate strengths and deficits in all areas:
 1. Motor Skills
 2. Process Skills
 3. Social Interaction Skills

V. DSM-5™ Include relevant client-centered information:

- A. DSM-5 Classification from Section II: Diagnostic Criteria and Codes
- B. Identify Disorder Classification Chapter.
- C. Define specific individual disorder.
- D. Discuss relevancy from other conditions that may be a focus of clinical attention.
- E. Discuss how psychosocial factors influence functional performance skill areas.

VI. Occupational Therapy Goal Format: Required Elements

Outline: *One of the two provided long-term goals must relate to psychosocial concerns.

- Two long term goals (LTG) total
- Two short term goals (STG) for each long-term goal
- Four interventions for each short-term goal (categories are provided)
- Connect practice guideline/models to interventions

A. OT Goals (RHUMBA)

1. Long-term Goal #1
 - a. Short-term Goal #1
 - 1) Occupation and activities
 - 2) Interventions to Support Occupations
 - 3) Education and training
 - 4) Advocacy

- b. Short-term Goal #2
 - 1) Occupation and activities
 - 2) Interventions to Support Occupations
 - 3) Education and training
 - 4) Advocacy

2. Long-term Goal #2

- a. Short-term Goal #1
 - 1) Occupation and activities
 - 2) Interventions to Support Occupations
 - 3) Education and training
 - 4) Advocacy
- b. Short-term Goal #2
 - 1) Occupation and activities
 - 2) Interventions to Support Occupations
 - 3) Education and training
 - 4) Advocacy

VII. Student of OTA Summary: Using sound clinical reasoning provide general impressions, thoughts, opinions and outcome potential; include in the summary the connection between established interventions and corresponding theories/models/guidelines of OT practice, as well as the impact that psychosocial awareness has on client-centered performance outcomes.

VIII. Reference page (APA format with internal citing required)

OTA 212 Clinical Case Study Assignment (At the end of the handbook)

OTA 212 Fieldwork and Seminar Scoring Scale (At the end of the handbook)

SAMPLE Fieldwork Learning Objectives and Signature Page

Fieldwork Educators/Clinical Coordinators:

Please take a moment to review the information below. It is important to make changes or develop site-specific learning objectives to specifically fit your setting's current practice. Feel free to adjust or modify the sample objectives to more site-specific needs. I would be more than happy to assist you in the development of any learning objectives.

- The Level I learning objectives can be found under the Level I section of this handbook.
- Sample Level II learning objectives can be found under the Level II section of this handbook.

Terminology:

- A *Student Learning Objective* is “a statement that identifies an educational outcome related to a student's knowledge, skills and attitudes” (AOTA, Fieldwork Educator Certificate Program, Evaluation Module). These are **created in collaboration with those involved in the education** of the student.
- A *Site-Specific Objective (SSO)* “identifies entry-level competency expected of all students at that specific fieldwork site.” (AOTA, Fieldwork Educator Certificate Program, Evaluation Module). These are **created by the facility** and are reflective of expectations of entry-level competence for the OTA at the facility.

Please email a copy of your most current SSO before the student begins placement: Email to lee.hohstadt@icc.edu

*The students coming to your site are expected to return
the completed signature page found in the back of this handbook.*

****SAMPLE****

INSTRUCTIONS PLEASE READ BELOW

Please **sign and return this document** indicating that the assigned Fieldwork Educator or Agency Clinical Coordinator has reviewed your site's most current Level II objectives and has prepared objectives for your specific setting or you ADOPT the ICC-provided Level II learning objectives as meeting your facility's site-specific needs. This will confirm that you have received this year's Fieldwork Educator Handbook.

Please mark the corresponding box below that matches your site's learning expectations:

- ☐ Provided Fieldwork Educator Handbook learning objectives and expectations have been reviewed, deemed appropriate and adopted to meet site-specific needs and students have been informed of these expectations and provided a copy of current expectations.
- ☐ Provided Fieldwork Educator Handbook learning objectives and expectations have been modified to meet site needs and students have been informed of these expectations and provided a copy of current expectations.
- ☐ Site-specific learning objectives and expectations have been developed to meet site needs and students have been informed of these expectations and provided a copy of current expectations.

Facility Name: _____

Print Name: _____

Signature: _____

Date: _____

OTA 213 LEVEL II FIELDWORK

OTA 213 Level II Fieldwork **SAMPLE** Learning Objectives

These sample learning objectives are to assist in the development of Site-Specific Objectives (SSO). **The goal of Level II fieldwork is: to develop competent, entry-level, generalist occupational therapy assistants... In accordance with**

ACOTE Standard C.1.3 *Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience. Ensure that fieldwork objectives for all experiences include a psychosocial objective.*

ACOTE Standard C.1.7 *At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation.*

ACOTE Standard C.1.1 *Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education.*

- ◆ Please use the following to assist in the development of facility site-specific learning objectives to include attention to psychosocial factors and scheduling.
- ◆ If you have any questions or are in need of assistance with the development of site-specific learning objective or scheduling please contact Lee Ann Hohstadt, Academic Fieldwork Coordinator: lee.hohstadt@icc.edu
- ◆ Assigned ICC OTA Program faculty will be contacting both student and fieldwork educator team throughout the assigned placement to assess student progress and performance.

Sample Level II Learning Objectives: By the end of this Illinois Central College Occupational Therapy Assistant student's Level II placement, the student will:

1. Ethics & Safety:

- Demonstrate consistent adherence to professional ethics, codes and adherence to HIPAA regulations for client confidentiality at all times, including in and out of the setting.
- Consistently display sensitivity to client's values (cultural, religious, social) and ask clients if there are any issues that may conflict with interventions.
- Respect and provide client-centered goals, needs, and expectations.
- Immediately report any abusive behavior toward a client to the immediate supervisor and follow appropriate reporting procedures.
- Follow appropriate documentation per setting's policies and procedures; adhere to reimbursement requirements.
- Demonstrate awareness of the need for assistance and/or seek assistance for supervision.
- Create and maintain a safe environment. Demonstrate proper safety protocol prior to and during interventions implementation as well as throughout fieldwork experience.

2. Basic Tenets of OT

- Articulates the values and beliefs of the occupational therapy profession and philosophy, as it relates to site practice, clients, families and caregivers, etc.
- Articulates the value of occupational performance as it applies in context and environment to client's occupation.
- Articulates best OT practice and the role of the OT and OTA in current environment to client, family, caregivers, interprofessional staff, and public.
- Competently research evidenced-based practice techniques to implement intervention preparatory/occupation based interventions resulting in positive occupation-based outcomes.

3. Evaluation/Screening

- Identify and gather data addressing areas of concern related to the client's occupational history, patterns of daily living, interests, values, and needs in the practice setting.
- Competently administer assessment tools or evaluation procedures routinely used by OTAs in practice setting.
- Collaborate, understand and explain evaluation results with OTR/OTA relevant to client's goals.
- Demonstrate competency in developing client-centered goals, objectives, and interventions. To include focus on psychosocial influence while engaged in occupation-based activities.

4. Interventions

- Competently select, plan, and implement preparatory and occupation-based interventions to maximize client's performance; demonstrating an understanding of skilled use of tasks/activities in typical growth and development, rehabilitation and maintenance of health resulting in positive outcomes.
- Utilize activity analysis to grade and motivate client engagement and success.
- Actively demonstrate positive therapeutic use of self to motivate and engage clients.
- REASONING SKILLS:
 - o Identify appropriate solutions to issues/problems/needs.
 - o Justify intervention choices.
 - o Grade/modify activities, treatment plans, and/or goals to meet the client's needs.
 - o Display the ability to be dynamic in approach to treatment.
 - o Use multiple frames of reference and/or theories.
 - o Use evidence to support decision making and planning.

5. Communication

- Effectively and appropriately communicate in both written and oral formats with fieldwork educator, OT supervisor, family, clients, caregivers, and interprofessional staff relevant to client.
- Appropriately and respectfully modify performance based on provided feedback.

6. Professional Behaviors

- Demonstrate legal, ethical practice.
- Demonstrate effective time management.
- Demonstrate positive interpersonal skills by modifying behavior appropriately to feedback; cooperatively work as an effective member of an interprofessional team.
- Develop pf a positive professional self-image, including the importance of the OTA in research, publication, program development and evaluation, documentation of service.
- Demonstrate awareness of limitations, strengths, and flexibility.
- Exhibit cultural awareness and respect to a variety of social cultures, socioeconomic factors, and spiritual or lifestyle choices.

OTA 213 Level II Fieldwork Physical/Disability/Psychosocial Rotation

SAMPLE Course Schedule/Pacing

ACOTE Standard C.1.3 *Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience. Ensure that fieldwork objectives for all experiences include a psychosocial objective.*

ACOTE Standard C.1.7 *At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation.*

- ◆ Please use the following to assist in the development of facility site-specific learning objectives and scheduling.
- ◆ If you have any questions or are in need of assistance with the development of site-specific learning objective or scheduling please contact Lee Ann Hohstadt, Academic Fieldwork Coordinator: lee.hohstadt@icc.edu
- ◆ Assigned ICC OTA Program faculty will be contacting both student and fieldwork educator team throughout the assigned placement to assess student progress and performance.
- ◆ Please include in the site-specific objectives an objective focusing on psychosocial factors that influence engagement in occupation.

Week 1 Orientation: Day 1 and 2

- Review site-specific learning objectives/schedule/assignments and other expectations. Pay close attention to include an objective relevant to psychosocial aspect of rotation.
- Instruct the student on the general work expectations, safety, and emergency protocol.
- Educate student on supervision process.
- Set a regular weekly time to meet with student.
- Overview of facility policies, procedure, documentation procedures, client safe handling aspects, and confidentiality; familiarize with equipment/forms that are specific to the placement.
- Review Student Fieldwork Manual/complete orientation.
- Sign all forms provided by student.
- Have the student identify personal goals for placement.
- Tour the facility and introduce student to the OT team and interprofessional staff.
- Have the student attend routine meetings, observe, and co-treat with fieldwork educator as appropriate.

Week 1: Day 3-5: (continue with above as appropriate)

- Have the student observe and co-treat with fieldwork educator as appropriate.
- Identify two clients, complete chart review, and have student begin intervention planning.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.

Week 2: (continue with above as appropriate)

- Assign responsibility for additional clients to caseload.
- Complete a chart review on chosen clients.
- Assign student to complete documentation for sessions as appropriate and according to department procedure.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Identify a client for case study and set due date for presentation if applicable.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.

Week 3: (continue with above as appropriate)

- Encourage student to continue work on case study/interviewing family/client.
- Assign responsibility for additional clients to caseload; complete a chart review on chosen clients.
- Assign student to complete documentation for sessions as appropriate and according to department procedure.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.

Week 4 (continue with above as appropriate)

- Encourage student to continue work on case study/interviewing family/client.
- Assign responsibility for additional clients to complete full caseload.
- Assign student to complete documentation for sessions as appropriate and according to department procedure.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.
- Score and review the midterm FWPE with the student before the student site midterm evaluation.
- ♦ Meet with student and review FWPE/SEFW****
- ♦ This review MUST be complete in the following order:
 1. Fieldwork educator completes review of student's midterm FWPE
Student and fieldwork educator signatures
 2. Student completes review of midterm site evaluation
Student and fieldwork educator signatures
- With student, set goals for second half of placement.

Week 5

- Continue with full caseload and documentation.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Set date for presentation if applicable.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.

Week 6:

- Continue with full caseload and documentation.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.
- Review students case study in preparation for in-service if applicable.

Week 7:

- Facilitate the student's presentation of case study to OT personnel.
- Continue with full caseload and documentation.
- Implement evidence-based practice planned interventions with clients as appropriate.
- Weekly meeting providing feedback, assessing performance, and reviewing personal goal progress; allowing time for student questions and clarification of OT process.

Week 8: (continue with above as appropriate)

- Score student final Fieldwork Performance Evaluation (FWPE).
- Review FWPE before student present SEFW (Student Evaluation of Fieldwork Site).
- Student to complete SEFW (Student Evaluation of Fieldwork Site).
- ♦ Meet with student and review FWPE/SEFW****
- ♦ This review MUST be completed in the following order:
 1. Fieldwork educator completes review of student's final FWPE
Student and fieldwork educator signatures
 2. Student completes review of midterm site evaluation
Student and fieldwork educator signatures

OTA 213 Clinical Case Study Assignment Outline

Name:

Date:

OTA Course:

- I. Introduction (Summarize all Context Areas, each area must be internally cited)
 - A. Environmental Factors
 - B. Personal Factors
- II. Client background information to include client: *(Each area must be internally cited)*
 - A. Family History
 - B. Medical History
 - C. Developmental History
 - D. Interprofessional Therapies
 - E. Current Medications (specific type, prescription, general purpose, possible side effects)
- III. Describe current level of participation in occupation *(Each area must be internally cited)*
 - A. ADL
 - B. IADL
 - C. Health Management
 - D. Rest and Sleep
 - E. Education
 - F. Work
 - G. Play
 - H. Leisure
 - I. Social Participation
- IV. Diagnosis #1
 - A. Definition
 - B. Classical versus Clinical outline discussion *(Table format and internal citation required)*

<u>Classical</u>	<u>Clinical</u>
Onset	Onset
Etiology	Etiology
Signs and Symptoms	Signs and Symptoms
Course of Disease	Course of Disease
Prognosis	Prognosis
 - C. Summary of Occupational Therapy treatment of above diagnosis.
Incorporate the three "Performance Skill" areas; incorporate strengths and deficits in all areas:
 1. Motor Skills
 2. Process Skills

3. Social Interaction Skills

Diagnosis #2

- A. Definition
- B. Classical versus Clinical outline discussion (*Table format and internal citation required*)

Classical

Onset

Etiology

Signs and Symptoms

Course of Disease

Prognosis

Clinical

Onset

Etiology

Signs and Symptoms

Course of Disease

Prognosis

- C. Summary of Occupational Therapy treatment of above diagnosis. Incorporate the three "Performance Skill" areas; incorporate strengths and deficits in all areas:
 - 1. Motor Skills
 - 2. Process Skills
 - 3. Social Interaction Skills

V. DSM-5™ Include relevant client-centered information:

- A. DSM-5 Classification from Section II: Diagnostic Criteria and Codes
- B. Identify Disorder Classification Chapter
- C. Define specific individual disorder
- D. Discuss relevancy from other conditions that may be a focus of clinical attention
- E. Discuss how psychosocial factors influence functional performance skill areas
- F. Identify one long-term goal and one short-term goal with a psychosocial focus relevant to the client

VI. Occupational Therapy Goal Format: Required Elements

Outline:

- Two long-term goals (LTG) total
- Two short-term goals (STG) for each long-term goal
- Four interventions for each short-term goal (categories are provided)
- Connect practice guideline/models to interventions

A. OT Goals (RHUMBA)

1. Long-term Goal #1

a. Short-term Goal #1

- 1) Occupation and activities
- 2) Interventions to Support Occupations
- 3) Education and training
- 4) Advocacy

b. Short-term Goal #2

- 1) Occupation and activities
- 2) Interventions to Support Occupations
- 3) Education and training
- 4) Advocacy

2. Long-term Goal #2

a. Short-term Goal #1

- 1) Occupation and activities
- 2) Interventions to Support Occupations
- 3) Education and training
- 4) Advocacy

b. Short-term Goal #2

- 1) Occupation and activities
- 2) Interventions to Support Occupations
- 3) Education and training
- 4) Advocacy

VII. Student of OTA Summary: Using sound clinical reasoning, provide general impressions, thoughts, opinions and outcome potential; include in the summary the connection between established interventions and corresponding theories/models/guidelines of OT practice, as well as the impact that psychosocial awareness has on client-centered performance outcomes.

VIII. Reference page (APA format with internal citing required)

OTA 213 Clinical Case Study Assignment (At the end of the handbook)

OTA 213 Fieldwork and Seminar Scoring Scale (At the end of the handbook)

SAMPLE Fieldwork Learning Objectives and Signature Page

Fieldwork Educators/Clinical Coordinators:

Please take a moment to review the information below. It is important to make changes or develop site-specific learning objectives to specifically fit your setting's current practice. Feel free to adjust or modify the sample objectives to more site-specific needs. I would be more than happy to assist you in the development of any learning objectives.

- The Level I learning objectives can be found under the Level I section of this handbook.
- Sample Level II learning objectives can be found under the Level II section of this handbook.

Terminology:

- A *Student Learning Objective* is “a statement that identifies an educational outcome related to a student's knowledge, skills and attitudes” (AOTA, Fieldwork Educator Certificate Program, Evaluation Module). These are **created in collaboration with those involved in the education** of the student.
- A *Site-Specific Objective (SSO)* “identifies entry-level competency expected of all students at that specific fieldwork site.” (AOTA, Fieldwork Educator Certificate Program, Evaluation Module). These are **created by the facility** and are reflective of expectations of entry-level competence for the OTA at the facility.

Please email a copy of your most current SSO before the student begins placement: Email to lee.hohstadt@icc.edu

*The students coming to your site are expected to return
the completed signature page found in the back of this handbook.*

****SAMPLE****

INSTRUCTIONS PLEASE READ BELOW

Please **sign and return this document** indicating that the assigned Fieldwork Educator or Agency Clinical Coordinator has reviewed your site's most current Level II objectives and has prepared objectives for your specific setting or you ADOPT the ICC-provided Level II learning objectives as meeting your facility's site-specific needs. This will confirm that you have received this year's Fieldwork Educator Handbook.

Please mark the corresponding box below that matches your site's learning expectations:

- ☐ Provided Fieldwork Educator Handbook learning objectives and expectations have been reviewed, deemed appropriate and adopted to meet site-specific needs and students have been informed of these expectations and provided a copy of current expectations.
- ☐ Provided Fieldwork Educator Handbook learning objectives and expectations have been modified to meet site needs and students have been informed of these expectations and provided a copy of current expectations.
- ☐ Site-specific learning objectives and expectations have been developed to meet site needs and students have been informed of these expectations and provided a copy of current expectations.

Facility Name: _____

Print Name: _____

Signature: _____

Date: _____

SECTION 7: APPENDICES

Accreditation Council for Occupational Therapy Education (ACOTE®)
2018 Standards and Interpretive Guide
(effective July 31, 2020)

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

STANDARD NUMBER	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	<p><i>IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS USED TO COUNT TOWARD PART OF A LEVEL I FIELDWORK, THEN A MEMORANDUM OF UNDERSTANDING IS REQUIRED. IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS NOT USED TO COUNT TOWARD PART OF THE LEVEL I FIELDWORK, THEN NO MEMORANDUM OF UNDERSTANDING IS REQUIRED. WHEN A MEMORANDUM OF UNDERSTANDING IS ESTABLISHED WITH A MULTISITE SERVICE PROVIDER (E.G., CONTRACT AGENCY, CORPORATE ENTITY), THE ACOTE STANDARDS DO NOT REQUIRE A SEPARATE MEMORANDUM OF UNDERSTANDING WITH EACH PRACTICE SITE.</i></p>
C.1.7. Fieldwork in Behavioral Health or Psychological and Social Factors	
C.1.7.	At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation.
	<p>The goal of Level I fieldwork is to introduce students to fieldwork, apply knowledge to practice, and develop understanding of the needs of the clients. The program will:</p>
C.1.8. Qualified Level I Fieldwork Supervisors	
C.1.8.	Ensure that personnel who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists.
C.1.9. Level I Fieldwork	
C.1.9.	<p>Document that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork.</p> <p>Ensure that Level I fieldwork enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy process, and includes mechanisms for formal evaluation of student performance.</p> <p>The program must have clearly documented student learning objectives expected of the Level I fieldwork.</p> <p>Level I fieldwork may be met through one or more of the following instructional methods:</p> <ul style="list-style-type: none"> • Simulated environments • Standardized patients • Faculty practice • Faculty-led site visits • Supervision by a fieldwork educator in a practice environment <p>All Level I fieldwork must be comparable in rigor.</p>
<p>The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapy assistants. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will:</p>	

STANDARD NUMBER	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
<i>C.1.10. Length of Level II Fieldwork</i>	
C.1.10.	Require a minimum of 16 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of three different settings.
<i>C.1.11. Qualified Level II Fieldwork Supervisors</i>	
C.1.11.	Document and verify that the student is supervised by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the supervision of an occupational therapist) who has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist or occupational therapy assistant prior to the onset of the Level II fieldwork. Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork. The supervising therapist may be engaged by the fieldwork site or by the educational program.
<i>C.1.12. Evaluating the Effectiveness of Supervision</i>	
C.1.12.	Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).
<i>C.1.13. Level II Fieldwork Supervision</i>	
C.1.13.	Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.
<i>C.1.14. Fieldwork Supervision Where No OT Services Exist</i>	
C.1.14.	Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy assistant services and supervision by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the direction of an occupational therapist) with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.
<i>C.1.15. Evaluation of Student Performance on Level II Fieldwork</i>	
C.1.15.	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student</i> or equivalent).
<i>C.1.16. Fieldwork Supervision Outside the U.S.</i>	
C.1.16.	Document and verify that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has at least 1 year of experience in practice prior to the onset of Level II fieldwork.

Self-Assessment Tool for Fieldwork Educator Competency (See documents at the end of handbook)

Fieldwork Learning Objective Signature Page

INSTRUCTIONS PLEASE READ BELOW

Please **sign and return this document** indicating that the assigned Fieldwork Educator or Agency Clinical Coordinator has reviewed your site's most current Level II objectives and has prepared objectives for your specific setting or you ADOPT the ICC-provided Level II learning objectives as meeting your facility's site-specific needs. This will confirm that you have received this year's Fieldwork Educator Handbook.

