[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwj3vZGFmbnMAhWDMz4KHf8MCH0QjRwIBw&url=http://onwardstate.com/2015/08/04/penn-state-refreshes-its-brand-identity-with-new-shield/&psig=AFQjCNFr3YcYWFS6O6LFVj17qZMEa3dgaw&ust=1462203060811711)

**The Pennsylvania State University**

**Berks Campus**

**Associate in Science in Occupational Therapy**

**Program Guide and Fieldwork Manual**

**2017-2018**

###### Revised: August 2017

The Pennsylvania State University, in compliance with federal and state laws, is committed to

the policy that all persons shall have equal access to programs, admission, and employment without regard to race, religion, sex, national origin, handicap, age, or status as a disabled or Vietnam-era veteran. Direct all affirmative action inquiries to the Affirmative Action Officer, 201 Willard Building, The Pennsylvania State University, University Park, PA 16802, (814) 863-0471.

**Americans with Disabilities Act Compliance Policy**

Penn State welcomes students with disabilities into the University’s educational programs. Every Penn State campus has an office for students with disabilities. At Penn State Berks lease contact **Michelle Peasley, Student Disability Resources Coordinator,**atmns136@psu.edu or [610-396-6410](callto:610-396-6410). Her office is located in **169 Franco.** For further information, please visit the **Student Disability Resources Website**: <http://equity.psu.edu/student-disability-resources>

In order to receive consideration for reasonable accommodations, you must contact Michelle Peasley, participate in an intake interview, and provide documentation: <http://equity.psu.edu/student-disability-resources/guidelines>  If the documentation supports your request for reasonable accommodations, the **Student Disability Resources** at Penn State Berks will provide you with an accommodation letter. Please share this letter with your instructors and discuss the accommodations with them as early in your courses as possible. You must follow this process for every semester that you request accommodations.

**The Pennsylvania State University – Berks Campus**

**Associate in Science in Occupational Therapy**

**Program Guide and Fieldwork Manual**

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**NOTE: An asterisk (\*) beside a page number indicates this is a student signature pagePreface**

This ***Program & Fieldwork Manual*** describes the purpose and processes of Penn State's Associate in Science in Occupational Therapy curriculum, as well as general program information. It addresses specific information about coursework, fieldwork level I, fieldwork level II and service learning.

If questions arise after reading this manual, please consult the PSU Berks OTA Program Director.

**Penn State Berks**

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P.O. Box 7009

Reading, PA 19610-6009

David Kresse, MS, OTR/L

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NOTE: The Penn State OTA program is offered at the Penn State Berks, Penn State Mont Alto, Penn State DuBois and Penn State Shenango campuses.

**The Pennsylvania State University – Berks Campus**

**Associate in Science in Occupational Therapy**

**Program Guide & Fieldwork Manual**

This is to verify that you have received a copy of *The Pennsylvania State University Associate in Science in Occupational Therapy Program Guide & Fieldwork Manual*.

You are responsible for reading & understanding the contents of the program & fieldwork manual. The manual should be retained and used as a reference while you are enrolled in the Associate in Science in Occupational Therapy Program at Penn State. Additionally, you will be able to find a copy of the manual on CANVAS during your FW II experiences, if you need to consult it via the internet at any given time.

The program & fieldwork manual includes all policies and procedures related to your participation in the OTA Program, when engaged in fieldwork level I/II, and during service learning.

It is your responsibility to become familiar with the contents of the fieldwork manual. Your signature below indicates that you agree to adhere to the requirements as stated in the policies and procedures established therein.

**National Certification of Occupational Therapy Practitioners**

Graduation from an accredited Associate in Science in Occupational Therapy Program qualifies the individual to apply to sit for the national certification examination. To sit for the examination, the student must submit to NBCOT an official transcript verifying successful completion of all didactic and fieldwork experience, graduation or eligibility for graduation. Successful completion of the certification examination results in certification by NBCOT as a certified occupational therapy assistant (COTA).

**Are there any factors that would prohibit a student from taking the certification exam?**

*If you have a felony conviction on your record, this may affect your ability to sit for the certification examination*

*administered by NBCOT after you graduate; this can subsequently affect your ability to attain state licensure.*

*Before applying to the OTA program, you can contact NBCOT for information on their early determination program*

*to assess examination eligibility. Go to* [*www.nbcot.org*](http://www.nbcot.org/) *and read the "Early Review" section for details.*

Students are to access the NBCOT web site at [www.NBCOT.org](http://www.NBCOT.org) for information regarding

test application procedures, test locations and test dates. I acknowledge my understanding of the NBCOT policy that a felony conviction may affect a graduate’s ability to sit for the NBCOT certification examination and obtain licensure. I understand that individual advising will be required if I have a felony conviction.

**By signing below I understand that I am required to be in full compliance with ALL aspects of The Pennsylvania State University Berks Campus Associate in Science in Occupational Therapy Program Guide and Fieldwork Manual.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student

***\*A copy of this document will be retained in your student record.***

**The Pennsylvania State University**

**Associate in Science in Occupational Therapy Program**

**Technical Standards for an Occupational Therapy Assistant**

The following is a list of technical standards that a student must be capable of performing while enrolled in the *Associate in Science in Occupational Therapy Program*. Students who have concerns about their ability to perform any of these standards should speak with the Program Director, Academic Fieldwork Coordinator and/or the Campus Office of Disability Services officer. Students may be entitled to reasonable accommodations under the Americans with Disabilities Act. Students need to understand that the role of the *Certified Occupational Therapy Assistant* is the direct provision of services to clients which requires safe and effective contact with individuals/groups.

Any student who, after reasonable accommodations, cannot perform the *Technical Standards for an Occupational Therapy Assistant* will not be able to continue in the OTA program.

|  |
| --- |
| **The Pennsylvania State University**  **Associate in Science in Occupational Therapy Program**  **TECHNICAL STANDARDS for an OCCUPATIONAL THERAPY ASSISTANT**  **ACKNOWLEDGEMENT STATEMENT**  My initials beside the technical standards & my signature below indicate the following:   * I have received, reviewed, and understand the document: *Technical Standards for an Occupational Therapy Assistant.* * I accept full responsibility to notify the Office of Disability Services at this campus to receive reasonable accommodations under the ADA - should I require it in any didactic course, lab activity, Fieldwork Level I, Fieldwork Level II or any other required learning activity within the OTA program. * I understand that if I am unable to carry out these technical standards, with or without reasonable accommodation, I may not be able to complete the OTA degree.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name PSU ID# Date  ***A copy will be retained in your student file.*** |

**PHYSICAL STANDARDS** *A student in the Associate in Science in Occupational Therapy Program will demonstrate physical motor skills capacities with sufficient levels of strength, endurance and fine and gross motor coordination to safely, accurately and effectively engage in a wide variety of therapeutic techniques, activities and occupations used in the occupational therapy intervention process including the ability to lift and move persons and objects. A student will also demonstrate adequate manual dexterity, arm and hand function needed to use tools and perform other manipulative activities. Students will also have adequate use of limbs and trunk in bending, twisting, stooping, kneeling, crouching, crawling, pulling, pushing, walking, standing, sitting, handling and reaching*.*Students will meet this standard by demonstrating the following technical standards:*

|  |  |
| --- | --- |
| **LIFT**  Ability to complete heavy work (100+ pounds) strength to carry/maneuver heavy equipment, fully/partially support weight of the client during transfers to and from various surfaces (bed, chair, wheelchair, mat, toilet, tub car, etc.) and when engaging client in functional ambulation. |  |
| **BEND/STOOP**  Ability to adjust body parts, clothing and/or equipment when engaging clients in functional daily life activities in all areas of occupational therapy (ADL, IADL, Work, Education, Play/Leisure, and Social Participation);  for developmental activities. |  |
| **KNEEL**  Ability to assist clients who may fall or faint, to perform C.P.R., to assist clients with mat activities, developmental activities and functional daily life activities in all areas of occupation (ADL, IADL, Work, Education, Play/Leisure,  and Social Participation). |  |
| **CROUCH**  Ability to manage wheelchair parts and hospital beds, equipment adjustment, storing materials; to assist with lower body ADL training, to assist client in seated activities from bed, chair, wheelchair and mat. |  |
| **CRAWL**  Ability to crawl for developmental interventions; engage in mat activities and assist in lower extremity ADL’s. |  |
| **REACH**  Ability to reach forward and overhead for retrieval of items in closets, cabinets, etc. Students will also demonstrate the ability to adjust equipment and to guard clients. |  |
| **HANDLE**  Ability to use a sustained grasp and manipulate body parts during intervention activities including: grasping and manipulating tools/equipment and modalities used in OT service delivery, including but not limited to pens/pencils, craft supplies, educational supplies, personal care items; positioning devices, functional mobility equipment, physical agent modalities, BP cuffs, protective gloves, gowns and masks, computers & assistive technology, adaptive, equipment, suspension equipment, etc. |  |
| **DEXTERITY**  Ability to use fine motor skills when performing standardized tests (dynamometer, goniometer, etc.);  constructing orthotic devices/splints; writing /documenting; adjusting knobs, dials and BP cuffs;  donning and doffing protective gloves, masks and gowns. |  |
| **STAND**  Ability to stand for extended periods of time and for majority of a work shift. |  |
| **SIT**  Ability to sit in class for up to 8 hours a day (with at least 2, 10 minute breaks/30 minute lunch). |  |
| **WALK**  Ability to walk to and within facility environment (internal) for assigned shift within facility  environment (external grounds- even and uneven surfaces) for functional mobility training. |  |
| **PUSH/PULL**  Ability to push/pull wheel chairs, hospital beds, scooters, Hoyer lifts, and other equipment including,  but not limited to IV poles, oxygen tanks, portable devices. |  |

**SENSORY STANDARDS**  *A student in the Associate in Science in Occupational Therapy Program will demonstrate sufficient postural control, neuromuscular control, eye/hand coordination, strength, and integrated function of the senses of vision, hearing tactile sense, vestibular and proprioception to manipulate and use common occupational therapy equipment, devices, materials and supplies. The student will also demonstrate competency in the use of these objects within the classroom and in treatment procedures commonly used in occupational therapy practice. Students will meet this standard by demonstrating the following technical standards:*

|  |  |
| --- | --- |
| **BALANCE**  Demonstrate balance to assist clients with functional activities, including mobility (even and uneven surfaces). |  |
| **TACTILE**  Demonstrate the ability to feel/palpate muscle contractions and circulatory pulses, bony landmarks and identify joint articulation. The student will also demonstrate the ability to exert the necessary pressure to form splints and apply resistance to movements. Students will also demonstrate the ability to discern skin texture/temperature and to discriminate hot and cold modalities. |  |
| **AUDITORY**  Demonstrate the ability to hear verbal directions and requests from health care team and clients/families, hear heart sounds through a stethoscope, hear breath sounds, hear client distress sounds and calls for assistance up to 10 feet away; hear environmental safety alarms; hear for effective communications between families/clients/co-workers. |  |
| **VISUAL**   * Demonstrate the ability to see in detail to observe and detect client’s movements, facial expressions and performance during individual and group intervention; see to observe and attend to behaviors and needs of up to 10 individuals in a group session; see from a distance to observe client behaviors and performance; see to detect safety hazards in the environment (water on floor, cords, and other small items) that could pose danger to a client’s mobility/functional performance; see in detail to detect and assess BP (manometer dial) and ROM (goniometer). * Read numbers, letters, printed, typed, and cursive writing in fine print; read paper and computerized files/records; read dials on modality equipment; read manuals and forms for administering and scoring standardized tests; read client records; read to collect information and screening data in English; read directions accompanying equipment; read to research subject. * Demonstrate the ability to take and pass tests and quizzes in a variety of formats. |  |
| **SPEAK**  Demonstrate the ability to speak English language in clear and concise manner; to communicate in person and by phone with clients, families, significant others, health care team, and community (report factual data orally; interview clients/family, explain role of occupational therapy and purpose of interventions). |  |
| **RESPOND**   * Demonstrate the ability to respond to clients with communication disorders (aphasia, hearing loss), or those with ESL. |  |
| * Demonstrate the ability to respond to clinical situations with appropriate feedback including death, pain, illness and disability. |  |
| **COMPREHEND**  Demonstrate the ability to comprehend oral and written language, including health care terminology in order to communicate with clients, families, significant others, health care providers, and community. |  |

**COGNITIVE/BEHAVIORAL AND SOCIAL/PROFESSIONAL STANDARDS** *A student in the Associate in Science in Occupational Therapy Program will demonstrate physical, mental and emotional capacity to work a 45-60 hour week while engaging in fieldwork Level II experiences , with industry standard productivity standards. Students will meet this standard by demonstrating the following technical standards:*

|  |  |
| --- | --- |
| **COGNITIVE**   * Demonstrate the ability to use proper English spelling, punctuation and grammar to document and explain procedures and to teach skills. * Apply information gained from practice; to learn, retain and use information from texts, journals documentation and other written resources to guide in delivery of evidenced based practice. * Think critically for sound clinical judgment in the delivery of occupational therapy services (plan implement, and synthesize appropriate client-centered interventions; problem solve to make adjustments in therapeutic interventions based on appropriate and inappropriate physiological and psychological responses by clients’ determine need for consultation with occupational therapist and other health care providers/team members) * Abide by established policies and procedures of education and health care institutions. |  |
| **BEHAVIORAL & SOCIAL**   * Function safely, effectively, and calmly under demanding and stressful situations. * Remain alert to surroundings, potential emergencies; respond to client situations including falls, pain, changes in physical and/or mental status. * Prioritize multiple tasks and maintain composure while managing multiple tasks simultaneously. * Exhibit social skills necessary to interact effective with clients, families, supervisors, co-workers and community members of the same or different cultures with respect, compassion, politeness, tact, collaboration, teamwork, and discretion. * Maintain personal hygiene consistent with close personal contact associated with classmates and client care. * Demonstrate the ability to maintain composure when exposed to close physical contact with classmates and clients to assist with bodily fluids, ADL’s, goniometry, and transfers. |  |
| **PROFESSIONAL**   * Display attitudes/actions consistent with the core values and ethical standards of the occupational therapy profession. * Display attitudes and actions to effectively engage in the supervisory and instructor/student process including acceptance of feedback, modifying behavior in relation to the feedback and providing feedback in the classroom, clinic or laboratory. * Display attitudes/actions to approach workplace problems in a mature and responsible manner, seek and utilize effective strategies to resolve problems. * Exhibit professional demeanor including appropriate language, dress, and hair color and acceptance for responsibility of conduct. * Abide by established policies and procedures of education and health care institutions. |  |
| **ATTENDANCE/ENDURANCE**   * During fieldwork Level II experiences students are required to endure full time attendance, i.e. 40+ hours for 8 +weeks. * Maintain attention during 2-5 hours for extended OTA classroom experiences. * Tolerate classroom experiences for a total of 8-10 hours daily. * Acknowledge that absences from fieldwork are likely to interfere with successful completion of fieldwork and ultimately successful completion of the OTA program. |  |

***NOTE:*** *Healthcare institutions may not be able to accommodate considerations for extended time for completion of treatment/intervention planning, documentation and/or billing.*

**INFORMED CONSENT**

**ASSUMPTION OF RISK AND RELEASE**

Informed consent and release executed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

to The Pennsylvania State University.

I wish to be a participant in the Occupational Therapy Assistant Program of The Pennsylvania State University.

I understand that the Occupational Therapy Assistant (OTA) Program will include academic, laboratory and clinical work performed in the classroom, laboratory, hospital and other clinical facilities and will include direct care or exposure to clients with a variety of illnesses and diseases and will include the handling of and/or contact with human bodily fluids and tissues. I, therefore, understand that I may or will be exposed to disease carrying bacteria and microorganisms. I assume the responsibility and understand that I am obligated to inform the Instructor of laboratory sections of any known or perceived contraindications or precautions for a treatment procedure or skill that I may have. I further understand that if I fail to inform the instructor of this information, and harmful consequences occur, I hereby release and hold harmless the Pennsylvania State University and its directors, officers, and employees because of my neglect to inform truthfully.

I also understand that as a student in the Occupational Therapy Assistant Program, I consent to participate in human subject demonstrations and practice in the classroom, laboratory and clinical facilities as part of the educational process.

Participation in said activities in the Occupational Therapy Assistant Program necessitates the wearing of appropriate clothing. Clinical clothing includes, but is not limited to, laboratory jackets, scrubs, identification tags, professional shirt, slacks, and shoes.

In consideration of being permitted to participate in the Pennsylvania State University Occupational Therapy Assistant Program, I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in the health care field, and in particular in the medical facilities where I may be present during my participation in the program, do hereby agree to assume all the risks and responsibilities surrounding my participation in the program or any independent activities undertaken as an adjunct thereto; and further, I do for myself, my heirs, and personal representative, hereby agree to defend, hold harmless, indemnify, release, and forever discharge The Pennsylvania State University and any and all of its directors, officers, agents, and employees, from and against any and all claims, demands, actions, or causes of action, on account of damage to personal property, or personal injury, disease, or death which may result to me from my participation in this program and my exposure to the risks inherent in the program.

**I hereby certify that I have read this document, that I am fully familiar with the contents of this document, and that I fully understand its terms and provisions. Any questions that I have about the Occupational Therapy Assistant Program and the contents of this document have been fully explained to my satisfaction.**

SIGNATURE \_\_\_DATE \_\_\_\_\_\_\_\_\_\_\_

PARENT OR (If under 18) DATE \_\_\_\_\_\_\_\_\_\_\_

GUARDIAN

WITNESS \_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_

**General Academic Advising**

Each student enrolled in the OTA program is assigned an academic advisor. Advising of incoming first year (freshman) students is completed in the summer of the academic year. Students in advanced standing having transfer credits from other institutions are encouraged to discuss course options with their advisor. Students are required to refer to their academic requirements on LionPath, as well as ask questions as needed during advising sessions.

**Advising Sessions**

Advising sessions will be officially held during each semester; however, if the student feels the need to talk to an advisor, she/he may make an appointment at any time. The faculty advisor may require a student to sign a written advising note summarizing the content of an advising session. Advising notes addressing fieldwork issues will be signed by the AFWC in addition to the program director. All remediation plans developed for a student following academic advising must be provided in writing and signed by the student, the program director, and the AFCW in fieldwork related remediation plans. If the Director of Academic Affairs participates in developing the remediation plan their signature is also required. When an advising note or remediation plan requires signatures a copy is provided to the student and a copy is retained in the occupational therapy office.

**Successful Progression & Academic Retention**

Students must earn a grade of C or better in all OT classes as indicated by the course syllabus grade distribution to pass the class. Kindly see *Academic Retention Policies* for more detailed information*.*

*NOTE: The Program Director has the discretion to consider a withdrawal or late drop from a class as a failure or F grade for implementation of academic retention policy.*

**Fieldwork Level I/II Progression, Retention & Removal from Degree Status**

A student who fails Level I or Level II fieldwork *may be* permitted to repeat the fieldwork. The repeat is dependent upon the circumstances and combined assessment and recommendation of the Program Director, Academic Fieldwork Coordinator, and Fieldwork Educator who submitted the failing evaluation of fieldwork performance. If the student is permitted to attend a second fieldwork after a failed attempt and fails at the second attempt – the student will have reached two fieldwork failures and will be removed from the associate in science in occupational therapy major.

If a student fails a fieldwork level I experience and passes the second experience, but then consequently fails a fieldwork level II experience, that student will be removed from the associate in science in occupational therapy major.

Two failed attempts at fieldwork level I and/or fieldwork level II in any combination will result in a student being dropped as a degree candidate in the OTA Program.

A student who is dropped as a degree candidate should refer to the campus Office of University Registrar. The Penn State Academic Policy of non-degree candidates can be found at <http://senate.psu.edu/policies-and-rules-for-undergraduate-students/14-00-non-degree-students/>

**Pennsylvania State University**

**Associate in Science in Occupational Therapy Program**

**Student Learning Outcomes**

At the completion of the Associate in Science in Occupational Therapy Program at the Pennsylvania State University, the graduate will be able to:

1. Respond to requests for services in accordance with service agencies’ policies and procedures.

2. Assist with data collection and evaluation under the supervision of a Registered Occupational Therapist (OTR).

3. Administer standardized tests under the supervision of an OTR or qualified COTA after service competency has been established.

4. Develop evidence-based intervention goals under the supervision of an OTR.

5. Select, adapt and implement evidence-based intervention under the supervision of an OTR.

6. Implement and coordinate an evidence-based intervention plan under the supervision of an OTR.

7. Provide direct service that follows documented routine and accepted procedures under the supervision of an OTR.

8. Adapt environment, tools, materials and activities according to the needs of the individual and his/her social cultural context under the supervision of an OTR.

9. Modify intervention approaches to reflect changing needs under the supervision of an OTR.

10. Communicate and collaborate interprofessionally with other team members, individuals, family members or caregivers in collaboration with an OTR.

11. Engage in intra/interprofessional collaborative practice projects and processes within healthcare and community environment(s).

12. Follow policies and procedures required in the healthcare and community practice environment(s).

13. Assist with formulating discharge and follow-up plans.

14. Maintain records and documentation required by work setting.

15. Perform continuous quality improvement (cqi) activities or program evaluation from a collaborative intraprofesssional and/or interprofessional perspective.

16. Maintain intervention areas, equipment, and supply inventory.

17. Identify and pursue own professional growth and development.

18. Participate in professional and community activities.

19. Monitor own performance and identify supervisory needs.

20. Engage in practice according to *AOTA Code of Ethics* (AOTA, 2015) and *Standards of Practice* (AOTA, 2016) of the profession. Additionally, understand the Enforcement *Procedures for the Occupational Therapy Code of Ethics and Ethics Standards* (AOTA, 2014).

**The Pennsylvania State University**

**Associate in Science in Occupational Therapy Program**

**MISSION AND STRATEGIC PLAN**

**PSU Mission Statement**

Penn State University is a multi-campus public research university that educates students from Pennsylvania, the nation, and the world, and improves the well-being and health of individuals and communities through integrated programs of teaching, research, and service. As Pennsylvania’s land grant university, we provide unparalleled access, and public services to support the citizens of the Commonwealth.