Please mark the corresponding box below that matches your site's learning expectations:

- ☐ Provided Fieldwork Educator Handbook learning objectives and expectations have been reviewed, deemed appropriate and adopted to meet site-specific needs and students have been informed of these expectations and provided a copy of current expectations.
- ☐ Provided Fieldwork Educator Handbook learning objectives and expectations have been modified to meet site needs and students have been informed of these expectations and provided a copy of current expectations.
- ☐ Site-specific learning objectives and expectations have been developed to meet site needs and students have been informed of these expectations and provided a copy of current expectations.

Facility Name: _____

Print Name: _____

Signature: _____

Date: _____

SECTION 8: FIELDWORK POLICIES AND EVALUATIONS

Occupational Therapy Fieldwork Education: Value and Purpose

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

Fieldwork experiences constitute an integral part of the occupational therapy and occupational therapy assistant education curricula. Through fieldwork education, students learn to apply theoretical and scientific principles learned from their academic programs, to address actual client needs within the context of authentic practice environments. During fieldwork experiences, each student develops competency to ascertain client occupational performance needs to identify supports or barriers affecting health and participation, and to document interventions provided. Fieldwork education also provides opportunities for the student to develop advocacy, leadership, and managerial skills in a variety of practice settings, while incorporating principles of evidence-based practice and client-centered care. Finally, the student develops a professional identity as an occupational therapy practitioner, aligning his or her professional judgments and decisions with the American Occupational Therapy Association (AOTA) *Standards of Practice* (AOTA, 2015b) and the *Occupational Therapy Code of Ethics* (AOTA, 2015a).

As students proceed through their fieldwork experiences, performance expectations become progressively more challenging. *Level I fieldwork* experiences occur concurrently with academic coursework, and the goal “is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients” (Accreditation Council for Occupational Therapy Education® [ACOTE®], 2012, p. S61). Furthermore, Level I is “designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process” (ACOTE, 2012, p. S61).

Level II fieldwork experiences occur at or near the conclusion of the didactic phase of occupational therapy curricula and are designed to “develop competent, entry-level, generalist practitioners” (ACOTE, 2012, p. S62). Level II fieldwork features “in-depth experience(s) in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation” (ACOTE, 2012, p. S62). For the occupational therapist student, there is an additional exposure to “research, administration, and management of occupational therapy services” (ACOTE, 2012, p. S62). Students should be “exposed to a variety of clients across the lifespan and to a variety of settings” (ACOTE, 2012, p. S62).

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

Another benefit to the fieldwork site of sponsoring a fieldwork education program is the recruitment of qualified occupational therapy personnel. Through the responsibilities expected during Level II fieldwork, occupational therapy staff and administration are given opportunity for an in-depth view of a student’s

potential as a future employee. In turn, an active fieldwork program allows the student, as a potential employee, to view firsthand the agency's commitment to the professional growth of its occupational therapy personnel and to determine the fit of his or her professional goals with agency goals. The fieldwork program also creates a progressive, state-of-the-art image to the professional community, consumers, and other external audiences through its partnership with the academic programs.

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

References

- Accreditation Council for Occupational Therapy Education. (2012). 2011 Accreditation Council for Occupational Therapy Education (ACOTE®) standards. *American Journal of Occupational Therapy*, 66(6, Suppl.), S6–S74. <http://dx.doi.org/10.5014/ajot.2012.66S6>
- American Occupational Therapy Association. (2015a). Occupational therapy code of ethics (2015). *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410030. <http://dx.doi.org/10.5014/ajot.2015.696S03>
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Adopted by the Representative Assembly 2016

Note. This document replaces the 2009 document *Occupational Therapy Fieldwork Education: Value and Purpose*, previously published and copyrighted in 2009 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 63, 821–822. <http://dx.doi.org/10.5014/ajot.63.6.821>

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Steps to Starting a Fieldwork Program

The steps to starting a fieldwork program are outlined below. Do not feel that you need to have an elaborate program in place before you accept your first student. Start with the basics and add as you learn from both the students and staff who participate in the fieldwork program.

I. **Analyze Your Facility**

Conduct an analysis of your facility. Does your facility's mission and philosophy support the training of future practitioners? Discuss the formation of a student program with the OT practitioners to determine how receptive they are to participating in a fieldwork program. Review your OT program - can it provide a student with the number of appropriate clients and learning opportunities needed to develop entry-level skills?

Gaining support of your facility's management staff is vital for a successful fieldwork program. Arrange a time to meet with your administrator with the sole purpose of discussing the student program. Come prepared with a plan for the fieldwork program and a list of the benefits that a student program can bring to your facility. Take the time to understand the issues that management faces and work together on addressing any areas of concern.

I. **Collaboration With the Academic Program(s)**

In the preliminary stages of developing a fieldwork program, it is helpful to contact at least one academic program. The academic fieldwork coordinator can provide you with guidance and resource material needed to start a student program.

The academic programs with which you contract will provide information on their specific OT/OTA program. This information may include the program's fieldwork objectives, course syllabi, program curricula, and other related information.

Active collaboration between the fieldwork educator and the academic fieldwork coordinator should be ongoing since it is an essential component of a positive fieldwork experience.

I. **The Fieldwork Contract or Letter of Agreement**

The contract or letter of agreement serves as a legal document between the fieldwork site and the academic program. The contract should state the rights, fieldwork requirements, and obligations of the academic program, fieldwork site, and students. A written agreement is required for all Fieldwork Level I and II placements. The academic program will have a standard contract which you can use. Be sure to have your facility's legal counsel review the document before it is signed.

Begin this step early, as it may involve several exchanges between both legal counsels of the revised contract.

/ **Develop Student Resources**

You can establish the foundation of your fieldwork program by completing the following student resources:

1. Fieldwork Data Form - This form describes your fieldwork program to the academic fieldwork coordinator and the student. The completed form should be sent to each academic program with which you have a contract.
2. Fieldwork Objectives - These are the objectives that a student must achieve to successfully complete the fieldwork placement.

Level I Fieldwork - Objectives are usually provided by the academic program.

Level II Fieldwork - Each fieldwork site must develop its site specific behavioral objectives reflecting the entry-level competencies that the student is required to achieve by the end of the affiliation.

These objectives serve to guide the student through sequential learning activities that lead to entry-level competency.

Some fieldwork programs correlate their objectives with AOTA's fieldwork evaluations. Other fieldwork programs write weekly objectives that cumulate in entry-level skills. Writing the learning objectives will prove to be invaluable to both students and fieldwork educators. Obtain examples of objectives from an academic fieldwork coordinator or your regional fieldwork consultant.

3. Fieldwork Student Manual - The manual will serve as a valuable resource for students and fieldwork educators. See paper titled "Recommended Content for A Student Fieldwork Manual."
4. Schedule of Weekly Activities - Develop a list of learning activities and /or assignments that will guide a

student developmentally toward the acquisition of entry-level skills. Some fieldwork programs have a week by week outline with increasing responsibilities, learning activities, and assignments that students must successfully complete.

5. Prepare an Orientation - A thorough orientation provides students with the knowledge and understanding needed for a successful fieldwork experience. Topics can include: an overview of the fieldwork site and its fieldwork program, safety procedures, specific evaluation or treatment interventions utilized by the facility, documentation, equipment use, etc. Try to make the sessions as participatory as possible with presentations made by different staff members or experienced students.

Don't spend excess time "reinventing the wheel." Contact your academic fieldwork coordinator or regional fieldwork consultant for examples and assistance.

Answers to Your Fieldwork Questions

This information provides answers to students about fieldwork requirements, supervision, grading, difficulties with supervisors, failing, unfair treatment, accommodations for a disability, and international fieldwork.

Who Sets Fieldwork Requirements?

The Standards for an Accredited Educational Program for the Occupational Therapist or Occupational Therapy Assistant are the official AOTA documents that govern the length and types of fieldwork required for all students.

How Many Hours are Required for Level I and Level II Fieldwork?

For Level I Fieldwork, AOTA does not require a minimum number of hours. Each program sets the time requirements for students on Level I Fieldwork. For Level II Fieldwork, the Standards require a minimum of 24 weeks full-time for occupational therapy students and 16 weeks full-time for occupational therapy assistant students. This may be completed on a full-time or part-time basis, but may not be less than half-time, as defined by the fieldwork site. Your academic program determines the required time needed to complete both Level I and II fieldwork in your program. All students must complete the fieldwork required by their academic programs.

Are There Mandatory Types of Level II Fieldwork Required for All Students?

The Standards recommend that the student be exposed to a variety of clients across the life span and to a variety of settings. While AOTA does not mandate specific types of fieldwork, such as pediatrics or physical disabilities, individual academic programs do have the right to require specific types of fieldwork placement for their students.

How Many Days Off Are Allowed?

Time off during fieldwork is decided by the fieldwork site **and** the academic program. You should direct any questions about taking time off to your academic fieldwork coordinator and your fieldwork educator.

How Many Times May a Student Repeat Level II Fieldwork?

Because fieldwork is considered a part of your academic program, your school sets the policy on repeating Level II fieldwork. Check your college catalog or student handbook for a statement of your program's policy. Also, discuss this issue with your academic fieldwork coordinator to be sure that you understand the policy at your institution.

How Much Time Do You Have To Finish Level II Fieldwork?

The Standards do not specify time requirements for completion of Level II fieldwork. It should be completed in a reasonable amount of time. You should consult with your academic program if there are unusual circumstances that might make it difficult for you to complete fieldwork within their required time period.

Who is Permitted to Supervise Students?

For Level I fieldwork, a student can be supervised by qualified personnel including, but not limited to, occupational therapy practitioners with initial national certification, psychologists, physician assistants, teachers, social workers, nurses and physical therapists.

For Level II fieldwork, an occupational therapist can supervise an occupational therapy student as long as the therapist meets state regulations and has a minimum of 1 year of practice experience subsequent to the requisite initial certification. An occupational therapist or occupational therapy assistant who meets state regulations and has 1 year of practice experience subsequent to the requisite initial certification can supervise an occupational therapy assistant student.

What is a Passing Grade for Level II Fieldwork?

Each academic program is responsible for determining its grading criteria. The academic program has the responsibility to assign a letter grade or pass/fail grade, and to determine the number of credit hours to be awarded for fieldwork.

What should you do if your fieldwork grade is lower than you believe you deserve?

Because fieldwork is considered part of your academic program, you will need to follow whatever grade appeal process your program or college requires. The steps involved in that process should be outlined in your college catalog or student handbook. Your academic program makes the final decision on your fieldwork grade.

What Should You Do if You Are Asked To Perform Above or Outside Your Level of Practice?

First, discuss this with your fieldwork educator. You may wish to check with the licensure board in the state where you are doing fieldwork for information defining the scope of practice. If you are unable to resolve this issue with the fieldwork site, contact your academic fieldwork coordinator.

What Should You Do if You Are Experiencing Difficulty During Level II Fieldwork?

The first step is to talk with your fieldwork educator. Before your meeting, try to write down what you perceive as the problems and develop a list of possible solutions. If you are still experiencing difficulty after meeting with your fieldwork educator, contact the academic fieldwork coordinator at your school for a different perspective and advice on other possible solutions. It is very important that the academic fieldwork coordinator hear from you if you are experiencing difficulty.

What Happens if You Fail Fieldwork and You Believe You Should Pass?

First, discuss the situation with your academic fieldwork coordinator. Should you wish to appeal your grade, you must follow the procedures required by your academic program or college. Check your student handbook or college catalog, or contact the Student Affairs office to learn about your school's procedure. Also, find out what your program's policy is on repeating a failed fieldwork. If repeating is a possibility, you should request another fieldwork placement to make up for the prior failure.

Can Your School Drop You From the Program for Failing Fieldwork? What Options Would You Have To Get a Degree?

Each academic program determines its own criteria for dropping a student from the program. You need to find out your school's policy. You may wish to appeal the decision according to the procedure for your school or program. Some possible options for students who have been dropped from occupational therapy education programs include transfer to another major that may have similar course requirements; career counseling; or application to another occupational therapy program. Should you decide to apply to another occupational therapy education program, be aware that the prospective school decides on whether or not your course credits will be accepted.

Are You Required To Tell the Fieldwork Site That You Have a Disability?

Under the Americans with Disability Act, occupational and occupational therapy assistant students with disabilities have the right to decide if and when they disclose their disability to the fieldwork site. AOTA does not have a "requirement" related to disclosure of disabilities as it falls under Federal law that would supersede any requirement that existed. It is recommended that if you determine that you will need accommodations to fulfill the essential job functions for a student in your fieldwork setting that this information be disclosed to the fieldwork site before you start your placement. Passing fieldwork level II is based on your ability to demonstrate entry-level competencies by the completion of the placement and you want to make sure that if accommodations are needed that they are reasonable and in place. Make sure to discuss your decision to disclose with your academic fieldwork coordinator.

How Can You Find a Fieldwork Site Outside of Your State or Region?

First, you should talk with your academic fieldwork coordinator for suggestions. Generally speaking, it is not appropriate for students to contact fieldwork sites independently unless they are told to do so by their school. Another source of information is the state occupational therapy association in the state where you wish to find a fieldwork site. View a list of **State OT Associations contacts**. AOTA does not maintain a listing of current fieldwork sites.

Can You Do a Level II Fieldwork Outside of the U.S.?

Yes, depending on the policies of your academic program, you can do fieldwork outside the U.S., as long as the criteria listed in the Standards are followed. This is the criteria that must be met: "Ensure that the student

completing Level II fieldwork outside the U.S. is supervised by an occupational therapist who has graduated from a program approved by the World Federation of Occupational Therapists (WFOT) and has 1 year of experience in practice. Such fieldwork shall not exceed 12 weeks."

How Do You Go About Filing a Formal Complaint if You Feel That You Have Been Treated Unfairly?

If you have not been able to resolve an unsatisfactory fieldwork situation with your academic program, you may wish to pursue a formal grievance procedure at your school. To do so, you must follow the steps outlined in the written information on your school or program's grievance process. See your program director for details.

What if I Believe That the Occupational Therapy Program at My School Is Not in Compliance With the Standards for an Accredited Educational Program for the OT or OTA?

You may initiate a formal complaint in letter form to the Accreditation Council For Occupational Therapy Education (ACOTE). ACOTE requires the complainant to demonstrate that reasonable efforts have been made to resolve the complaint, or to demonstrate that such efforts would be unsuccessful. ACOTE will not intervene on behalf of individuals or act as a court of appeal for students in matters of admission or dismissal. ACOTE will intervene only when it believes practices or conditions indicate the program may not be in substantial compliance with accreditation standards or established policies. For more information on the complaint procedure, see **Accreditation Administrative Procedures**.

What if I Believe That My Legal Rights Have Been Violated?

In this case, you may wish to consider seeking legal counsel. You should be aware that the courts have a history of upholding the judgement of professional educators on questions of student performance, but may rule in favor of the student when due process or civil rights have been violated.

Resource:

<https://www.aota.org/Education-Careers/Fieldwork/Answers.aspx>

AOTA FIELDWORK DATA FORM

Introduction:

The primary purpose of the Fieldwork Data Form is to summarize information regarding the program at a fieldwork site. Occupational therapy (OT) and occupational therapy assistant (OTA) students will find valuable information describing the characteristics of the fieldwork setting; the client population; commonly used assessments; interventions; and expectations and opportunities for students. The Fieldwork Data Form has been developed to reflect the *Occupational Therapy Practice Framework: Domain and Process, 4th Edition* (American Occupational Therapy Association [AOTA], 2020) terminology and best practice in occupational therapy to promote quality fieldwork experiences. The data gathering processes used in completion of this form entails a collaborative effort that facilitates communication between OT and OTA academic programs, students, and fieldwork educators. This form may be completed by the combined efforts of the fieldwork educator, the OT or OTA student assigned to the site for fieldwork, and/or the Academic Fieldwork Coordinator (AFWC) from the academic program. Fieldwork sites are encouraged to update the form annually and provide a copy to the educational program(s) where they have a current memorandum of understanding (MOU).

The secondary purpose of the Fieldwork Data Form is to document the connection between the curriculum design of a given OT or OTA educational program with its fieldwork component. The AFWC will use the data entered on the form to document fieldwork related Accreditation Council for Occupational Therapy (ACOTE) Standards (ACOTE, 2018). The standards are outlined in Section C of the 2018 ACOTE standards and are denoted on the form. Educational programs can revise the form to suit the needs of their respective fieldwork programs.

The Fieldwork Data Form was developed through the joint efforts of the Commission on Education (COE) and the Academic Education (formerly Education) Special Interest Section Fieldwork Community of Practice with input from many dedicated AFWCs and fieldwork educators.

AOTA FIELDWORK DATA FORM

Date:

Name of Facility:

Address: Street:

City:

State:

Zip:

FW I Contact Person: _____ Phone: _____ Email: _____	FW II Contact Person: _____ Phone: _____ Email: _____
---	--

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

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

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

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

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

Describe available public transportation:

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

Occupations: Client-directed occupations that match and support identified participation level goals (check all that apply):

ACOTE Standards C.1.1: C.1.2: C.1.7)

Activities of Daily Living (ADL)

- ☐ Bathing/showering
- ☐ Toileting and toilet hygiene
- ☐ Dressing
- ☐ Swallowing/eating
- ☐ Feeding
- ☐ Functional mobility
- ☐ Personal device care
- ☐ Personal hygiene and grooming
- ☐ Sexual activity

Rest and Sleep

- ☐ Rest
- ☐ Sleep preparation
- ☐ Sleep participation

Play

- ☐ Play exploration
- ☐ Play participation

Activities: Designed and selected to support the development of skills, performance patterns, roles, habits, and routines that enhance occupational engagement

- ☐ Practicing an activity
- ☐ Simulation of activity
- ☐ Role play

Examples:

Instrumental Activities of Daily Living (IADL)

- ☐ Care of others/pets
- ☐ Care of pets
- ☐ Child rearing
- ☐ Communication management
- ☐ Driving and community mobility
- ☐ Financial management
- ☐ Health management and maintenance
- ☐ Home establishment and management
- ☐ Meal preparation and clean up
- ☐ Religious / spiritual activities and expression
- ☐ Safety and emergency maintenance
- ☐ Shopping

Leisure

- ☐ Leisure exploration
- ☐ Leisure participation

Preparatory Methods and Tasks: Methods, adaptations and techniques that prepare the client for occupational performance

- ☐ Preparatory tasks
- ☐ Exercises
- ☐ Physical agent modalities
- ☐ Splinting
- ☐ Assistive technology
- ☐ Wheelchair mobility

Examples:

Education

- ☐ Formal education participation
- ☐ Informal personal education needs or interests' exploration
- ☐ Informal personal education participation

Work

- ☐ Employment interests and pursuits
- ☐ Employment seeking and acquisition
- ☐ Job performance
- ☐ Retirement preparation and adjustment
- ☐ Volunteer exploration
- ☐ Volunteer participation

Social Participation

- ☐ Community
- ☐ Family
- ☐ Peer/friend

Education: describe

Training: describe

Advocacy: describe

Group Interventions: describe

**Method of Intervention
Direct Services/Caseload for entry-level OT**

- ☐ One-to-one:
- ☐ Small group(s):
- ☐ Large group:

Discharge/Outcomes of Clients (% clients)

- ☐ Home
- ☐ Another medical facility
- ☐ Home health

Outcomes of Intervention

- ☐ Occupational performance improvement and/or enhancement
- ☐ Health and Wellness
- ☐ Prevention
- ☐ Quality of life
- ☐ Role competence
- ☐ Participation

OT Intervention Approaches

- ☐ Create, promote health/habits
- ☐ Establish, restore, remediate
- ☐ Maintain
- ☐ Modify, facilitate compensation, adaptation
- ☐ Prevent disability

Please list the most common screenings and evaluations used in your setting:

Identify safety precautions important at your
FW site

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

Performance skills, patterns, contexts and client factors addressed in this setting (check all that apply): *ACOTE Standard C.1.1*
Performance Skills:

- ☐
- Motor skills
-
- ☐
- Process skills
-
- ☐
- Social interaction skills

Performance Patterns:
Person:

- ☐
- Habits
-
- ☐
- Routines
-
- ☐
- Rituals
-
- ☐
- Roles

Group or Population:

- ☐
- Habits
-
- ☐
- Routines
-
- ☐
- Rituals
-
- ☐
- Roles

Client Factors:

- ☐
- Values
-
- ☐
- Beliefs
-
- ☐
- Spirituality
-
- ☐
- Mental functions (affective, cognitive, perceptual)
-
- ☐
- Sensory functions
-
- ☐
- Neuromusculoskeletal and movement-related functions
-
- ☐
- Muscle functions
-
- ☐
- Movement functions
-
- ☐
- Cardiovascular, hematological, immunological, and respiratory system functions
-
- ☐
- Voice and speech functions; digestive, metabolic, and endocrine system functions
-
- ☐
- Skin and related-structure functions

Context(s):

- ☐
- Cultural
-
- ☐
- Personal
-
- ☐
- Temporal
-
- ☐
- Virtual

Environment:

- ☐
- Physical
-
- ☐
- Social

Most common services priorities (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Direct service | <input type="checkbox"/> Meetings (team, department, family) | <input type="checkbox"/> Consultation | <input type="checkbox"/> Billing |
| <input type="checkbox"/> Discharge planning | <input type="checkbox"/> Client education | <input type="checkbox"/> In-service training | <input type="checkbox"/> Documentation |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Intervention | | |

Target caseload/productivity for fieldwork students:

Productivity (%) per 40-hour work week:
 Caseload expectation at end of FW:
 Productivity (%) per 8-hour day:
 Number groups per day expected at end of FW:

Documentation: Frequency/Format (briefly describe):

- ☐
- Handwritten documentation:
-
- ☐
- Computerized medical records: Time frame requirements to complete documentation:

Administrative/Management Duties or Responsibilities of the OT/OTA Student:

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

Student Assignments. Students will be expected to successfully complete:

- ☐
- Research/EBP/Literature review
-
- ☐
- In-service
-
- ☐
- Case study
-
- ☐
- In-service participation/grand rounds
-
- ☐
- Fieldwork project (describe):
-
- ☐
- Field visits/rotations to other areas of service
-
- ☐
- Observation of other units/disciplines
-
- ☐
- Other assignments (please list):

OPTIONAL DATA COLLECTION:

1. Please describe the FW Program and how students fit into the program. Describe the progression of student supervision from novice to entry-level practitioner using direct supervision, co-treatment, and monitoring, as well as regular formal and informal supervisory meetings. Describe the fieldwork objectives, weekly fieldwork expectations, and record keeping of supervisory sessions conducted with student. Please mail a copy of the FW student objectives, weekly expectations for the Level II FW placement, dress code, and copy of an entry-level job description with essential job functions to the AFWC. *ACOTE Standards C.1.1, C.1.2, C.1.3, C.1.4, C.1.8, C.1.9*
2. Please describe the background of supervisors by attaching a list of practitioners who are FW educators including their academic program, degree, years of experience since initial certification, and years of experience supervising students) *ACOTE Standards C.1.9, C.1.14, C.1.17, C.1.19*

3. Describe the training provided for OT staff for effective supervision of students (check all that apply). *ACOTE Standards C.1.9, C.1.15, C.1.16*

☐ Supervisory models

☐ Training on use of FW assessment tools (such as the AOTA Fieldwork Performance Evaluation–FWPE, the Student Evaluation of Fieldwork Experience–SEFWE, and the Fieldwork Experience Assessment Tool–FEAT)

☐ Clinical reasoning

☐ Reflective practice

Comments:

4. Please describe the process for record keeping of supervisory sessions with a student, the student orientation process to the agency, OT services, and the fieldwork experience. *ACOTE Standards C.1.2, C.1.3, C.1.10*

Supervisory Patterns–Description (respond to all that apply)

☐ 1:1 Supervision model:

☐ Multiple students supervised by one supervisor:

☐ Collaborative supervision model:

☐ Multiple supervisors share supervision of one student; number of supervisors per student:

☐ Non-OT supervisors:

5. Describe funding and reimbursement sources and their impact on student supervision.

FAQ

What is HIPAA?