Penn State Berks, a learning-centered college, provides a Penn State education in a small campus setting that integrates high-quality teaching, research, and dynamic community outreach. As part of a premier land-grant institution, the college stresses excellence in all areas while providing opportunities for students from a range of abilities to reach their full potential. Berks is committed to engaged learning that encourages individual growth, cultural awareness, ethical decision-making, and civic responsibility for all members of the community.

**The Penn State Berks Strategic Plan for 2014-2019**

The PSU Berks 2014-19 strategic plan states that as a learning-centered college, Penn State Berks will:

**Strategic Initiative 1**. Engage all students in high impact learning experiences that stimulate intellect, curiosity, and enthusiasm for learning.

**Strategic Initiative 2**. Utilize the digital technologies of teaching and learning to energize and increase student learning.

**Strategic Initiative 3**. Enrich student learning and career preparation and success through extensive community partnerships that involve students, faculty, and staff in community and economic development.

**Strategic Initiative 4**. Recruit, retain, and graduate an increasingly diverse student body that represents all aspects of the communities we serve.

**Strategic Initiative 5**. Support, model, and expand disciplinary and cross-disciplinary inquiry, research, and creativity across the college.

**Strategic Initiative 6.** Educate and prepare students for ethical and responsible citizenship in a diverse, global, and interdependent society and world.

**Mission Statement of the Associate in Science in Occupational Therapy Program**

The mission of the Associate in Science in Occupational Therapy Program is two-fold: to prepare graduates who will be competent entry-level certified occupational therapy assistants and to meet the unique needs of the community through education and service. The OTA program seeks to accomplish its mission by providing:

* A foundation in the importance of occupation and its application
* A comprehensive curriculum which integrates support courses
* Opportunities for individual and group growth and development
* Collaborative partnerships within the community
* Excellence in instruction and advising by highly qualified faculty

Below are the aligned goals of the Penn State University – Berks campus 2014-19 strategic plan and the PSU Berks Associate in Science OTA Program which helps insure that the missions of both are considered and engaged for students, faculty, and the community at large.

**Goals of the PSU Berks Associate in Science in Occupational Therapy Program**

***PSU Berks Strategic Initiate 1: Engage all students in high impact learning experiences that stimulate intellect, curiosity, and enthusiasm for learning.***

***OTA Program Goal 1:*** *Prepare graduates who demonstrate the knowledge and skills, as guided by evidence-based practice, to provide occupational therapy services to diverse populations in current and emerging settings.*

***OTA Program Goal 2:*** *Prepare graduates who will demonstrate the knowledge base and clinical reasoning skills, guided by evidence-based practice, required to obtain a passing score on the NBCOT credentialing exam.*

***OTA Program Goal 3:*** *Conduct on-going (i.e. semester/yearly) curriculum review and make changes based on student, faculty, ACOTE, and/or administrative insight to insure a program based on state-of-the-art practices.*

***OTA Program Goal 4:*** *Ensure that students are equipped with the critical thinking skills, knowledge, and confidence to trust and utilize meaningful occupation as their primary guide in practice.*

***PSU Berks Strategic Initiate 2: Utilize the digital technologies of teaching and learning to energize and increase student learning.***

***OTA Program Goal 5:*** *Utilize cutting-edge technology and electronic media in the teaching-learning process to enhance students’ access to information and opportunities for growth in skills, knowledge, and professional behaviors.*

***PSU Berks Strategic Initiate 3: Enrich student learning and career preparation and success through extensive community partnerships that involve students, faculty, and staff in community and economic development.***

***OTA Program Goal 6:*** *Increase opportunities for students to understand the importance of and engage in service learning by developing partnerships within PSU and in the community.*

***PSU Berks Strategic Initiate 4: Recruit, retain, and graduate an increasingly diverse student body that represents all aspects of the communities we serve.***

***OTA Program Goal 7:***  *Collaborate with PSU Berks admissions as well as existing programs such as Seizing Success, ASPIRE, Special Living Options, and similar programs to recruit and retain an increasingly diverse OTA program.*

***PSU Berks Strategic Initiate 5: Support, model, and expand disciplinary and cross-disciplinary inquiry, research, and creativity across the college.***

***OTA Program Goal 8:*** *Maintain or increase faculty participation in creative and scholarly activities (i.e. presentations, publications, committee leadership) at local, university, state, national, and/or international venues.*

***OTA Program Goal 9:*** *Prepare graduates who reflect the profession’s priority to develop occupational therapy assistants with a high level of professionalism and engagement in interprofessional education and practice.*

***PSU Berks Strategic Initiate 6: Educate and prepare students for ethical and responsible citizenship in a diverse, global, and interdependent society and world.***

***OTA Program Goal 10:*** *Prepare students and graduates who are consistently able to apply all ethical standards of the OTA program, the OT profession, employers, and the community in their academic work, fieldwork, and ultimately in their work as OTA’s in the community.*

**Philosophy of the Associate in Science in Occupational Therapy Program**

The philosophy of Occupational Therapy, as taught in the Associate of Occupational Therapy Program at

The Pennsylvania State University, embraces the Philosophical Base of Occupational Therapy stated by

the American Occupational Therapy Association (2011):

*Occupations are activities that bring meaning to the daily lives of individuals, families, and communities and enable them to participate in society. All individuals have an innate need and right to engage in meaningful occupations throughout their lives. Participation in these occupations influences their development, health, and well-being across the lifespan. As such, participation in meaningful occupation is a determinant of health.*

*Occupations occur within diverse social, physical, cultural, personal, temporal, or virtual contexts. The quality of occupational performance and the experience of each occupation are unique in each situation due to the dynamic relationship between factors intrinsic to the individual, the contexts in which the occupation occurs, and the characteristics of the activity*

*The focus and outcome of occupational therapy are individuals’ engagement in meaningful occupations that support their participation in life situations. Occupational therapy practitioners conceptualize occupations as both a means and an end to therapy. That is, there is therapeutic value in occupational engagement as a change agent, and engagement in occupations is also the ultimate goal of therapy.*

*Occupational therapy is based on the belief that occupations may be used for health promotion and wellness, remediation or restoration, health maintenance, disease and injury prevention, and compensation/adaptation. The use of occupation to promote individual, community, and population health is the core of occupational therapy practice, education, research, and advocacy.*

**Philosophy of Teaching-Learning in the Associate in Science in OT Program**

As related to the students who enter the program, they are believed to be capable of cognitive, psychological, social, and physical development, intrinsically motivated to influence their own health, the health of others, and their social and physical environments through purposeful engagement in the teaching-learning process and by engaging in meaningful occupations within their own and the educational environment(s). Furthermore, students will use this engagement in the teaching-learning process to facilitate their professional behavior development within their work occupations and personal development within their daily living and leisure occupations.

The faculty of the OTA program at Penn State University understands the diverse and complex learning

needs of the students entering, managing and completing the associate degree in occupational therapy.

Students in the program may include, but are not limited to the following groups: first year students

with no previous academic experiences in higher education, students transferring from other degree

programs and institutions, adult students with previous academic histories and adult students with no

prior academic experience. The students’ learning styles and abilities to attend to and complete

individual learning tasks as well as collaborative learning activities will influence the collective learning

needs of the program. Students in the program may be diverse in social, economic and cultural

perspectives which both add to the class structure and dynamics and at times pose conflicts and new

learning potential. In addition to these differences, the students in the OTA program manage multiple

roles and outside responsibilities which directly and indirectly impact their academic roles. It is

recognized that the students’ needs in the program may be diverse. To this end, the program faculty will recognize the diversity in student needs, be sensitive to the multiple influences that impact learning and will provide multiple learning opportunities within the program.

The program faculty is committed to evaluating the program and learner needs on a regular basis and

will make changes to the program to meet the needs of the students when deemed appropriate to do

so. The faculty recognizes the value and importance of developing clinical reasoning skills appropriate to

the level of the technical practitioner. Clinical reasoning includes the use of **procedural, interactive,**

**conditional, and pragmatic reasoning**, all of which are encased in **narrative reasoning**.

To this end, the program focuses on ***procedural reasoning*** as the process ofunderstanding and utilizing information re: diagnosis, conditions, illnesses, and diseases to help formulate treatment. ***Interactive reasoning***, includes; but is not limited to the ability to interact and engage with patients/residents/ clients, interact and lead therapeutic groups and appreciate the individual’s life story and occupational performance profiles. ***Conditional reasoning*** is promoted in terms of understanding and appreciating the contextual issues affecting the individual’s roles and the treatment delivery process. ***Pragmatic reasoning*** is facilitated when the student understands and develops skills necessary to manage the role of a practitioner necessary for the successful completion of Level II Fieldwork placements. Furthermore, at the juncture of being a graduating student and entry-level therapist, it is the accumulation of understanding that the students can now utilize ***narrative reasoning*** to explain, with confidence, that human beings are unique and have a relationship with the environment that is interdependent and constantly changing while engaged in meaningful occupations.

Figure 1. Clinical Reasoning Paradigm for the Penn State OTA Student

**Narrative**

**Pragmatic**

**Conditional**

**Interactive**

**Procedural**

**Clinical Reasoning Skills**

***In summary, the philosophical foundation of the PSU OTA teaching-learning process is that it prepares graduates to assume the role of a lifelong learner via clinical reasoning skills, thus moving them to continued levels of higher learning. Again, it is through this teaching-learning process that students will glean the skills, knowledge, and understanding that human beings are unique and have a relationship with the environment that is interdependent and constantly changing while engaged in meaningful occupations.***

**Associate in Science in Occupational Therapy**

**Program Curricular Design**

**Overview**

The occupational therapy faculty conceptualize the curriculum design as a ***progressive learning model*** having five curricular threads present at each of four ***levels of learning***. The first level introduces each of the threads; subsequent levels provide new content while reinforcing material presented in prior levels using it in increasingly complex ways. Care is given to introduce concepts and content in a manner which reflects our understanding of the learning processes articulated in Bloom’s Taxonomy and by Mattingly, Fleming, Schell, and Cervero (1993) in their work on clinical reasoning processes. **\*See Figure 2.**

Concepts presented as knowledge are applied and synthesized as they recur within the learning model. When the synthesis and evaluation stages of Bloom’s Taxonomy are reached, the clinical reasoning processes are most clearly interwoven in the upper level of the ***progressive learning model***.

A ***progressive learning model*** was also the conceptual design used in planning Level I Fieldwork and Service Learning experiences. Students engage in Fieldwork Level I and Service learning at the 100 level and 200 level within the curriculum. Specific learning objectives related to the ***progressive learning model*** are attached to each of these Fieldwork Level I and Service Learning experiences. It is the intent that skill sets are constructed which prepares the student for Level II Fieldwork as the capstone of the program. Skills learned in early Level I Fieldwork placement and during Service Learning are expanded upon in subsequent settings as new skills are added. Within the ***progressive learning model*** of the curriculum design, the students have multiple opportunities to master and integrate the competencies required to become entry level OTA practitioners.

**Curricular Threads**

***For each curricular thread, students will move through the knowledge, comprehension, application, and synthesis levels of learning.***

* **Professional Behaviors…as related to Intra and Inter Professional Collaborative Engagement** Intraprofessional collaboration refers to engagement with other occupational therapy practitioners, whereas interprofessional collaboration refers to engagement in practice with the array of individuals and/or groups that are involved in the task at hand. ***The goal is for the student to acquire the values, skills, attitudes, and knowledge required of an entry-level OTA practitioner.***
* **Occupational Therapy Practice Framework & Processes**

First, the OTPF is the domain that centers and grounds the profession’s focus and actions. Secondly, it outlines the process of evidence-based occupational therapy evaluation and intervention that is dynamic and linked to the profession’s focus on and use of occupation. The domain and process are necessarily interdependent, with the domain defining the area of human activity to which the process is applied (AOTA, 2002, p.609). ***The goal is for the student to gain entry-level skills and knowledge in utilizing the OTPF in practice.***

* **Empowerment through the Teaching-Learning Process**

The focus of the empowerment is for the student to integrate meaningful occupation and its importance as the first consideration of practice will be emphasized throughout the curriculum. ***The goal is for the student to be dynamically involved in the teaching-learning process between faculty, peers, and fieldwork educators.***

* **Clinical Reasoning:** **Knowledge & Skills**

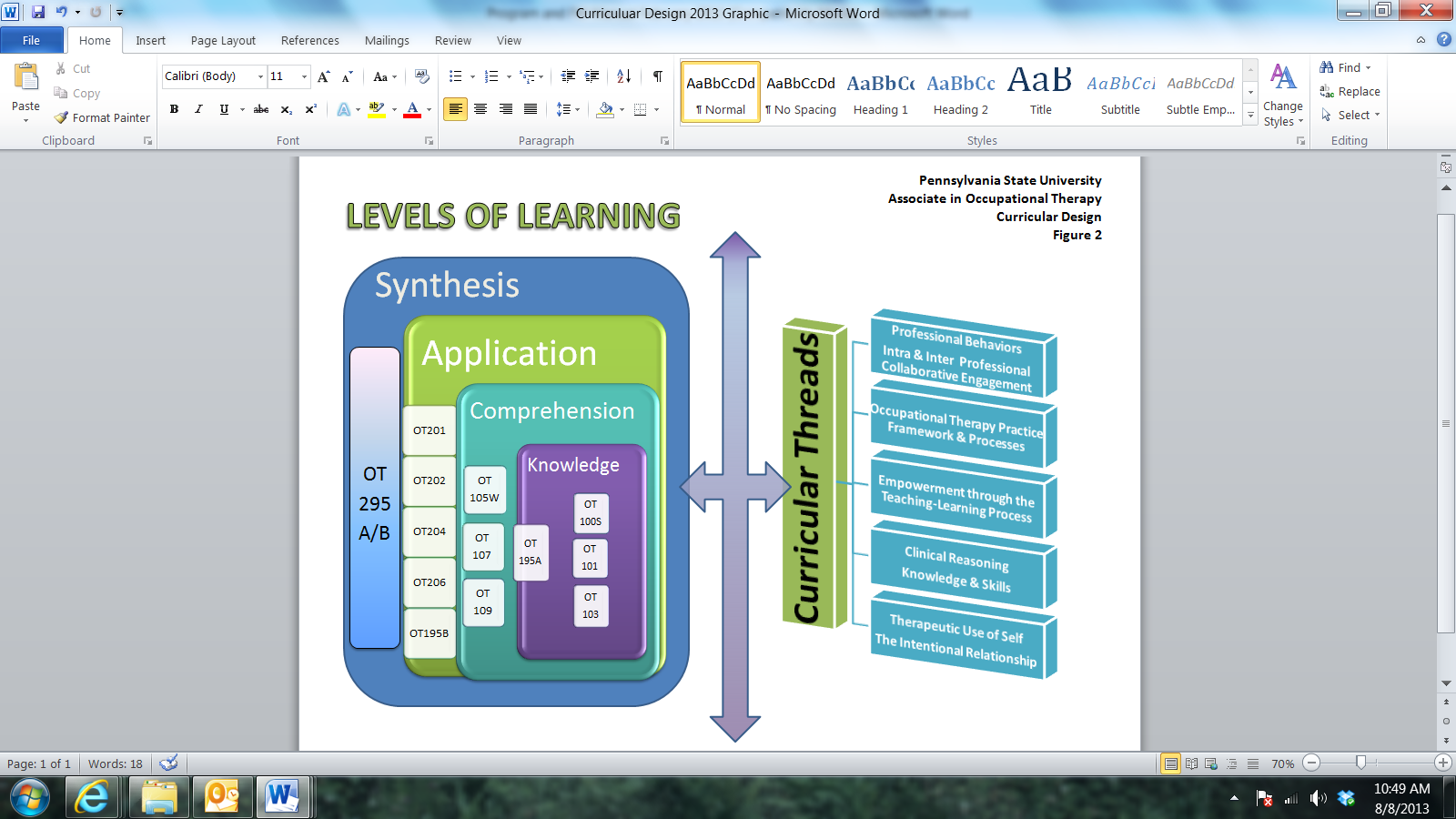
A learner’s thinking and decision-making processes as related to an area of practice. It is a process of understanding how to relate textbook material to clinical data, client-centered practice, and professional judgment and knowledge. ***The goal is for the student to gain a host of clinical reasoning skills to utilize in practice.***

* **Therapeutic Use of Self & The Intentional Relationship**

Understanding that the use of oneself in a therapeutic manner becomes an invaluable component in the evaluation and intervention process of OT. ***The goal is for the student to understand and have a working knowledge that the client-practitioner relationship is a key factor in determining positive therapy outcomes.***

**Levels of Learning**

* **Knowledge level:** OT 100S,OT101, OT103, service learning & gen ed requirements
* **Comprehension level:** OT105W, OT107, OT109, OT195A, service learning & gen ed requirements
* **Application level:** OT201,OT202, OT204,OT 206, OT195B, service learning & gen ed requirements
* **Synthesis level:**  OT 295A and OT295B



**Description of Courses across the Curriculum**

***Knowledge Level***

**OT 100S Structural Foundations of Occupational Therapy** (1) An overview of the structural foundations of the occupational therapy profession.

[**O T 101**](http://bulletins.psu.edu/undergrad/courses/O/O%20T/101/201314FA) **Conceptual Foundations of Occupational Therapy Practice** (2) An overview of the conceptual foundations of occupational therapy practice. Observation of therapists in treatment settings.

**OT 103 (US)** **Occupational Performance across the Life Span** (3) Analysis of occupations from birth to death including descriptions of occupational performance and factors which influence performance.

*In the* ***Knowledge Level***, *most students complete the general education requirements for the associate of science degree and the major requirements which support the OTA curriculum such as Biology 129, 141, 142, Psychology 100, and lifespan human development. Students gain initial exposure to all curricular threads and to multiple arenas of practice.*

***Comprehension Level***  
[**O T 105W**](http://bulletins.psu.edu/undergrad/courses/O/O%20T/105W/201314FA) **Group Process across The Lifespan** (3) Group dynamics and interactions analyzed across the lifespan and practice settings. Interventions designed and facilitated by students.

**OT 107 Activity Analysis: Assistive Technologies and Methods of Adaptation** (3) Assistive technologies and methods of adaptation analyzed; selection criteria, methodologies, proper use, and precautions presented.

[**O T 109**](http://bulletins.psu.edu/undergrad/courses/O/O%20T/109/201213SP) **Management and Ethics in Occupational Therapy** (3) Consideration of basic management, ethics, and support tasks significant to the role of the occupational therapy assistant.

[**O T 195A**](http://bulletins.psu.edu/undergrad/courses/O/O%20T/195A/201213SP) **Level I Fieldwork Experience** (1) Practicum related to 100 level occupational therapy assistant coursework.

*In the* ***Comprehension Level***, *key topics are introduced which will be applied and synthesized in the next two levels. Students engage in a Service Learning Experience which supports classroom learning and broadens their understanding and skills in all of the curricular threads. All prerequisite major requirements so indicated must be completed prior to entering the Application Level. See Course Sequence for specific courses. Additionally, all students engage in a minimum of 12 hours of FW Level I by this point in the curriculum.*

***Application Level***

[**O T 201**](http://bulletins.psu.edu/undergrad/courses/O/O%20T/201/201314FA) **Clinical Reasoning and Documentation in Occupational Therapy** (3) Clinical reasoning strategies in occupational therapy practice. Practical application will include case-based reasoning, multi-faceted strategies, and selected formats of documentation.

[**O T 202**](http://bulletins.psu.edu/undergrad/courses/O/O%20T/202/201314FA) **Occupational Therapy for Developmental Disabilities** (3) Occupational therapy evaluation, intervention, and documentation for pediatric/developmental disability practice.

[**O T 204**](http://bulletins.psu.edu/undergrad/courses/O/O%20T/204/201314FA) **Occupational Therapy for Behavioral Health** (3) Occupational therapy evaluation, intervention, documentation, and the importance of engagement in occupations with a focus on behavioral health and well-being.

[**O T 206**](http://bulletins.psu.edu/undergrad/courses/O/O%20T/206/201314FA) **Occupational Therapy for Physical Disabilities** (4) Occupational therapy evaluation, intervention, documentation methods for physical disability practice.

[**O T 195B**](http://bulletins.psu.edu/undergrad/courses/O/O%20T/195B/201213SP) **Level I Fieldwork Experience** (1) Practicum related to 200 level occupational therapy assistant coursework.

*In the* ***Application Level***,*students are fully engaged in and have a working knowledge of all the curricular threads. The goal of Fieldwork Level I at this juncture is for students to understand the application of evidence-based occupational therapy interventions in practice. All students engage in 20 hours of FW I. Upon completion of the* ***Application Level***, *students are ready to engage in FW Level II for their final professional preparation. The didactic portion of preparation as a generalist, required by Standard A.6.1, most fully occurs at this level.*

***Synthesis Level*  
OT 295A Field Experience in Occupational Therapy I** (6) Part I of supervised experience in select occupational therapy settings in the role of an occupational therapy assistant; seminars included.

**OT 295B** **Field Experience in Occupational Therapy II** (6) Part II of supervised experience in select occupational therapy settings in the role of an occupational therapy assistant; seminars included.

*In the* ***Synthesis Level***, *students are placed in two or more different settings which complete their preparation to practice as entry level OTA’s. During this level they also participate in a seminar which reviews NBCOT credentialing exam requirements, test taking strategies, state licensure issues, resume preparation, interviewing skills, and other topics pertinent to the entry level practitioner. Students are connected to the university during the Synthesis Level by phone and e-mail at all times, during onsite visits* *from the AFWC, and via an online learning environment linked to OT 295A/B. [Note: Students must receive a passing score in all areas of professional development to be eligible for placement in Level II Fieldwork.]*

**Service Learning**

Service Learning is introduced at the knowledge level and then engaged in during the comprehension and application levels. Service Learning exposes students to current and emerging practice areas throughout the curriculum. It prepares students to work with a variety of populations including, but not limited to, children, adolescents, adults, and elderly persons in a variety of practice settings. The service learning experiences at the comprehension and application levels are designed to facilitate:

* An understanding of the meaning & process of service learning
* Beginning competency skills for facilitating client-centered and need-based

1:1, small group, and/or large group activities in the community or healthcare setting;

* Acquisition through observation and directed participation, beginning

knowledge about group compositions and group processes in service learning

* Development of interprofessional & intraprofessional behaviors and attitudes related to

therapeutic roles and responsibilities within a service learning experience.