What is a "covered entity"?

What is a business associate?

Do schools and fieldwork programs fall under "Business Associate" status?

Is training required for occupational therapy and occupational therapy assistant students?

Must fieldwork contracts be updated to include a HIPAA statement?

What are the consequences, if any, if a student violates the policy while on fieldwork?

What is HIPAA?

The Health Insurance Portability and Accountability Act, otherwise known as HIPAA, was enacted by Congress in 1996 to address insurance portability (when moving from employer to employer), to reduce fraud, and to protect confidential medical information.

What is a "covered entity"?

Under HIPAA, this is a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction.

What is a business associate?

A business associate is a person or organization that performs a function or activity on behalf of a "covered entity."

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Do schools and fieldwork programs fall under "business associate" status?

There has been much discussion as to whether a fieldwork contract requires schools to become "business associates" and therefore fall under the HIPAA requirements for each contract.

The decision of whether or not to become a business associate lies with each school. But the argument can be made that the occupational therapy and occupational therapy assistant students and the schools are not business associates using the following information:

A Business Associate Agreement is required by HIPAA where a person or entity provides services for a covered entity that involve access to patient health information.

An exception to that is a person who performs "in the capacity of a member of the workforce of [a] ...covered entity".

45 CFR Sec. 160.103 defines members of the "workforce" as "employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, **whether or not they are paid** by the covered entity.

There is a specific exception indicating that a Business Associate Agreement is not required for persons or entities involved in a patient's treatment. 45 CFR 164.502(e)(1).

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Is training required for occupational therapy and occupational therapy assistant students? If so, how can it be accomplished?

In order to meet HIPAA guidelines, individual fieldwork sites will require students to be trained, according to HIPAA standards, to follow privacy and confidentiality guidelines. Sites may meet this objective in several ways. They may send a video to the school and require that student watch the video prior to beginning the fieldwork. They may accept HIPAA training that is covered in the academic coursework, or they may stipulate that all HIPAA training be completed at their facility. It is important to remember that the fieldwork site is responsible for making sure that students meet the HIPAA guidelines as interpreted by their facility, and that there is clear communication between fieldwork site(s) and the school regarding how the school can best help meet those requirements.

Must fieldwork contracts be updated to include a HIPAA statement?

For any site that is required to meet HIPAA guidelines, the contract should be updated to reflect any changes in responsibility by the school or the site. This is true with any fieldwork contractual agreement - the contract should reflect shared responsibilities as well as individual responsibilities of the school and the fieldwork site. The school or fieldwork site can choose to initiate these changes per contract guidelines.

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What are the consequences, if any, if a student violates the policy while on fieldwork?

If a student violates HIPAA guidelines while on fieldwork, the school and fieldwork site should develop an action plan to address the issue. While up to the site and/or school, possible steps to take could range anywhere from a review of HIPAA policy to removal of the student from fieldwork - depending upon the severity of the violation. Schools should work with fieldwork sites so that the action taken with a student violation is similar or no greater than an action that would be taken with an employee.

Guidance on language regarding Business Associate status provided by Susan Levy Wayne and Nancy Cribbs, LLB, Cleveland State University

**ILLINOIS CENTRAL COLLEGE
HEALTH CAREER PROGRAM STUDENT
CONFIDENTIAL CLINICAL INFORMATION**

Illinois Central College, Freshman / Sophomore, Occupational Therapy Assistant Program student,
(Circle one)

_____ has successfully completed the following:

- Infection Control and Blood Borne Pathogens orientation
- Health Insurance Portability & Accountability Act of 1996 (HIPAA) Privacy & Security Rules orientation
- Basic Life Support for Health Care Providers (CPR) certification.

In adherence to CDC/OSHA recognized guidelines, it is the policy of Illinois Central College that all enrolled Health Career Students will comply with physical, immunization, and tuberculosis requirements as listed:

- Physical examination & health history
- Drug screen: 11 channel
- Uniform Conviction Information Act (UCIA) criminal background check
- Latex allergy/sensitivity screen
- Vaccines or proof of immunity, including: Hepatitis B, MMR, Tdap, Varicella
- 2 step Tuberculosis (TB) test
- Seasonal flu vaccine

The College provides Professional liability insurance coverage for students, during clinical hours. Students verify, by signed waiver, possession of major medical insurance or acceptance of responsibility for incurred medical care and/or treatment costs.

Illinois Central College Health Career students' health information is maintained at IWIRC:

Illinois Work Injury Resource Center
736 SW Washington St. (Wash. & State) Peoria, Illinois
Phone: 309-497-0300 Fax: 309-497-0922

Contact information, should student need to be reached prior to, or during, clinical experience:

Dates of clinical experience: _____

Printed Name (and signature): _____

Address: _____

Phone: _____ E-mail: _____

For further information, please contact Illinois Central College, Health Careers, at 309-690-7530, or:

Program coordinator or faculty: _____ Lee Ann Hohstadt

Phone: 309.690.7558 E-mail: lee.hohstadt@icc.edu

General Guidelines for Fieldwork Educator (FWE)

Regular and periodic observations should provide more reliable information about patterns of behavior than observations limited to a few isolated instances. Although reports of student performance which are provided by several different observers are encouraged, there is no substitute for direct observations by the student's immediate supervisor. It may be helpful to keep a brief written record of observations throughout the fieldwork experience. This record can serve as a reminder of specific issues to discuss with the student during supervisory sessions and provides useful examples to include during the student's performance evaluation.

The fieldwork educator's obligation to monitor student performance must be clearly understood by both fieldwork educator and student. The purpose is not to "spy on" or "check up on" the student. The purpose is to provide the fieldwork educator with first-hand information to help guide the student's learning experiences. Nonetheless, this function may be threatening to the student, particularly when its purpose is misinterpreted as a lack of trust.

The ability to provide meaningful feedback is both an art and a skill. The following suggestions regarding feedback may be useful:

1. Provide constructive, positive feedback as well as discussion about areas that need improvement. Help the student learn to identify strengths as well as areas in need of development. Positive reinforcement can be a powerful motivator.
2. Remember that timing is crucial. Address specific issues as close to the time of occurrence as practical. However, try to avoid putting the student in awkward situations in front of a client unless you must intervene for the client's safety or welfare.
3. Effective communication is important for successful completion. Use statements that are oriented to behavior rather than the individual (e.g., "Your progress notes need to be more specific" rather than "You are careless and sloppy in your work").
4. Frequent feedback to the student, even if on an informal basis, can provide him or her with crucial information about how well he or she is meeting expectations and what changes need to be made.

It is recommended that time be set aside at least once a week for formal supervisory meetings. However, there are numerous opportunities for the fieldwork educator to offer feedback to the student on a more informal basis during interactions throughout the week.

The student's performance during Level II Fieldwork is to be formally evaluated before and during the conclusion of the experience. Official instruments adopted by AOTA are used for these evaluations. The fieldwork educator needs to be familiar with each item of the rating form and with the rating procedure to be used.

If the fieldwork educator has fulfilled the responsibilities previously outlined, the evaluation should hold no surprises for the student. The student who has been informed regarding what is expected, whose work performance has been monitored regularly, and who has received constructive feedback, should be well prepared for the performance evaluation.

The performance evaluation instrument must be used at least once before the final evaluation. This interim evaluation is usually done at the midpoint of the fieldwork experience. Primarily, the midterm evaluation is a counseling device designed to clarify to the student the expectations for successful completion of the fieldwork experience and to assist in identifying strengths and weaknesses. The performance evaluation instrument may be used as a counseling device at other times if needed, but must be completed at the termination of a fieldwork experience assignment.

Counseling during a fieldwork experience is a collaborative process between the student, the fieldwork educator, and the academic fieldwork coordinator. Problems and achievements in the fieldwork experience should first be dealt with by the student and the fieldwork educator who is the student's immediate supervisor. Alternatives should be discussed in relation to any problem. Strengths and weaknesses in student performance should be identified by the fieldwork educator who will provide guidance to upgrade performance in weak areas. Frequent review of specific expectation for performance is important so that learning activities can be outlined and developed in a sequential order.

Problems that cannot be resolved between the student and fieldwork educator should be presented to the supervisor of the fieldwork education center or the academic fieldwork coordinator. The student should recognize the importance and use of these communication channels in the event of personal or professional problems that might interfere with successful completion of the fieldwork experience.

In the event of possible failure, the student and academic fieldwork coordinator must be informed. The fieldwork educator is responsible for notifying the student and academic fieldwork coordinator before failure becomes a high probability. With adequate notification, a discussion can be started regarding alternatives open to the student, the fieldwork education center, and the academic educational program. If the student remains at the fieldwork center, arrangements for additional counseling need to be made to assist the student in achieving the educational goals and objectives.

Contributor: Compiled and written by Karen Oberzan, MPA, OTR
University of Kansas, Lawrence, KS

Level I Fieldwork

I. Definition and Purpose

The AOTA *Standards* describe the goal of Level I Fieldwork "to introduce students to the fieldwork experience, and develop a basic comfort level with an understanding of the needs of clients." Level I Fieldwork is not intended to develop independent performance, but to "include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process."

Services may be provided to a variety of populations through a variety of settings. Experiences may include those directly related to occupational therapy, as well as other situations to enhance an understanding of the developmental stages, tasks, and roles of individuals throughout the life span. Day care centers, schools, neighborhood centers, hospice, homeless shelters, community mental health centers, and therapeutic activity or work centers are among the many possible sites. Level I Fieldwork may also include services management and administrative experiences in occupational therapy settings, community agencies, or environmental analysis experiences. Populations may include disabled or well populations; age-specific or diagnosis-specific clients.

Qualified personnel for supervision of Level I Fieldwork may include, but are not limited to, academic or fieldwork educators, occupational therapy practitioners initially certified nationally, psychologists, physician assistants, teachers, social workers, nurses, physical therapists, social workers, etc. The supervisors must be knowledgeable about occupational therapy and cognizant of the goals and objectives of the Level I Fieldwork experience.

II. Objectives

Objectives of Level I Fieldwork may vary significantly from one academic institution to another. These variations occur as a result of differences in individual academic institutional missions, programmatic philosophical base, curriculum design and resources, etc. As a result, the individual academic institutions should provide information regarding the specific didactic relationship and should provide objectives for the experience. Fieldwork educators should determine if the resources of their facilities are adequate to meet the objectives of the educational institution, and then apply the objectives to the fieldwork setting.

Fieldwork objectives should reflect role delineation between professional and technical level students as specified by *The Guide to OT Practice, AJOT*, Vol.53, No.3. In the event a facility provides Level I Fieldwork experiences to both levels of students, separate objectives and learning experiences should be utilized, as developed by the academic program faculty. Students should be evaluated using these objectives.

In instances where students will have a prolonged/consecutive fieldwork experience in the same facility, the objectives should also reflect a sequential orientation and move from concrete to conceptual or from simple to more complex learning activities. In the event that the student will rotate through a variety of settings it is recommended that a master list of objectives be developed that demonstrate a developmental learning continuum and indicate which objectives/learning experiences have been provided in previous experiences.

Schedule design of Level I Fieldwork will depend on the type of setting and the curriculum of the academic institution. Options include, but are not limited to, full days for one-half a term, full days in alternating weeks for one term, half days for one term, or one week.

Academic Institution

- Identify course content areas to be enhanced by Level I Fieldwork experiences.
- Develop general goals that clearly reflect the purpose of the experience and level of performance to be achieved.
- Assure that objectives reflect the appropriate role of an OT or OTA student.
- Sequence the objectives from concrete to conceptual or from simple to increasing complexity.
- Identify facilities that may be able to provide the necessary learning experiences.
- Share the objectives with the fieldwork educators and ask them to identify those objectives that could be met in their

facility.

- Discuss and coordinate fieldwork administration issues, such as scheduling, work load, report deadlines, etc.
- Collaborate with fieldwork educators to clearly identify the skill levels necessary for successful completion of Level I Fieldwork experience.
- Develop an evaluation form and protocol.

Fieldwork Education Center

- Evaluate administrative aspects of the program to determine the feasibility of providing education experiences of high quality while maintaining the effectiveness of services. Some considerations are: providing the necessary supervision, scheduling learning experiences, and staff attitudes toward.
- Review objectives and learning experiences with academic representatives to assure that they address the Level I Fieldwork objectives of the program.
- Review the evaluation form and associated protocols and seek any necessary clarification prior to its implementation.
- Review the Level I Fieldwork objectives and the evaluation form to determine if the learning experiences can be provided at your fieldwork agency and if they are compatible with the philosophy of the program.
- In collaboration with the academic program faculty, identify, and design, if possible, specific learning activities which will meet Level I objectives.
- Those agencies providing fieldwork for both the professional and technical level student should have different learning experiences designed to clearly reflect role delineation.

*AOTA Commission on Education (COE) and Fieldwork Issues Committee (FWIC)
Amended and Approved by FWIC 11/99 and COE 12/99*

LEVEL I FIELDWORK COMPETENCY EVALUATION FOR OT AND OTA STUDENTS

Introduction

The purpose of Level I fieldwork is to provide experiential opportunities for students to gain the performance competency and confidence for progressing successfully in the academic program, including successive Level I and Level II fieldwork.

The *Level I Fieldwork Competency Evaluation for OT and OTA Students* complements the *AOTA Fieldwork Performance Evaluation for the OT Student* and *for the OTA Student*. It is designed to assess performance skills that build a foundation for successful completion of Level II fieldwork.

This tool is divided into five sections:

- I. Fundamentals of Practice
- II. Foundations of Occupational Therapy
- III. Professional Behaviors
- IV. Screening and Evaluation
- V. Intervention

The first 3 sections are identified as mandatory, as they are applicable to all practice settings and assess basic skills. The last 2 sections are *optional*, allowing an OT/OTA academic program to select relevant sections for a particular Level I experience in that program. The AFWC should make this clear to the FWEd. The criterion for satisfactory performance is determined by the OT/OTA academic program.

Directions

This tool is to be completed by the identified FWEd for the Level I experience.

The rating scale ranges from

U	Unacceptable	Performance is weak in most required tasks and activities. Work is frequently unacceptable.
B	Below Standards	Opportunities for improvement exist; however, student has not demonstrated adequate response to feedback. Performance is occasionally unacceptable.
M	Meets Standards	Carries out required tasks and activities. This rating represents good, solid performance and should be used most often.
E	Exceeds Standards	Frequently carries out tasks and activities that surpass requirements. At times, performance is exceptional.
O	Outstanding	Carries out tasks and activities in consistently outstanding fashion. Performance is the best that could be expected from any student.

COMMENT REQUIRED FOR ALL ITEMS SCORED "B" or "U."

Illinois Central College PASS Score: NO MORE THAN 2 BELOW STANDARDS/ NO UNACCEPTABLE RATINGS

OTA 111 LEVEL I FIELDWORK COMPETENCY EVALUATION FOR OT AND OTA STUDENTS

STUDENT INFORMATION:			
Student Name:	First Middle Last	Date:	
Site Name:		Semester:	
Student ID:		Practice Setting:	
Student's School:		Course Number:	
Hours Completed:		FW Sequence:	
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	

PRIMARY FWEd INFORMATION			
FWEd Name:	First Last Credentials	Past Experience:	
FWEd License #:		FWEd Credentials:	<div style="display: flex; justify-content: space-between;"> <div>(# of FWI Students)</div> <div>(# of FWII students)</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> OT:</div> <div>OTA:</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Other:</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>If other:</div> <div></div> </div>
Years of Experience:			
Have you attended the AOTA FWEd Certificate Course? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

U	Unacceptable	Performance is weak in most required tasks and activities. Work is frequently unacceptable.
B	Below Standards	Opportunities for improvement exist; however, student has not demonstrated adequate response to feedback. Performance is occasionally unacceptable.
M	Meets Standards	Carries out required tasks and activities. This rating represents good, solid performance and should be used most often.
E	Exceeds Standards	Frequently carries out tasks and activities that surpass requirements. At times, performance is exceptional.
O	Outstanding	Carries out tasks and activities in consistently outstanding fashion. Performance is the best that could be expected from any student.

COMMENT REQUIRED FOR ALL ITEMS SCORED "B" or "U."

Illinois Central College PASS Score: NO MORE THAN 2 BELOW STANDARDS/ NO UNACCEPTABLE RATINGS

I. FUNDAMENTALS OF PRACTICE

THE STUDENT:	U B M E O
1. Adheres consistently to AOTA's Occupational Therapy Code of Ethics. Follows ethical standards for FW setting. Abides by Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA). Respects privacy of client. COMMENTS:	
2. Adheres consistently to safety regulations, and uses sound judgment to ensure safety. Follows FW setting's policies and procedures for client safety. Demonstrates awareness of hazardous situations, and reports safety issues to supervisor. COMMENTS:	

II. FOUNDATIONS OF OCCUPATIONAL THERAPY

THE STUDENT:	U B M E O
1. Articulates values and beliefs of occupational therapy. Verbalizes definition of occupational therapy as relevant to FW setting or audience. COMMENTS:	
2. Utilizes relevant evidence to make informed practice decisions. Connects class concepts to FW through inquiry or discussion. Articulates value of using evidencebased practice. Identifies and provides evidence that is relevant to setting or clients. COMMENTS:	

III. PROFESSIONAL BEHAVIOR

	U B M E O
1. Time management skills. Consider student's ability to be prompt, arriving and completing assignments on time. COMMENTS:	
2. Organization. Consider student's ability to set priorities, be dependable, be organized, and follow through with responsibilities. COMMENTS:	
3. Engagement in FW experience. Consider student's apparent level of interest, level of active participation while on site, and investment in individuals and treatment outcomes. COMMENTS:	
4. Self-directed learning. Consider student's ability to take responsibility for own learning and to demonstrate motivation. COMMENTS:	
5. Reasoning and problem solving. Consider student's ability to use self-reflection; willingness to ask questions; ability to analyze, synthesize, and interpret information; and understand OT process. COMMENTS:	
6. Written communication. Consider student's ability to use proper grammar and spelling, legibility of work, successful completion of written assignments, and documentation skills. COMMENTS:	
7. Initiative. Consider student's initiative, ability to seek and acquire information from a variety of sources, and demonstrate flexibility as needed. COMMENTS:	

<p>8. Observation skills. Consider student's ability to observe relevant behaviors related to occupational performance and client factors and to verbalize perceptions and observations. COMMENTS:</p>	
<p>9. Participation in supervisory process. Consider student's ability to give, receive, and respond to feedback; seek guidance when necessary; and follow proper channels of communication. COMMENTS:</p>	
<p>10. Verbal communication and interpersonal skills with patients/clients, staff, and caregivers. Consider student's ability to interact appropriately with individuals, such as eye contact, empathy, limit-setting, respectfulness, use of authority, and so forth; degree and quality of verbal interactions; use of body language and non-verbal communication; and exhibition of confidence. COMMENTS:</p>	
<p>11. Professional and personal boundaries. Consider student's ability to recognize and handle personal and professional frustrations; balance personal and professional obligations; handle responsibilities; work with others cooperatively, considerately, and effectively; and be responsive to social cues. COMMENTS:</p>	
<p>12. Use of professional terminology. Consider student's ability to respect confidentiality; appropriately apply professional terminology (e.g., <i>Occupational Therapy Practice Framework</i> terms and OT acronyms/abbreviations) in written and oral communication. COMMENTS:</p>	

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IV. SCREENING AND EVALUATION (enter N/A = Not Applicable if not required on this placement)

THE STUDENT:	U B M E O N/A
<p>1. Contributes to screening/evaluation process. Communicates observations. Identifies resources for evaluation process. Could include chart review. COMMENT:</p>	
<p>2. Completes an interview and drafts an occupational profile. COMMENT:</p>	
<p>3. Identifies potential goals from evaluation process. COMMENT:</p>	
<p>4. Drafts documentation consistent with practice setting. COMMENT:</p>	

V. INTERVENTION (enter N/A = Not Applicable if not required on this placement)

THE STUDENT:	U B M E O N/A
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1. Contributes to intervention process. Could include preparing clinic area and identifying resources and evidence. COMMENT:	
2. Identifies interventions consistent with client evaluation and goals. COMMENT:	
3. Identifies (verbal or written) interventions consistent with client-centered approach, and provides clinical reasoning for interventions identified. COMMENT:	
4. Engages in and values evidence-based practice by seeking evidence to support or negate intervention approach. COMMENT:	
5. Administers interventions that are occupation-based and client-centered within guidelines of facility. COMMENT:	
6. Recognizes (verbal, written, or demonstration) need to modify interventions on basis of client response. COMMENT:	
7. Recognizes (verbal, written, or demonstration) need to modify or terminate intervention plan on basis of client response. COMMENT:	
8. Drafts documentation for intervention using typical procedures used in FW practice setting. COMMENT:	

Summary:

Student Signature Date:

FWEd Signature

Date:

Additional resources available at <https://www.aota.org/Education-Careers/Fieldwork.aspx>



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Fieldwork Performance Evaluation (FWPE) for the Occupational Therapy Assistant Student (Revised in 2020)

FUNDAMENTALS OF PRACTICE	
1	Adheres to the American Occupational Therapy Association's Code of Ethics and all federal, state, and facility regulations. Examples: Medicare, Medicaid, client privacy, social media, human subject research
2	Adheres to safety regulations and reports/documents incidents appropriately. Examples: fire safety, OSHA regulations, body substance precautions, emergency procedures
3	Ensures the safety of self and others during all fieldwork related activities by anticipating potentially unsafe situations and taking steps to prevent accidents. Examples: body mechanics, medical safety, equipment safety, client specific precautions, contraindications, community safety
BASIC TENETS	
4	Articulates the values, beliefs, and distinct perspective of the occupational therapy profession to clients and other relevant parties clearly, confidently, and accurately. Examples: families, caregivers, colleagues, service providers, administration, the public
5	Articulates the value of occupation as a method and desired outcome of occupational therapy to clients and other relevant parties clearly, confidently, and accurately. Examples: families, caregivers, colleagues, service providers, administration, the public
6	Articulates the role of occupational therapy practitioners to clients and other relevant parties clearly, confidently, and accurately. Examples: families, caregivers, colleagues, service providers, administration, the public
SCREENING AND EVALUATION	
7	Obtains sufficient and necessary information about factors that support and hinder occupational performance from relevant sources throughout the evaluation process. Examples: record or chart reviews, client, family, caregivers, service providers
8	Establishes service competency in assessment methods, in accordance with setting procedures and applicable laws, by administering assessments accurately and efficiently to ensure findings are valid, reliable, and timely. Examples: record or chart reviews, observations, interviews, standardized and non-standardized assessments
9	Administers delegated assessments using appropriate procedures and protocols. Examples: standardized and non-standardized assessments, interviews, and observations
10	Assists with interpreting information in relation to the client's needs, factors, and performance.

	Examples: record or chart reviews, observations, interviews, standardized and non-standardized assessments
11	Reports results clearly, accurately, and concisely, reflecting the client's occupational performance.
INTERVENTION	
12	Articulates a clear and logical rationale for the intervention process based on the evaluation results and other relevant considerations. Examples: contexts, theories, frames of reference, practice models, and evidence
13	Under the supervision of and in cooperation with an occupational therapy practitioner, uses professional literature to make informed intervention decisions. Examples: textbooks, journal articles, other relevant and reliable informational resources
14	Selects client-centered and occupation-based interventions that motivate and challenge the client to achieve established goals.
15	Implements client-centered and occupation-based intervention plans.
16	Modifies the task and/or environment to maximize the client's performance. Examples: upgrades/downgrades task; arranges client's workspace for optimal performance
17	Recommends modification or termination of intervention plan based on the client's status.
18	Documents the client's response to services in a manner that demonstrates the effectiveness of interventions.
MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES	
19	Demonstrates through practice or discussion the ability to collaborate with and assign appropriate tasks to, as indicated, the occupational therapy aide or others to whom responsibilities might be assigned. Examples: paraprofessionals, nurses' aides, volunteers
20	Demonstrates through practice or discussion an understanding of costs and funding systems related to occupational therapy services, such as federal, state, third party, and private payers. Examples: billing for OT services, inventory and ordering of supplies for OT services, and options for client procurement of adaptive equipment
21	Demonstrates knowledge about the organization. Examples: mission and vision, accreditation status, licensing, specialty certifications
22	Meets productivity standards or volume of work expected of occupational therapy assistant students.
COMMUNICATION AND PROFESSIONAL BEHAVIORS	
23	Communicates clearly and effectively, both verbally and nonverbally. Examples: clients, families, caregivers, colleagues, service providers, administration, the public
24	Produces clear and accurate documentation. Examples: legibility, spelling, punctuation, grammar, adherence to electronic health documentation requirements

25	Collaborates with fieldwork educator(s) to maximize the learning experience. Examples: initiates communication, asks for feedback about performance, identifies own strengths and challenges
26	Takes responsibility for attaining professional competence by seeking out learning opportunities and interactions with fieldwork educator(s) and others.
27	Responds constructively to feedback in a timely manner.
28	Demonstrates consistent and acceptable work behaviors. Examples: punctuality, initiative, preparedness, flexibility, dependability, professional appearance
29	Demonstrates effective time management. Examples: plans ahead, adheres to schedules, completes work in expected timeframe
30	Manages relationships effectively through therapeutic use of self and adjusts approach to meet the needs of clients and others.
31	Demonstrates respect for diversity factors of others. Examples: culture, socioeconomic status, beliefs, identity

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

Rating Scale

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

Rating scale definitions

Exemplary performance	Demonstrates satisfactory competence in specific skills consistently; demonstrates substantial breadth and depth in understanding and/or skillful application of fundamental knowledge and skills.
Proficient performance	Demonstrates satisfactory competence in specific skills; demonstrates adequate understanding and/or application of fundamental knowledge and skills.
Emerging performance	Demonstrates limited competence in specific skills (inconsistencies may be evident); demonstrates limited understanding and/or application of fundamental knowledge and skills (displays some gaps and/or inaccuracies).
Unsatisfactory performance	Fails to demonstrate competence in specific skills; performs in an inappropriate manner; demonstrates inadequate understanding and/or application of fundamental knowledge and skills; (demonstrates significant gaps and/or inaccuracies).

FWPE for OTS Scoring:

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

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

FWPE for OTAS Scoring:

- All items must be scored to receive for a Pass on the FWPE for OTAS
- A sum score of 91 or higher will be required to receive a Pass on the FWPE for OTAS
- A score of 3 or higher on the items
 - # 1 (Adheres to the American Occupational Therapy Association's Code of Ethics and all federal, state, and facility regulations),
 - # 2 (Adheres to safety regulations and reports/documents incidents appropriately), and
 - # 3 (Ensures the safety of self and others during all fieldwork related activities by anticipating potentially unsafe situations and taking steps to prevent accidents) will all be required to receive a Pass on the FWPE for OTAS
- Scores of 1 on any of the items is not allowed to receive a Pass on the FWPE for OTAS

COE Guidelines for an Occupational Therapy Fieldwork Experience - Level II

History and Purpose

The intent of this document is to describe the desired characteristics of a fieldwork placement for occupational therapy and occupational therapy assistant students in Level II Fieldwork Education. It is intended to be a reference document that articulates the desired attributes of a fieldwork setting to maximize students' learning in context. It is not a document of standards for fieldwork education and programs are not mandated to follow these guidelines.

This document was originally prepared by the Loma Linda Fieldwork Council at the request of the Commission on Education (COE) and approved by the COE on April 15, 1985. The document was revised by the AOTA Fieldwork Issues Committee in 1992, and by the COE in 2000 and 2012.

Definition

The ACOTE Standards (2012) describe fieldwork as “a crucial part of professional preparation.” The goal of Level II Fieldwork is to develop competent, entry-level, generalist occupational therapists and occupational therapy assistants (AOTA, 2012).

I. The Fieldwork Experience

A. Description and Purpose:

The Level II Fieldwork experience, an integral part of OT education, should be designed to promote clinical reasoning and reflective practice, to support ethical practice through transmission of the values and beliefs of the profession, to communicate and model professionalism as a developmental process and a career responsibility, and to expand knowledge and application of a repertoire of occupational therapy assessments and interventions related to human occupation and performance. Through the fieldwork experience, students learn to apply theoretical and scientific principles learned in the didactic portion of the academic program to address actual client needs and develop a professional identity as an occupational therapy practitioner within an interdisciplinary context. The fieldwork experience shall meet requirements in accordance with the Standards for an Accredited Educational Program for the Occupational Therapist and/or the Standards for an Accredited Educational Program for the Occupational Therapy Assistant (AOTA, 2012).

- i. Level II Fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupations. Throughout the fieldwork experience, the fieldwork educator should structure**

opportunities for informal and formal reflection with the student regarding the OT process in action with the client population.

- ii. The OT and OTA student should have the opportunity to develop increased knowledge, attitudes, and skills in advocacy, administration, management and scholarship.
 - 1. Skills in administration and management may be attained through the actual supervision of support staff, volunteers, or Level I Fieldwork students in certain tasks or work assignments and involvement in administrative/staff/team meetings.
 - 2. Scholarship may be enhanced as students learn to use evidence to inform their professional decision making and to generate new evidence through independent or collaborative research at the fieldwork site. This may be accomplished through investigation of the effectiveness of an intervention, the reliability, validity or utility of assessment tools, and publication or presentation of scholarly work.
- iii. Inter-professional practice competencies should be encouraged throughout the fieldwork experience through engagement of OT and OTA students in interactive learning with students of different professions.

B. Outcomes Desired

The fieldwork placements should provide the student with experience with various groups across the life span, persons with various psychosocial and physical performance challenges, and various service delivery models reflective of current practice in the profession.

- i. Within the required total of 16 weeks for the occupational therapy assistant student and 24 weeks for the occupational therapy student, there should be exposure to a variety of traditional and emerging practice settings and a variety of client ages and conditions. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, occupation-based outcomes. What this means is that even if this is not a mental health placement, the fieldwork educator should assist the student in addressing any psychosocial issues the client may have. This will help to insure that the student will have developed some entry-level competencies in mental health practice even if they do not complete a fieldwork experience in a mental health setting. See link:
<http://www.aota.org/Practice/Manage/~/.media/04748BEB6FEE4C7EBFB83DFB81E41E8F.ashx>

C. Expectations of Fieldwork Students

Students are responsible for compliance with site requirements as specified in the fieldwork site student handbook developed by the fieldwork site and the affiliation agreement between the fieldwork site and the academic program. This typically includes completion of prerequisite requirements (health requirements, background checks, HIPAA training, orientation to site documentation system, etc.) and attention to state regulations impacting student provision of client services. In addition to providing the required occupational therapy services to clients, students are also

responsible for active participation in the supervision process, which includes the creation, review, and completion of learning objectives; completion of assigned learning activities and assignments; proactive and ongoing communication with the assigned fieldwork educator; continual self-assessment and reflection; and participation in formal and informal assessments directed by the fieldwork educator. By the end of the fieldwork experience, the student should demonstrate the attitudes and skills of an entry-level practitioner, including assumption of responsibility for independent learning.

D. Fieldwork Educator Preparation

Fieldwork educators responsible for supervising Level II Fieldwork occupational therapy students shall meet state and federal regulations governing practice, have a minimum 1 year of practice experience subsequent to initial certification, and be adequately prepared to serve as a fieldwork educator. If supervising in a role-emerging site where there is no on-site occupational therapy practitioner, the fieldwork educator should have a minimum of 3 years of practice experience after initial certification (see II.E.ix for more specific detail).

i. Initial and ongoing education supporting the fieldwork educator role should include attention to the following:

1. Principles and theories of adult education models, knowledge of learning styles, and diverse teaching approaches.
2. Administrative aspects, including relevant regulations and content for development and management of the fieldwork program.
3. The design of educational experiences supporting student development as an OT practitioner.
4. Adaptation of supervisor strategies in response to individual student learning style.
5. Enhancement of student clinical/professional reasoning through guided learning experiences.
6. Provision of formal and informal evaluation of student performance.

ii. Methods for becoming adequately prepared to serve as a fieldwork educator include but are not limited to the following:

1. Attendance at an AOTA Fieldwork Educator Certificate Program (preferred).
2. Completion of the [Self-Assessment Tool for Fieldwork Educator Competency](#) (SAFECOM).
3. Attendance at continuing education events on the topic of practice education.
4. Mentorship by an experienced fieldwork educator.
5. Completion of on-line training modules.
6. Documented readings of texts/papers on clinical/fieldwork education.

E. Fieldwork Models

There are a variety of fieldwork models that can be utilized, depending on the preferences of the fieldwork educator, the nature of the fieldwork site, and the learning needs of the students. Fieldwork models exist on a continuum from the traditional apprenticeship model in which one fieldwork educator has one student to a more collaborative approach in which a group of students work with one fieldwork educator. Each fieldwork model has an inherent theoretical approach to learning. The more collaborative the fieldwork model, the more active student learning occurs. Fieldwork models can also be classified as either role-established, which is a more traditional fieldwork site, or role-emerging, where occupational therapy services are being introduced and/or developed.

- i.** 1:1 – this is the traditional model of one student to one fieldwork educator, also known as the apprenticeship model.
- ii.** 1:2 – one fieldwork educator to two students.
- iii.** 2:1 – two fieldwork educators sharing one student.
- iv.** Multiple sites – a model where one fieldwork educator has a group of students spread out at several fieldwork sites, usually all the same type of setting.
- v.** Group – a model where one fieldwork educator has a group of students, but maintains the traditional “fieldwork educator as expert” role.
- vi.** Peer – a model in which students provide feedback to each other; this cannot be the sole form of supervision provided to students, as there must be an OT or OTA identified as the fieldwork educator.
- vii.** Off-site/role-emerging – a fieldwork model in which occupational therapy services are in the process of being developed; the occupational therapy practitioner setting this up may be employed by the agency or the educational program.
- viii.** Collaborative – a specific model of fieldwork education used with a group of students in which knowledge is constructed jointly between the fieldwork educator and the students. This is an active model of student learning that places more responsibility on the student for his/her own learning. The fieldwork educator does not function as the “expert” but more in the role of facilitator of learning.
- ix.** Role-emerging fieldwork sites are those at which the provision of occupational therapy services is being developed. The occupational therapy practitioner developing the services may be employed by the agency as a consultant, or may be employed by the academic program. When fieldwork placements occur in role-emerging practice settings, the occupational therapy fieldwork educator is typically only present on site for a limited amount of time. The ACOTE Standards require that the fieldwork educator provide a minimum of eight hours per week at the site (AOTA, 2012). In addition, the fieldwork educator must be easily accessible by a variety of means during the hours a student is at the site. Furthermore, the person serving as

the fieldwork educator must have a minimum of 3 years experience after initial certification, as this is considered advanced supervision.

- x. International fieldwork occurs in another country and requires a great deal of advance planning from the academic program, student, and fieldwork educator as there are multiple issues involved. The Academic Fieldwork Coordinator should ensure that the fieldwork educator and fieldwork site staff are conversant with and in compliance with current ACOTE standards and that regular formal and informal communication is maintained during the fieldwork experience. The ACOTE Standards require that the individual serving as the fieldwork educator must be a graduate of a WFOT-approved educational program. Students cannot complete more than 12 weeks in an international placement. The reader is referred to the section of the AOTA Web site where there are multiple documents describing policies, procedures, and other issues related to [international fieldwork](#).

II. Fieldwork Site Development

When developing a fieldwork experience for a new site, the preferred way to begin is by reaching out to the academic programs in the immediate area. The establishment of a contract between the fieldwork site and the academic program can take a very long time and so it is best to start with that process early. Students cannot be accepted until the contract has been signed by both parties. If there are several academic programs in the area, there is no reason why contracts cannot be initiated with all of them at once. During the contract development and approval process, the fieldwork educator can begin doing some of the other activities that will need to be in place before students are accepted. The reader is referred to the AOTA Web site for additional fieldwork educator resources, including “Steps to Starting a Fieldwork Program,” located at the following link:
<http://www.aota.org/en/Education-Careers/Fieldwork/NewPrograms/Steps.aspx>

A. The fieldwork site should meet all existing local, state, and/or federal safety and health requirements, and should provide adequate and efficient working conditions. The occupational therapy practitioner should comply with state regulations governing the scope of practice for OT services.

- i. Adherence to standards of quality in regard to safety, health requirements, and working conditions may be verified through a review process by the University/ program using the center as a fieldwork site or by an established body such as the Joint Commission on Accreditation of Health Care Organizations, the Commission on Accreditation of Rehabilitation Facilities, or a state regulatory board.
- ii. Adequate time should be available to supervising staff for student supervision activities.
- iii. Space for client-related consultation, preparation, writing, in-service education and research activities by occupational therapists, practitioners, and students should be provided.

- iv.** The fieldwork educator and student should have access to current professional information, publications, texts, and Internet resources related to occupational therapy education and practice.
- v.** Client records should be available to the staff and students for intervention planning and practice.

B. Ideally, the fieldwork site will have a stated philosophy regarding service delivery which serves as a guide for the delivery of service, scholarly activities, and education for individuals and groups. Where occupational therapy services are already established, the occupational therapy philosophy/mission/vision regarding practice and education programs should be stated in writing, and should reflect the specific contribution occupational therapy makes to the overall agency. Where established, the occupational therapy philosophy/mission/vision guides the development of learning objectives for the fieldwork experience. Ideally, the established occupational therapy program will articulate a philosophy/mission/vision of service delivery reflective of best practices in the profession. Best practices in the profession result in services which are client-centered, occupation-based, and supported by research evidence. The partnering academic institution will work with the fieldwork site to provide resources to support best practice ideals.

- i.** Client-centered practice is evident when there are regular intervention planning/review meetings between the client and occupational therapy practitioner to ensure client participation in the evaluation and intervention process (Mortenson & Dyck, 2006).
 - 1. In situations where there is limited possibility for client participation in intervention planning/review meetings due to the nature or severity of the client's impairment, the occupational therapy practitioner should seek the perspectives of family members/significant others who would act in the client's best interest.
- ii.** Occupation-based practice is client centered and requires an understanding of the client's needs, wants and expectations. Interventions are meaningful to the client and include participation in occupations that are reflective of the client's lifestyle and context (Chisholm, Dolhi, & Schreiber, 2000).
- iii.** Evidence-based intervention includes the creation of "strategies and tools for practitioners to access, understand, and use the latest research knowledge to improve services for clients" (Law & MacDermid, 2008, p. 6).

C. The administrators of the fieldwork setting should articulate support for the fieldwork education program.

- i.** Since the occupational therapy fieldwork education experience exists within the philosophy and policies of the fieldwork agency, it is essential that the administration as well as the occupational therapy staff accept and support the education of future practitioners.