**Course Requirements**

**Associate in Science Degree in Occupational Therapy**

**See link at** [http://bulletins.psu.edu/undergrad/programs/associates/O/2OT](http://bulletins.psu.edu/undergrad/programs/associates/O/2OTCC)

**General Education**: 27 credits

12 of these 21 credits are included in the requirements for the major: 3 credits of GWS, 6 credits of GS,

1 credit GHA, and 8 credits of GN. Each student must also complete a course designated General Quantification (Math), General Humanities, and General Arts.

**Prescribed Courses**: 60 credits

Biology 129 (GN) 4 credits Biology 141 (GN) 3 credits

Biology 142 1 credit English 015 (GWS) 3 credits

HDFS 129/Psych 212 (GS) 3 credits Psychology 100 (GS) 3 credits

Kinesiology 013 (GHA) 1 credit

OT 100 1 credit OT 101 2 credits

OT 103(US) 3 credits OT 105W 3 credits

OT109 3 credits OT201 3 credits

OT 107 3 credits OT 202 3 credits

OT 204 3 credits OT 206 4 credits

OT195A 1 credit OT195B 1 credit

OT 295A 6 credits OT 295B 6 credits

**\*A minimum of 69 credits is required to graduate from the program.**

**Prescribed Course Descriptions**

**BIOL 129** (GN) **Mammalian Anatomy** (4)Anatomy of a mammal, with special reference to that of man. Students who have passed BIOL 421 may not schedule this course.

**BIOL 141** (GN) **Introductory Physiology** (3) Explanation of the normal structure and function of the animal body, with special emphasis on human body systems. Students who have passed BIOL 472 may not schedule this course.

**BIOL 142 Physiology Laboratory** (1) Experiments demonstrating basic physiological principles, with special reference to man.

**ENGL 015** (GWS) **Rhetoric and Composition** (3) Instruction and practice in writing expository prose that shows sensitivity to audience and purpose.

**HD FS 129** (GS**) Introduction to Human Development and Family Studies** (3) Introduction to psychosocial and family development at all stages of the individual and family life cycle. Psych 212 is an acceptable replacement for HDFS 129.

**KINES 013** (GHA) **First Aid, Personal Safety, and CPR** (1) A course designed to provide students with the opportunity for Red Cross certification in Community First Aid, Safety, and CPR.

**PSYCH 100** (GS) **Introductory Psychology** (3) Introduction to general psychology; principles of human behavior and their applications.

**O T 100S** **Structural Foundations of Occupational Therapy** (1) An overview of the structural foundations

of the occupational therapy profession.

**O T 101 Conceptual Foundations of Occupational Therapy Practice** (2) An overview of the conceptual foundations of occupational therapy practice. Observation of therapists in treatment settings.

**O T 103** (US) **Occupational Performance across the Life Span** (3) Analysis of occupations from birth to death including descriptions of occupational performance and factors which influence performance.

**O T 105W Group Process Across the Lifespan** (3) Group interaction observed and analyzed. Activities to facilitate and enhance interactions practiced.

**O T 107 Activity Analysis: Assistive Technologies and Methods of Adaptation** (3) Assistive technologies and methods of adaptation analyzed; selection criteria, methodologies, proper use, and precautions presented.

**OT109 Management and Ethics in Occupational Therapy** (3) Consideration of basic management, ethics, and support tasks significant to the role of the occupational therapy assistant.

**OT195A Level I Fieldwork Experience** (1) Practicum related to 100 level occupational therapy assistant coursework.

**OT195B Level I Fieldwork Experience** (1) Practicum related to 200 level occupational therapy assistant coursework.

**OT201 Clinical Reasoning and Documentation in Occupational Therapy** (3) Clinical reasoning strategies in occupational therapy practice. Practical application will include case-based reasoning, multi-faceted strategies, and selected formats of documentation.

**O T 202 Occupational Therapy for Developmental Disabilities** (3) Occupational therapy evaluation, intervention, and documentation for pediatric/developmental disability practice.

**O T 204 Occupational Therapy for Behavioral Health** (3) Occupational therapy evaluation, intervention, documentation, and the importance of engagement in occupations with a focus on behavioral health & well-being.

**O T 206 Occupational Therapy for Physical Disabilities** (4) Occupational therapy evaluation, intervention, documentation methods for physical disability practice.

**O T 295A Field Experience in Occupational Therapy I** (6) Part I of supervised experience in select occupational therapy settings in the role of an occupational therapy assistant; seminars included.

**O T 295B Field Experience in Occupational Therapy II** (6) Part II of supervised experience in select occupational therapy settings in the role of an occupational therapy assistant; seminars included.

**The Pennsylvania State University Berks Campus**

**Associate in Science in Occupational Therapy**

***Recommended Academic Plan***

|  |  |
| --- | --- |
| **Fall (Semester One)** | **Spring (Semester Two)** |
| **OT100S\* 1**  **OT101\* 2**  BIOL 129\* 4  ENG 015 (GWS) 3  PSYCH100 (GS) 3  **13 credits** | **OT103\* + 3**  HDFS 129 or PSYCH212 ■ 3  BIOL 141 (GN)\* 3  BIOL 142 (GN)\* 1  Math (GQ) 3  KINES 013 1  **14 credits** |
| **Fall (Semester Three)** | **Spring (Semester Four)** |
| **OT105W\* 3**  **OT107\* 3**  **OT109\* 3**  ***OT195A\* 1***  Humanities Elective (GH)3  Art Elective (GA) 3  **16 credits** | **OT202\* 3**  **OT204\* 3**  **OT206\* 4**  **OT201\* 3**  **OT195B\* 1**    **14 credits** |
| **Summer / Fall (Semester Five)** | **KEY FOR COURSES** |
| OT295 A\* 6  OT295 B\* 6  **12 credits**  ***FW Level II typically is two***  ***8 week full-time placements.*** | \* Students must earn a grade of C or better in this  course.  + OT 103 meets the intercultural requirement and  is designated US.  ■ Students may take PSYCH 212 in place of  HDFS 129. *Note PSYCH 100 is a pre-req forPSYCH212.* |

**ADDITIONAL INFORMATION**

* Students **must** complete these courses prior to enrolling in the 200 level OT courses:

ENG015, PSYCH100, BIOL129, BIOL141, BIOL142, and HDFS129.

* OT courses in **bold** **print** may only be taken in the designated semester/order, except for **OT195A** which may be taken in Semester 2 or Semester 3.
* Courses meeting GQ, GH, GA requirements may be taken during any of the first four semesters. Consult with advisor for best individual academic plan
* All didactic degree requirements must be completed prior to enrolling in OT 295 A/B.
* FW Level II dates will be set by the Fieldwork Coordinator. Academic advising is required to establish FW II placements.
* OT 295A/B must be completed within 18 months of completing the didactic requirement.

**GRADING POLICY FOR OT COURSES**

A=95-100 A-=90-94 B+=87-89 B=84-86 B-=80-83 C+=77-79

C=73-76 D=65-72 F=Below 65

*Note 1: Students must earn a grade of C in OTA courses to be eligible to continue in the OTA Program.*

*Note 2: See OT195A and OT195B Evaluation of Level I Fieldwork Experience for passing score requirement.*

**ACOTE STANDARDS - PSU COURSE OBJECTIVES - CURRICULUM THREADS**

***DOVETAILING OF THE THREE***

**OT 100S**

**OT 100S** **Structural Foundations of Occupational Therapy** (1) An overview of the structural foundations

of the occupational therapy profession.

**OT 100S Specific Learning and Performance Objectives as Related to ACOTE Educational Standards**

Upon successful completion of OT 100, the student will be able to:

**1. Explore occupational therapy professional literature as a basis for evidence based practice.**

B.8.8. Demonstrate the skill to read and understand a scholarly report. TLA = 6

**2. Demonstrate professional advocacy by actively participating in at least one organization/agency that promotes occupational therapy (i.e. Facebook, Campus, community, face-to-face).**

B.9.13 Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., AOTA, state occupational therapy associations, advocacy organizations).

**3. Explain and discuss professional involvement in WFOT, AOTA, State OT Associations, and Regional Associations and its impact on a practitioner’s knowledge and ongoing development as related to that of peers, mentors, faculty, and/or fieldwork educators.**

B.9.2 Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.

B.9.4 Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.

**Additionally, the student will:**

* Offer a beginning definition of occupational therapy, meaningful occupation, intraprofessional, and interprofessional education/practice.
* Offer a beginning definition of evidence-based practice.
* Clearly demonstrate an understanding of the ***Technical Standards of the Occupational Therapy Assistant Student****.* The technical standards will be reviewed twice during the course: Week 1 & Week 4. The student will be asked to sign *Acknowledgement of Understanding* by Week 5. If at any time a student would like to discuss and/or have questions about the technical standards he/she should feel free to make an appointment with a faculty member for clarification.

**Penn State First Year Seminar Purpose & Objectives *(These will be in PSU008 at Shenango Campus)***

*Facilitate student's adjustment to the high expectations, demanding workload, increased academic liberties, and other aspects of the transition to college life.*

1. Demonstrate the ability to use e-Lion, LIAS, CANVAS, and PSU E-mail.
2. Explore the benefits of engaging in stress management techniques.
3. Explore and identify time-management strategies to assist with the responsibilities associated with the daily role of being a student.
4. Understand and work within the guidelines for scholarly discourse and civil behavior.
5. Determine the academic requirements and produce a degree audit for the chosen major.

**OT 101**

**OT 101 Conceptual Foundations of Occupational Therapy Practice** (3) An overview of the conceptual foundations of occupational therapy practice.

**OT 101 Specific Learning and Performance Objectives as Related to ACOTE Educational Standards**

Upon successful completion of OT 101, the student will be able to:

**1. Identify and utilize professional literature appropriate to the practice of occupational therapy.**

B.8.1. Articulate the importance of how scholarly activities and literature contribute to the development of the profession.

B.8.2 Effectively locate and understand information, including the quality of the source of information.

**3. Recognize the critical persons, events, and philosophies which influenced and shaped the profession of occupational therapy from its inception to the present.**

B.2.1 Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy.

B.3.3 Discuss how occupational therapy history and occupational therapy theory, and the sociopolitical climate influence practice.

**4. Identify the primary models of practice and frames of references associated with occupational therapy.**

B.3.1. Describe basic features of the theories that underlie the practice of occupational therapy.

B.3.2 Describe basic features of models of practice and frames of reference that are used in occupational therapy.

**5. Identify cultural, contextual, and diversity issues which impact the practice of occupational**

**therapy in a variety of practice settings and describe their impact.**

B.6.1 Describe the contexts of health care, education, community, and social systems as they relate to the practice of occupational therapy.

**6. Identify the similarities and differences between the OT and OTA including but not limited to: the roles of each, the educational requirements to become an OT and an OTA, and supervision requirements of each.**

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

**7. Explain and discuss professional involvement in WFOT, AOTA, State OT Associations, and Regional Associations and its impact on a practitioner’s knowledge and ongoing development as related to that of peers, mentors, faculty, and/or fieldwork educators.**

B.9.2 Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.

**8. Demonstrate professional advocacy by actively participating in at least one organization/agency that promotes occupational therapy.**

B.9.13 Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., AOTA, state occupational therapy associations, advocacy organizations).

**Additionally, the student will:**

* Expand upon the definitions of occupational therapy, meaningful occupation, intraprofessional, and interprofessional education/practice.
* Demonstrate an understanding the meaning and benefits of therapeutic use of self.
* Identify and define types of clinical reasoning utilized in occupational therapy.

**OT 103**

**OT 103** (US) **Occupational Performance across the Life Span** (3) Analysis of occupations from birth to death including descriptions of occupational performance and factors which influence performance.

**OT 103 Specific Learning and Performance Objectives as Related to ACOTE Educational Standards**

Upon successful completion of OT 103, the student will be able to:

**1. Identify, describe, and discuss a variety of occupations that people engage across the life span as articulated in the *Occupational Therapy Practice Framework* and other pertinent writings.**

B.1.2 Demonstrate knowledge and understanding of human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.

B.1.3 Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences (e.g., principles of psychology, sociology, abnormal psychology) and occupational science.

**2. Identify, describe, and discuss the various influences which impact occupational performance as articulated in the *Occupational Therapy Practice Framework* and other pertinent writings.**

B.1.4 Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology).

**3. Analyze a wide range of activities and occupations using selected formats.**

B.2.2. Describe the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors.

B.2.7. Demonstrate task analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to implement the intervention plan.

B.5.23 Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.

**4. Explain how engagement in meaningful occupation across the lifespan, promotes health & wellness for individuals who are at risk for social injustice, occupational deprivation, and disparity in the receipt of services.**

B.1.5. Articulate the ethical and practical considerations that affect the health and wellness needs of those who are experiencing or are at risk for social injustice, occupational deprivation, and disparity in the receipt of services.

**5. Demonstrate an understanding of how occupational justice influences individuals across the lifespan as related to the practice of occupational therapy.**

B.1.6. Demonstrate knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions.

**OT 105W**

**OT 105W Group Process across the Lifespan** (3) Group dynamics and interactions analyzed across the lifespan and practice settings. Interventions designed and facilitated by students.

**OT 105 Specific Learning and Performance Objectives as Related to ACOTE Educational Standards**

Upon successful completion of OT 105W, the student will be able to:

**1. Implement and apply concepts related to group dynamics and lead activity-focused groups within therapeutic contexts. Topics include but are not limited to: types of groups, group roles, leadership styles, group norms, and the selection of appropriate activities based on age and performance area or components, safety and management of the environment and time management.**

B.5.4 Implement group interventions based on principles of group development and group dynamics across the lifespan.

**2. Implement and apply approaches when developing and facilitating working groups, including but not limited to establishing leadership roles and boundaries, facilitating group interaction and sharing,**

**working through conflicts within groups, and appreciating culture and the influence culture plays within group dynamics. Furthermore, demonstrate a thorough understanding of the role self as a therapeutic medium during the processes of group intervention.**

B.5.7. Demonstrate therapeutic use of self, including one’s personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.

**3. Identify, describe, and apply the basic concepts of OT theory and frames of reference to the selection and application of activities in therapeutic intervention. Theories and frames of reference include sensorimotor development and remediation, behavioral management, cognitive remediation and adaptation, psychoanalytical and cognitive- behavioral approaches, occupational performance, Model of Human Occupation, PEO model and the existential/ humanistic approach.**

B.2.11. Identify interventions consistent with models of occupational performance.

B.3.1. Describe basic features of the theories that underlie the practice of occupational therapy.

B.3.2. Describe basic features of models of practice and frames of reference that are used in occupational therapy.

**Additionally, the student will:**

* Identify resources appropriate to the practice of occupational therapy as related to group process.
* Demonstrate a thorough understanding of the role of group and activity analysis as used by occupational therapy practitioners during the intervention process.

**OT 107**

**OT 107 Activity Analysis: Assistive Technologies and Methods of Adaptation** (3) Assistive technologies and methods of adaptation analyzed; selection criteria, methodologies, proper use, and precautions presented.

**OT 107 Specific Learning and Performance Objectives as Related to ACOTE Educational Standards**

Upon successful completion of OT 100, the student will be able to:

**1. Identify and apply the concepts of adaptation to performance and contexts when one’s ability to engage in occupations is limited, including but not limited to adaptive technology/equipment, adaptive techniques and approaches, positioning, ADA recommendations and environmental adaptations, augmented communication.**

B.2.10. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.

B.5.5. Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.

B.5.9. Adapt environments (e.g., home, work, school, community) and processes, including the application of ergonomic principles.

B.5.10. Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.

B.5.12. Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.

B.5.13 Provide training in techniques to enhance community mobility, including public transportation, community access, and issues related to driver rehabilitation.

B.5.14 Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors.

**2. Make appropriate recommendations for adaptations and adaptive technology when occupations are impaired or limited and implement those recommendations accordingly. Considerations when making recommendations include but are not limited to social-cultural influences and preferences, financial and reimbursement limitations, functional needs, valued occupations and safety considerations.**

B.2.10. Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.

B.5.9. Adapt environments (e.g., home, work, school, community) and processes, including the application of ergonomic principles.

B.5.10. Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.

B.5.12. Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.

B.5.13 Provide training in techniques to enhance community mobility, including public transportation, community access, and issues related to driver rehabilitation.

B.5.14 Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors.

B.5.23. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.

B.5.24. Teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance, participation, and well-being.

**3. Identify and apply concepts of movement and strength to one’s ability to engage in occupation and complete functional assessments to determine ROM and strength.**

B.5.3 Provide therapeutic use of occupation, exercise, and activities (e.g. occupation-based intervention, purposeful activity, and preparatory methods).

**Additionally the student will:**

* Identify and describe the impact that illness and disability has on occupations, including activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation.
* Assess environmental demands and accessibility through ADA standards and make appropriate recommendations.

**OT 109**

**OT 109 Management & Ethics in Occupational Therapy (3)** Consideration of basic management, ethics, and support tasks significant to the role of the occupational therapy assistant. Understanding of occupational therapy practitioner role delineation and inter-professional collaborative practice will be addressed.

*The objective of this course is to introduce students to the role an occupational therapy assistant may have as related to administrative, supervisory, and entrepreneurial roles. The more specific purpose*

*will be to explore topics related to program planning, management theories, supervisory styles, intra & interprofessional collaboration, state licensure regulations, OTR/COTA role delineation,*

*and liability/malpractice issues and insurance.*

**OT 109 Specific Learning and Performance Objectives as Related to ACOTE Educational Standards**

Upon successful completion of OT 109, the student will be able to:

**1. Describe and discuss the impact of social, economic, and political factors on the management and delivery of occupational therapy services.**

B.1.5 Identify opportunities and procedures for providing services to clients who are at risk for social injustice, occupational deprivation, and disparity in the receipt of services.

B.6.2 Identify the potential impact of current policy issues and the social, economic, political, geographic, or demographic factors on the practice of occupational therapy.

B.7.1 Identify the impact of contextual factors on the management and delivery of occupational therapy services.

B.7.2 Identify the systems and structures that create federal and state legislation and regulations and their implications and effects on practice.

B.9.12 Identify strategies to assist the consumer in gaining access to occupational therapy services.

**2. Demonstrate an understanding of the process of program development.**

B.7.5 Demonstrate the ability to participate in the development, marketing, and management of service delivery options.

**3. Develop and demonstrate basic marketing skills to advance the profession of occupational therapy.**

B.7.5 Demonstrate the ability to participate in the development, marketing, and management of service delivery options.

B.9.3 Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.

**4. Demonstrate the ability to advocate for the profession of occupational therapy.**

B.1.5 Identify opportunities and procedures for providing services to clients who are at risk for social injustice, occupational deprivation, and disparity in the receipt of services.

B.6.4 Identify the role and responsibility of the practitioner to advocate for changes in service delivery policies, to effect changes in the system, and to recognize opportunities in emerging practice areas.

B.9.3 Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.

B.9.12 Identify strategies to assist the consumer in gaining access to occupational therapy services.

**5. Describe the varied roles of the occupational therapy assistant including manager, care coordinator, consultant, educator, researcher, and entrepreneur in both traditional and emerging areas of practice and how different styles and approaches to management impact on an organization.**

B.5.27 Describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments.

B.7.5 Demonstrate the ability to participate in the development, marketing, and management of service delivery options.

B.7.7 Identify strategies for effective, competency-based legal and ethical supervision of nonprofessional personnel.

B.9.7 Identify and appreciate the varied roles of the occupational therapy assistant as a practitioner, educator, and research assistant.

**6. Discuss and evaluate personal and professional abilities and one's own style of leadership.**

B.7.7 Identify strategies for effective, competency-based legal and ethical supervision of nonprofessional personnel.

B.7.8 Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.

B.9.6 Identify personal and professional abilities and competencies as they relate to job responsibilities

**7. Identify behaviors and situations that facilitate or hinder personal and professional communication.**

B.9.6 Identify personal and professional abilities and competencies as they relate to job responsibilities

**8. Explore ethical issues in occupational therapy practice and articulate strategies for analyzing and making decisions to resolve ethical conflict.**

B.9.10 Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.

B.9.11 Identify the variety of informal and formal systems for resolving ethics disputes that have jurisdiction over occupational therapy practice.

**9. Discuss strategies for ongoing professional development (providing fieldwork education, participating in scholarly activities, professional association membership) to ensure practice is consistent with current and accepted standards.**

B.7.8 Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.

B.8.1 Articulate the importance of how scholarly activities and literature contribute to the development of the profession.

B.8.7 Identify how scholarly activities can be used to evaluate professional practice, service delivery, and/or professional issues (e.g., Scholarship of Integration, Scholarship of Application, Scholarship of Teaching and Learning).

B.9.2 Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.

B.9.13 Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g. AOTA, state occupational therapy associations, advocacy organizations).

**10. Demonstrate knowledge of the process of regulation and standard setting in occupational therapy, including licensure, registration, certification, and supervision.**

B.7.2 Identify the systems and structures that create federal and state legislation and regulations and their implications and effects on practice.

B.7.3 Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.

B.9.9 Identify professional responsibilities and issues when providing service on a contractual basis.

**11. Articulate the unique nature of occupation and value of occupational therapy to colleagues and to the general public, and effectively and professionally interact through oral, written, and non-verbal communication.**

B.2.3 Articulate the unique nature of occupation to support performance, participation, health and well-being.

B.5.21 Effectively communicate and work inter-professionally with those who provide services to individuals and groups in order to clarify each member’s responsibility in executing an intervention plan.

B.5.22 Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.

B.9.3 Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.

**12. Identify opportunities in emerging areas of practice.**

B.1.8 Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology.

B.6.4 Identify the role and responsibility of the practitioner to advocate for changes in service delivery policies, to effect changes in the system, and to recognize opportunities in emerging practice areas.

**13. Demonstrate knowledge of liability issues related to OT and the AOTA Code of Ethics apply the code to given situations which present ethical dilemmas.**

B.9.1 Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) Occupational Therapy Code of Ethics and Ethics Standards and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.

B.9.5 Identify professional responsibilities related to liability issues under current models of service provision.

B.9.10 Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.

B.9.11 Identify the variety of informal and formal systems for resolving ethics disputes that have jurisdiction over occupational therapy practice.

**14. Identify issues common to the management of occupational therapy departments and the role of the OTA in these issues.**

B.7.7 Identify strategies for effective, competency-based legal and ethical supervision of nonprofessional personnel.

B.7.8 Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.

**15. Describe the professional role delineation and collaboration of the OTR/OTA throughout the occupational therapy process.**

B.4.5 Identify the role delineation of the OTA/OTR during the screening and evaluation process.

B.4.9 Identify the OTA/OTR relationship when referring clients for additional evaluation and/or

engagement in the consultative process.

B.5.25 Demonstrate skills of collaboration with occupational therapists and other professionals on therapeutic interventions.

B.5.26 Understand when and how to use the consultative process with specific consumers or consumer groups as directed by an occupational therapist.

B.5.30 Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of client outcomes.

B.9.8 Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.

**OT 195A/OT 195B**

**OT 195A Level I Fieldwork Experience** Practicum related to the 100 level OTA coursework.

**OT 195A Specific Learning and Performance Objectives as Related to ACOTE Educational Standards**

**1. Identify principles of infection control, universal precautions, HIPAA, and job site safety.**

B.2.8 Use sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice.

**Additionally, the student will:**

* Identify the similarities and differences between the role of the OT and OTA.
* Identify the type of intervention utilized by the OT/site practitioner (preparatory, purposeful, or occupation-based) during an intervention session.
* Identify the components of the OT process as defined by the OT Practice Framework.
* Identify examples of therapeutic use of self as demonstrated through client/practitioner interaction.

**OT 195B Level I Fieldwork Experience** Practicum related to the 200 level OTA coursework.

Prerequisite: OT195A or concurrent

**OT 195B Specific Learning and Performance Objectives as Related to ACOTE Educational Standards1. Identify principles of infection control, universal precautions, HIPAA, and job site safety.**

B.2.8 Use sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice.

**2. Effectively communicate and work interprofessionally with team members when implementing an intervention plan.**

B.5.21 Effectively communicate and work interprofessionally with those who provide services to individuals and groups in order to clarify each member’s responsibility in executing an intervention plan.

B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADL’s, IADLs, education, work, play, rest, sleep, leisure, and social participation.

**Additionally, the student will:**

* Identify the similarities and differences between the role of the OT and OTA.
* Identify the type of intervention utilized by the OT/site practitioner (preparatory, purposeful, or occupation-based) during an intervention session.
* Identify the components of the OT process as defined by the OT Practice Framework.
* Identify examples of therapeutic use of self as demonstrated through client/practitioner interaction.
* Identify opportunities for inter-professional interactions within the OT process.
* Demonstrate understanding of clinical reasoning knowledge and skills during OT intervention.

**OT 201**

**OT 201 Clinical Reasoning and Documentation in Occupational Therapy (3)** Clinical reasoning strategies throughout various occupational therapy practice areas will be explored. Practical application will include case-based reasoning, multi-faceted strategies, and selected formats of documentation.

**OT 201 Specific Learning and Performance Objectives as Related to ACOTE Educational Standards**

Upon successful completion of OT 109, the student will be able to:

**1. Utilize appropriate terminology and approved abbreviations in documentation reports.**

B.5.20 Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.

**2. Utilize a SOAP format, write a concise medical note to document therapy intervention, progress, or discharge of a client.**

B.5.20 Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.

B.5.31 Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.

B.5.32 Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.

**3. Utilize a narrative format, write a concise note to document therapy intervention, progress, or discharge of a client.**

B.4.9 Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.

B.5.20 Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.

**B.5.25 Demonstrate skills of collaboration with occupational therapists and other professionals on therapeutic interventions.**

B.5.31 Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.

B.5.32 Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.

**4. Demonstrate the ability to identify the essential components to a thorough chart review.**

B.1.8 Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology.

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

B.5.30 Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of client outcomes.

**5. Demonstrate an understanding of the legal, ethical, and professional aspects of documentation, reimbursement, telecommunication, and quality measures throughout the Occupational Therapy process.**

B.1.8 Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology.

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

B.5.32 Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.

B.7.4 Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third party, private payer) and documentation requirements that affect the practice of occupational therapy.

B.7.6 Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.

**6. Identify the components of various formats of clinical documentation (written/electronic).**

B.1.8 Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology.

B.5.32 Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.

B.7.4 Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third party, private payer) and documentation requirements that affect the practice of occupational therapy.

B.7.6 Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.

**7. Identify the components of various formats of clinical documentation (written/electronic).**

B.1.8 Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology.

B.5.32 Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.

B.7.4 Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third party, private payer) and documentation requirements that affect the practice of occupational therapy.

B.7.6 Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.

**OT 202**

**OT 202 Occupational Therapy for Developmental Disabilities** (3) Occupational therapy evaluation, intervention, and documentation for pediatric/developmental practice.

**OT 202 Specific Learning and Performance Objectives as Related to ACOTE Educational Standards**

Upon successful completion of OT 109, the student will be able to:

**1. Articulate key components of and demonstrate knowledge and skill in evidence-based occupational therapy practice, including but not limited to, completing initial interviews and assessments, completing intervention plans, selecting appropriate therapeutic activities and assessing their effectiveness, completing documentation, and recommending discharge planning – as related to individuals with development disabilities.**

B.1.7. Demonstrate the importance of using statistics, tests, and measurements for the purpose of delivering evidence-based practice.

B.5.17. Promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client.

B.5.19. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.

B.5.28. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.

**2. Employ logical thinking to select and provide appropriate OT interventions, including compensatory strategies and training, in areas of activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.**

B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation.

**3. Gather and share data for the purpose of evaluating client(s)’ occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes:**

* The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
* Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
* Performance patterns (e.g., habits, routines, roles) and behavior patterns.
* Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
* Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).

B.4.1. Gather and share data for the purpose of screening and evaluation using methods including, but not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, and significant others.

B.4.4. Gather and share data for the purpose of evaluating client(s)’ occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance includes

* The occupational profile, including participation in activities that are meaningful and necessary for

the client to carry out roles in home, work, and community environments.

* Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).
* Performance patterns (e.g., habits, routines, rituals, roles).
* Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).

Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.

**4. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:**

* The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
* Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
* Performance patterns (e.g., habits, routines, roles) and behavior patterns.
* Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
* Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).

**5. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception), neuromuscular, and behavioral skills.**

B.5.6. Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).

B.5.24 Teach compensatory strategies, such as use of technology and adaptations to the environment that support performance, participation, and well-being.

B.5.26 Understand when and how to use the consultative process with specific consumers or consumer groups as directed by an occupational therapist.

**6. Demonstrate advocacy, engagement in teaching-learning processes, effective communication through written, oral, and nonverbal with client, family, significant other, and/or other professionals.**

B.5.19. Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.

B.9.12. Identify strategies to assist the consumer in gaining access to occupational therapy services.

**7. Identify, design, and implement cognitive strategies and interventions for persons with developmental disabilities to remediate and/or compensate for occupational performance during/with tasks.**

B.5.8 Implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance.

**OT 204**

**OT 204 Occupational Therapy for Behavioral Health** (3) Occupational therapy evaluation, intervention, documentation, and the importance of engagement in occupations with a focus on behavioral health & well-being.

**OT 204 Specific Learning and Performance Objectives as Related to ACOTE Educational Standards**

Upon successful completion of OT 204, the student will be able to:

**1. Articulate key components of and demonstrate knowledge and skill in evidence-based occupational therapy practice, including but not limited to, completing initial interviews and assessments, completing intervention plans, selecting appropriate therapeutic activities and assessing their effectiveness, completing documentation, and recommending discharge planning – as related to individuals with mental/behavioral needs.**

B.1.7. Articulate the importance of using statistics, tests, and measurements for the purpose of delivering evidence-based practice.

B.3.3 Discuss how occupational therapy history and occupational therapy theory and the sociopolitical climate influence practice.

B.5.17 Promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client.

**3. Gather and share data for the purpose of evaluating client(s)’ occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes:**

**•** The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.

• Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).

• Performance patterns (e.g., habits, routines, roles) and behavior patterns.

• Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.

• Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).

B.4.2 Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.

**4. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:**

**•** The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.

• Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).

• Performance patterns (e.g., habits, routines, roles) and behavior patterns.

• Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.

• Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).

**5. Demonstrate advocacy, engagement in teaching-learning processes, effective communication through written, oral, and nonverbal with client, family, significant other, and/or other professionals.**

B.5.19 Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.

**6 Demonstrate knowledge of human anatomy and physiology, as related to psychosocial disease processes and/or injury and how these affect the individual, family, and society.**

B.1.3 Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences (e.g., principles of psychology, sociology, abnormal psychology) and occupational science.

B.2.6. Understand the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual.

**7. Recognize, demonstrate, and explain the important role meaningful occupation plays in the mental & physical health, well-being, and participation in everyday living for individuals, families, and their communities – giving consideration to the contextual environment(s).**

B.2.3 Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation support performance, participation, health, and well-being.

B.2.4 Articulate the importance of balancing areas of occupation with the achievement of health and wellness for the clients.

B.2.5. Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.

B.2.9 Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and environment.

B. 5.18 Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, and family and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety.

**8. Identify, design, and implement cognitive strategies and interventions for persons with developmental disabilities to remediate and/or compensate for occupational performance during/with tasks.**

B.5.8 Implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance.

**OT 206**

**OT 206 Occupational Therapy for Physical Disabilities** (3) Occupational therapy evaluation, intervention, documentation methods for physical disabilities.

**OT 206 Specific Learning and Performance Objectives as Related to ACOTE Educational Standards**

Upon successful completion of OT 206, the student will be able to:

**1. Identify occupation-based approaches to apply the concepts and engage in data collection of occupational therapy practice with the identified populations. Topics covered include, but are not limited to, the role of the client and/or consumer, discharge planning, intervention team roles, OT/OTA roles & responsibilities, intervention, OT models of practice, legal, liability, and reimbursement issues, and assessment of delivery/quality of service.**

B.4.1. Gather and share data for the purpose of screening and evaluation using methods including, but not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, and significant others.

B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.

B.4.4. Gather and share data for the purpose of evaluating client(s)’ occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance includes

• The occupational profile, including participation in activities that are meaningful and necessary

for the client to carry out roles in home, work, and community environments.

• Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory

and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular,

digestive, nervous, genitourinary, integumentary systems).

• Performance patterns (e.g., habits, routines, rituals, roles).

• Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).

* Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional

regulation skills, cognitive skills, and communication and social skills.

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

• The occupational profile, including participation in activities that are meaningful and necessary

for the client to carry out roles in home, work, and community environments.

• Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory

and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).

• Performance patterns (e.g., habits, routines, rituals, roles).

• Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).

* Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional skills, cognitive skills, and communication and social skills.

B.5.22 Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.

B.5.28 Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.

B.5.29 Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This process includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.

B.8.3 Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist.

B.8.8 Demonstrate the skills to read and understand a scholarly report.

**2. Identify key components of and demonstrate knowledge and skill in the OT process, including but not limited to, completing initial interviews and assessments, completing intervention plans, selecting appropriate therapeutic activities and assessing their effectiveness, completing documentation, and recommending discharge planning.**

B.4.1. Gather and share data for the purpose of screening and evaluation using methods including, but not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, and significant others.

B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment. B.5.1. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:

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for the client to carry out roles in home, work, and community environments.

• Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory

and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).

• Performance patterns (e.g., habits, routines, rituals, roles).

• Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).

* Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional

regulation skills, cognitive skills, and communication and social skills.

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

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and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).

• Performance patterns (e.g., habits, routines, rituals, roles).

• Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).

Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional skills, cognitive skills, and communication and social skills.

B.5.3. Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods).

B.5.28 Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.

B.5.29 Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This process includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.

**3. Employ logical thinking to select and provide appropriate OT interventions, including compensatory strategies and training, in areas of activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.**

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

• The occupational profile, including participation in activities that are meaningful and necessary

for the client to carry out roles in home, work, and community environments.

• Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory

and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).

• Performance patterns (e.g., habits, routines, rituals, roles).

• Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).

* Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional

regulation skills, cognitive skills, and communication and social skills.

**B.5.2 Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation.**

B.5.3. Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods).

B.5.5. Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.

B.5.9. Adapt environments (e.g., home, work, school, community) and processes, including the application of ergonomic principles.

B.5.11 Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation, and training in the use of prosthetic devices.

**4. Gather and share data for the purpose of evaluating client(s)’ occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes:**

**•** The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.

• Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).

• Performance patterns (e.g., habits, routines, roles) and behavior patterns.

• Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.

• Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).

B.2.6. Understand the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual.

B.4.1. Gather and share data for the purpose of screening and evaluation using methods including, but not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, and significant others.

B.4.2. Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.

B.4.4. Gather and share data for the purpose of evaluating client(s)’ occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance includes

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for the client to carry out roles in home, work, and community environments.

• Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory

and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular,

digestive, nervous, genitourinary, integumentary systems).

• Performance patterns (e.g., habits, routines, rituals, roles).

• Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social).

* Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional

regulation skills, cognitive skills, and communication and social skills.

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

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• Performance patterns (e.g., habits, routines, rituals, roles).

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* Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional

regulation skills, cognitive skills, and communication and social skills.

B.5.3. Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods).

B.5.5. Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.

B.5.6. Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).

B.5.9. Adapt environments (e.g., home, work, school, community) and processes, including the application of ergonomic principles.

B.5.28 Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.

**5. Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:**

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cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).

• Performance patterns (e.g., habits, routines, roles) and behavior patterns.

• Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.

• Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy),

process (e.g., energy, knowledge, temporal organization, organizing space and objects,

adaptation), and communication and interaction skills (e.g., physicality, information exchange,

relations).

B.2.6. Understand the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual.

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B.5.6. Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).

B.5.11 Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation, and training in the use of prosthetic devices.

B.8.3 Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist.

B.8.8 Demonstrate the skills to read and understand a scholarly report.

**6. Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception), neuromuscular, and behavioral skills.**

B.4.4. Gather and share data for the purpose of evaluating client(s)’ occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance includes

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and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).

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B.5.9. Adapt environments (e.g., home, work, school, community) and processes, including the application of ergonomic principles.

B.5.11 Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation, and training in the use of prosthetic devices.

**7. Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.**

B.5.15 Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. On the basis of the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.

**8. Demonstrate advocacy, engagement in teaching-learning processes, effective communication through written, oral, and nonverbal with client, family, significant other, and/or specialists.**

B.5.22 Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention

B.8.1. Articulate the importance of how scholarly activities and literature contribute to the development of the profession.

B.8.2 Effectively locate and understand information, including the quality of the source of information.

B.8.3 Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist.

**9. Understand and identify evidence-based practice as a foundation for clinical reasoning.**

* Demonstrate knowledge of human anatomy, physiology, and biomechanics as related to physical, developmental, and psychosocial disease processes and/or injury and how these affect the individual, family, and society.
* Recognize the need for modifications and adaptations in environments (human and non-human), specific programming, and contextual factors to support occupational engagement**.**

B.2.6. Understand the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual.

B.5.9. Adapt environments (e.g., home, work, school, community) and processes, including the application of ergonomic principles.

B.8.3 Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist.

B.8.8 Demonstrate the skills to read and understand a scholarly report

***Professional Socialization and the Development of Professional Identity***

Professional behaviors are attitudes, characteristics or actions that are not explicitly part of the core of knowledge and technical skill required to practice as an OTA but are required for success in the profession. A large part of professional socialization and development of professional identity also lie in the student understanding and gaining knowledge in the ***Occupational Therapy Code of Ethics*** (AOTA, 2015). Additionally, students should understand and align their everyday work engagement with the ***Standards of Occupational Therapy Practice*** (AOTA, 2016).

**Ability-Based Assessment of Professional Behavior**

The Penn State OTA Faculty have identified *ten areas of professional behavior* which are necessary for competent practice. The development of professional behavior is a collaborative process between the student and the university including full-time faculty, part-time faculty, fieldwork educators, and faculty teaching supportive courses.

Each student rates his/her professional development using the ***Ability-Based Assessment of Professional Behavior*** during each of the first three levels of the curriculum design. During the comprehension and application levels, the faculty of the 2OT program rate the student’s professional development. This information is shared during one-to-one advising meetings. It is the responsibility of the faculty advisor to gather feedback from all faculty and fieldwork educators involved in the students’ education during the report period. It is the responsibility of all 2OT program faculty to contribute to the development of student professional assessment. Items scored NI or NSI in the comprehension or application level must be addressed with a plan for remediation. The remediation plan must contain measurable goals including a timeline for completion. Signatures of both the student and the academic advisor and the date of the meeting are required. In order to enroll in OT 295A/B, the student must earn a satisfactory score in at least 8 of the 10 categories during the application level. The student may not score NSI on any item. Items scored NSI must be remediated prior to placement in FW Level II.

RATINGS: the following ratings are used assessing professional development

S = satisfactory, routinely meets expectation

NI = needs improvement, not consistent in meeting expectation

NSI = needs significant improvement, seldom meets expectation

N/O = not observed at this time, does not imply behavior is missing

***Note: Detailed explanation of the Ability-Based Assessment of Professional Behavior will be presented on pages 69-78.***

**Occupational Therapy Code of Ethics and Ethics Standards (2015)**

**Preamble**

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

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

The Code serves two purposes:

1. It provides aspirational Core Values that guide members toward ethical courses of action in professional and volunteer roles, and

2. It delineates enforceable Principles and Standards of Conduct that apply to AOTA members.

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

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

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

the AOTA Ethics Commission or Ethics Program Manager, or an ethics consultant.

**Core Values**

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

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

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

**Principles and Standards of Conduct**

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

**Beneficence**

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

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

**Related Standards of Conduct**

**Occupational therapy personnel shall:**

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

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

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

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

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

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

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

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

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

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

**Nonmaleficence**

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

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

**Related Standards of Conduct**

**Occupational therapy personnel shall**

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

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

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

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

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

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

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

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

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

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

**Autonomy**

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

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

**Related Standards of Conduct**

**Occupational therapy personnel shall**

A. Respect and honor the expressed wishes of recipients of service.

B. Fully disclose the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention.

C. Obtain consent after disclosing appropriate information and answering any questions posed by the recipient of service or research participant to ensure voluntariness.

D. Establish a collaborative relationship with recipients of service and relevant stakeholders, to promote shared decision making.

E. Respect the client’s right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes.

F. Refrain from threatening, coercing, or deceiving clients to promote compliance with occupational therapy recommendations.

G. Respect a research participant’s right to withdraw from a research study without penalty.

H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications, in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act).

I. Display responsible conduct and discretion when engaging in social networking, including but not limited to refraining from posting protected health information.

J. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, culture) with the recipient of service (or responsible party), student, or research participant.

**Justice**

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

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

**Related Standards of Conduct**

**Occupational therapy personnel shall**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Veracity**

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

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

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

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

**Related Standards of Conduct**

**Occupational therapy personnel shall**

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

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

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

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

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

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

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

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

I. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution.

J. Maintain privacy and truthfulness when utilizing telecommunication in delivery of occupational therapy services.

**Fidelity**

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

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

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

**Related Standards of Conduct**

**Occupational therapy personnel shall**

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

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

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

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

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

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

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

H. Promote collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients.

I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of interprofessional teams.

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

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

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

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

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**Standards of Practice for Occupational Therapy (2016)**

This document defines minimum standards for the practice of occupational therapy. The *practice of occupational therapy* means the therapeutic use of occupations (everyday life activities) with persons, groups,and populations for the purpose of participation in roles and situations in the home, school, workplace,community, or other settings.

Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health

and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory–perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life (American Occupational Therapy Association [AOTA],

2011). The overarching goal of occupational therapy is to support people in participation in life through engagement in occupation for “habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non–disability-related needs” (AOTA, 2014b, p. S1).

The *Standards of Practice for Occupational Therapy* are requirements for occupational therapists and occupational therapy assistants for the delivery of occupational therapy services. *The Reference Manual of the Official Documents of the American Occupational Therapy Association, Inc*. (AOTA, 2015b) contains documents that clarify and support occupational therapy practice, as do various issues of the *American Journal of Occupational* *Therapy.* These documents are reviewed and updated on an ongoing basis for their applicability.

**Education, Examination, and Licensure Requirements**

All occupational therapists and occupational therapy assistants must practice under federal and state laws.

***To practice as an occupational therapist, the individual must:***

• Have graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®) or predecessor organizations;

• Have successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapists that is accredited by ACOTE or predecessor organizations;

• Have passed the entry-level examination for occupational therapists approved by the state occupational therapy regulatory board or agency; and

• Fulfill state requirements for licensure, certification, or registration. Internationally educated occupational therapists must complete occupational therapy education programs (including fieldwork requirements) that are deemed comparable (by the credentialing body recognized by the state occupational therapy regulatory board or agency) to entry-level occupational therapy education programs in the United States.

***To practice as an occupational therapy assistant, the individual must:***

• Have graduated from an occupational therapy assistant program accredited by ACOTE or predecessor organizations;

• Have successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapy assistants that is accredited by ACOTE or predecessor organizations;

• Have passed the entry-level examination for occupational therapy assistants approved by the state occupational therapy regulatory board or agency; and

• Fulfill state requirements for licensure, certification, or registration.

**DEFINITIONS**

The following definitions are used in this document. All definitions are retrieved from the *Occupational*

*Therapy Practice Framework: Domain and Process* (AOTA, 2014b) unless noted otherwise:

• ***Activities:***Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement (AOTA, 2014b, p. S41).

• ***Assessments****:* “Specific tools or instruments that are used during the evaluation process” (AOTA, 2010, p. S107).