- D. At fieldwork sites where occupational therapy services are already established, there should be occupational therapy representation in planning programs and formulating policies which would affect occupational therapy practice and services delivery or involvement.**
- i.** The occupational therapy perspective should be represented at program-related conferences, in quality review processes, and in planning for occupational therapy services delivery. The profession of occupational therapy should be represented in policy-making groups at the fieldwork site.
 - ii.** Consideration should be given to the occupational therapy department philosophy of service delivery in the planning of programs and the formation of policies influencing occupational therapists' service delivery at the fieldwork site.
- E. The fieldwork agency should recognize that the primary objective of the fieldwork experience is to benefit the student's education.**
- i.** The educational value of the student fieldwork experience should be of primary importance, and the placement should not be used to extend services offered by the fieldwork agency.
- F. Opportunities for continuing education and professional development of the occupational therapy staff and students should be encouraged to support life-long learning.**
- i.** Attendance at workshops, institutes, conferences, courses, in-services and professional meetings should be encouraged.
 - ii.** Financial support should be given for professional development whenever feasible within the budget of the fieldwork agency.
 - iii.** Fieldwork students should be encouraged to participate in continuing education and be provided time to do so, when content is relevant to the fieldwork experience.
 - iv.** State and National Association Membership is encouraged.
- G. Collaboration with academic program - Both the ACOTE Standards and the Model Curriculum documents address the need for collaboration between the fieldwork site/fieldwork educator and the academic program. The ACOTE Standards require that the Academic Fieldwork Coordinator and the fieldwork educator collaborate when establishing fieldwork objectives, identifying fieldwork site requirements, and when communicating students' performance and progress during fieldwork (AOTA, 2012). The OT Model Curriculum documents describe how fieldwork experiences need to be planned in such a way that they are integrated into the academic program's mission and curriculum design. The reader is referred to the OT Model Curriculum, the OTA Model Curriculum and the ACOTE Standards for more information.**

H. Supervision guidelines - There are multiple sources of supervision guidelines that are applicable to Level II fieldwork. The first source are state laws and state practice acts that govern the practice of occupational therapy. These documents will specify if there are any specific requirements for supervision that need to be upheld in that state. Another source of supervision guidelines are federal regulations such as Medicare that specify what type of supervision must be provided to fieldwork students in certain healthcare settings and with certain types of Medicare coverage. The AOTA Web site is a good source for the most up-to-date information on Medicare regulations for student supervision. The ACOTE Standards specify that during Level II fieldwork, students must be supervised by a licensed or credentialed occupational therapy practitioner with at least 1 year of experience who is adequately prepared to serve as a fieldwork educator. Further, the Standards state that supervision should initially be direct, and then progress to less direct supervision as is possible given the demands of the fieldwork site, the complexity of the client's condition being treated, and the abilities of the fieldwork student. The COE and Commission on Practice (COP) Fieldwork Level II position paper (COE/COP, 2012) additionally recommends that supervision of occupational therapy and occupational therapy assistant students in Fieldwork Level II settings will be of the quality and scope to ensure protection of consumers and provide opportunities for appropriate role modeling of occupational therapy practice, and that the supervising occupational therapist and/or occupational therapy assistant must recognize when direct versus indirect supervision is needed and ensure that supervision supports the student's current and developing levels of competence (COE/COP, 2012).

Specific to the role-emerging fieldwork placement, where the site does not employ an occupational therapist on staff and the fieldwork is designed to promote the development of occupational therapy services, supervision guidelines specify that students be supervised daily on site by another professional familiar with the role of occupational therapy and 8 hours of direct supervision should be provided weekly by an occupational therapist or occupational therapy assistant with at least three years of experience. It is recommended that the Academic Fieldwork Coordinator (AFWC), fieldwork educator (FWEd), the on-site coordinator (if identified) and student maintain regular formal and informal communication during the fieldwork experience (AOTA, 2001).

III. Student Engagement in the Learning Process

A. It is recommended that students collaborate with their fieldwork educator to develop learning objectives which stem from the site-specific learning objectives for the individual FW site. This may be accomplished through the use of learning contracts, which are both a teaching strategy and an assessment tool used to encourage self-directed learning. Learning contracts allow for shared responsibility in the planning of learning experiences offered in fieldwork. Pro-active learning contracts are an effective teaching strategy and encourage students to become intrinsically motivated to attain competence in the fieldwork experience.

- i. The use of learning contracts is highly recommended. If used, learning contracts should be developed within 2 weeks of initiating the FW experience. They should address individual student learning styles, needs and**

interests, and should include specific learning objectives, resources and strategies, assessment, and target dates for completion. Learning contracts should be reviewed and updated regularly to reflect and communicate student progress towards the attainment of objectives.

- ii.** The student shall be evaluated and kept informed on an ongoing basis of his/her performance status.
 - 1. The student will collaborate with fieldwork educator to determine the most effective supervision style and feedback methods.
 - 2. Formative assessment shall be provided to students on a weekly basis and recorded in written format, providing specific recommendations addressing observable behaviors.
 - 3. Supervision and feedback is intended to empower the student to change performance, facilitate student self-reflection and self-assessment, and guide the student regarding strengths and opportunities for growth-based on site-specific objectives.
 - 4. AOTA's COE recommends the use of the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student (AOTA, 2002a) and the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student (AOTA, 2002b) as a rating tool. The student's performance should be evaluated formally at mid-term and at the completion of the FW experience.
 - 5. The student should self-assess performance at mid-term using a copy of the AOTA Fieldwork Performance Evaluation (FWPE), and student evaluation and fieldwork educator evaluation scores should be compared and differences discussed.
 - 6. Weekly supervision logs are a good way for both the supervisor and student to keep track of what was discussed in supervision sessions. It is important for both the fieldwork educator and student to sign and date each log to verify the supervision process.
 - 7. When there are multiple supervisors, care should be taken to ensure that communication regarding student progress is shared among all supervisors and that all contribute to evaluation of the student's progress.

B. Learning Challenges on Fieldwork:

- i.** Fieldwork educators should monitor student progress, and match students' abilities with the demands of setting by providing the just-right challenges designed to maximize each student's individual learning needs.
- ii.** Structured forms of feedback, such as the Fieldwork Experience Assessment Tool (FEAT; AOTA, 2001), should be used to promote fieldwork educator and student communication.
- iii.** If the student's performance is not satisfactory at mid-term or any point in the fieldwork experience, both the student and academic institution must be notified immediately, and documentation concerning the student's progress and outcomes of interventions should be maintained.
- iv.** Fieldwork educators should initiate written remedial learning contracts with clear expectations and specific time frames for all students who are struggling to meet site-specific objectives.

IV. Continued Assessment and Refinement of the Fieldwork Program

A. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution and the fieldwork agency.

- i.** The Academic Fieldwork Coordinator representing the educational institution should regularly evaluate learning opportunities offered during fieldwork to ensure that settings are equipped to meet curricular goals and ensure student exposure to psychosocial factors, occupation-based outcomes and evidence-based practice.
 1. This may be accomplished through regular communication (e.g., emails, phone calls, written correspondence, etc.) between the AFWC and faculty and ongoing communication regarding the academic program's curriculum design to the fieldwork site. In addition, the fieldwork site should have opportunity to inform the didactic program preparation.
- ii.** The fieldwork site should regularly evaluate the effectiveness of its fieldwork program to ensure that students are able to meet learning objectives and deliver ethical, evidence-based, and occupation-centered intervention to clients. The learning objectives should be reviewed regularly to maximize the effectiveness of the fieldwork experience and create new opportunities. Supervisors are encouraged to participate in routine evaluations of their effectiveness in the supervisory role.
 1. Fieldwork site evaluation may occur through:
 - a. AOTA Student Evaluation of Fieldwork Experience (SEFWE)
 - b. Cumulative review of AOTA Fieldwork Performance Evaluations (FWPE) to determine student patterns of strength and weaknesses
 - c. Fieldwork Experience Assessment Tool (FEAT)
 - d. Review of the Self-Assessment Tool for Fieldwork Educator Competency (SAFECON)

Resources

American Occupational Therapy Association. (n.d.). Fieldwork educator's certificate workshop. Retrieved from <http://www.aota.org/Education-Careers/Fieldwork/Workshop.aspx>

American Occupational Therapy Association. (1997). Self-assessment tool for fieldwork educator competency (SAFECON). Retrieved from [http://www.aota.org/-/media/Corporate/Files/EducationCareers/Educators/Fieldwork/Supervisor/Forms/Self-Assessment%20Tool%20FW%20Ed%20Competency%20\(2009\).pdf](http://www.aota.org/-/media/Corporate/Files/EducationCareers/Educators/Fieldwork/Supervisor/Forms/Self-Assessment%20Tool%20FW%20Ed%20Competency%20(2009).pdf)

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Law, M., & MacDermid, J. (2008). *Evidence-based rehabilitation* (2nd ed.). Thorofare, NJ: Slack.

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OT Model Curriculum Ad Hoc Committee. (2008). Occupational therapy model curriculum. Retrieved from <http://www.aota.org/Educate/EdRes/COE/Other-Education-Documents/OT-Model-Curriculum.aspx>

OT Model Curriculum Ad Hoc Committee (2008). Occupational therapy assistant model curriculum. Retrieved from <http://www.aota.org/Educate/EdRes/COE/Other-Education-Documents/OTA-Model-Curriculum.aspx>

Last updated: January 2013

Practice Advisory: Services Provided by Students in Fieldwork Level II Settings

Level II fieldwork students may provide occupational therapy services under the supervision of a qualified occupational therapist or occupational therapy assistant in compliance with state and federal regulations. When adhering to the principles stated below, along with other regulatory and payer requirements, AOTA considers that students at this level of education are providing skilled occupational therapy intervention.

General Principles:

- a. Supervision of occupational therapy and occupational therapy assistant students in Fieldwork Level II settings should ensure protection of consumers and provide opportunities for appropriate role modeling of occupational therapy practice.
- b. To ensure safe and effective occupational therapy services, it is the responsibility of the supervising occupational therapist and occupational therapy assistant to recognize when supervision is needed and ensure that supervision supports the student's current and developing levels of competence with the occupational therapy process.
- c. In all cases the occupational therapist is ultimately responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process. This would include provision of services provided by an occupational therapy assistant student under the supervision of an occupational therapy assistant (see Addendum 1).
- d. Initially, supervision should be in line of sight and gradually decrease to less direct supervision as is appropriate depending on the (ACOTE, 2007a.; b.& c.):
 - Competence and confidence of the student,
 - Complexity of client needs,
 - Number and diversity of clients,
 - Role of occupational therapy and related services,
 - Type of practice setting,
 - Requirements of the practice setting, and
 - Other regulatory requirements.

In settings where occupational therapy practitioners¹ are employed:

- Occupational therapy students should be supervised by an occupational therapist.
- Occupational therapy assistant students should be supervised by an occupational therapist or occupational therapy assistant in partnership with an occupational therapist.

In settings where occupational therapy practitioners are not employed:

- Students should be supervised by another professional familiar with the role of occupational therapy in collaboration with an occupational therapy practitioner.

¹ When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2006).

References:

- Accreditation Council for Occupational Therapy Education. (2007a). Accreditation standards for a doctoral-degree-level educational program for the occupational therapist. *American Journal of Occupational Therapy*, 61, 641–651.
- Accreditation Council for Occupational Therapy Education. (2007b). Accreditation standards for a master's-degree-level educational program for the occupational therapist. *American Journal of Occupational Therapy*, 61, 652–661.
- Accreditation Council for Occupational Therapy Education. (2007c). Accreditation standards for an educational program for the occupational therapy assistant. *American Journal of Occupational Therapy*, 61, 662–671.
- American Occupational Therapy Association. (2006). Policy 1.44: Categories of occupational therapy personnel. In *Policy manual* (2009 ed., pp. 33–34). Bethesda, MD: Author
- American Occupational Therapy Association (2009). *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services*. *American Journal of Occupational Therapy*, 63(November/December).

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September, 2010.

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Addendum 1:

Supervision Requirements and Responsibilities for Occupational Therapy Assistant Students During the Delivery of Occupational Therapy Services.

The American Occupational Therapy Association (AOTA) asserts that occupational therapy assistants can provide supervision to occupational therapy assistant students completing level II fieldwork experiences. The following recommendations have been developed to ensure the delivery of safe and effective occupational therapy services and appropriate supervisory requirements:

- *ACOTE Standards (ACOTE, 2007,c) indicate that an occupational therapy assistant with a minimum of 1-year professional experience is qualified to be the fieldwork educator in order to teach and assess the skills of the occupational therapy assistant student.*

And,

- *The purpose of the level II fieldwork experience is to provide the student with the opportunity to enact the occupational therapy skills that they have been taught during the didactic portion of their occupational therapy assistant training program.*

And,

- *The occupational therapy assistant is equipped to role model the skills and behaviors of their level of practice while interacting with the occupational therapy assistant student in the clinic setting.*

And,

- *The occupational therapy assistant possesses skills and knowledge of practice fundamentals that include: professional behaviors, interpersonal skills, safety, ethics, documentation, occupational therapist/occupational therapy assistant collaborative relationship, implementing a treatment plan, and delegated assessments*

And,

- *The licensure laws governing the practice of occupational therapy of many states allow the occupational therapy assistant to supervise the occupational therapy assistant student as a fieldwork educator.*

And,

- *In all cases the occupational therapist is ultimately responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process. This would include provision of services provided by an occupational therapy assistant student under the supervision of an occupational therapy assistant*

And,

- *The level of supervision including the need for “line of sight” should be at the discretion of the occupational therapist and occupational therapy assistant consulting together to determine the student's competence, needs of the client, setting, and other variables delineated above.*

And,

- *Co-signatures of the supervising occupational therapy assistant and/or occupational therapist on documentation indicates that the occupational therapy assistant student is provided with the appropriate level of supervision and is deemed competent to perform documented therapeutic intervention*

And,

- *When a student provides skilled occupational therapy services under the supervision of a qualified practitioner those services are billed as services provided by the supervising licensed occupational therapy practitioner.*

And,

- *An occupational therapist would offer the occupational therapy assistant student the opportunity to observe the process of client evaluation, development and modification of a treatment plan, and specific interventions that are within the scope of practice for an occupational therapist, or in which an occupational therapist has specialty training. These additional learning opportunities are beneficial but may not be representative of entry level occupational therapy assistant practice.*

Therefore,

- *An occupational therapy assistant, under the appropriate supervision of an occupational therapist, and in accordance with applicable state and federal regulations, who has a minimum of 1-year clinical experience and who has demonstrated competence as a practitioner and a fieldwork educator should be allowed to supervise an occupational therapy assistant student during level II fieldwork.*

Accreditation Council for Occupational Therapy Education. (2007c). Accreditation standards for an educational program for the occupational therapy assistant. *American Journal of Occupational Therapy*, 61, 662–671.

Assignment overview: OTA 212 Grade 25% written 25% oral presentation

Student will complete and follow a formal written case study in outline format.

Important elements include:

- Use person-first language (i.e., the student with autism)
- Refer to case study subject as student, patient, client, or resident
- Remember to maintain confidentiality in written paper and during presentation (HIPPA)
- Occupational Practice Framework 3rd Ed. Language
- Refer to OTA student as student of OTA; NO me, I, we.....
- All sources must be cited within the paper
- Professional presentation completed at the fieldwork site to meet expectations and demands of your specific Level II site and Fieldwork Educator

Written Component: OTA 212 grade

- APA format to be followed
- Cover page included
- Reference page provided
- Learning Lab appointment completed
- Learning Lab ticket upon submission of final case study

Professional Seminar Presentation Intervention: 20% of OTA 212 grade

- Case study subject clearly introduced
- Description of case study individual accurate and consistent
- A thorough summary of the individual's history, current status and OT interventions and outcomes
- Question/Answer session provided
- Professional jargon, attire and demeanor is demonstrated

Due Date:

- Do not delay the start of this assignment
- Target presentation for the 6th or 7th week of rotation
- Please discuss and select a date for the presentation as soon as possible

OTA 212 Fieldwork course is composed of two mandated components:

1. Successful completion of an eight-week full-time fieldwork placement.
 - Use of the AOTA Fieldwork Performance Evaluation (FWPE) for the OTA will be completed by the assigned FWEd. A rating score of 70 or above constitutes successful completion.
2. Eight hours of classroom seminar consisting of written and oral presentation at site case study, evidence-based intervention presentation, Blackboard discussion posts, and return of all required documentation and/or paperwork.

OTA 212 Scoring scale:

3. Student will be awarded a letter at the end of the FW experience by ICC OTA faculty. 100% of the OTA 212 letter grade will encompass all seminar assignments and expectations.
4. Students MUST complete the OTA 212 fieldwork component with of 70 or higher to pass the entire OTA 212 course.
 - **NOTE:** a final rating score of 3 or 4 in Section 1 of the AOTA FWPE: Fundamentals of Practice addressing Ethics and Safety MUST be achieved to pass the FW experience

**BELOW IS THE BREAKDOWN OF AWARDED POINTS BY ICC OTA FACULTY FOR
SEMINAR ASSIGNMENTS**

Case Study Written/Oral Component: Total: 50% of OTA 212 Grade: 25% written, 25% oral

Student will complete and follow a formal written case study in outline format.

Required elements include:

- Use person-first language (*i.e., the student with autism*)
- Refer to case study subject as student, patient, client, or resident
- Remember to maintain confidentiality in written paper and during presentation (HIPAA)
- Occupational Practice Framework 3rd Ed. Language
- Refer to OTA student as student of OTA; NOT me, I, we.....
- All sources must be internally cited within the paper
- Follow APA format throughout the entirety of the written report
- Professional presentation may be required by the fieldwork site to meet expectations and demands of your specific Level II site and FWEd
- Cover page included
- Reference page provided
- Learning Lab appointment completed
- Learning Lab ticket upon submission of final case study
- Do not delay the start of this assignment

Professional Evidence-Based Research/Practice Intervention Presentation: 20% of OTA 212 grade

- A thorough summary of the individual's history, current status and OT interventions and outcomes
- Question/Answer session provided
- Professional jargon, attire, and demeanor are demonstrated

Weekly Participation via discussion on Blackboard: 20% of OTA 212 grade

- OTA Program Faculty will pose specific topics or talking points discussion threads
- Students will be required to post responses by an expected time frame.
- Professional jargon and respectful demeanor must be conveyed
- HIPAA guidelines must be followed

Return of all required documentation: 10% of OTA 212 grade

- All signed and completed paperwork must be turned into faculty by assigned date
- This includes Fieldwork Educator verification forms, mid-term evaluation paperwork, final evaluation paperwork and other documentation as requested.

Assignment overview: OTA 213 Grade Written 25% and Oral 25%

Student will complete and follow a formal written case study in outline format.

Important elements include:

- Use person-first language (*i.e., the student with autism*)
- Refer to case study subject as student, patient, client, or resident
- Remember to maintain confidentiality in written paper and during presentation (HIPPA)
- Occupational Practice Framework 3rd Ed. Language
- Refer to OTA student as student of OTA; NO me, I, we.....
- All sources must be cited within the paper
- Professional presentation completed at the fieldwork site to meet expectations and demands of your specific Level II site and Fieldwork Educator

Written Component: of OTA 213 grade

- APA format to be followed
- Cover page included
- Reference page provided
- Learning Lab appointment completed
- Learning Lab ticket upon submission of final case study

Professional Seminar Presentation Interventions: 20% of OTA 213 grade

- Case study subject clearly introduced
- Description of case study individual accurate and consistent
- A thorough summary of the individual's history, current status and OT interventions and outcomes
- Question/Answer session provided
- Professional jargon, attire and demeanor is demonstrated

Due Date:

- Do not delay the start of this assignment
- Target presentation for the 6th or 7th week of rotation
- Please discuss and select a date for the presentation as soon as possible

OTA 213 Fieldwork course is composed of two mandated components:

1. Successful completion of an eight-week full-time fieldwork placement.
 - Use of the AOTA Fieldwork Performance Evaluation (FWPE) for the OTA will be completed by the assigned Fieldwork Educator. A rating score of 70 or above constitutes successful completion.
2. Eight hours of classroom seminar consisting of written and oral presentation at case study, evidence-based intervention presentation, Blackboard discussion posts, and return of all required documentation and/or paperwork.

OTA 213 Scoring scale:

3. Student will be awarded a letter at the end of the FW experience by ICC OTA faculty. 100% of the OTA 213 letter grade will encompass all seminar assignments and expectations.
4. Students MUST complete the OTA 213 fieldwork component with of 70 or higher to pass the entire OTA 213 course.
 - **NOTE:** a final rating score of 3 or 4 in Section 1 of the AOTA FWPE: Fundamentals of Practice addressing Ethics and Safety MUST be achieved to pass the FW experience

BELOW IS THE BREAKDOWN OF AWARDED POINTS BY ICC OTA FACULTY FOR SEMINAR ASSIGNMENTS

Case Study Written/Oral Component: Total: 50% of OTA 213 Grade: 25% written, 25% oral

Student will complete and follow a formal written case study in outline format.

Required elements include:

- Use person-first language (*i.e., the student with autism*)
- Refer to case study subject as student, patient, client, or resident
- Remember to maintain confidentiality in written paper and during presentation (HIPAA)
- Occupational Practice Framework 3rd Ed. Language
- Refer to OTA student as student of OTA; NOT me, I, we...
- All sources must be internally cited within the paper
- Follow APA format throughout the entirety of the written report
- Professional presentation may be required by the fieldwork site to meet expectations and demands of your specific Level II site and Fieldwork Educator
- Cover page included
- Reference page provided
- Learning Lab appointment completed
- Learning Lab ticket upon submission of final case study
- Do not delay the start of this assignment

Professional Evidence-Based Research/Practice Intervention Presentation: 20% of OTA 213 grade

- A thorough summary of the individual's history, current status and OT interventions and outcomes
- Question/Answer session provided
- Professional jargon, attire, and demeanor are demonstrated

Weekly Participation via discussion on Blackboard: 20% of OTA 213 grade

- OTA Program Faculty will pose specific topics or talking points discussion threads
- Students will be required to post responses by an expected time frame.
- Professional jargon and respectful demeanor must be conveyed
- HIPAA guidelines must be followed

Return of all required documentation: 10% of OTA 213 grade

- All signed and completed paperwork must be turned into faculty by assigned date
- This includes Fieldwork Educator verification forms, mid-term evaluation paperwork, final evaluation paperwork and other documentation as requested.

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION SELF-ASSESSMENT TOOL FOR FIELDWORK EDUCATOR COMPETENCY

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

PURPOSE

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

CONTENT

The self-assessment tool includes the following features:

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

WHO SHOULD USE THE TOOL

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

DIRECTIONS

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

Self-Assessment Tool:

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

Development Plan:

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

Originally developed in 1997 by the COE Fieldwork Issues Committee.