• ***Client:***Person or persons (including those involved in the care of a client), group (collective of individuals, e.g., families, workers, students, or community members), or population (collective of groups or individuals living in a similar locale—e.g., city, state, or country—or sharing the same or like concerns) (AOTA, 2014b, p. S41).

• ***Evaluation:***“Process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results” (AOTA, 2010, p. S107).

• ***Intervention:***“Process and skilled actions taken by occupational therapy practitioners in collaboration with the client to facilitate engagement in occupation related to health and participation. The intervention process includes the plan, implementation, and review” (AOTA, 2010, p. S107; see Table 6).

• ***Occupation*:** Daily life activities in which people engage. Occupations occur in context and are influenced by the interplay among client factors, performance skills, and performance patterns. Occupations occur over time; have purpose, meaning, and perceived utility to the client; and can be observed by others (e.g., preparing a meal) or be known only to the person involved (e.g., learning through reading a textbook). Occupations can involve the execution of multiple activities for completion and can result in various outcomes. The *Framework* identifies a broad range of occupations categorized as activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation (AOTA, 2014b, p. S43).

• ***Outcome:***End result of the occupational therapy process; what clients can achieve through occupational therapy intervention (AOTA, 2014b, p. S44).

• ***Reevaluation*:** Reappraisal of the client’s performance and goals to determine the type and amount of change that has taken place (AOTA, 2014b, p. S45).

• ***Screening:*** Obtaining and reviewing data relevant to a potential client to determine the need for further evaluation and intervention.

**• *Transitions*:** Actions coordinated to prepare for or facilitate a change, such as from one functional level to another, from one life [change] to another, from one program to another, or from one environment to another.

**Standard I. Professional Standing and Responsibility**

1. An occupational therapy practitioner (occupational therapist or occupational therapy assistant) delivers occupational therapy services that reflect the philosophical base of occupational therapy and are consistent with the established principles and concepts of theory and practice.

2. An occupational therapy practitioner is knowledgeable about and delivers occupational therapy services in accordance with AOTA standards, policies, and guidelines and state, federal, and other regulatory and payer requirements relevant to practice and service delivery.

3. An occupational therapy practitioner maintains current licensure, registration, or certification as required by law or regulation.

4. An occupational therapy practitioner abides by the *Occupational Therapy Code of Ethics (2015)* (AOTA, 2015a).

5. An occupational therapy practitioner abides by the *Standards for Continuing Competence* (AOTA, 2015c) by establishing, maintaining, and updating professional performance, knowledge, and skills.

6. An occupational therapist is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process

(AOTA, 2014a).

7. An occupational therapy assistant is responsible for providing safe and effective occupational therapy services under the “direct and indirect” supervision of and in partnership with the occupational therapist and in accordance with laws or regulations and AOTA documents (AOTA, 2014a).

8. An occupational therapy practitioner maintains current knowledge of legislative, political, social, cultural, societal, and reimbursement issues that affect clients and the practice of occupational therapy.

9. An occupational therapy practitioner is knowledgeable about evidence-based practice and applies it ethically and appropriately to provide occupational therapy services consistent with best practice approaches.

10. An occupational therapy practitioner obtains the client’s consent throughout the occupational therapy process.

11. An occupational therapy practitioner is an effective advocate for the client’s intervention and/or accommodation needs.

12. An occupational therapy practitioner is an integral member of the interdisciplinary collaborative healthcare team. He or she consults with team and family members to ensure the client-centeredness of evaluation and intervention practices.

13. An occupational therapy practitioner respects the client’s sociocultural background and provides client-centered and family-centered occupational therapy services.

**Standard II. Screening, Evaluation, and Reevaluation**

1. An occupational therapist is responsible for all aspects of the screening, evaluation, and reevaluation process.

2. An occupational therapist accepts and responds to referrals in compliance with state or federal laws, other regulatory and payer requirements, and AOTA documents.

3. An occupational therapist, in collaboration with the client, evaluates the client’s ability to participate in daily life tasks, roles, and responsibilities by considering the client’s history, goals, capacities, and needs; analysis of task components; the activities and occupations the client wants and needs to perform; and the environments and context in which these activities and occupations occur.

4. An occupational therapist initiates and directs the screening, evaluation, and reevaluation process and analyzes and interprets the data in accordance with federal and state laws, other regulatory and payer requirements, and AOTA documents.

5. An occupational therapy assistant contributes to the screening, evaluation, and reevaluation process by administering delegated assessments and by providing verbal and written reports of observations and client capacities to the occupational therapist in accordance with federal and state laws, other regulatory and payer requirements, and AOTA documents.

6. An occupational therapy practitioner uses current assessments and assessment procedures and follows defined protocols of standardized assessments and needs assessment methods during the screening, evaluation, and reevaluation process.

7. An occupational therapist completes and documents the results of the occupational therapy evaluation. An occupational therapy assistant may contribute to the documentation of evaluation results. An occupational therapy practitioner abides by the time frames, formats, and standards established by practice settings, federal and state laws, other regulatory and payer requirements, external accreditation programs, and AOTA documents.

8. An occupational therapy practitioner communicates screening, evaluation, and reevaluation results within the boundaries of client confidentiality and privacy regulations to the appropriate person, group, or population.

9. An occupational therapist recommends additional consultations or refers clients to appropriate resources when the needs of the client can best be served by the expertise of other professionals or services.

10. An occupational therapy practitioner educates current and potential referral sources about the scope of occupational therapy services and the process of initiating occupational therapy services.

**Standard III: Intervention Process**

1. An occupational therapist has overall responsibility for the development, documentation, and implementation of the occupational therapy intervention plan based on the evaluation, client goals, best available evidence, and professional and clinical reasoning. When delegating aspects of the occupational therapy intervention to the occupational therapy assistant, the occupational therapist is responsible for providing appropriate supervision.

2. An occupational therapist ensures that the intervention plan is documented within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, state and federal laws, and other regulatory and payer requirements.

3. An occupational therapy practitioner collaborates with the client to develop and implement the intervention plan, on the basis of the client’s needs and priorities, safety issues, and relative benefits and risks of the interventions and service delivery.

4. An occupational therapy practitioner coordinates the development and implementation of the occupational therapy intervention with the intervention provided by other professionals, when appropriate.

5. An occupational therapy practitioner uses professional and clinical reasoning, available evidence-based practice, and therapeutic use of self to select and implement the most appropriate types of interventions. Preparatory methods and tasks, education and training, advocacy, and group interventions are used, with meaningful occupations as the primary treatment modality, both as an ends and a means.

6. An occupational therapy assistant selects, implements, and makes modifications to therapeutic interventions that are consistent with the occupational therapy assistant’s demonstrated competency and delegated responsibilities, the intervention plan, and requirements of the practice setting.

7. An occupational therapist modifies the intervention plan throughout the intervention process and documents changes in the client’s needs, goals, and performance.

8. An occupational therapy assistant contributes to the modification of the intervention plan by exchanging information with and providing documentation to the occupational therapist about the client’s responses to and communications throughout the intervention.

9. An occupational therapy practitioner documents the occupational therapy services provided within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, federal and state laws, other regulatory and payer requirements, and AOTA documents.

**Standard IV. Transition, Discharge, and Outcome Measurement**

1. An occupational therapist is responsible for selecting, measuring, documenting, and interpreting expected and achieved outcomes that are related to the client’s ability to engage in occupations.

2. An occupational therapist is responsible for documenting changes in the client’s performance and capacities and for transitioning the client to other types or intensity of service or discontinuing services when the client has achieved identified goals, reached maximum benefit, or does not desire to continue services.

3. An occupational therapist prepares and implements a transition or discontinuation plan based on the client’s needs, goals, performance, and appropriate follow-up resources.

4. An occupational therapy assistant contributes to the transition or discontinuation plan by providing information and documentation to the supervising occupational therapist related to the client’s needs, goals, performance, and appropriate follow-up resources.

5. An occupational therapy practitioner facilitates the transition or discharge process in collaboration with the client, family members, significant others, other professionals (e.g., medical, educational, social services), and community resources, when appropriate.

6. An occupational therapist is responsible for evaluating the safety and effectiveness of the occupational therapy processes and interventions within the practice setting.

7. An occupational therapy assistant contributes to evaluating the safety and effectiveness of the occupational therapy processes and interventions within the practice setting.

8. The occupational therapy practitioner responsibly reports outcomes to payers and referring entities as well as to relevant local, regional, and national databases and registries, when appropriate.

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*Adopted by the Representative Assembly, 2015NovCO14*

*Note.* These standards are intended as recommended guidelines to assist occupational therapy practitioners in the provision of occupational therapy services. These standards serve as a minimum standard for occupational therapy practice and are applicable to all individual populations and the programs in which these individuals are served.

This revision replaces the 2010 document *Standards of Practice for Occupational Therapy* (previously published and copyrighted in 2010 by the American Occupational Therapy Association in the *American Journal of Occupational* *Therapy, 64*(Suppl.), S106–S111. http://dx.doi.org/10.5014/ajot.2010.64S106

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**The Pennsylvania State University Berks Campus**

**Associate in Science in Occupational Therapy**

**ABILITY BASED ASSESSMENT OF PROFESSIONAL BEHAVIOR**

Professional behaviors are attitudes, characteristics or actions that are not explicitly part of the core of knowledge and technical skill required to practice as an OT but are required for success in the profession. This form outlines *ten area of professional behavior* which are necessary for competent practice. The development of professional behavior is a collaborative process between the student and the university including full time faculty, part time faculty, Fieldwork Educators, and faculty teaching supportive courses.

The student will be asked to rate his/her professional development using this form during each of the three report levels as indicated: OT 100S/101/OT103 *(Knowledge),* OT /105/107/OT109/OT195A *(Comprehension),* and OT 201/202/204//OT195B *(Application).* During the second and third report level, the faculty of the Associate in Science in Occupational Therapy Program will also rate the student’s professional development. This information will be shared during one-to-one advising meetings. It is the responsibility of the faculty advisor to gather feedback from all faculty and Fieldwork Educators involved in the students’ education during that report period. It is the responsibility of all OTA program faculty to contribute to the development of student assessment.

In order to begin Fieldwork Level II, OT 295A/B, the student must earn a satisfactory score in at least 8 of the 10 categories during the third report period: OT201/202/204/206. The student must **not** score NSI on any item during the third report period.

Items scored NI or NSI during the second or third report period must be addressed using a plan for remediation. Room for the remediation plan is provided on the form. The plan must contain measurable goals including a timeline for completion. Signatures of both the student and the academic advisor are required on the form following the advising meeting. The date of the meeting should be indicated.

RATINGS: the following ratings are used in scoring the form

S = satisfactory, routinely meets expectation

NI = needs improvement, not consistent in meeting expectation

NSI = needs significant improvement, seldom meets expectation

N/O = not observed at this time, does not imply behavior is missing

**ABILITY BASED ASSESSMENT OF PROFESSIONAL BEHAVIOR**

**Descriptions & Guide**

*Utilized by student & faculty to identify/discuss*

*where strengths and needs in professional behaviors exist.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Behavior** | **Knowledge Level**  *Semester 1 & 2*  *OT100S, OT101, OT103* | **Comprehension Level**  *Semester 3*  *OT105, OT107, OT109, OT195A* | **Application Level**  *Semester 4*  *OT201, OT202, OT204, OT206, OT195B* |
| **1. COMMITMENT TO LEARNING** | a. Identifies own learning approaches/style needs  b. Formulates and verbalizes appropriate questions in class and lab  c. Demonstrates and articulates a positive attitude (motivation) toward learning | a. Communicates own thoughts and ideas, both written and oral.  b. Identifies and communicates own specific learning strengths and needs based on prior experiences  c. Accepts and actively seeks new learning opportunities in and out of the classroom  d. Accepts that there may be more than one answer to a problem  e. Communicates understanding of various possible solutions to a given problem | a. Identifies personal/professional goals for OT education/practice  b .Seeks out and utilizes diverse resources to obtain information  c. Integrates and demonstrates multiple strategies to succeed in the learning environment |
| **2. INTERPERSONAL SKILLS** | a. Respects and listens to the opinions and ideas of others in a nonbiased manner  b. Respects the cultural and personal differences of others  c. Communicates verbally and in writing with others in a respectful, professional manner | a. Recognizes impact of non-verbal communication and modifies behavior and response accordingly    b. Assumes responsibility for own actions in classroom and fieldwork settings.  c. Seeks to gain knowledge and constructive feedback from others.  d. Works effectively and collaboratively with a variety of class members.  e. Contributes to and facilitates the development of learning of other class members. | a. Talks about difficult issues with sensitivity and objectivity in a constructive setting and manner.  b. Demonstrates an awareness of and ability to monitor own biases to facilitate class collaboration. |
| **3. USE OF CONSTRUCTIVE FEEDBACK** | a. .Demonstrates active listening skills.  b. Actively seeks feedback and assistance from faculty when needed.  c. Demonstrates a positive attitude toward feedback | a. Assesses own performance accurately.  b. Develops a plan of action in response to feedback.  c. Modifies own performance in response to feedback.  d. Seeks feedback from classmates. | a. Considers the consequences of multiple approaches to responses to feedback.  b. Utilizes feedback from faculty, peers and self in a manner that promotes professional growth. |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. EFFECTIVE USE OF TIME AND RESOURCES** | a. Focuses on tasks at hand.  b. Attends all classes and is consistently on time.  c. Completes assignments on schedule. | a. Coordinates tasks and schedules with classmates for group projects.  b. Plans ahead, anticipates unforeseen time demands.  c. Demonstrates ability to establish priorities in time use. | a. Allots sufficient time to do research and complete multi-staged assignments.  b. Utilizes diverse resources effectively for obtaining information. |
| **5. PROBLEM-SOLVING** | a. Recognizes problems affecting learning situation.  b. Describes known solutions to problem.  c. Identifies known resources needed to develop solutions | a. Prioritizes problems.  b. Implements a solution to problems.  c. Consults with others to clarify problems.  d. Accepts responsibility for implementing solutions. | a. Considers consequences of multiple possible solutions.  b. Reassess solutions.  c. Accepts responsibility for implementing solutions that reflect needs of group and the goals of the profession. |
| **6. COMMUNICATION SKILLS** | a. Demonstrates correct grammar, spelling & punctuation.  b. Demonstrates active listening skills in the classroom/lab.  c. Maintains open and constructive communication.  d. Displays body language appropriate to the academic and fieldwork settings. | a. Demonstrates understanding of professional terminology and utilizes standard English when communicating  b. Restates, reflects and clarifies oral messages as appropriate.  c. Communicates learning needs and concerns in a professional manner. | a. Presents oral and written information with logical organization and sequencing using professional terminology  b. Communicates a clear understanding of the issues and topics through examinations and discussions. |
| **7. PROFESSIONALISM** | a. Demonstrates general understanding of AOTA Code of Ethics  b. Demonstrates awareness of University and OTA Program’s policies and procedures  c. Demonstrates honesty, compassion and respect for all. | a. Projects professional image during oral presentations: content, appearance, and terminology  b. Demonstrates awareness of confidentiality issues/ concerns  c. Identifies positive professional role models/mentors | a. Discusses societal expectations of professionals  b. Demonstrates ability to compromise and negotiate as a team member  c. Demonstrates ability to modify behaviors and communication style to meet varying expectations in professional settings and situations |
| **8. RESPONSIBILITY** | a. Demonstrates punctuality for classes, appointments.  b. Demonstrates dependability.  c. Follows through on commitments: assignments, meetings, etc. | a. Accepts responsibility for own actions/outcomes  b. Completes all projects without being prompted or reminded.  c. Accepts responsibility for maintaining work area.  d. Demonstrates beginning leadership skills in assigned projects. | a. Accepts role as group leader in class and lab activities.  b. Effectively assumes roles to meet the needs of the group.  c. Accepts appropriate responsibility for outcomes of team actions. |

|  |  |  |  |
| --- | --- | --- | --- |
| **9. CRITICAL THINKING** | a. Raises relevant questions  b. Articulates ideas and opinions  c. Gathers and uses all available information when making decisions/judgments | a. Discusses new ideas and seeks alternative ideas  b. Reflects on ideas and thought processes and communicates insight.  c. Exhibits openness to opposing ideas. | a. Justifies solutions or decisions.  b. Demonstrates a beginning ability to offer alternative solutions to complex problems and issues.  c. Communicates potential outcomes from various responses to a problem. |
| **10. STRESS MANAGEMENT** | a. Identifies own stressors or problems.  b. Seeks assistance as needed.  c. Acknowledges (verbally or non-verbally) distress or problems of others.  d. Shows empathy for others. | a. Demonstrates the ability to effectively balance academic and personal work life.  b. Demonstrates appropriate emotional response in diverse situations.  c. Develops and utilizes effective coping strategies to deal with own stressors. | a. Demonstrates the ability to manage multiple commitments to self and others.  b. Assists others in recognizing stressors.  c. Identifies own strengths in solving problems. |

**The Pennsylvania State University Berks Campus**

**Associate in Science in Occupational Therapy**

**2nd Semester Self-Assessment of Professional Development & Behaviors**

**Student:**

1. Based on the curriculum and activities of the first year, what aspects of OT are the most intriguing or interesting to you?

2. What aspects of OT are least interesting to you?

3. **Academic Strengths**: Based on the course assignments, activities, and exams, what are your academic strengths?

4. **Academic Needs**: Based on the course assignments, activities, and exams, what are your academic needs?

5. Write three personal goals for the spring semester. What do you hope to accomplish?

a.

b.

c.

**Pennsylvania State University Berks Campus Occupational Therapy Assistant Program**

**Ability Based Assessment of Professional Behavior**

**2nd Semester Assessment**

*Please rate your overall performance in each area.*

*Refer to the “ABILITY BASED ASSESSMENT OF PROFESSIONAL BEHAVIOR Descriptions & Guide”*

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Behavior** | **Student Score** | **Faculty Score** | **Comments** |
| 1. Demonstrate a professional commitment to learning. |  |  |  |
| 1. Display professional and empathetic interpersonal skills. |  |  |  |
| 1. Utilize feedback constructively. |  |  |  |
| 1. Utilize time and resources effectively. |  |  |  |
| 1. Demonstrate effective problem solving skills. |  |  |  |
| 1. Display professional communication skills. |  |  |  |
| 1. Display professionalism in judgment, attitudes, and actions. |  |  |  |
| 1. Demonstrate responsibility for own actions. |  |  |  |
| 1. Employ critical thinking. |  |  |  |
| 1. Utilize effective stress management. |  |  |  |
| **S** Routinely meets expectation **NI** Needs improvement, not consistently meeting expectation  **N/O** Not observed **NSI** Needs significant improvement, seldom meets expectation  ***To enroll in OT295A/B the student must earn a satisfactory score of 8/10 items during semester 4 and have no score of NSI.*** | | | |

**Pennsylvania State University Berks Campus Occupational Therapy Assistant Program**

**Ability Based Assessment of Professional Behavior**

**3rd Semester Assessment**

*Please rate your overall performance in each area.*

*Refer to the “ABILITY BASED ASSESSMENT OF PROFESSIONAL BEHAVIOR Descriptions & Guide”*

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Behavior** | **Student Score** | **Faculty Score** | **Comments** |
| 1. Demonstrate a professional commitment to learning. |  |  |  |
| 1. Display professional and empathetic interpersonal skills. |  |  |  |
| 1. Utilize feedback constructively. |  |  |  |
| 1. Utilize time and resources effectively. |  |  |  |
| 1. Demonstrate effective problem solving skills. |  |  |  |
| 1. Display professional communication skills. |  |  |  |
| 1. Display professionalism in judgment, attitudes, and actions. |  |  |  |
| 1. Demonstrate responsibility for own actions. |  |  |  |
| 1. Employ critical thinking. |  |  |  |
| 1. Utilize effective stress management. |  |  |  |
| **S** Routinely meets expectation **NI** Needs improvement, not consistently meeting expectation  **N/O** Not observed **NSI** Needs significant improvement, seldom meets expectation  ***To enroll in OT295A/B the student must earn a satisfactory score of 8/10 items during semester 4 and have no score of NSI.*** | | | |

**Semester 3**

**Reflection on learning to date, as related to Professional Behavior and Growth**

Professional Behavioral Objective 1:

Professional Behavioral Objective 2:

Areas of Need:

Areas of Strength:

Comments:

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Pennsylvania State University Berks Campus Occupational Therapy Assistant Program**

**Ability Based Assessment of Professional Behavior**

**4th Semester Assessment**

*Please rate your overall performance in each area.*

*Refer to the “ABILITY BASED ASSESSMENT OF PROFESSIONAL BEHAVIOR Descriptions & Guide”*

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Behavior** | **Student Score** | **Faculty Score** | **Comments** |
| 1. Demonstrate a professional commitment to learning. |  |  |  |
| 1. Display professional and empathetic interpersonal skills. |  |  |  |
| 1. Utilize feedback constructively. |  |  |  |
| 1. Utilize time and resources effectively. |  |  |  |
| 1. Demonstrate effective problem solving skills. |  |  |  |
| 1. Display professional communication skills. |  |  |  |
| 1. Display professionalism in judgment, attitudes, and actions. |  |  |  |
| 1. Demonstrate responsibility for own actions. |  |  |  |
| 1. Employ critical thinking. |  |  |  |
| 1. Utilize effective stress management. |  |  |  |
| **S** Routinely meets expectation **NI** Needs improvement, not consistently meeting expectation  **N/O** Not observed **NSI** Needs significant improvement, seldom meets expectation  ***To enroll in OT295A/B the student must earn a satisfactory score of 8/10 items during semester 4 and have no score of NSI.*** | | | |

**Semester 4**

**Critical Thought Process related to Readiness for FW Level II**

**Status of Professional Behavioral Growth**

Professional Behavioral Objective 1:

Professional Behavioral Objective 2:

Areas of Need:

Areas of Strength:

Comments:

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**The Pennsylvania State University Berks Campus**

**Associate in Science in Occupational Therapy**

**Academic Retention Policy**

**OTA Student Academic Success**

Students in the Associate in Science in Occupational Therapy Program must earn a grade of C or better in BIOL129,

BIOL141, BIOL142, OT 100, 101, 103, 105, 107, 109, 201, 202, 204, and 206.