Revised in 2009 by the Commission on Education:

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

Andrea Billics, PhD, OTR/L

Judith Blum, MS, OTR/L

Paula Bohr, PhD, OTR/L, FAOTA

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Patricia Stutz-Tanenbaum, MS, OTR

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

SELF-ASSESSMENT TOOL FOR FIELDWORK EDUCATOR COMPETENCY

A. PROFESSIONAL PRACTICE COMPETENCIES	KEY DEFINITION STATEMENT: <i>The fieldwork educator demonstrates competencies in professional knowledge, skills, and judgment in occupational therapy practice that supports the client's engagement in meaningful occupation</i>					
The fieldwork educator:	<div style="text-align: center;">CIRCLE ONE</div> <div style="display: flex; justify-content: space-between;"> Low Proficient High Proficient </div>					COMMENTS
1. Uses a systematic approach to evaluation and intervention that is science-driven and focused on clients' occupational performance needs.	1	2	3	4	5	
2. Skillfully collects and analyzes clients' occupational profile and performance in order to develop and implement OT services.	1	2	3	4	5	
3. Considers context, activity demands, and client factors when determining feasibility and appropriateness of interventions.	1	2	3	4	5	
4. Understands clients' concerns, occupational performance issues, and safety factors for participation in intervention.	1	2	3	4	5	
5. Articulates the rationale and theoretical model, frame of reference and/or therapeutic approach for OT services.	1	2	3	4	5	
6. Incorporates evidence based research into occupational therapy practice.	1	2	3	4	5	
7. Collaborates with the OT/OTA to provide evaluation, interpretation of data, intervention planning, intervention, discharge planning, and documentation.	1	2	3	4	5	
8. Collaborates with individuals, colleagues, family/support system, and other staff or professionals with respect, sensitivity, and professional judgment.	1	2	3	4	5	
9. Works to establish a collaborative relationship that values the client perspective including diversity, values, beliefs, health, and well-being as defined by the client.	1	2	3	4	5	
10. Addresses psychosocial factors across the OT practice setting as a reflection of a client-centered approach.	1	2	3	4	5	
11. Effectively manages and prioritizes client-centered services (e.g., intervention, documentation, team meetings, etc.) that support occupation-based outcomes.	1	2	3	4	5	
12. Incorporates legal, ethical, and professional issues that influence practice (e.g., reimbursement, confidentiality, role delineation, etc.).	1	2	3	4	5	
13. Articulates and implements OTA/OT role delineations as relevant to the practice setting.	1	2	3	4	5	
14. Adheres to professional standards of practice and code of ethics as identified by AOTA and state regulatory boards.	1	2	3	4	5	
15. Assumes responsibility for and pursues professional development to expand knowledge and skills (e.g., understands own strengths and limitations, etc.).	1	2	3	4	5	
16. Is knowledgeable regarding entry-level practice skills for the OT and OTA .	1	2	3	4	5	

Self-Assessment Tool for Fieldwork Educator Competency

B. EDUCATION COMPETENCIES	KEY DEFINITION STATEMENT: <i>The fieldwork educator facilitates the student's development of professional clinical reasoning and its application to entry-level practice. The fieldwork educator assumes responsibility for ensuring her or his own competence as a fieldwork educator.</i>					
The fieldwork educator:	<div>CIRCLE ONE</div> <div>Low Proficient High Proficient</div>					COMMENTS
1. Provides ongoing assessment of a student's individual learning needs based on review of academic curriculum design, OTA and OT roles, prior experiences, and current performance level.	1	2	3	4	5	
2. Collaboratively develops student and fieldwork learning contracts to support occupation-based fieldwork experience (develop outcome-based measurable learning objectives).	1	2	3	4	5	
3. Sequences learning experiences to grade progression toward entry-level practice.	1	2	3	4	5	
4. Facilitates student-directed learning within the parameters of the fieldwork environment.	1	2	3	4	5	
5. Maximizes opportunities for learning by using planned and unplanned experiences within the fieldwork environment.	1	2	3	4	5	
6. Uses a variety of instructional strategies to facilitate the learning process (e.g., role modeling, co-intervention, videotaping, etc.).	1	2	3	4	5	
7. Adapts approach to work effectively with all students, including those who have physical and/or psychosocial impairment(s).	1	2	3	4	5	
8. Demonstrates sensitivity to student learning style to adapt teaching approach for diverse student populations.	1	2	3	4	5	
9. Guides student integration of therapeutic concepts and skills (e.g., facilitates discussions to elicit clinical/professional reasoning, convert practice situations into learning experiences, and/or to process personal feelings/values that interface with practice.	1	2	3	4	5	
10. Reflects upon educator role as complimentary to OT practitioner role.	1	2	3	4	5	
11. Self-identifies and implements a Fieldwork Educator Professional Development Plan. (See page 8 for suggested plan.)	1	2	3	4	5	
12. Identifies resources to promote student and fieldwork educator professional development (e.g., academic program, student and supervisor mentors, AOTA, Commission on Education, Education Special Interest Section, workshops, in-services, etc.).	1	2	3	4	5	
13. Provides reference materials to promote student and fieldwork educator professional development and use of EBP (e.g., publications, texts, videos, internet, etc.).	1	2	3	4	5	
14. Uses evidence-based research to guide student performance and learning for effective teaching strategies.	1	2	3	4	5	

C. SUPERVISION COMPETENCIES	KEY DEFINITION STATEMENT: <i>The fieldwork educator facilitates student achievement of entry-level practice through a student-centered approach.</i>					
The fieldwork educator:	<div>CIRCLE ONE</div> <div>Low Proficient High Proficient</div>					COMMENTS
1. Uses current supervision models and theories to facilitate student performance and professional behavior	1	2	3	4	5	
2. Presents clear expectations of performance throughout the fieldwork experience, appropriate to entry level OT practice (e.g., student OTA/OT role delineation, Level I/II fieldwork, practice environment, etc.).	1	2	3	4	5	
3. Anticipates and prepares student for challenging situations.	1	2	3	4	5	
4. Provides activities to challenge student's optimal performance.	1	2	3	4	5	
5. Provides the student with prompt, direct, specific, and constructive feedback throughout the fieldwork experience.	1	2	3	4	5	
6. Uses a progression of supervisory approaches throughout the student learning cycle (adapts the amount and type of supervision, changes approach to support student learning, challenges student at current level of performance) to facilitate student performance.	1	2	3	4	5	
7. Uses a variety of strategies to provide communication and feedback to promote student professional development (verbal, non-verbal, group, direct, indirect).	1	2	3	4	5	
8. Is aware of his or her own personal style of supervision and is able to adapt the approach in response to student performance.	1	2	3	4	5	
9. Initiates interaction to resolve conflict and to raise issues of concern.	1	2	3	4	5	
10. Elicits and responds to student's feedback and concerns.	1	2	3	4	5	
11. Collaborates with the student and academic fieldwork coordinator to identify and modify learning environments when student experiences difficulty.	1	2	3	4	5	
12. Models appropriate professional behaviors when interacting with students, clients, and peers.	1	2	3	4	5	
13. Consults with other FW educators and sites to develop creative learning experiences for the student.	1	2	3	4	5	
14. Uses innovation within own fieldwork setting to enhance the student learning experience during fieldwork.	1	2	3	4	5	

D. EVALUATION COMPETENCIES	KEY DEFINITION STATEMENT: <i>The fieldwork educator evaluates student performance to achieve entry-level practice in the fieldwork setting.</i>					
The fieldwork educator:	<div>CIRCLE ONE</div> <div>Low Proficient High Proficient</div>					COMMENTS
1. Reviews the evaluation tool and expected entry-level expectations (e.g., behavioral objectives, weekly objectives, etc.) with student prior to mid-term and final.	1	2	3	4	5	
2. Assesses student according to performance standards based on objective information (e.g., direct observation, discussion with student, review of student's documentation, observation by others, etc.).	1	2	3	4	5	
3. Assesses student's performance based on appropriate OTA/OT entry-level roles of the fieldwork practice setting.	1	2	3	4	5	
4. Facilitates student self-reflection and self-assessment throughout the fieldwork and evaluation process.	1	2	3	4	5	
5. Uses an evaluation process to advise and guide the student regarding strengths and opportunities for growth based on site-specific objectives.	1	2	3	4	5	
6. Uses fieldwork evaluation tools to accurately measure student performance and provide feedback.	1	2	3	4	5	
7. Completes and distributes in a timely manner all evaluations regarding student performance, including but not limited to the midterm and final evaluation (e.g., AOTA Fieldwork Performance Evaluation, Fieldwork Experience Assessment Tool [FEAT], etc.).	1	2	3	4	5	
8. Guides the student in the use of the Fieldwork Performance Evaluation as a method of promoting continued professional growth and development.	1	2	3	4	5	
9. Documents student's fieldwork performance recognizing ethical and legal rights (e.g., due process, confidentiality, ADA, integrity).	1	2	3	4	5	

Self-Assessment Tool for Fieldwork Educator Competency

ADMINISTRATION COMPETENCIES	KEY DEFINITION STATEMENT: <i>The fieldwork educator develops and/or implements an organized fieldwork program in keeping with legal and professional standards and environmental factors (physical, social, and cultural).</i>					
The fieldwork educator:	CIRCLE ONE Low Proficient High Proficient					COMMENTS
1. Communicates and collaborates with academic programs to integrate the academic curriculum design during fieldwork.	1	2	3	4	5	
2. Implements a model FW program that supports the curriculum of the academic program.	1	2	3	4	5	
3. Seeks support from fieldwork site administration and staff to develop and implement the student fieldwork program.	1	2	3	4	5	
4. Designs and implements the fieldwork program in collaboration with the academic programs served and in accordance to ACOTE standards for Level I and Level II fieldwork (2008) (e.g., academic and fieldwork setting requirements, Standards of Practice, Code of Ethics, etc.).	1	2	3	4	5	
5. Ensures that the fieldwork program is sensitive to diversity and multi-cultural issues.	1	2	3	4	5	
6. Documents an organized, systematic fieldwork program (e.g., fieldwork manual, student expectations, weekly sequence of expectations, etc.).	1	2	3	4	5	
7. Schedules formal and informal meetings with the student to guide the fieldwork experience.	1	2	3	4	5	
8. Collaborates with the student to develop student learning objectives.						
9. Documents behavioral objectives to achieve fieldwork objectives and learning experiences appropriate for entry-level practice.	1	2	3	4	5	
10. Is knowledgeable in legal and health care policies that directly influence FW.	1	2	3	4	5	
11. Defines essential functions and roles of a fieldwork student, in compliance with legal and accreditation standards (e.g., ADA, Family Education Rights and Privacy Act, Joint Commission, fieldwork agreement, reimbursement mechanism, state regulations, etc.).	1	2	3	4	5	
12. Provides student work areas appropriate to fieldwork site (e.g., student safety, accessibility, supplies, etc.).	1	2	3	4	5	
13. Provides a complete orientation for student to fieldwork site (e.g., policies, procedures, student expectations, and responsibilities, etc.).	1	2	3	4	5	
14. Requires student compliance with the fieldwork site policies and procedures (HIPAA, OSHA regulations), mission, goals, philosophy, and safety standards.	1	2	3	4	5	
15. Submits required fieldwork documents to academic program in a timely manner to ensure current data is available (e.g., fieldwork evaluation, fieldwork agreements, fieldwork data form, etc.).	1	2	3	4	5	
16. Conducts ongoing fieldwork program evaluations and monitors changes in the program with student and staff input (e.g., Student Evaluation of Fieldwork Experience, Self-Assessment Tool for Fieldwork Competencies, etc.).	1	2	3	4	5	

DATE: _____

[illegible]

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION RESOURCE LIST

- Atler, K. (2003). *Using the fieldwork performance forms: The complete guide*. Bethesda, MD: American Occupational Therapy Association.
- Atler, K. & Wimmer, R. (2003). *Online course—Using the Fieldwork Performance Evaluation forms: An interactive approach*. Bethesda, MD: American Occupational Therapy Association.
- Accreditation Council for Occupational Therapy Education (2009). *Standards and Interpretive Guidelines*. Downloaded June 8, 2009 from <http://www.aota.org/Educate/Accredit/StandardsReview/guide/42369.aspx>
- American Occupational Therapy Association (2009). *Occupational therapy fieldwork education: Value and purpose*. Bethesda, MD: American Occupational Therapy Association.
- American Occupational Therapy Association (2009). *Specialized knowledge and skills of occupational therapy educators of the future*. Bethesda, MD: American Occupational Therapy Association.
- American Occupational Therapy Association (2008). *Occupational therapy practice framework: Domain and process* (2nd edition). Bethesda, MD: Author.
- American Occupational Therapy Association (2008) *Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services*. Bethesda, MD: Author.
- American Occupational Therapy Association (2008) *Recommendations for occupational therapy fieldwork experiences*. Bethesda, MD: American Occupational Therapy Association.
- American Occupational Therapy Association (2005). *Occupational therapy code of ethics*. Bethesda, MD: Author
- Costa, D. (2004). *Essential guide to occupational therapy fieldwork education: Resources for today's educators and practitioners*. Bethesda, MD: American Occupational Therapy Association.
- Costa, D. (2007) *Clinical supervision in occupational therapy: A guide for fieldwork and practice* Bethesda, MD: American Occupational Therapy Association.
- Moyers, P.A. (2007). *The guide to occupational therapy practice*. Bethesda, MD: American Occupational Therapy Association.

REQUIREMENTS, POLICIES, and PROCEDURES

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Students are required to carry personal health care insurance at all times while enrolled in a Health Careers Department program at Illinois Central College (ICC). In addition to carrying personal health care insurance, ICC requires all students enrolled in a health career program to complete drug screening, background check/fingerprinting, physical examination and immunizations as explained herein.

Drug screening and background check/fingerprinting, submission of physical examination, and up-to-date immunizations MUST be successfully completed prior to student start of academic health career program. No student will be permitted in clinical without being 100% compliant. Compliance is monitored. Any student not in compliance will not be allowed to enter or continue in the health career program. These records must remain or be maintained current for the duration of the student's enrollment in any health career program at Illinois Central College.

Students' medical records (drug screening, background check/fingerprinting, physical examination, and immunization records) are maintained on file at Illinois Work Injury Resource Center (IWIRC). Required drug screening and background check/fingerprinting must be performed at IWIRC. It is recommended that required physical examination and required immunizations be completed at IWIRC; however, the student may choose his or her own healthcare provider and submit the documents to IWIRC. All students must keep copies of all health records for themselves.

Illinois Work Injury Resource Center (IWIRC)

736 SW Washington Street, Suite 2A
(Washington and State Street)
Peoria, Illinois 61602

Phone: (309) 497-0300
Hours: Monday - Friday, 7:30 a.m. - 5:30 p.m.

The student is responsible for all fees incurred. ICC will bill the student for the cost of drug screening (\$44) and fingerprint/background check (\$36), both performed at IWIRC. Payment for physical examination and immunizations conducted at IWIRC must be paid at time of service. Payment to IWIRC may be by debit card, credit card, or money order (no cash accepted). Please note – prices are subject to change.

Student is reminded to maintain copies of receipts and records. It is recommended to keep a copy of all information submitted.

Questions? Contact ICC Health Careers Assistant: (309)690-7532 or healthcareersinfo@icc.edu.



REQUIREMENTS CHECKLIST

FOR DRUG SCREENING, BACKGROUND CHECK/FINGERPRINTING, PHYSICAL EXAMINATION & IMMUNIZATIONS

The following is a checklist for completing drug screening, background check/fingerprinting, physical examination, and immunizations. Please promptly complete these items.

IWIRC will complete drug screening first, followed by fingerprinting, physical examination, and immunizations. When you call, be prepared to notify them of each specific service you need to schedule.

REQUIREMENT	WHAT / WHY?
<input type="checkbox"/> Obtain a <i>Live Scan Background and Fingerprint Request</i> form from the ICC Health Careers Department.	Obtain LiveScan form from ICC's Health Careers Department and complete form by providing all necessary biographical information. Student must present completed form to IWIRC at the time of appointment for drug screening and background check/fingerprinting.
<input type="checkbox"/> Call IWIRC to schedule your appointments (309) 497-0300.	Appointment at IWIRC is required for drug screen and fingerprinting. Student may also schedule physical exam and immunizations at IWIRC.
<input type="checkbox"/> Complete urine drug screening at IWIRC.	Submit receipt of Drug Screen to ICC. Student is required to remain drug free for admission and for the duration of enrollment within health career program.
<input type="checkbox"/> Submit <i>Live Scan Background and Fingerprint Request</i> form and complete fingerprinting at IWIRC.	Submit receipt of Live Scan to ICC. Live Scan allows employers/professionals to view the results of the fingerprint/background check.
<input type="checkbox"/> Submit completed physical examination to IWIRC.	May be completed at IWIRC or by a healthcare provider of choice, to assess physical health. The exam must remain current for the duration of the student's enrollment within health career program.
<input type="checkbox"/> Obtain immunizations and submit documentation for the following:	Immunizations (documentation of such) are required. May be completed at IWIRC or by a healthcare provider of choice (See page 7 & 8 of this document for further immunization information).
Flu	Must submit documentation of seasonal flu vaccine during program, as directed.
Two-step TB test or equivalent	Must be current within one year of starting program to determine if student is free of tuberculosis. If TB test is positive, chest x-ray report is required.
Tdap immunization	Provides immunity to diphtheria, tetanus, and pertussis. Must submit documentation of current immunization.
Immunity MMR mumps, rubella, rubeola	Determines student ability to "fight" communicable disease. If titer results are negative, additional immunizations (boosters) are required.
Varicella (chicken pox)	Must submit documentation indicating immunity. If result is negative, student must receive two vaccines at least four weeks apart.
Hepatitis B	Must submit documentation of having received series of three vaccines by start of clinical.
COVID	Might need to submit documentation of having received vaccine, per clinical facility protocol.
<input type="checkbox"/> Complete any additional testing required.	Some programs and/or clinical sites require additional testing. Student will be informed of any additional requirements, and will be required to comply to participate.



DRUG SCREENING

As per the Federal Drug Free Workplace Act of 1988 and the Drug Free Schools and Campuses Act Amendments of 1989, Illinois Central College (ICC) is committed to maintain a safe and healthy academic environment. In compliance with existing state and federal law, ICC prohibits the use, sale, distribution, manufacture and/or possession of drugs including controlled substances. Even though the Illinois Cannabis Regulation and Tax Act (effective January 1, 2020) allows for persons over the age of 21 to use cannabis, no person shall use or possess any cannabis product, marijuana, or any substances containing THC (tetrahydrocannabinol), recreational or medicinal, while on any college property or while participating in an ICC Health Careers Department program and its associated clinical experience.

ICC adheres to all policies of clinical facilities with which the College affiliates for student clinical education. Students admitted to a health career program must have a current negative drug screen prior to beginning program. It is recommended the drug screen be completed within 10 days of receiving this information.

At time of service, the student will sign consent for drug screen provided by Illinois Work Injury Resource Center (IWIRC).

1. The student will provide a urine specimen for the drug screen. The specimen itself will be collected at IWIRC, under that facility's procedures and control.
2. If the initial drug test indicates a positive result, the student will be given an opportunity to refute the results. The student may also have the same specimen retested, at the student's expense. A second test must be done within 48 hours of receiving the results, at the student's expense.
3. If the positive test is not due to justifiable prescription drug use, the student must withdraw from the health career program for a minimum of one semester. The student must be retested (expense paid by student) proving drug free before being admitted into a health career program.

NOTE: A student will not be able to complete the health career program if he/she cannot be placed in a clinical site due to a failed drug screen.

4. If the testing facility determines that a student has tampered with a sample during the testing, the student will be immediately dismissed from the program and will not be considered for readmission to an ICC Health Careers Department program.
5. Students shall be subject to the drug testing policy and rules of the facility providing the clinical education experience, which may require additional drug testing, and maintain compliance with that facility's policies and requirements.
6. Students shall also be subject to additional testing as required by ICC, on a for cause basis or as deemed necessary by or for the administration of student educational experiences.
7. A student in the program who has tested positive may be subject to withdrawal or dismissal from the program. Whether any student may remain in the program will be determined at the sole discretion of ICC.
8. Student health information will be maintained at IWIRC. All reasonable efforts will be made to maintain confidentiality of results. Results will be shared with the ICC Health Careers Department assistant, who monitors student health compliance. Students will forfeit course/program admission if this requirement is not met or if drug screen result is positive.
9. A student not in compliance will not be allowed to enter or continue in the program. While enrolled in an ICC Health Careers Department program, ICC will continuously monitor individual student compliance, and possible random drug tests.

The student is responsible for all costs incurred, and the amount will be billed to the student's ICC account.



DRUG SCREENING FAQs

Why do I need a drug screen?

As part of the clinical affiliation agreements, healthcare facilities require drug screenings for students who utilize their sites for learning opportunities.

When do I have to complete the drug screen?

Students who do not have results that have cleared before the first day of clinical will not be permitted to begin their clinical rotation.

Will I have to repeat the drug screen?

You may have to repeat the drug screen depending on the facility you are assigned for clinical rotations. Timeframes and expiration may vary from site to site.

Where do I go to get the drug screen?

IWIRC. Drug screens completed by any other vendor will not be accepted. If the clinical site provides the drug screen as part of the onboarding process, you should not obtain your own drug screen and you should follow the protocol as directed by the clinical site.

Who views my drug screen results?

Drug screen results are maintained confidentially between IWIRC and the ICC Health Careers Department assistant who manages clinical compliancy. Drug screen results may be shared with the Dean of Health Careers, Program Director, or external clinical facilities for placement purposes only.

What if I fail the drug screen?