As outlined in the course syllabi and the *Associate Degree Programs Bulletin*, students must earn passing grades in

prerequisite occupational therapy courses to enroll in subsequent occupational therapy courses. Students will take the OT didactic courses offered in each semester, concurrently and in the prescribed sequence, since the curriculum is a progressive learning model. Level II fieldwork is completed only after the OT didactic courses and all general education requirements are successfully completed.

**Ongoing Progression in the OTA Program**

The faculty and administration will work with students for successful completion of the OTA program; however,

there are some instances where progression in the program is non-negotiable & they are as follows:

1. A student who earns a D or F in any two OT didactic and/or fieldwork courses will not be allowed to continue in the program (Examples include, but are NOT limited to: OT103 & OT195B OR OT195A & OT295A OR OT101 & OT101 (failing the same class twice)).
2. A student who fails any two fieldwork I/II experiences (i.e. OT195A, OT195B, OT295A or OT295B in any combination) will not be allowed to continue in the program.
3. A student may be disenrolled from the OTA program for ANY violation of the *Occupational Therapy Code of Ethics* and/or *PSU Academic Integrity* (Policy G-9 ).

Policy G-9 Policies: <http://undergrad.psu.edu/aappm/G-9-academic-integrity.html>

1. A student may ***not*** progress to the 3rd semester of the curriculum until BIOL129, BIOL141, and BIOL142 have been successfully completed with a C or better. If BIOL courses are not successfully passed by 3rd semester, the student may withdraw from the University or remain active and return to 3rd semester of prescribed OT courses the following year with the approval of Program Director.
2. Students ***must*** maintain a minimum grade point average of 2.0 to be eligible to engage in Fieldwork Level I & II (OT195A/B & OT295A/B). Refer to the **Fieldwork Policy** sectionof this manual regarding policies and procedures for successful completion, termination, or failure of Level I and Level II Fieldwork.

**Leave of Absence:** For extenuating circumstances, it may be necessary for a student to request a leave of absence

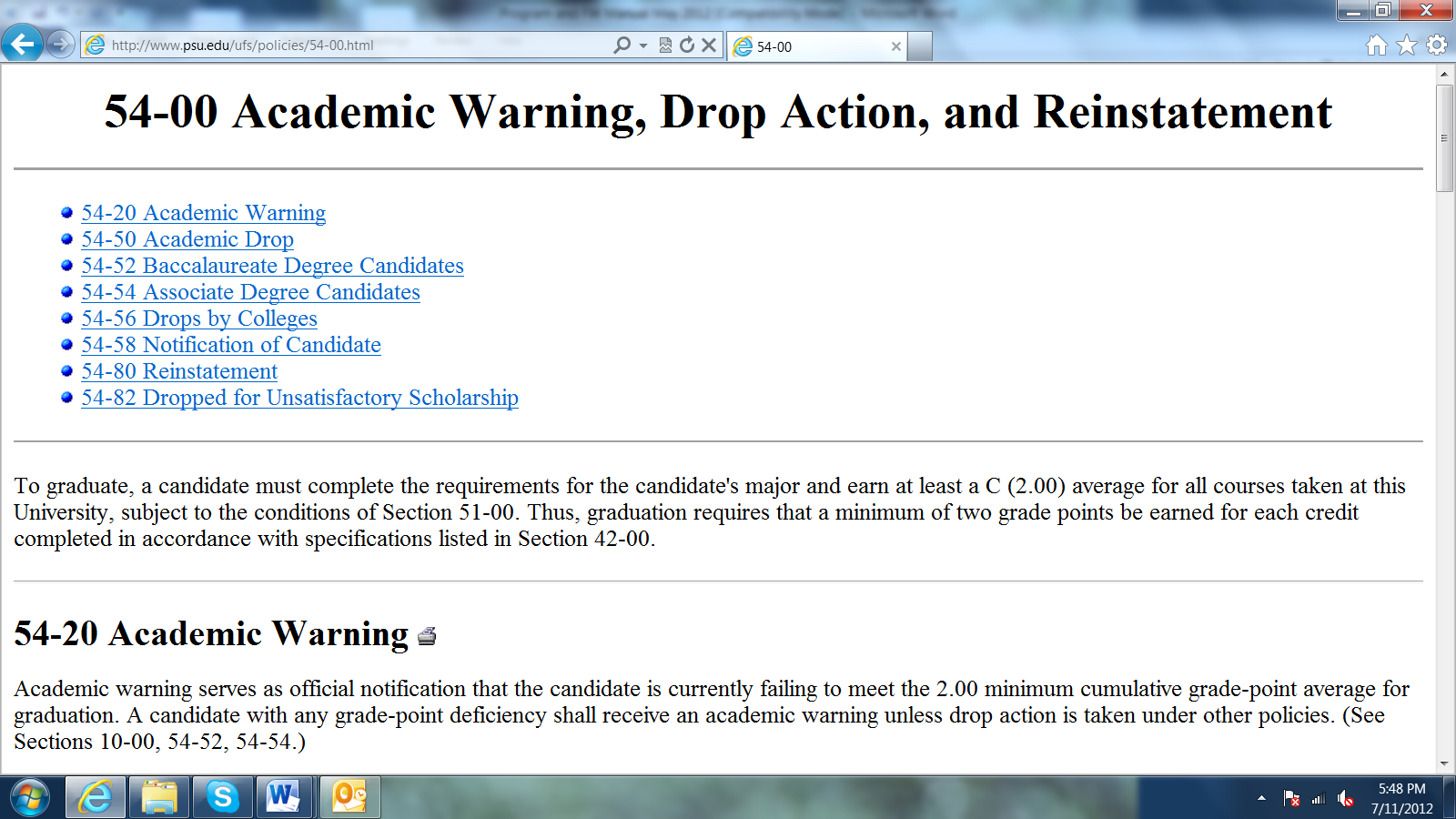
or extend the program over a longer period of time. The Pennsylvania State University *Associate Degree Bulletin* outlines policies and procedures for Leave of Absence, Course Withdrawal, Re-enrollment and Reinstatement that impact on all Pennsylvania State University students. It is expected that a student who, because of academic difficulties or extenuating circumstances, is not able to complete the OT designated courses within the programmed sequential semesters, will complete the prerequisite OT designated course work no more than one academic year prior to enrolling in the subsequent OT designated courses. If the time lapse between stopping and restarting the occupational therapy didactic course sequence exceeds one year, the student is responsible for demonstrating current competency in previously completed courses, even though he or she had earned passing grades for those courses, before enrolling in those courses which need to be completed. The Program Director and/or the faculty members responsible for the occupational therapy courses in which the student wishes to enroll will determine current competency. Demonstration of current competency may include: auditing of previous courses, formal retesting of knowledge and skills, projects, etc.

**Policy for Academic Warning, Drop, or Reinstatement**

**Associate in Science in Occupational Therapy Program**

*Reference Senate Policies 54-00*

[*http://senate.psu.edu/policies-and-rules-for-undergraduate-students/54-00-academic-warning-drop-action-and-reinstatement/*](http://senate.psu.edu/policies-and-rules-for-undergraduate-students/54-00-academic-warning-drop-action-and-reinstatement/)



The faculty of the Associate in Science in Occupational Therapy Program will review and evaluate the performance of the undergraduate degree candidate to determine if the performance of a degree candidate is considered to be below established standards and the candidate is not adapted to the work of the college. This is in compliance with Senate Policy 54-56.1 and Senate Policy 54-56.2.

The following criteria will be applied in the review and evaluation process: adherence to the American Occupational Therapy Associate Code of Ethics, the Occupational Therapy Practice Act of the state of Pennsylvania, the American Occupational Therapy Association Standards of Practice, and the Fieldwork Manual of the Pennsylvania State University; and adherence to the Pennsylvania State University Policies and Rules for Students. Students found guilty of an infraction of academic integrity that also violates the AOTA Code of Ethics may be ineligible for completion of the program and may be ineligible to sit for the certification exam required for practice as a Certified Occupational Therapy Assistant. Students convicted of a felony may not eligible to sit for the certification exam required for practice as a COTA.

Students not adapted to the work of the college as determined by the above criteria will be provided written notice during the semester in which their work is so judged. A copy of the letter will be retained in the OTA program office and one will be forwarded to the Office of the Dean of the University College or to the dean of the Penn State Berks Campus for those students attending the Penn State Berks Campus. The student will have one semester following the receipt of the written notice to remediate the circumstances which caused the deficit. A written plan of remediation will be developed. The student and the OTA program coordinator will retain copies of the remediation plan. If the plan is successful, the student may continue in the program. If the student does not successfully complete the remediation plan, their name will be forwarded to the appropriate dean of their college for removal from degree candidacy in the OTA major as per Senate Policy 54-56.1. Counseling as to other degree options will be provided by the University.

**I-5: DROPS (OR DISENROLLMENTS) BY COLLEGE**

<http://undergrad.psu.edu/aappm/I-5-drops-disenrollments-by-college.html>

**Procedure: Failure to Meet Academic Retention Standards**

To require a student to disenroll from a college or major under Senate Policy 54-56.1, a college dean shall provide in writing a notice to the student that such action is pending, to be executed effective at the beginning of the next semester. The Division of Undergraduate Studies will be informed when such notice is given. The student should be strongly encouraged to consult with his or her adviser and with the Division of Undergraduate Studies regarding possible transfer to the Division or to another major.

The student may process a Change of Major form to accomplish a transfer of enrollment to another academic program or to the Division of Undergraduate Studies, subject to the provisions of Senate Policy 37-30.

Effective at the beginning of the next semester after appropriate notice to the student (under Policy 54-56.1), the college dean may place an academic administrative hold on the registration of the student in the college. The hold will prevent the student from registering as a degree candidate in the college during that semester or after. The hold to register as a degree candidate would be removed if the student has successfully processed a Change of Major form. The hold would not prevent the student from enrolling during that semester as a nondegree student. After one semester of no enrollment as a degree candidate under the administrative hold, the student's status would change to that of withdrawn from degree candidacy. If later the student wished to be re-enrolled to degree candidacy under Senate Policy 58-00, the student would not be re-enrolled to the college from which he or she had been disenrolled under Policy 54-56.1 without certification by the college dean that the student has satisfied all admission and entrance to major requirements. (Ref: Senate Policy 54-56.1)

**Students Not Adapted to Work in the College** The faculty of a college through its advising system should periodically review and evaluate the performance of the undergraduate degree candidates.

If the performance of a degree candidate is considered to be below standards and the candidate is not adapted to the work of the college, the candidate will be counseled and informed by letter of any deficiencies. The candidate will be given at least one semester after receipt of the letter to remove deficiencies or show that he or she has adapted to the work of the college. If, after one or more semesters the student's performance has not improved, the college dean may recommend to the President that the student be dropped as a degree candidate.

The recommendation to the President is forwarded to the Vice President and Dean for Undergraduate Education. The recommendation should include a transcript, copies of any letters sent to the student, and a summary of counseling sessions.

In order to control registration, billing, etc., drops by colleges are expected to occur only at the end of a semester in accordance with an announced deadline. The deadline is normally 24 hours after the final examination period ends. (Ref: Senate Policy 54-56.2)

Approved: ACUI (9-13-79)

Revised: ACUI (5-19-83)

Revised: ACUE (9-26-96)

Revised: Editorial (3-13-12)

**The University may make changes in policies, procedures, educational offerings, and requirements at any time. Please consult a Penn State academic adviser for more detailed information. Penn State is an affirmative action, equal opportunity university.**

**CREDENTIALING PROCESSES**

The Associate in Science in Occupational Therapy major at The Pennsylvania State University is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American

Occupational Therapy Association (AOTA).

**The American Occupational Therapy Association, Inc.  (AOTA)**   
4720 Montgomery Lane   
Suite 200   
Bethesda, MD 20814-3449   
Phone: 301-652-2682   
<http://www.aota.org/>

**Accreditation Council for Occupational Therapy Education (ACOTE)**   
c/o Accreditation Department   
American Occupational Therapy Association (AOTA)   
4720 Montgomery Lane   
Suite 200   
Bethesda, MD 20814-3449   
Phone: 301-652-AOTA   
<http://www.acoteonline.org/>

*Penn State University receives its accreditation from the Middle States Commission on Higher Education. Penn State was first accredited in 1921 and reaffirmed in 2015.  The current Statement of Accreditation Status can also be viewed at* <http://www.msche.org/documents/SAS/351/Statement%20of%20Accreditation%20Status.htm> *The Pennsylvania State University is authorized to grant Associate degrees and the accreditation status granted by Middle States Commission on Higher Education includes such degrees. As detailed in the Statement of Accreditation Status, the Middle States Commission on Higher Education recognizes the U.S. Secretary of Education’s approval of the Accreditation Counsel for Occupational Therapy Educator (ACOTE) to accredit occupational therapy assistant education programs.*

**CERTIFICATION**

Graduates who have satisfactorily completed all academic coursework and both Level II placements are eligible to sit for the national certification examination for the Occupational Therapy Assistant administered by the National Board for Certification in Occupational Therapy (NBCOT). Passage of this exam allows the graduate to use the credential of Certified Occupational Therapy Assistant (COTA).

Certification must be renewed as prescribed by NBCOT to continue using the COTA credentials.

**A felony conviction may affect a graduate’s ability to sit for the NBCOT exam and obtain licensure.**

**National Board for the Certification of Occupational Therapy, Inc. (NBCOT)**   
12 South Summit Avenue   
Suite 100   
Gaithersburg, MD 20877   
Phone: 301-990-7979   
Fax: 301-869-8492   
<http://www.nbcot.org/>

***Failure of the certification examination***

There are no limits to the number of times candidates may sit for the certification examination.

Candidates taking the certification examination may continue to examine until they are successful.

However, candidates taking the examination for licensure purposes are advised to check with their state regulatory board to determine whether there are any limits on the number of times candidates may take the certification examination.

**STATE REQUIREMENTS FOR OCCUPATIONAL THERAPY**

In addition, all states regulate the occupational therapy profession. Regulation may be in the form of licensure laws, registration laws, certification laws, or trademark laws. Most states accept the results of the NBCOT exam to obtain licensure. An updated list of states presently operating with licensure laws and their respective contact information is available from the AOTA legislative & political affairs division. Here is the AOTA link for a list of State Board contacts for licensure or regulation for all states = <http://www.aota.org/advocacy-policy/state-policy/licensure.aspx>

**Here are direct links to the most commonly practiced in states by PSU ASOT Graduates:**

* **Pennsylvania State Board of Occupational Therapy Education and Licensure**   
  P.O. Box 2649, Harrisburg, PA 17105-2649   
  Phone - (717) 783-1389   
  Fax - (717) 787-7769   
  [ST-OCCUPATIONAL@pa.gov](mailto:ST-OCCUPATIONAL@pa.gov)

http://www.dos.pa.gov/professionallicensing/boardscommissions/occupationaltherapy/Pages/default.aspx

* New Jersey Occupational Therapy Advisory Council

PO Box 45037, Newark, NJ 07101,

Phone - (973) 504-6570

<http://www.njconsumeraffairs.gov/ot>

***Additional Information about Licensure in Pennsylvania***

According to section 42.11 of the Pennsylvania Licensure Act, a candidate may take the certification exam and fail two times. After the second failure the Board may require the candidate to complete additional training approved by the Board. Written notice will be provided to the candidate as to what additional training will be required.

**The Pennsylvania State Board of Education & Licensure advises that a drug-related conviction and/or conviction of a felonious act may result in denial and/or revocation of license to practice occupational therapy.**

**ACT 31:** All new applicants must take a 3 hour course & upon renewal of license must take a 2 course in *Recognizing & Reporting Child Abuse: Mandated & Permissive Reporting*. \*See University of Pittsburgh’s free course - <https://www.reportabusepa.pitt.edu/>

**COMPLAINTS ABOUT THE OTA PROGRAM**

**PURPOSE**

To ensure and describe the plan that is in place for addressing complaints submitted by students about the Penn State OTA program (ACOTE Standard 4.7).

**PROTOCOL**

1.      Student attempts to resolve the issue with the instructor.

2.      If that is not successful, student contacts the Program Director to register a written complaint.

3.      Program Director attempts to resolve the complaint (i.e. mediate student and instructor).

4.      If that is unsuccessful, complaint moves to Chief Academic Officer.

5.      If that is unsuccessful, the Chief Academic Officer will move the complaint to the Office of Dean of University College.

**IN RESPONSE TO ABOVE STEPS OF PROTOCOL**

* Starting at step 2, mediator drafts a response which becomes part of the complaint packet, either describing the resolution or the impasse.
* In the instance that the complaint is about the Program Director, the student should proceed to Step 4.
* Chief Academic Officer at Penn State Berks is Dr. Paul Esqueda
* Office of Dean of University College   
  111 Old Main, University Park, PA 16802  
  Phone: (814) 863-0327
* Associated Link:
  + <http://studentaffairs.psu.edu/conduct/>
  + http://studentaffairs.psu.edu/conduct/codeofconduct/

**GENERAL**

**FIELDWORK INFORMATION Pennsylvania State University Berks Campus - Associate in Science in Occupational Therapy**

**Student Responsibility Acknowledgment for Fieldwork Level I & II Education**

*This form must be completed prior to engaging in fieldwork level I experiences and shall remain in effect through the completion of fieldwork level II****.***

1. I understand that I must abide by all information in the PSU Berks OTA Program & Fieldwork Manual.
2. I understand that it is my responsibility to provide transportation to each fieldwork site, up to 2 hours driving distance one way.

1. I understand that I must utilize *CastleBranch* to assist me in meeting the requested requirements (i.e. drug test, interview, background checks, physical, immunization records, etc.) of each fieldwork site that I am assigned to, prior to the beginning of each fieldwork experience.

1. I understand I will be required to obtain professional liability insurance. I will provide a copy of the certificate of insurance as proof of such coverage upon request.

1. I understand that fieldwork is required for OT195A, OT195B, OT295A, and OT295B. Failure to complete fieldwork requirements during the assigned semester due to a breach in professional behaviors/standards of practice or negligence of student responsibilities will result in a failure of that fieldwork experience.
2. I understand that it is my responsibility to follow all policies & procedures of the fieldwork site while completing the fieldwork experience at each facility.

1. I understand that a grade of "C" (70%) is required in OT295A and OT295B. If a lower grade is received, depending on the grade and/or the circumstances, I will be faced with one or more of the following: a) additional coursework; b) additional FW experience; and/or c) failure of course.

1. I understand that the facility may revoke my right to do fieldwork at the site if, in the facility’s sole discretion: a) my performance in unsatisfactory; b) my health status is or becomes a detriment to the successful completion of the educational experience; or c) I fail to fully comply with each of the statements in this Acknowledgement.

1. I acknowledge my responsibility under HIPAA and the Memorandum of Understanding with the facility to keep confidential any information regarding patients, as well as all confidential information about the facility. I agree not to reveal to any person(s) except authorized staff and associated personnel, any specific information regarding any client and further agree not to reveal to any third party any confidential information of the facility, except as required by law or authorized.

1. I acknowledge my responsibility under *ACT31 Mandated Child Abuse Reporter*. I will complete the training as part of OT195A/B for Fieldwork I as a pre-requisite for OT 295A/B Fieldwork II.

1. I understand the following: Although the Academic Fieldwork Coordinator (AFWC) will consider each student's interests and geographical location with respect to fieldwork placements, the AFWC cannot guarantee that student requests will be granted. Fieldwork assignments will be determined by the AFWC and will be based upon the availability of experiences, the program's desire to provide a variety of different practice-based experiences, and each student's abilities or needs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**The original will be placed in the student file and the student will retain a copy for their records.**

**Fieldwork I & II Site Requirements Policy**

**Policy**

The faculty of the OTA Program at The Pennsylvania State University – Berks Campus will inform students of requirements and clearances requested by the fieldwork site for completion prior to the start of the fieldwork level I and/or II experience.

**Procedure**

The Pennsylvania State University has affiliation agreements with various facilities that have **requirements** that must be met prior to the start of a fieldwork experience at that facility. These requirements are requested by the site and are between the student and the site. The following criteria outline the roles and responsibilities related to the requested requirements:

1. The university is responsible for informing the student that they may be asked to complete various requirements prior to fieldwork placements. This is posted on the program website as well as in the "Student Responsibility Acknowledgement for FW I/II Education" form that is signed by the student as a component of OT100S (1st course in the program).
2. The student initiates communication with the site **only after** permission has been given to the student by the Academic Fieldwork Coordinator (AFWC) and inquires about the requested requirements for each fieldwork experience.
3. The student is responsible for completing any site-specific requirements requested by the site within a reasonable time period (2-5 weeks) prior to the start date of the fieldwork experience.
4. The students must submit the results in writing to the site, within the site’s time-frame prior to the start date of the fieldwork experience.
5. The student will hold all requirement results and share them with the site as requested.
6. The student will refrain from posting any clinical information, opinions, or discussions regarding level I or II fieldwork on social media.
7. Posting fieldwork information on social media could potentially be a violation of the AOTA "Occupational Therapy Code of Ethics".
8. If the student fails to complete the site requested requirements the following could happen:
   1. The site could refuse to take the student which results in an immediate failure of the fieldwork experience.
   2. The fieldwork experience start date could be delayed until the appropriate requirements are completed. If postponement of the start date delays the end date past the end of a semester, the student could be prohibited from starting the next semester of classes or graduating from the OTA program. This could mean delay of one full academic year due to the sequence of OTA classes.
9. If the student has an unfavorable result (i.e. criminal record history) on any of the site-requested requirements, the following process will be followed:
   1. If the site refuses to accept the student due to the results of the requirements, the AFWC will make a reasonable attempt, defined as one attempt, to locate another site of equal competency (i.e. inpatient for inpatient, outpatient for outpatient). This may require time to locate another site which could lead to a delay in the start date which could lead to that same process as defined in 8b.
   2. If the student is placed at another site, the student would be required to meet the site requirements of the new site and immediately submit the proper paperwork to the site.
   3. If the second site refuses to accept the student due to the unfavorable results of the requirements, the student would be dismissed from the OTA program secondary to the inability to complete an element of the curriculum required for graduation.
   4. The AFWC holds the discretionary right to attempt more than once to find another site for a student as deemed appropriate.