Any student who tests positive for a prohibited drug will be given the opportunity to contest the results. If the failure is due to justifiable prescription drug use, specific prescription documentation must be provided. If the positive test is not due to justifiable prescription drug use, the student:

1. Must withdraw from the health career program for a minimum of one semester.
2. Must be retested (expense paid by student) proving drug free before he/she will be admitted into a health career program.

NOTE: A student will not be able to complete the health career program if he/she cannot be placed in a clinical site due to a failed drug screen.

What is a negative dilute?

Dilution is the process of reducing the concentration of drug or drug metabolites in the urine sample. This is accomplished by adding fluid to the sample or by drinking large amounts of fluid to dilute the specimen, called "internal dilution." Drug testing laboratories routinely test samples to detect dilution.

A dilute specimen can be caused by two circumstances. The first circumstance is caused by an individual diluting the urine with water, or other liquid, by actually pouring it into the specimen at the time of collection. The second method of obtaining a dilute specimen is by consuming too much fluid, especially liquids that contain diuretics, prior to collection (e.g., coffee, soda pop, medications, etc.). This may be inadvertent or may be on purpose on the part of the donor.

A student whose drug screen result is dilute negative will be required to complete another drug screen at his/her own expense.



BACKGROUND CHECK/FINGERPRINTING

At the request of clinical agencies who accept students from the College, students enrolled in an ICC Health Careers Department program will be required to submit to a criminal background check and fingerprinting. Students may not use similar reports on file at other agencies to satisfy this requirement. Failure to consent to release information or to cooperate appropriately with regard to the process shall result in the student not being able to enter or progress in the health career program. Criminal history background information is defined as information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments, or other formal charges, and any dispositions; including sentencing, correctional supervision, and releases.

Policy

Illinois Central College (ICC) is committed to providing a safe environment for students, patients cared for by students, and employees. Therefore, ICC will conduct a criminal background check and fingerprinting of all students who will be enrolled in an ICC Health Careers Department program. The fingerprinting will be conducted at Illinois Work Injury Resource Center (IWIRC), Peoria, Illinois. The student is responsible for costs incurred and will be billed by ICC.

Students may be subject to withdrawal or dismissal from course/program if this requirement is not completed or results are disqualifying. Students who have disqualifying convictions may have the option to obtain a Health Care Worker Waiver.

Procedure

1. Student will be provided the authorization form for the fingerprint/background check from the Health Careers Department assistant. The student must complete the authorization, providing all necessary biographical information.
2. Consent will be provided at time of service, at IWIRC, to complete background check/fingerprinting. Results will be made available to select ICC Health Careers Department employees.
3. Omission of required information, or false or misleading information provided by the student, on the criminal background check or in any communication with the College may result in disciplinary action or dismissal from the health career program at ICC.

Dealing with Disqualifying Convictions

1. Fingerprint/background check results will be kept confidential and will be maintained separate from the student's admission/academic file.
2. The Health Careers Department assistant will access the electronic report.
3. A student who has a disqualifying conviction will be notified. No messages regarding the results will be left on answering machines or with other individuals.
4. If the student has a disqualifying conviction but wishes to remain enrolled in the health career program, the student must submit an application for a Health Care Worker Waiver. A waiver is not guaranteed. A waiver does not guarantee certification or licensure. An application for the waiver is available online at: http://www.idph.state.il.us/nar/WAIVER_APPLICATION.pdf
5. If a student with a disqualifying conviction is unable to obtain a Health Care Worker Waiver, the student will be dismissed from the health career program. Academic advisers at ICC will offer assistance to redirect the student to another career path.

For more information regarding Health Care Worker Background Check, go to:

<http://dph.illinois.gov/topics-services/health-care-regulation/health-care-worker-registry>



PHYSICAL EXAMINATION AND IMMUNIZATIONS

Illinois Central College (ICC) recognizes the following regarding students enrolled in Health Careers Department programs. These facts are taken directly from the recommendations of the Advisory Committee on Immunization Practices (ACIP) for Health Care Workers and the Hospital Infection Control Practices Advisory Committee (HICPAC). These facts led to the guidelines currently in place under the CDC and recognized by OSHA. These facts also provide the basis for ICC's policy regarding Health Careers student immunizations.

Enforcement of this policy allows ICC to fulfill contractual obligations required by health care facilities that provide clinical learning experiences for Health Careers students.

- Because of their direct contact with medical patients or infective material from medical patients during clinical experiences, Health Careers students are at risk for exposure to and possible transmission of vaccine-preventable diseases during clinical experiences.
- The risks for percutaneous and per mucosal exposure to blood and blood products are often highest during the professional training period: therefore, vaccination should be completed during training and prior to students having any contact with blood.
- Optimal use of immunizing agents safeguards the health of both health care workers and those in training and protects patients from becoming infected through exposure to infected care providers.
- Any health care worker who is susceptible can, if exposed, contract and transmit certain vaccine-preventable diseases. Therefore, all medical institutions should ensure that those who work within their facilities are immune to those diseases for which immunization is strongly recommended in ACIP/HICPAC guidelines.

POLICY STATEMENT

In order to adhere to CDC/OSHA recognized guidelines, it is the policy of Illinois Central College that all enrolled Health Careers students will comply with physical, immunization, and tuberculosis requirements as detailed in the attached document. No exceptions will be made to this policy and no waivers given except in the event of pregnancy and breastfeeding. In those instances, a temporary reprieve will be granted for immunizations during the duration of the pregnancy and or breastfeeding if and only if a student is able to provide medical documentation of such condition. In addition, a student requesting a temporary reprieve of immunization requirements due to pregnancy or breastfeeding must prove that their immunizations are up to date through the onset of the condition.

Physical Examination:

Physical examination performed by a healthcare provider expires after 24 months. The examination must remain current for the duration of the student's enrollment within the health career program.

See attached form to have health care provider complete and sign - submit completed physical examination form to IWIRC.

Immunizations:

Immunizations are required for students enrolled in Health Careers Department programs, and must be maintained current for duration of the student's enrollment within a health career program.

Documentation of immunizations must be submitted to IWIRC. Additional immunizations/titers may be contractually required by specific agencies for student clinical experiences. Additional immunization costs are the student's responsibility.



REQUIRED IMMUNIZATIONS

Student must complete immunizations at IWIRC, or provide documentation of the following completed immunizations to IWIRC, to participate in assigned clinical experiences.

Seasonal Flu Vaccine (Influenza)

Flu vaccine is a seasonal vaccine. Student must submit documentation of evidence of receiving a flu vaccine. *Likely to be administered after October 1st of each academic year.*

Tuberculosis Testing

(2-step TB Skin Test: 2 separate TB skin tests/read 1-2 weeks apart)

Student must show proof of 2-step tuberculin skin test in the past along with an annual 1-step test thereafter following the 2-step. If student has NOT had a 2-step tuberculin skin test, one must be completed prior to the start of the health career program. Once 2-step test is completed, a 1-step tuberculin skin test is required every year thereafter, again, while the student is enrolled in a health career program.

Tdap

Student is required to submit proof of a current Tdap vaccination within 10 years of the start of respective health career program.

MMR

Student must submit proof of 2 MMR vaccine injections in the past or show immunity to Measles, Mumps, and Rubella in the form of a laboratory titer.

(If born before Jan. 1, 1957: Exempt from the MMR requirement at this time)

Varicella (Chickenpox)

Student must show evidence of immunity to the varicella (chickenpox) virus. Evidence of immunity may include documentation of two doses of varicella vaccine or blood tests that show immunity to varicella (immunity to varicella test).

Hepatitis B

The 3-injection Hepatitis B vaccine series is REQUIRED. Students must show proof of at least the first injection in the series prior to the start of the health career program. Students must then follow through with the remaining injections in the series and provide proof of the injections.

(1st vaccination ■ 4 weeks, 2nd vaccination ■ 5 months, 3rd vaccination)

COVID

COVID vaccination might be required per clinical agency. If required, students must show proof of COVID injections, and preferable booster. While in the clinical setting, student is required to abide by affiliated hospital/healthcare facility/agency safety policies/protocols required of vaccinated or unvaccinated employees.

WAIVER

Documentation from a health care provider is required for a waiver for vaccination allergy or religious exemption, subject to clinical agency approval.



ESTIMATED COST OF PHYSICAL EXAMINATION AND IMMUNIZATIONS

	Physical	2 Step TB	Tdap	MMR Vaccine	MMR Titer	Varicella Vaccine	Varicella Titer	Hepatitis B Vaccine	Hepatitis B Titer
IWIRC 736 SW Washington St. Peoria (309) 497-0300	\$64	\$19 Per Step	\$64.80	\$98.55 Per Vaccine	\$146.23 Per Draw	\$196.72 Per Vaccine	\$76.65	\$96 Per Vaccine	\$47.74
Peoria City/County Health Department 2116 N. Sheridan Road Peoria (309) 679-6000	N/A	\$30 Per Step	\$61	\$106 Per Vaccine	N/A	\$166 Per Vaccine	N/A	\$67 Per Vaccine	N/A
Tazewell County Health Department 213 Illinois Route 9 Tremont (309) 925-5511	N/A	\$27 Per Step	\$54	\$91 Per Vaccine	\$81	\$142 Per Vaccine	\$32	\$66 Per Vaccine	\$29
Woodford County Health Department 1831 S. Main Street Eureka (309) 467-3064	N/A	\$15 Per Step	\$55		\$85		\$45	\$78 Per Vaccine	\$35
Family Quick Care 9031 N. Allen Rd. Peoria (309) 740-2647 1960 Freedom Pkwy. Washington (309) 745-1425 3412 N. Veterans Dr. Pekin (309) 353-6946	\$45	\$35 Per Step	\$60	N/A	N/A	N/A	N/A	N/A	N/A
Walgreens Take Care Clinic 300 N. Main St. East Peoria (309) 694-7661 4814 N. Sheridan Rd. Peoria (309) 688-6752	N/A	N/A	\$64	\$100 Per Vaccine	N/A	\$150 Per Vaccine	N/A	\$90 Per Vaccine	N/A

ICC makes no endorsement of the product, process, or service of the healthcare providers listed above. Costs are based on available information at the time this document was created and are subject to change.



PHYSICAL EXAMINATION FORM

RETURN THIS FORM TO:

IWIRC Illinois Work Injury Resource Center
736 SW Washington Street, Suite 2A
Peoria, Illinois 61602

Phone: (309) 497-0300
Hours: Monday - Friday, 7:30 a.m. - 5:30 p.m.

TO BE COMPLETED BY STUDENT (PLEASE PRINT)

ICC Health Careers Program:

Name:

ICC Student ID #:

TO BE COMPLETED BY HEALTH CARE PROVIDER PHYSICAL EXAMINATION

Allergies (drug, latex, environmental, food): _____

DOB: _____ SEX: _____ HT: _____ WT: _____ BP: _____ Pulse: _____ Resp: _____ Temp: _____

Eye Exam (Snellen Chart) Rt. _____ Lt. _____ ☐ Glasses ☐ Contacts (please check one if exam with corrected vision)

Are there abnormalities of any of the following (please check Yes or No):

Head, ears, nose, throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing/use of device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eyes, visual acuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Respiratory/lungs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Integumentary/skin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cardiovascular	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gastrointestinal/rectal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neurological	<input type="checkbox"/> Yes <input type="checkbox"/> No
Genitourinary/Pelvic	<input type="checkbox"/> Yes <input type="checkbox"/> No	Musculoskeletal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Metabolic/endocrine	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Current medical condition or history of the following illnesses (please check and comment if applicable):

- ☐ Rheumatic Fever _____
- ☐ Hepatitis _____
- ☐ Diabetes _____
- ☐ Kidney/Urinary condition _____
- ☐ Epilepsy/Seizures _____
- ☐ Seizure-free for 6 months? ☐ Yes ☐ No Date of Last Seizure _____
- ☐ Heart Disorder/Attack/Disease _____
- ☐ Tuberculosis/Asthma/Other respiratory disorder or disease _____
- ☐ Varicosities _____
- ☐ Mental Illness/Condition (diagnosed) _____
- ☐ Abnormal Menstrual History/Pap/Pelvic _____
- ☐ Skeletal or muscular injury/condition _____
- ☐ Abdominal or Inguinal Hernia _____
- ☐ Other current medical condition: _____

Please list current prescription and frequent-use OTC medications: _____

Please list surgical procedures/dates: _____

Do you have any recommendations, precautions, or limitations for this student in their role in patient contact? ☐ Yes ☐ No

If Yes, please comment: _____

Based on your findings, should this student be restricted from patient contact? ☐ Yes ☐ No

VERIFICATION: Your signature below indicates that you have completed the Physical Examination Form and that this student is able to participate in the Health Careers Department program at Illinois Central College.

Healthcare Practitioner's Signature _____ Print Last Name: _____

Clinic/Office Name and Location _____

Date: _____ Telephone Number (____) _____



HEALTH INSURANCE/FINANCIAL RESPONSIBILITY WAIVER

Students are required to carry personal health care insurance at all times while enrolled in a Health Careers program. Students are financially responsible for any and all expenses resulting from injury, illness, and positive drug screenings occurring during classroom, clinical, and/or laboratory courses.

I understand that I am responsible for maintaining my own major medical health insurance throughout the course of being enrolled in an Illinois Central College Health Careers Program. I further understand that I will be financially responsible for any medical care, treatment, or examinations that a clinical affiliate provides to me while in a student capacity at that facility.

By signing below, I am verifying that I either 1) carry major medical insurance or 2) will accept responsibility for the cost of any and all medical care, treatment, or examinations provided to me while in a student capacity at the program clinical affiliates.

PRINT Full Name: _____

Student ID Number: _____

Health Careers Program: _____

Signature: X_____ Date: _____



STUDENT CHEMICAL IMPAIRMENT POLICY AND PROCEDURES

Illinois Central College policy prohibits the illegal possession, use, or distribution of drugs and/or alcohol by students on College property or as a part of any College activity. Violators will be prosecuted in accordance with applicable laws and will be subject to disciplinary action by the College in conformance with College policy. (See the College Catalog and Student Handbook). In accordance with this policy, the following procedure addresses issues unique to students enrolled in the College's Health Career Programs.

Procedure

All Health Careers students will be required to sign and adhere to the Illinois Central College Student Chemical Compliance Contract.

When a college employee, faculty member or clinical agency representative observes a student engaging in behaviors or presents with signs that are often associated with drug or alcohol use, misuse or abuse, the following will be enacted, based on the belief that measures must to be taken to be assistive rather than punitive:

1. Seek corroboration regarding the observed student behavior, if possible.
 - a. Should the impaired behavior occur on assigned clinical site, the college employee, faculty or agency representative will relieve the student from the clinical assignment.
 - b. Should the impaired behavior occur on campus, the college employee or faculty member should use discretion in allowing continued participation in the learning activity.
 - c. Immediately notify program director/coordinator and provide written documentation of observed behavior or physiologic characteristics of suspected chemical impairment as soon as possible.
 - d. Upon request, the student will undergo a drug screen and/or breath alcohol test according to expected time frame established by ICC employee. The drug screens and breath alcohol tests will be completed at the student's expense. A student who refuses to be tested or who otherwise fails to cooperate in required tests will be subject to discipline according to college policy, and could lead to dismissal from the Health Careers program.
 - i. The student will need to call an Uber, cab, friend, or family member for transportation to:
Illinois Work Injury Resource Center (IWIRC)
736 SW Washington Street Suite 2A
Peoria IL 61602
(309) 497-0300
Open · M-F 730AM - 530 PM
 - ii. Should IWIRC be closed, the student may go to the Carle Health First Care locations:
 - a. Carle Health First Care - Barrington Trace
3915 Barrington Trace
Peoria, IL 61615 · (309) 689-3030
Open · 8AM - 8PM daily
 - b. Carle Health First Care - Peoria Heights
1120 E. War Memorial Drive
Peoria Heights, IL 61616 · (309) 685-4411
Open · M-F 8AM - 6PM, Sat 9AM - 4PM
 - c. Carle Health First Care - East Peoria
2535 E. Washington St.
East Peoria, IL 61611 · (309) 694-6464
Open · M-F 8AM - 6PM



2. Upon receipt of written documentation, a conference consisting of, but not limited to, the involved student, college employee or faculty member, agency representative, Program Director/Coordinator, Dean of Health Careers and Dean of Student Services or their designee will be held. The purpose of the conference is to present and discuss documented observations of behavior(s) and test results.
3. If results are negative, Illinois Central College will be responsible for costs incurred by the student. If results are positive, the student will be responsible for costs incurred.
4. A student who tests positive for illegal drugs and/or alcohol will be administratively withdrawn from the Health Careers program.

Eligibility for Professional Licensure/Certification

Students should understand that the use/abuse of drugs and alcohol is prohibited by laws and standards in the health professions, and that a person with a history of such use/abuse may be denied certification or licensure, or placed on a probationary status. Faculty will assist students with providing required documentation for professional licensure application process.

Students and faculty are reminded of the professional ethical responsibility of reporting knowledge of substance use/abuse by healthcare personnel.



STUDENT CHEMICAL COMPLIANCE CONTRACT

I, _____, agree to undergo a drug screen and breath alcohol test upon request and, if needed, a comprehensive substance use/abuse evaluation by a mental health professional selected from the approved list of accredited agencies provided by the Program Director/Coordinator.

I understand that the payment for the drug screening and breath alcohol test, evaluation, treatment and follow up care will be my responsibility. If treatment is recommended, I must complete the individualized plan determined by the evaluator and follow all procedural steps of the Illinois Central College Chemical Impairment Policy. Written evidence of my treatment program, ability to return to the health program (evidence of exhibiting positive student behaviors), and my follow up care plan will be submitted to the Program Director/Coordinator.

I further understand that random drug screens and breath alcohol testing may be a part of my treatment and follow up program.

Date: _____

Student Signature: _____

Agree _____

or

Disagree _____

Program
Director/Coordinator/
Faculty Signature: _____

Witness Signature: _____



AUTHORIZATION FORM FOR STUDENT CHEMICAL IMPAIRMENT TESTING

Student's Name: _____

Student ID#: _____

Date: _____

Requested Service: (circle all that apply)

- ☐ Alcohol and Drug Testing: Non – DOT
☐ Urine Drug Screen: Collection with results
☐ Breath Alcohol Test

Purpose: (circle one)

- ☐ Reasonable Suspicion ☐ Random

Billing Information:If Positive for chemical impairment, please bill:

Student or submit to student's personal health care insurance company

If Negative for chemical impairment, please bill:

Illinois Central College
Attn. Benefits, Leaves, Risk Management and Safety, Room 238B
1 College Dr.
East Peoria, IL 61635 (309) 694-5398

Printed name of ICC _____

Authorized Employee:

Signature of ICC _____

Authorized Employee:



COMMUNICABLE DISEASE PROCEDURE

Illinois Central College places a high priority on safety and the need to prevent the spread of dangerous chronic communicable diseases on its campus. This procedure is designed to promote the health and regular attendance of students. The College is committed to protecting the civil rights of individuals while preserving the health and safety of all students, therefore, strict confidentiality must be maintained.

Communicable diseases may be referred to as "contagious, infectious or transmissible to others." Students are reminded not to come to campus or participate in class, labs, or clinical/internships if feeling ill or experiencing any symptoms of illness. Students identified with an acute communicable disease or exposed to a communicable disease that places others at risk may need to quarantine for a recommended period of time until symptoms subside and temperature is normal without fever-reducing medication.

Students with identified **chronic** communicable diseases may not be excluded from the College as long as, through reasonable accommodation, the risk of transmission of the disease and/or the risk of further injury to the student is sufficiently remote in such setting so as to be outweighed by the detrimental effects resulting from the student's exclusion from the College. Whenever possible, the College will attempt to assist students in continuing their pursuit of educational goals. Placement decisions will be made by using these objectives in conjunction with current, available public health guidelines concerning the particular disease in question. Individual cases will not be prejudged; rather, decisions will be based upon the facts of the particular case. The determination of whether a student with a chronic communicable disease may attend college shall be made in accordance with procedures implemented by the College.

Procedure in the event of potential risk to others:

1. The College shall respect the right to privacy of any student who has a chronic communicable disease. The student's medical condition shall be disclosed only to the extent necessary to minimize the health risks to the student and to others. The number of personnel aware of the student's condition will be kept at the minimum needed to assure proper care of the student and to detect situations in which the potential for transmission of the disease may increase. Persons deemed to have "a direct need to know" would be provided with appropriate information; however, these persons shall not further disclose such information.
2. The program director/coordinator shall investigate, as the situation warrants, the health status of any student known to have a communicable disease. In addition, the health status of any student in a Health Careers program identified to the program director/coordinator by public health officials as being strongly suspected of having a communicable disease will be investigated under proper guidelines identified by the public health officials. The program director/coordinator shall investigate and then refer the case to the Dean of Health Careers. As the situation warrants, a task force shall be formed and may include the following individuals: the Dean of Health Careers, Vice President of Human Resources, Program Director/Coordinator, Manager-Risk, Safety & Benefits, Vice President of Student Success, and the Coordinator of Public Relations and Public Information officer.
3. After reviewing the case and guidelines set forth by public health officials, the task force shall determine the appropriate action to be taken for the particular case based upon the following criteria:
 - a. The nature of risk
 - b. The duration of the risk
 - c. The potential harm to other parties
 - d. Possibility of transmission of the disease
4. The recommendation will include a summary of the findings relative to each of the above criteria, a description of the recommended attendance accommodations and specific description of the notifications suggested.
5. After a recommendation is made by the task force and an action set forth, the Vice President of Student Success will inform appropriate College officials of that recommendation and action.
 - a. During the notification procedure, all efforts shall be made to keep confidential the name of the person/persons involved.
 - b. Whenever a decision is made that might have an adverse effect on the educational placement of a student and the student disagrees with the decision, an appeal may be made to the President of the College for a review of that decision. The decision of the President shall be final.



CLINICAL TUBERCULOSIS (TB) EXPOSURE PROCEDURE

Due to the fact it can take several weeks to confirm TB, the clinical site will collect the names of those potentially exposed. The bacteria that cause TB are very slow growing and can take weeks to identify in the laboratory. The sputum smear is a fast laboratory result, but it is not specific for tuberculosis; other closely related bacteria can be smear positive also. Not all smear positive patients are diagnosed with tuberculosis. There are many more instances of ruled out TB that are not confirmed than there are actual instances of culture positive TB; people that are exposed are not necessarily infected.

Procedure in the event of exposure:

1. Report TB exposure at clinical site/fieldwork to Program Director/Coordinator. The Program Director/Coordinator will then notify the student(s) and ICC Benefits, Leaves, Risk Management and Safety(309-694-8911 or 309-694-5398).
2. Complete ICC Health Careers Student TB Exposure Report Form (see attached).
3. Obtain TB skin test at ICC IWIRC as soon as possible after the exposure is reported. Each exposed student (except those with documented positive reactors) will receive a baseline TB skin test. A baseline test is not required for anyone with a documented negative TB skin test within the preceding 3 months prior to the exposure.
 - a. If the TB skin test is negative, the test will be repeated 12 weeks after the exposure.
 - b. If the TB skin test is positive, reactions of 10 mm or greater or students who are experiencing symptoms suggestive of TB will be referred for a chest X-ray.

NOTE: THOSE WITH POSITIVE TEST RESULTS PRIOR TO EXPOSURE DO NOT REQUIRE SKIN TESTING OR X-RAYS UNLESS EXPERIENCING SYMPTOMS SUGGESTIVE OF TB. These students do need to complete the ICC Health Careers TB Exposure Assessment Questionnaire.

Return forms to:

Program Director/Coordinator

and

Illinois Central College
Benefits, Leaves, Risk Management and Safety, Room 238B
1 College Drive
East Peoria, IL 61635
Phone: (309) 694-5398
Fax: (309) 694-8563



STUDENT TB EXPOSURE FORM

Student Name _____ Student ID _____
Student Phone # _____ Program _____
Date of Exposure _____ Time _____

Describe the circumstances surrounding the exposure:

Is this a confirmed case of TB? _____ YES, per the following:

☐ Health Department ☐ Hospital ☐ MD

Date of the last TB Montoux Test _____

Results of last TB Mantoux Test: ☐ Negative ☐ Positive

If positive, date and results of most recent chest x-ray: _____

If the student has had a negative TB test within past three months, no immediate TB testing is needed. Follow-up TB test is required in 12 weeks.

Date TB Test Due _____ (Continue to Section B)

Section A

If over 3 months since last TB test, TB test should be done ASAP

Date Administered _____

Date Read _____ By: _____

Results: ☐ Negative ☐ Positive

If positive, refer to health department or personal physician for chest x-ray.

Section B

Follow-up 12 week testing

Date Administered _____

Date Read _____ By: _____

Results: ☐ Negative ☐ Positive

If positive, refer to health department or personal physician for chest x-ray.



TB EXPOSURE ASSESSMENT STUDENT QUESTIONNAIRE

Name: _____ Student ID#: _____

Program: _____ Birthdate: _____

I. Have you recently experienced any of the following symptoms?

Yes

No

- | | | |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Anorexia – loss of appetite? |
| <input type="checkbox"/> | <input type="checkbox"/> | Weight loss – other than dieting? |
| <input type="checkbox"/> | <input type="checkbox"/> | Night Sweats? |
| <input type="checkbox"/> | <input type="checkbox"/> | Low Grade Fever? |
| <input type="checkbox"/> | <input type="checkbox"/> | Cough – productive? |
| <input type="checkbox"/> | <input type="checkbox"/> | Spitting blood or bloody sputum? |

If “yes” to any of the above, please explain.

II. For any of the symptoms above, have you consulted a physician? Yes ☐ No ☐III. Are you currently taking any TB medications? Yes ☐ No ☐Have you taken any TB medications in the past? Yes ☐ No ☐

If yes, when? _____

For how long? _____

IV. When did you have your last TB Skin Test (PPD)?

Where? _____

Was the test: Negative ☐ Positive ☐V. When did you have your last chest x-ray? _____
(Date)

CLINICAL BLOOD AND BODY FLUID EXPOSURE

The following procedure must be followed after an accidental exposure to blood or body fluids in a clinical setting. This procedure is to be followed by all Illinois Central College Health Careers students in any clinical location. **NOTE: Dental Hygiene students are to follow Dental Clinic procedure as noted in Dental Hygiene student handbook.**

1. In the event of a needle stick, force the wound to bleed if possible by squeezing. Then wash the exposed area thoroughly with soap and water. In the event of mucous membrane exposure (eye, nose, mouth, etc.), flush mucous membranes with water as soon as possible.
2. **IMMEDIATELY notify ICC clinical supervisor. Notify ICC Risk Management, (309) 694 5475 and Program Director/Coordinator.** If the exposure occurs at a facility where no ICC clinical supervisor is present, notify the facility personnel and follow their instruction. **It is the student's responsibility to adhere to the ICC procedure.**
3. Complete the facility's incident report and the ICC Student Exposure Report Form provided. The ICC clinical supervisor should complete the applicable portion of the form and send the completed form to ICC Risk Management at the address/fax listed on the back of the form. If no clinical supervisor is present, it is the student's responsibility to obtain a copy of the facility's incident report that was completed and send a copy of it to ICC Risk Management at the address/fax listed in item 10.
4. A blood sample is typically drawn from the student and the patient who is the source of the exposure. The blood from the student and the source is tested for HIV, Hepatitis B, and Hepatitis C.
5. If **off-campus** and blood can be drawn at the clinical facility request blood draws there. In this instance, a copy of all the results should be sent to the student's personal physician AND an additional copy of all the results need to be sent to ICC Risk Management at the address/fax listed in item 10.
6. If **on-campus** or at a facility where a blood sample cannot be drawn, **YOU MUST NOTIFY THE PROGRAM DIRECTOR/COORDINATOR IMMEDIATELY** to arrange for the student and the source to have blood drawn.
During morning or afternoon clinical students may go to any of the Peoria or East Peoria Carle Health First Care, or call Benefits, Leaves, Risk Management and Safety at (309) 694-5398 for assistance.

During evening hours please send student and source to:

Carle Health First Care
3915 W. Barring Trace
Peoria, IL 61615
(Across Route 150 from Sam's Club)
Hours: 8am-8pm
Phone: 309-689-3030

The facility should forward ALL lab results to the student's personal physician and to ICC Benefits, Leaves, Risk Management and Safety at the address/fax listed in item 10.

7. Payment:
 - a) ICC will cover the entire cost of the source's blood work.
 - b) **The student is financially responsible for any medical care, treatment or examination that was provided to the student at that facility.** (Signature of an Acknowledgement of Health Insurance / Financial Responsibility form is required.)
8. The program director/coordinator will contact the student approximately a week after exposure to make sure the student has received blood work and the source's blood work and also to give post-exposure counseling from the facility in which the exposure occurred. The student should then follow-up with their personal physician for the appropriate follow-up treatment. **Follow-up treatment and laboratory testing with the student's personal physician is HIGHLY recommended in all occurrences.**
9. **The student is ENTIRELY responsible for obtaining all follow-up treatment and for all medical bills associated with the follow-up treatment.**
10. **Mailing Address/Fax Information:**
Illinois Central College
Benefits, Leaves, Risk Management and Safety
Room 238B
1 College Drive
East Peoria, IL 61635
Phone: (309) 694-5398
Fax: (309) 694-8563



STUDENT EXPOSURE REPORT FORM

Student Name:		ICC Student ID#:	
Program:		Phone Number:	
DOB:		Gender:	
Date/Location of Exposure		Time:	
Date Exposure Reported:		Time:	
Student's Personal Physician:			
Description of exposure incident, including details of where, when, how, as well as the route of entry and areas of body affected:			
What type of personal protection was being used?			
Name the person to whom you were exposed (if known):			
List names of witnesses to the incident (and contact information):			
Describe factors contributing to the incident:			
Dates of Hepatitis B Vaccinations:	#1	#2	#3
Locations of Hepatitis B Vaccinations:	#1	#2	#3
Student Signature:			



Supervisor's Section:

Supervisor's description of the exposure:	
What action was taken?	
Did unsafe conditions or actions contribute to the incident? If yes, please explain in detail.	
What follow up or specific corrective action has or will be taken to prevent a recurrence?	
ICC Supervisor's Signature:	Date:

PLEASE SEND THIS COMPLETED REPORT TO:

Illinois Central College
Benefits, Leaves, Risk Management and Safety
Room 238B
1 College Drive
East Peoria, IL 61635
Phone: (309) 694-5398
Fax: (309) 694-8563



DENTAL HYGIENE CLINIC EXPOSURE PROCEDURE

Student: _____

- ☐ HIV
- ☐ Hepatitis B Antibodies
- ☐ Hepatitis C

Source: _____

- ☐ HIV
- ☐ Hepatitis B Antigen
- ☐ Hepatitis C

Billing information for Student:

Please bill student's personal health insurance

Billing Information for Source:

Illinois Central College
Attn: Benefits, Leaves, Risk Management and Safety Office, 238B
1 College Dr.
East Peoria, IL 61635 Phone: (309) 694-5398 Fax: (309) 694-8563

Please send the source's results to Illinois Central College Risk Management at the above address.

Authorized By _____

If exposure occurs in the evening hours please send student and source to:

Carle Health First Care
3915 W. Barring Trace
Peoria, IL 61615

(Across Route 150 from Sam's Club)

Hours: 8am-8pm

P: 309-689-3030

During morning or afternoon clinical students may go to any of the Peoria or East Peoria Carle Health First Care, or call Benefits, Leaves, Risk Management and Safety at (309) 694-5398 for assistance.



ACCIDENT/INCIDENT/INJURY REPORTING PROCEDURE

A student who is injured during a clinical/fieldwork experience should:

1. Notify clinical/fieldwork instructor and program director/coordinator.
2. The instructor/supervisor completes the clinical facility incident report.
3. The instructor/supervisor completes the ICC Health Careers Student Accident/Injury Report.
4. The instructor notifies ICC Benefits, Leaves, Risk Management and Safety (309) 694-5398.
5. If medical attention is needed the student may choose to receive care at the clinical facility or from the student's personal physician, with the student responsible for any and all medical expenses resulting from the injury.
6. If the student is injured while in on-campus laboratory activity, the student is to notify the instructor immediately. The instructor will complete the ICC Health Careers Student Accident/Injury Report. The student is responsible for any and all medical expenses resulting from the injury.



ACCIDENT/INCIDENT/INJURY REPORT

** PRINT LEGIBLY & COMPLETE ALL SECTIONS OF THE FORM **

Person's Information			
Name of Individual Involved:	DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone #:
ID #:		Classification: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Visitor	
Accident/ Incident/ Injury Information			
Date of Occurrence:	Time of Occurrence: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Facility Location (Building and Room #):	
Body Part Injured: (Be specific Left or Right/Upper or Lower)			
Description of Accident, Incident, or Injury in Detail:			
Witness Name: _____ Witness Phone: _____ <i>(Additional space is provided on back of the form.)</i>			
Treatment:			
Other Action Taken (person transported to hospital, Sent to IWIRC etc.):		Transported by: Signature X_____	
Campus Police called: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Officer's Name:			
Injured Person Refused Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Injured Person's Signature:			
Staff Information			
Person Completing this Report:		Phone #:	
		Date Report Completed:	

-over-



Additional Space (if needed) to describe Accident, Incident, or Injury:

Follow-up Information

Staff Member Conducting Follow-up:

Date:

Follow-up Comments:

**** RETURN ALL COMPLETED REPORTS TO BOTH:**

BENEFITS, LEAVES, RISK
MANAGEMENT AND SAFETY
East Peoria Campus,
Room 238B
Fax# (309) 694-8563

and

CAMPUS POLICE
East Peoria Campus, Room 105A
Fax # (309) 694-5242



PROFESSIONAL CONDUCT POLICY

in Classrooms/Laboratory/Clinical/Fieldwork Sites

This policy for professional conduct is to assure a standardized professional image of all Health Careers Program students and to promote a recognizable image across all Program settings. Any violation will be handled immediately so as to not affect ICC's use of the clinical site for future students.

In accordance with these expectations, when participating in classroom experiences, laboratory exercises, and/or assigned to clinical sites, students enrolled in Programs must adhere to the following **Professional Conduct Policy**. This policy is in addition to the **Student Code of Conduct outlined in the College catalog**. **Program-specific attendance policies and program-specific clinical/fieldwork expectations/attire/conduct will take precedence over the general Health Careers conduct guidelines presented here.**

Appropriate professional conduct is a significant component of the Health Careers Programs (the "Program") of Illinois Central College. Students of the Programs are expected and required to be reliable and competent, exercise sound judgment, act with a high degree of personal integrity, represent themselves and Illinois Central College (the "College") in a respectful manner, and observe all rules and regulations of the clinical sites to which they are assigned. Students also have a responsibility to protect the welfare and safety of the patients/clients for whom services are being provided. Students placed at clinical sites and in clinical must realize the privilege of this experience, its responsibilities, and the reflection on Illinois Central College and its numerous health career programs.

The Professional Conduct Policy includes, but is not limited to:

1. Being prepared for the learning environment and actively participating in appropriate ways that will ensure learning of key components.
 - a. Be on time.
 - b. Refrain from excessive absenteeism.
 - c. Remain in assigned area of clinical experience, leaving only with permission.
2. Providing competent and reliable care/services to patients/clients using sound judgment and discretion. Students are expected not leave patients unattended and/or release patients without prior approval from a qualified staff member (if applicable).
3. Demonstrating respect and courtesy to patients/clients and their families.
4. Demonstrating respect and courtesy to peers/classmates, instructors, college staff, supervisors, and all other members of the health care provider team in classroom, labs, and clinical sites.
5. Cooperating with all faculty, staff and peers without insubordination.
6. Providing safe care and/or services on a non-discriminatory basis.
7. Wearing uniform, name badge, student ICC patch at all times at clinical/fieldwork sites for student to be identified as an ICC Health Careers student. The student is allowed to identify himself or herself as a student ONLY during assigned clinical hours.
8. Wearing of uniform, student ID name badge and student patch is prohibited on non-assigned, nonclinical days, during outside employment, or in other facets of personal life. The ICC student ID should only be worn during ICC academic related activities.
9. Demonstrating and maintaining professional behavior by not exchanging personal contact information with patients/clients, not communicating with patients/clients outside of the clinical experience, and/or not accepting gifts from clients/patients.



10. Performing procedures and/or services only authorized by ICC faculty and/or ICC delegated supervisor in accordance with accepted professional standards.
11. Observing the rules of classroom/laboratory and clinical facility regulations including but not limited to:
 - a. Proper use of equipment and other property.
 - b. Not removing equipment or other property from facilities.
 - c. Not distributing, possessing and/or being under the influence of illegal drugs or controlled substances.
 - d. Not distributing, possessing and/or being under the influence of alcohol.
 - e. Complying with all current health requirements, drug testing, and criminal background check requirements.
 - f. Not possessing or using any type of weapon.
 - g. Complying with cell phone or other electronic device (iPod, iPad, etc.) usage consistent with the policies of classroom syllabi, laboratory rules, and clinical site regulations.
 - h. Refraining from smoking and the use of tobacco products, including e-cigarettes, at all clinical/fieldwork sites. Student will adhere to the College smoking policy on College premises.
12. Maintaining the confidentiality of patient/client information in accordance with recognized professional and institutional rules; without unauthorized release and/or misuse of patient/client information or institutional data.
13. Maintaining proper hygiene, dress, appearance, for the safety of self and others, to prevent the spread of infection, and in accordance with standards set by the clinical site, Program and professional standards **include, but are not limited to:**
 - a. Hair clean and neat - shoulder length or longer hair must be pulled back away from face.
 - b. Mustaches and beards must be clean, and neatly trimmed.
 - c. Fingernails trimmed to 1/4 inch above the fingertips, and clean. No nail polish, artificial nails, decorative printing, decals, jewels, extensions.
 - d. Makeup that is conservative and appropriately complements professional appearance.
 - e. Maintain body hygiene to avoid offensive body odor - smoke odors and smoking by-products are not allowed.
 - f. Perfume, cologne, aftershave, scented lotions, and smoking by-products should be avoided.
 - g. Jewelry that is conservative and limited to (2) small stud earrings (no hoops) per ear; facial, nose, and tongue piercing removed; necklaces and bracelets removed.
 - h. Wristwatch with a second hand is appropriate.
 - i. Tattoos will be concealed and covered with clothing or bandage.
 - j. Student clinical uniform, as specified by program, will be worn as required.
 - k. Shoes impervious to liquids/fluids are required - leather is recommended; open toe shoes, sandals, flip flops, slippers are not permitted.



The penalty for violating the Professional Conduct Policy will result in disciplinary action according to college policy, discipline up to and including suspension or dismissal from the Program or College. Due to the sequential design of the curriculum in most Health Careers Programs, any period of suspension or dismissal may result in a delay in program completion. *The student may provide a written appeal of the disciplinary action according to College policy.*

All Health Careers Programs require completion of current health requirements, drug testing, and fingerprint background check, as a condition of program participation. Drug testing will precede clinical experience in all cases and will be required prior to admission to some Programs. Positive results on a drug screen or misrepresentation regarding drug use will lead to immediate dismissal from, or non-admittance to the Program.

Positive fingerprint background checks revealing non-waiverable offense will lead to immediate dismissal or non-admittance to the Program. Offenses requiring a waiver may be permitted if waiver is issued prior to admission to the Program.

ACKNOWLEDGEMENT

I acknowledge receipt of the Health Careers **Professional Conduct Policy**. I have read and understand the statement and agree to abide by the standards and rules set forth therein. I understand that failure to abide by the **Professional Conduct Policy** may result in my suspension or dismissal from the Program. I understand that I will not receive a refund of tuition or fees or book, supplies, instruments, or equipment purchased should I be dismissed from the Program due to violating this policy.

Student Signature _____

Printed Student Name: _____
First Last

ICC Student ID # _____

Date: _____



SOCIAL NETWORKING POLICY

Professional behavior is expected as outlined in the standards of each healthcare profession. Students should avoid all discussion of personalities, etc. involving college faculty, clinical instructors, other students, doctors, hospital personnel, and patients. Students must refrain from discussion of problems, issues, or negative experiences encountered either on campus, in the clinical facility, or in hospital departments on any social network.

The following are guidelines that should be followed when creating blogs, commenting on a blog, creating a LinkedIn profile, using Facebook, Twitter or other social sites, and/or engaging in any other social networking, including contributing to or through any of the other online media.

PERSONAL EXPRESSION

Personal blogs and social networking contain the views of a particular student, not the views of the college and/or clinical education/ healthcare setting. However, readers may not immediately appreciate this concept and a student may be held liable as representing the views of the college (program) and/or clinical education setting. Therefore, students must refrain from discussing and sharing personal views and photos related to their clinical experiences and healthcare settings while using social networking sites.

PROTECT CONFIDENTIAL INFORMATION

When posting blogs and/or contributing to, or through, any social networking site, students must refrain from disclosing confidential, proprietary, sensitive or specific information of the clinical educational setting, healthcare agency, and/or third parties.

BE RESPECTFUL AND EXERCISE COMMON SENSE

All blogs and social networking contributions must comply with this Health Careers policy. When posting a blog and/or contributing to, or through, any social networking site, be respectful of others. Assume faculty, other students, co-workers, hospital personnel, patients, and potential future employers are reading your blogs and contributions.

The Health Careers Program will determine, in its sole discretion, whether a particular blog or social networking use violates the policy. As with college policies, violations may result in disciplinary action.

ACKNOWLEDGEMENT

I have read and agree to comply with the terms of this policy and my responsibility to Illinois Central College, Health Careers, and program, abiding by respectful social networking. I understand that any violation may result in disciplinary action.

Student Signature

Printed Student Name:

First

Last

ICC Student ID #

Date:



UNDERSTANDING OF PROGRAM POLICIES

I, undersigned, have read and understand the policies as stated in the Health Career Program Handbook. As a Health Careers student, I accept the responsibility to abide by policies as outlined.

I understand that if I have not complied with health requirements, I will not be allowed to attend clinicals until the requirements are met.

STATEMENT OF CONFIDENTIALITY

I, undersigned, have read and understand Confidentiality and accept my responsibility to maintain confidentiality, including avoiding any disclosure within social media, as a Health Careers student in the health care setting.

CORE PERFORMANCE STANDARDS & CRITERIA OF ADMISSION AND PROGRESS

I, undersigned, have read the Core Performance Standards & Criteria of Admission and Progression and hereby represent that I can effectively and safely perform the competencies listed.

ACADEMIC WORK

I, undersigned, understand during my enrollment as a Health Careers student, give my permission to the program faculty and coordinator/director to use my academic work from courses within the program for education purposes, curriculum design and improvement, and program accreditation. I understand that my name will be removed from the academic work prior to its use.

Student Signature _____

Printed Student Name: _____
First Last

ICC Student ID # _____

Date: _____