**Infection Control/Universal Precautions/Immunizations**

The Pennsylvania State University Associate in Science in Occupational Therapy Program adheres to the Center for Disease Control and OSHA guidelines for universal precautions in the classroom and fieldwork environments where the potential for exposure to blood and certain body fluids may occur as the result of an accident or in the context of learning about and providing occupational therapy services.

**Universal precautions include effective hand washing techniques and the use of protective barriers/equipment to prevent the spread of disease through contact with blood and other body fluids. Protective barriers/equipment includes the wearing of gloves, masks, and/or gowns and the use of disposal receptacles for protection against exposure to infectious diseases.**

**In addition to these general guidelines, fieldwork sites may publish specific policies and procedures by which the student must abide while engaged in the fieldwork experience.**

It is the responsibility of the student to become familiar with the OSHA as well as the site-specific guidelines regarding universal precautions and disease control prior to engaging in the fieldwork experiences and those classroom learning activities which dictate such precautions.

Students may obtain copies of the OSHA guidelines by contacting the U.S. Department of Labor, Occupational Safety and Health Administration. Refer to <http://www.cdc.gov/ncidod/dhqp/bp.html> for current information. Also see <https://www.cdc.gov/infectioncontrol/guidelines/index.html>

In compliance with the Pennsylvania State University immunization policy, the occupational therapy assistant student must have received all required immunizations as a requirement for admission. For more information see Penn State Student Affairs University Health Services Immunization Compliance Site: <http://studentaffairs.psu.edu/health/immunizations/>

Prior to engaging in OT 195A Fieldwork I students must update immunizations and have a current health physical on-file. The student must maintain current immunization and health physical while participating in OT195A/B and OT295A/B. These requirements can be documented via the CastleBranch portal. Additionally, a physical form and immunization form are provided on the CastleBranch portal for student use.

As related to Fieldwork Level I/II:

* Students are to contact the Clinical Educator at each site for the site-specific policies and procedures as related to infection control and universal precautions (i.e. on-site training or additional training prior to engaging in fieldwork experience).
* Students are required to comply with all immunization requests and testing specified by fieldwork sites.

**HIPAA Guidelines for Fieldwork**

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

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

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

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

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

**The Pennsylvania State University**

**Health Insurance Portability and Accountability Act (HIPAA)**

All Pennsylvania State University students involved in activities covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) must abide by the relevant University policies required by HIPAA. The Pennsylvania State University policies are:

AD22 The Pennsylvania State University HIPAA Policy

RA22 The Pennsylvania State University HIPAA and Research Policy

RA23 The Milton S. Hershey Medical Center and the Penn State College of Medicine HIPAA Research Policy

HIPAA requires that all Pennsylvania State University State University students in covered University departments participate in HIPAA training on the relevant policies. In addition, other personnel may be required to participate in the training as a result of their contact with protected health information.

The Pennsylvania State University’s Health Insurance Portability and Accountability Act (HIPAA) training is in the Pennsylvania State University’s Course management system (CANVAS). Information about HIPAA and the PSU requirement for student training will be provided to the occupational therapy assistant student and she/he will be required to complete the training as follows: **Students must complete HIPAA training & sign the *HIPAA Policy Awareness and Compliance for Students* form that is generated post completion of the HIPAA training.**

Penn State HIPAA training is available online via the CANVAS Course Management System at http://psu.instructure.com. Instructions on how to access the training module in Canvas will be provided by the OTA program.

This training will be completed prior to students going out on Fieldwork Level I and a copy of the *HIPAA Certificate of Completion* form will be maintained in the school file and personal fieldwork files for use through OT295A/B.

**CRITERIA FOR SELECTION OF FIELDWORK SITES**

A list of fieldwork sites providing Level I and Level II fieldwork for Penn State students is on reserve through the Occupational Therapy Department via CANVAS and/or hardcopy.

Additional sites that are interested in providing field experience for Penn State students are regularly being added to the list. These centers are brought to the attention of the Program Director and Fieldwork Coordinator by students, potential students and by practitioners.

Criteria for selection of fieldwork sites:

1. The site is accredited by a recognized accrediting agency or approved by the university program.

2. Students are supervised by qualified Fieldwork Educators.

3. There is an appropriately varied caseload of clients to meet the educational requirements of the student.

4. There is a mutual agreement/contract for the fieldwork between The Pennsylvania State University and the fieldwork site.

5. The site must be located within the United States unless approved by the University Office of Global Programs, the AFWC, and OTA program director. Funding for out of country travel is provided by the student.

On-going contact is to be maintained with the fieldwork site and the Pennsylvania State University

Occupational Therapy Assistant Program Fieldwork Coordinator through:

* The AOTA Fieldwork Data Form (as applicable).
* Written correspondence with appropriate persons.
* Electronic and/or telephone communications as appropriate.
* On-site visits as needed and as appropriate.
* Individual and group meetings with Fieldwork Educators.

**FIELDWORK INFORMATION**

**Pennsylvania State University Berks Campus**

**Associate in Science in Occupational Therapy**

**Professional Expectations Policy**

**Fieldwork Level I and Level II**

Occupational therapy assistant (OTA) students are expected to adhere to the following policies when visiting or completing their assignments at various fieldwork sites and when attending any class fieldwork / trips.

NOTE: Specific attire requirements established by the fieldwork site for OTA students during Level II fieldwork supersede this document. Specific site requirements are listed on the *AOTA Fieldwork Data Form* and/or maintained by the AFWC who will give the student the information upon the FW site placement. It is the responsibility of the student to review the fieldwork data forms well in advance of a scheduled fieldwork experience to ensure she/he understands and can comply with site expectations.

OTA students who are refused fieldwork at a particular site due to inappropriate or unsafe attire will not be placed at another fieldwork site until remediation strategies can be established to correct the problem. If the student will not comply with the expectations, it will be considered a failure (grade = F) of the FW I or FW II.

OTA students are expected to comply with fieldwork site standards for dress, cleanliness, jewelry, body piercing and related safety consideration. Both males and females are directed to comply with all of the standards and with specific gender related issues as appropriate.

Personal appearance, cleanliness and grooming convey a sense of professionalism along with demeanor, attitude, and behavior which impact patient/client rapport and intervention outcomes. Therefore, be professional, conservative in appearance and well groomed.

You should wear your Penn State name tag unless an identification badge is issued by the facility.

Below is a ***general*** list of policies to follow in relation to appropriate attire, grooming and related safety.

**Clothing**

* Neat and tailored long pants are usually preferable to skirts/dresses.
* If skirt/dress is worn, it should be approximately knee length or longer.
* Shoes with closed toes and backs (no straps), low or no heel should be worn for safety. Clean sneakers are acceptable; sandals are not acceptable footwear.
* Socks/knee highs or pantyhose should always be worn with any attire.
* Sweaters and tops should be loose fitting. It should be large enough to be unrestrictive. If you raise your arms and the top gets “stuck” on any part of you it is not appropriate for Fieldwork (i.e. stomach shows when you raise your arms). Additionally, low cut shirts, sweaters, revealing midriffs are not to be worn.
* Shirts should have sleeves and should be void of inappropriate messages, logos, etc. Sleeveless tops require that a jacket be worn.
* Tee shirts, sweatshirts and hats are not to be worn.
* Sweatpants, denim jeans, spandex or legging pants, shorts are not be worn. Pants should be worn at the waist and not too low or too baggy. To assess if pants are appropriate, bend and squat as if assisting a patient. Does your shirt pull out or are your undergarments showing? If so, these pants are not appropriate for fieldwork.

**Jewelry**

* Jewelry is to be kept to a minimum (bracelets, rings, and necklaces).
* Dangling or large hoop earrings which could be caught on something or grabbed should be avoided.
* Facial piercing should be eliminated and ear piercing should be minimized.
* Tattoos should be covered.
* No slogan buttons are to be worn unless with professional insignia or institution related.

**Grooming**

* Hair should be clean.
* Long hair should be pulled back and tied.
* Facial hair should be neatly trimmed or shaved as appropriate.
* Good body and oral hygiene should be maintained.
* Finger nails should be clean and maintained at an appropriate length for patient care and infection control.
* Strong perfumes, colognes and after shave lotions should be avoided.
* Makeup should be soft and complimentary, not bold and heavy looking
* Hair coloring should be natural without bold or neon highlights or painting.

**Cell Phone Use**

Students are required to abide by the cell phone policy at both the campus and fieldwork site.

**Social Media Guidelines & Policy**

Follow best practices when using social media to protect your personal & professional reputation.

1. Consider what your goal is for being on a social media site.
2. Be responsible in your communications.
3. Represent yourself & others with respect & integrity.
4. Be accurate in information posted. Do not post private information about self or others.
5. Respect copyrights & fair use.
6. Remember to protect confidentiality & proprietary information.
7. Monitor comments. Rule of thumb: Only share on social media those things you would share 1:1 or in a group with friends/family/co-workers.
8. Consider if your posts are adding value to your experience and those who will read the post.
9. Remember how you conduct yourself will convey your knowing and sense of professionalism.

**LEVEL I FIELDWORK**

**&**

**SERVICE LEARNING**

**LEVEL I FIELDWORK**

In congruence with the 2OT program’s professional behavior assessment, curricular design, and curriculum threads, Fieldwork Level I is a reflection and an integral teaching-learning component of the student’s education journey. Fieldwork Level I experiences enable the student to observe occupational therapy practitioners and other professionals provide services to clients in the practice setting. Students become familiar with rehabilitation settings, mental health settings, schools, general hospitals, long-term settings, and other service areas – in order to increase their level of comfort and confidence in entering the profession. Practitioners serve as models so that students can learn acceptable professional communication, professional practice and interaction skills, behaviors and attitudes. The series of Level I fieldwork experiences require increased levels of occupational therapy knowledge, professional behaviors and skill performances. These fieldwork experiences are scheduled by the Academic Fieldwork Coordinator (AFWC).

***Level I Fieldwork at Designated Sites***

The AFWC will provide the name and contact information for Level I fieldwork sites. Students are responsible for contacting the Fieldwork Educator and arranging a mutually agreeable time based on the student's and Fieldwork Educator’s schedules.

Evaluation forms are completed by each Fieldwork Educator and are returned to the AFWC. Students submit logs of their fieldwork experience.

The following pages list fieldwork level I objectives followed by the evaluation forms. All academic requirements must be completed and fieldwork level I objectives satisfactorily met in order for the student to pass OT195A or OT195B. The OT195A or OT195B FW *Level I Evaluation of the Student* will indicate that the student has satisfactorily met the fieldwork requirements. Regardless of the grade, the AFWC may make recommendations the student may utilize to enhance professional growth.

***Failures of OT195A/B and/or Removal from 2OT Program***

A student who receives a score of 27 or below on the OT195A/B evaluation will be considered to have failed that fieldwork. The PSU faculty retains the right to assign the final grade for FW I regardless of the score received. The student, site, or University may terminate the fieldwork prior to the scheduled date for fieldwork completion, if, after documenting the lack of competencies and formally discussing the issues with the student, it is determined that the student will not be able to demonstrate an adequate rate of growth during the remaining time to pass the fieldwork or if the student is unwilling to accomplish the stated objectives of the fieldwork. Under such circumstances, the student will be considered to have failed the fieldwork.

**The Pennsylvania State University**

**Associate of Science in Occupational Therapy**

**Fieldwork Level I Framework**

The Associate of Science in Occupational Therapy Program integrates Fieldwork Level I Experiences into the curriculum via a developmental teaching-learning methodology. Students are introduced to the occupational therapy practice at the 100 level (OT195A) via *direct observation* of client-practitioner relationship, experiential activities, and awareness activities.

The students then engage in a semester of in-depth classroom learning in the areas of occupation across the lifespan, activity analysis, intensive intervention design, group process, application of adaptive equipment/assistive technology/physical agent modalities, and a working practical knowledge of therapeutic use of self. This work prepares the students for the final semester when they enter the *application of knowledge* *phase* of fieldwork level I. With this common experience of fieldwork level I at the 200 level (OT195B), the students truly integrate an understanding of OT performance skills alongside of the therapeutic process.

In addition to the 20 hours of fieldwork level I at the 200 level (OT195B), the AFWC with assistance from OT faculty and FW educators, design case-based seminars to build on the skills and knowledge gleaned while engaged at the FW I experience. The student-centered seminars serve to build professional development and a more informed application of the knowledge/skills gained while on the fieldwork level I experience.

The placement/environment for both the 100 (OT195A) and 200 (OT195B) level fieldworks vary depending on the availability of sites and strengths of the student.

**Additionally, every student will engage in one FW I experience at the 100 or 200 level experience that has as its focus psychological and social factors that influence engagement in occupation (ACOTE Standard C.1.7). OTA program faculty will be used as needed to insure that learning objectives are met in non-traditional 195A FW settings.**

The table below specifies the minimum required hours for each level I fieldwork.

|  |  |  |
| --- | --- | --- |
| **COURSES** | **HOURS** | **FIELDWORK LEVEL I EXPERIENCE** |
| **OT195A**  **Level I Fieldwork Experience** | Minimum of  15  +  Seminars | Student will actively engage in the occupational therapy process focused on the psychosocial processes of individuals and/or groups . |
| **OT195B**  **Level I Fieldwork Experience** | Minimum of  20  +  Seminars | Student will be placed with an occupational therapy practitioner. Student will gain insight into the daily practice of occupational therapy.  Student will engage in case-based seminars to build on information gleaned from on-site FW I experience. |

3

**OT 195A FIELDWORK LEVEL I EXPERIENCE**

**Level I Fieldwork Education Framework**

**Level I Fieldwork education dovetailed with 100 Level Occupational Therapy courses is designed to facilitate:**

1. The acquisition of beginning knowledge about the practice of occupational therapy at a specific center;
2. The acquisition of beginning knowledge of the role delineation of the occupational therapist, registered (OTR) and the certified occupational therapy assistant (COTA);
3. Development of beginning professional attitudes related to personal responsibility, appropriateness of dress, conduct and confidentiality;
4. Development of beginning competence skills related to interpersonal communication and identification of occupational therapy intervention activities.

**Upon successful completion of OT 195A, the student will be able to:**

* Identify the similarities and differences between the role of the OT and OTA.
* Identify principles of infection control, universal precautions, HIPAA, and practice-based safety.
* Identify the type of intervention utilized by the OT/site practitioner (preparatory, purposeful, or occupation-based) during an intervention session.
* Identify the components of the OT process as defined by the OT Practice Framework, 3rd Edition.
* Identify examples of therapeutic use of self as demonstrated through client/practitioner interaction.

**The student's behavior and attitude relative to fieldwork experiences should demonstrate ability to:**

1. Request necessary information for FW assignment.

2. Demonstrate effective time management.

* + - Make initial contact in a timely manner
    - Arrive and depart as scheduled
    - Notify facility of delay or inability to meet schedule

3. Abide by the Professional Expectation Policy listed in the fieldwork manual or as otherwise indicated by the fieldwork site.

4. Demonstrate professional interpersonal skills with clients and staff by taking responsibility for one’s actions.

5. Demonstrate active engagement in the learning experience.

6. Ask relevant questions and respond appropriately.

7. Respect privacy needs of clients and staff.

8. Accept and respond to redirection as appropriate.

9. Maintain confidentiality of client information as according to HIPAA.

10. Discuss fieldwork performance with Fieldwork Educator.

11. Reflect a positive attitude towards the fieldwork experience through verbal and non-verbal communication.

**DESCRIPTION OF COURSE ASSIGNMENTS**

All assigned learning activities must be completed to pass this course.

Faculty reserves the right to modify these assignments to meet the objectives of the course and/or accommodate other changes. Students will be notified in advance of any changes.

1. **Level I Fieldwork Experience:** Under the direction of the AFWC, each student will be assigned

a Level I fieldwork placement for 15 hours.

1. **OT 195A Fieldwork Log/Assignment:** Directions are posted on CANVAS and/or will be given by hardcopy.
2. **Mandatory Seminar Participation:** As indicated on the course outline, each student will attend the scheduled sessions, participate in discussions, and complete HIPAA and Act 31 training.

**EXAMPLE OF OT 195A SEMINAR SESSIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **TOPIC** | **READING** | **ASSIGNMENT DUE** |
| Session 1 | Level I Fieldwork Placement Assignments  HIPAA & Act 31  PSU Fieldwork Policies | Fieldwork Manual | Act 31 &  HIPAA Training |
| Session 2 | Infection Control, Universal Precautions, Workplace safety  OT/OTA Role Delineation | Fieldwork Manual | CANVAS HIPAA Course |
| Session 3 | Occupation based Interventions | Reed Text | Fieldwork Log |

**The Pennsylvania State University**

**Associate in Science in Occupational Therapy**

**Evaluation of Level I Fieldwork Experience: OT 195A**

**Student\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates Attended/Hours completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fieldwork Educator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credentials\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please evaluate each item as follows:***

***4-Exceeds Standards 3-Meets Standards 2-Needs Improvement 1-Unsatisfactory***

***Score of 28-40 = Passing***

***Score of 27 or below = Failing.***

***Note: A score of 1 or 2 requires a written explanation.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Behaviors** | **Knowledge Level**  **OT195A**  ***Descriptors and/or examples of professional behavior and learning in practice.*** | **Student** | **Fieldwork Educator** |
| **I. COMMITMENT TO LEARNING** | * Formulates and verbalizes appropriate questions. * Demonstrates and articulates a positive attitude (motivation) toward learning. |  |  |
| **II. INTERPERSONAL SKILLS** | * Respects and listens to the opinions and ideas of others in a nonbiased manner. * Respects the cultural and personal differences of others. * Communicates verbally and/or in writing with others in a respectful, professional manner. |  |  |
| **III. USE OF CONSTRUCTIVE FEEDBACK** | * Demonstrates active listening skills. * Demonstrates a positive attitude toward feedback |  |  |
| **IV. EFFECTIVE USE OF TIME AND RESOURCES** | * Focuses on tasks at hand. * Attends sessions and is consistently on time |  |  |
| **V. PROBLEM-SOLVING** | * Recognizes problems affecting situation. * Describes known solutions to problem. * Identifies known resources needed to develop solutions. |  |  |
| **VI. COMMUNICATION SKILLS** | * Demonstrates correct grammar, spelling & punctuation. * Demonstrates active listening skills within the practice setting. * Maintains open and constructive communication. * Displays body language appropriate to fieldwork settings. |  |  |
| **VII. PROFESSIONALISM** | * Demonstrates general understanding of AOTA Code of Ethics. * Dress is appropriate & according to site policy. * Respect privacy & confidentiality of clients & staff. |  |  |
| **VIII. RESPONSIBILITY** | * Demonstrates punctuality. * Demonstrates dependability. * Follows through on commitments: assignments, meetings, etc. * Adherence to safety, HIPAA, etc. |  |  |
| **IX. CRITICAL THINKING** | * Raises relevant questions. * Articulates ideas and opinions. * Gathers and uses all available information when making decisions/judgments. |  |  |
| **X. STRESS MANAGEMENT** | * Seeks assistance as needed. * Acknowledges (verbally or non-verbally) distress or problems of others. * Shows empathy for others. |  |  |

**Student FW Educator**

**TOTAL SCORE:**

**Student comments:**

**Fieldwork Educator comments:**

**Fieldwork Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OT195B FIELDWORK LEVEL I**

**Level I Fieldwork Education**

**Level I Fieldwork education dovetailed with 200 Level Occupational Therapy courses is designed to facilitate:**

a. Acquisition of basic knowledge about appropriate assessment procedures, intervention plans and/or activities to utilize with individuals who have occupational challenges and/or needs on the behavioral health continuum (i.e. wellness to acute care setting).

b. An increased knowledge of the role delineation of the occupational therapist, registered (OTR) and the certified occupational therapy assistant (COTA), relative to the assessment, intervention planning, intervention and discontinuation of intervention of clients with behavioral health needs.

c. Continued refinement of professional behaviors and attitudes about the rights, capabilities, and needs of individuals with behavioral health needs.

d. Development of beginning competencies for contributing to the assessment procedures, intervention planning, program implementation and/or discontinuation of intervention for individuals with behavioral health needs.

**Upon successful completion of OT 195B, the student will be able to:**

* Identify the similarities and differences between the role of the OT and OTA.
* Identify the type of intervention utilized by the OT/site practitioner (preparatory, purposeful, or occupation-based) during an intervention session.
* Identify the components of the OT process as defined by the OT Practice Framework, 3rd edition.
* Identify examples of therapeutic use of self as demonstrated through client/practitioner interaction.
* Identify opportunities for interprofessional interactions within the OT process.
* Demonstrate understanding of clinical reasoning knowledge and skills during OT intervention.

**The student's behavior and attitude relative to fieldwork experiences should demonstrate the ability to:**

1. Request necessary information for FW log.

2. Demonstrate effective time & organizational management.

* Make initial contact in a timely manner
* Arrive and depart as scheduled
* Notify facility of delay or inability to meet schedule

3. Dress professionally.

4. Demonstrate professional interpersonal skills with clients and staff.

* Takes responsibility for one’s actions

5. Demonstrate active engagement in the learning experience.

6. Ask relevant questions and respond appropriately.

7. Respect privacy needs of clients and staff.

8. Accept and respond to redirection as appropriate.

9. Maintain confidentiality of client information.

10. Discuss fieldwork performance with Fieldwork Educator.

11. Reflect a positive attitude towards the fieldwork experience through verbal and non-verbal communication.

**Additionally, students should have progressed in professional behaviors to do the following:**

* Discuss role or potential contributions of occupational therapy at fieldwork site.
* Discuss occupational performance roles and challenges of clients with Fieldwork Educator.
* Review client records and identify information relevant to occupational therapy.
* Participate or assist in OT interventions, as directed by the Fieldwork Educator.
* Adjust interaction with clients to respect clients’ chronological and developmental ages, cultural, and/or environmental backgrounds.

**DESCRIPTION OF COURSE ASSIGNMENTS**

All assigned learning activities must be completed to pass this course.

Faculty reserves the right to modify these assignments to meet the objectives of the course and/or accommodate other changes. Students will be notified in advance of any changes.

1. **Level I Fieldwork Experience:** Under the direction of the AFWC, each student will be assigned a Level I fieldwork placement for 20 hours.
2. **OT 195B Fieldwork Log:** Directions are posted on CANVAS and/or will be given by hardcopy.
3. **Mandatory Seminar Participation:** As indicated on the course outline, each student will attend the scheduled sessions, participate in discussions, and complete Act 31 training in prep for FW II.

**EXAMPLE OF OT 195B SEMINAR SESSIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **TOPIC** | **READING** | **ASSIGNMENT DUE** |
| Session 1 | Level I Fieldwork Placement Assignments  Review HIPAA & PSU Fieldwork Policies | Fieldwork Manual |  |
| Session 2 | Occupation based Interventions & Therapeutic Use of Self |  |  |
| Session 3 | Level II FW Orientation – Part I | Fieldwork Manual |  |
| Session 4 | Level II FW Orientation – Part II | Fieldwork Manual | Act 31 (renewal) |
| Session 5 | Wrap-up of fieldwork experiences |  | Fieldwork Log |

**The Pennsylvania State University**

**Associate in Science in Occupational Therapy**

**Evaluation of Level I Fieldwork Experience: OT 195B**

**Student’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates Attended/Hours completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fieldwork Educator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credentials\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please evaluate each item as follows:***

***4-Exceeds Standards 3-Meets Standards 2-Needs Improvement 1-Unsatisfactory***

***Score of 28-40 = Passing Score of 27 or below = Failing.***

***Note: A score of 1 or 2 requires a written explanation.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Behaviors** | **Application Level**  **OT195B**  ***Descriptors and/or examples of professional behavior and learning in practice.*** | **Student** | **Fieldwork Educator** |
| **I. COMMITMENT TO LEARNING** | * Seeks out & utilizes diverse resources to obtain information. * Demonstrates and articulates a positive attitude (motivation) toward learning. * Participate in and/or assist in meaningful & therapeutic activities to support client’s performance skills and performance patterns to enhance occupational engagement, as directed by Fieldwork Educator. |  |  |
| **II. INTERPERSONAL SKILLS** | * Talks about difficult issues with sensitivity and objectively in a constructive manner. * Respects the cultural and personal differences of others. * Demonstrates an awareness of and ability to monitor own biases to facilitate the process of occupational therapy. |  |  |
| **III. USE OF CONSTRUCTIVE FEEDBACK** | * Considers the consequences of multiple approaches to responses to feedback. * Utilizes feedback from FW Educator, peers, and self in a manner that promotes professional growth. |  |  |
| **IV. EFFECTIVE USE OF TIME AND RESOURCES** | * Allots sufficient time to do research and complete FW related assignments & is well prepared on-site. * Utilizes diverse resources effectively for obtaining information. |  |  |
| **V. PROBLEM-SOLVING** | * Considers consequences of multiple possible solutions to a problem. * Reassess solutions. * Accepts responsibility for implementing solutions that reflect needs and goals of the group. |  |  |
| **VI. COMMUNICATION SKILLS** | * Presents information with logical organization and sequencing using professional terminology. * Communicates a clear understanding of the issues and topics through examinations and discussions. * Maintains open and constructive communication. * Displays body language appropriate to fieldwork settings. |  |  |
| **VII. PROFESSIONALISM** | * Demonstrates general understanding of AOTA Code of Ethics. * Dress is appropriate & according to site policy. * Respect privacy & confidentiality of clients & staff. * Demonstrates ability to compromise and negotiate as a team member * Demonstrates ability to modify behaviors and communication style to meet varying expectations in professional settings and situations |  |  |
| **VIII. RESPONSIBILITY** | * Demonstrates punctuality. * Demonstrates dependability. * Follows through on commitments: assignments, meetings, etc. * Adherence to safety, HIPAA, etc. * Effectively assumes roles to meet the needs of the group. * Accepts appropriate responsibility for outcomes of team actions. |  |  |
| **IX. CRITICAL THINKING** | * Discuss role or potential contributions to occupational therapy at fieldwork site. * Discuss occupational performance roles & challenges of clients with FW Educator. * Justifies solutions or decisions. * Demonstrates a beginning ability to offer alternative solutions to complex problems and issues. * Communicates potential outcomes from various responses to a problem. |  |  |
| **X. STRESS MANAGEMENT** | * Demonstrates the ability to manage multiple commitments to self and others. * Assists others in recognizing stressors. * Identifies own strengths in solving problems. * Shows empathy for others. |  |  |

**Student FW Educator**

**TOTAL SCORE:**

**Student comments:**

**Fieldwork Educator comments:**

**Fieldwork Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SERVICE LEARNING**

The evidence onservice learning in occupational therapy (Flinn, 2009; Gallew, 2005; Gitlow & Flecky, 2005) reveals that it is an effective learning strategy to facilitate students’ understanding and application of theory to practice. Service learning aids the student in understanding the meaning and purpose of occupations in promoting well-being in their local communities. Furthermore service learning assists students in gaining self-awareness, working collaboratively, and developing respect for diverse values and lifestyles. Gallew’s (2005) study revealed that students felt empowered by engaging in service learning and that it helped the students work together, develop leadership skills, self-confidence, and self-directed learning. The purpose of service learning in the Penn State OTA program will be to add value to active teaching-learning experiences in the curriculum which will provide an opportunity to facilitate occupational therapy students’ professional behaviors and role development.

The method of active learning that will take place during the service learning process will include faculty role modeling, reflection papers, pre-test and post-test surveys. These will serve to assess the students’ skills in collaborative learning, social responsibility, and their ability to work with and advocate for individuals from diverse backgrounds.

Flinn, S., Kloos, A., Teaford, M., Clark, K., & Szucs, K. (2009) Helping hands for healthy living: A collaborative service learning project with occupational and physical therapy students. Occupational Therapy in Health Care, 23(2), 146-167.

Gallew, H. A. (2005). Students teaching students: Learning through doing, being, and becoming. *Occupational Therapy in Health Care, 19* (3), 105-117.

Gitlow, L. & Flecky, K. (2005). Integrating disability studies concepts into occupational therapy education using service learning. *American Occupational Therapy Journal, 59(5*), 546-553.

**Additional Resources**

*The Measure of Service Learning: Research Scales to Assess Student Experiences* (Bringle, Phillips & Hudson, 2003)

*Learning Through Serving* (Cress, Collier& Reitenauer, 2005)

*Building Partnerships for Service Learning* (Jacoby, 2003)

*The Complete Guide to Service Learning*: *Proven, Practical Ways to Engage Students in Civic Responsibility, Academic Curriculum, & Social Action* (Kaye, 2010)

Penn State Schreyer Institute (October, 2014) <https://www.schreyerinstitute.psu.edu/pdf/ServiceLearning.pdf>

**Service Learning Program Requirement**

All students will engage in service learning during the Comprehension and Application levels of the program. *See the Curriculum Design for specifics of the levels.*

Service learning opportunities may be established by faculty or by the student in collaboration with the faculty. All student driven service learning must have faculty approval in writing. All service learning will be include a graded learning activity linked to one course where the didactic themes match the service being provided. Faculty will determine course assignment; however all students will complete a reflective journal addressing topics assigned by the faculty as part of the service learning experience to encourage the commitment to critical reasoning across the curriculum.

**LEVEL II FIELDWORK The Pennsylvania State University Berks Campus**

**Associate in Science in Occupational Therapy**

**Checklist of Requirements Prior to Level II Fieldwork**

**The following requirements must be completed prior to beginning Level II Fieldwork**

|  |  |
| --- | --- |
| **Requirement** | **Date Completed/Notes** |
| Orientation & review of *Penn State Associate in Science in Occupational Therapy Program & Fieldwork Manual* |  |
| HIPAA Information   * HIPAA review complete * PSU HIPAA exam done & certificate of completion filed with AFWC |  |
| ACT 31 Information   * Certificate of completion |  |
| All academic courses complete   * *Degree audit up-to-date & complete, except for OT295A and OT295B* * Student in good standing at PSU to move forward into FW II |  |
| Personal Data Sheet   * Completed and given to AFWC to send with paperwork to FW II Sites * Retain copy for self |  |
| Professional liability insurance up-to date |  |
| CastleBranch Annual Renewal   * Clearances * Record of Physical Exam * Immunizations Record & Current |  |
| Penn State OTA Name tag |  |
| Agree to contact placement for *Site Specific Requirements* and complete as necessary   * OT295A Site * OT295B Site |  |
| Fieldwork confirmation sheet received:   * OT295A * OT295B |  |
| Registered for OT 295A & OT295B |  |
|  |  |
|  |  |

**The Pennsylvania State University Berks Campus**

**Associate in Science in Occupational Therapy**

**LEVEL II FIELDWORK POLICY**

As required by the ACOTE, all students enrolled in an accredited occupational assistant program must complete and successfully pass the equivalent of 16 weeks, full time of Level II fieldwork in addition to successfully completing all academic work of the program to be eligible to sit for the NBCOT certification examination. Occupational therapy assistant students at Pennsylvania State University typically participate in two, full time, 8-week, Level II fieldwork placements. Part-time fieldwork may be negotiated with the Academic Fieldwork Coordinator (AFWC).

***In order to insure continuity of learning, Level II Fieldwork is scheduled for 8 consecutive weeks at one facility. Avoidable absences within a rotation period would require a student to schedule different rotation dates.***

**Student-Academic Fieldwork Coordinator Communication**

The Pennsylvania State University Associate in Science in Occupational Therapy Program schedules the fieldwork to occur after the student has completed all didactic requirements. It is the responsibility of the student to share with the AFWC confidential information that will impact his or her ability to successfully engage in the fieldwork placement. It is the responsibility of the student to contact the ODS officer of the campus to initiate reasonable accommodations under the ADA.

The Associate in Science in Occupational Therapy Program AFWC at Pennsylvania State University actively collaborates with the students to arrange fieldwork placements. Because of the limited number of available fieldwork spaces, the students must be willing to make reasonable allowances regarding their fieldwork placements. Reasonable allowances include but are not limited to: acceptance of alternative types of Level II fieldwork placements, varied work hours (weekend work vs. traditional 5 day work week), and/or driving up to 2 hours one way considering roadway conditions.

The AFWC assumes ultimate responsibility for placing all students in Level II fieldwork sites. The AFWC will consider such factors as: student interests and learning needs; fieldwork site educational opportunities; and extenuating student and fieldwork related issues.

Students are not to make personal contact with potential fieldwork sites/supervisors. Any questions or information on potential sites should be brought to the attention of the AFWC.

Students who have successfully completed both required Level II fieldwork may elect to participate in an optional fieldwork placement. Six credits of tuition will be charged to the student completing a third fieldwork. The timing of a 3rd FW placement will depend upon availability and interests of the student.

Extenuating circumstances unrelated to the student's demonstrated knowledge, skills, and professional attitudes and behaviors during the fieldwork placement may necessitate the termination of the fieldwork placement by the student, fieldwork site, or University. In such situations, the student will not be considered to have failed the fieldwork and the University will actively collaborate with the student to procure an alternate Level II Fieldwork placement.

**Students must successfully complete all of the Level II fieldwork requirements within 18 months of completing the OTA designated didactic courses. Students who are unable to complete Level II Fieldwork requirements within 18 months will be advised individually by the Program Director and Academic Fieldwork Coordinator to determine an appropriate plan of action.**

A student must earn a passing score on the ***AOTA Fieldwork Evaluation Form for Occupational Therapy Assistant Students*** to pass the fieldwork placement. PSU faculty retain the right to assign the final grade for FW II, regardless of the score received. A student who does not demonstrate competent knowledge, skills and/or professional behaviors and attitudes will be considered to have failed the placement. The student, site or University may terminate the affiliation prior to the scheduled date for fieldwork completion if, after documenting the lack of competencies and formally discussing the issues with the student, it is determined that the student will not be able to demonstrate an adequate rate of growth during the remaining time to pass the affiliation or if the student is unwilling to accomplish the stated objectives of the fieldwork. Under such circumstances, the student will be considered to have failed the placement.

If the student fails the fieldwork placement or the fieldwork is terminated because of failing performance, the Pennsylvania State University Associate in Science in Occupational Therapy Program Academic Fieldwork Coordinator may assist the student in the procurement of an alternate fieldwork placement. Prior to the AFWC providing assistance, the student must take steps to correct the issues that caused the failure and demonstrate the knowledge, attitudes, behaviors and skills necessary to successfully begin another Level II fieldwork placement. Steps to correct the issues may include but are not limited to: additional course work, independent study, professional counseling/therapy, medical services and volunteer work. Specific methods for demonstrating competencies to reinitiate the Level II fieldwork placement shall be negotiated and agreed upon between the student and the Pennsylvania State University Associate in Science in Occupational Therapy Program faculty. Consistent with the Pennsylvania State University tuition policies, students will be required to pay for the additional 6 credits of fieldwork.

A student who fails Level I or Level II fieldwork may be permitted to repeat the fieldwork following guidelines as outlined in this OTA program and fieldwork manual. A student who fails a second Level I or Level II following an initial failure/ successful repeat will be considered to have reached two failures and will be removed from the program major.

A student will be removed from degree status in the OTA program **for any combination of two failures**:

* Failure of an OT didactic course
* Failed Level I fieldwork
* Failed Level II fieldwork

A student who is dropped as a degree candidate should refer to the University Registrar regarding academic policies. Information can be discussed with the Program Director, Campus Coordinator and/or the campus Registrar. Additionally, information can be found and at the following website <http://www.psu.edu/ufs/policies/54-00.html#54-54>

**Faculty**

The Associate in Science in Occupational Therapy Program faculty may collaborate with the Academic Fieldwork Coordinator in making recommendations or suggestions on appropriate FW II placements based on the strengths and needs of the students as identified through the classroom and through the *Ability Based Assessment of Professional Behaviors* *Form.* If additional resources are required to assist the student in improving knowledge, skills and abilities before securing a second FW II placement, faculty may be called on to provide these resources.

**Academic Fieldwork Educator**

The Associate in Science in Occupational Therapy Program Academic Fieldwork Coordinator will ensure that the student completing FW Level II shall be supervised by an occupational therapy practitioner, who meets state regulations and has a minimum of one year of practice experience, subsequent to the requisite initial certification. The FW Educator may be engaged by the fieldwork site or by The Pennsylvania State University. The AFWC will also ensure that the FW Educator provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct, and then decrease to less direct supervision as is appropriate for the setting, the severity of the client’s condition, and the ability of the student. To determine compliance with this standard, the Academic Fieldwork Coordinator and/or Program Director shall review the data and information about the fieldwork site through initial data sheets, fieldwork visits and documentation, and through the evaluations completed by the students at the end of the fieldwork.

Fieldwork Educators are encouraged to collaborate, when needed, with the Academic Fieldwork Coordinators in order to complete fieldwork objectives, to review the **AOTA** **Fieldwork Performance Evaluation of OTA Students,** to discuss issues and concerns that arise within the fieldwork placement. As per the Fieldwork Performance Evaluation Use Policy, **Fieldwork Educators are required to evaluate students at midterm and provide feedback to the student concerning his/her evaluations.** Fieldwork Educators will be provided examples of the fieldwork objectives for their review prior to the fieldwork beginning. In addition, the Academic Fieldwork Coordinator and/or the Program Director will have contact with the Fieldwork Educator during the time the student is in the fieldwork placement. This contact may include a direct visit to the site or telephone contact. Additional contact may be required based on the needs of the site, Fieldwork Educator, and the needs of the students. Additional contact shall be agreed upon by the Academic Fieldwork Coordinator and/or Program Director and the Fieldwork Educator.

In a fieldwork setting where there is no occupational therapy practitioner on site, the program will document that there is a plan for the provision of occupational therapy services. On-site supervision will be provided in accordance with ACOTE standard C.1.14.

**The Pennsylvania State University Berks Campus**

**Associate in Science in Occupational Therapy**

**OT 295A/OT295B FIELDWORK IN OCCUPATIONAL THERAPY**

**Credits/Hours**: 6:320 (OT 295A); 6:320 (OT 295B)

**Prerequisites**:

All didactic course work needs to be successfully completed prior to beginning level II Fieldwork.

**Course Description**

Supervised experience in select settings (traditional occupational therapy and emerging practice settings) in the role of an occupational therapy assistant. Seminars are held. A minimum of the equivalent of 16 weeks full-time, Level II fieldwork is required.

**Rationale**

The purpose of level II fieldwork is to integrate academic knowledge with clinical reasoning skills used in the intervention setting, to test theories and facts learned in the academic setting, to gradually increase the level of responsibility, to practice communication and interpersonal skills with patients/clients, families, peers, and other interdisciplinary team members, and to develop problem solving, time management, and organization skills and to develop professional behaviors in a supportive, mentoring environment.

**Focus**

Level II fieldwork can be completed in acute care facilities, rehabilitation facilities, psychiatric settings, school systems, home health agencies, outpatient facilities, nursing homes, and in specialized settings such as hand therapy, work hardening, and pediatric facilities. Level II fieldwork includes hands-on experience and students can treat individuals spanning all life stages from pediatrics to geriatrics. Effective communication between supervisor and student is essential in order to accomplish fieldwork goals and objectives. Students in conjunction with the Fieldwork Coordinator, plan the fieldwork placements based on the needs and interests of the students, location desired, and any other special considerations.

Upon the successful completion of the fieldwork placements, it is expected that students will have made the transition from role of the student to role of an occupational therapy assistant and that they will be able to perform as competent as well as confident entry level occupational therapy assistants.

**Requirements for Fieldwork II**

Specific requirements related to the *Standards and Guidelines for an Education Program for Occupational Therapy Assistants*.

**The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapy assistants. Level II fieldwork shall be integral to the program's curriculum design and shall include an in-depth experience in delivering occupational therapy services to 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 life span and to a variety of settings. The fieldwork placement shall be designed to promote clinical reasoning, appropriate to the occupational therapy assistant role; to transmit the values and beliefs that enable ethical practice; and to develop professionalism and competence as career responsibilities.**

**Performance Objectives**

1. Adhere to the AOTA Code of Ethics consistently and the policies of the fieldwork site.

2. Consistently adhere to safety regulations, anticipate potentially hazardous situations, and take steps necessary to prevent accidents.

3. Use sound judgment in regards to safety to self and others during all fieldwork related activities.

4. Communicate the values and beliefs of OT, highlighting the use of occupation to clients, families, significant others, and service providers.

5. Communicate roles of OT and OTA to clients, significant others, and service providers.

6. Make informed decisions based on published research and relevant informational resources.

7. Understand the supervision of and in cooperation with the OT practitioner, accurately gather relevant information regarding a client’s occupations of self-care, work, leisure, and the factors that support and hinder performance.

8. Use assessment methods effectively and accurately, including but not limited to interview, observation, assessment tolls, and chart reviews, within the context of the service delivery setting.

9. Assist with interpreting assessments in relation to the client’s performance and goals in collaboration with the OT practitioner.

10. Report results accurately in a clear, concise manner that reflects the client’s status and goals.

11. Develop client-centered and occupation based goals in collaboration with an occupational

therapist.

12. In collaboration with the OT, establish methods, duration and frequency of interventions that are client-centered and occupation based; intervention plans reflect context of setting.

13. Select and sequence relevant intervention that promotes the client’s ability to engage in occupations.

14. Implement occupation-based interventions effectively in collaboration with clients, families, significant others, and service providers.

15. Grade activities to motivate and challenge clients in order to facilitate progress.

16. Effectively interact with clients to facilitate accomplishment of established goals.

17. Monitor the client’s status in order to update, change, or terminate the intervention plan in collaboration with the OT practitioner.

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

19. Produce clean and accurate documentation according to site requirements. All writing is legible, using proper spelling, punctuation, and grammar.

20. Take responsibility for attaining professional competence by seeking out learning opportunities and interactions with supervisors and others.

21. Respond constructively to feedback.

22. Demonstrate consistent work behavior, including initiative, preparedness, dependability, and work site maintenance.

23. Demonstrate effective time management.

24. Demonstrate positive interpersonal skills including, but not limited to cooperation, flexibility, tact, and empathy.

25. Demonstrate respect for diversity factors of others including, but not limited to socioeconomic, spiritual, and lifestyle choices.

**LEVEL II FIELDWORK PLACEMENT & SCHEDULING PROCEDURES**

The student's attention to the following information will help the fieldwork placement scheduling process. The student should consult the Academic Fieldwork Coordinator for guidance.

**Prerequisites for OT 295A Fieldwork Placement in Occupational Therapy**

1. Satisfactory completion of OT 100S, 101, 103, 105W, 107, 109, 195A, 195B, 201, 202, 204, 206.

2. Satisfactory completion of all other required courses.

3. Satisfactory professional behavior scores, as evaluated by the OTA Faculty on the *Ability Based Assessment of Professional Behaviors* form.

4. Report from authorized person stating that there are no communicable diseases.

5. Proof of personal medical insurance and record of physical examination as required by the facility.

6. Proof of professional liability insurance. Student insurance policies are available through select insurance carriers. The Academic Fieldwork Coordinator provides information and coordination in obtaining these insurances.

7. Utilize *CastleBranch* to assist in the completion of criminal checks, child abuse clearance, immunizations, finger printing and drug testing as required by a fieldwork site.

8. Evidence of good standing with the University, having no academic or disciplinary action standing or pending against the student.

**Semester to be Scheduled**

OT 295A and OT 295B are scheduled at the completion of all academic, didactic course work.

**Student Responsibilities**

1. Student will develop a planning sheet of Fieldwork sites based on interests and needs and discuss with Academic Fieldwork Coordinator.

2. Students will complete Personal Data Forms for each fieldwork site.

3. Following fieldwork placement and confirmation by AFWC, student will be notified of fieldwork schedule. Student will then be responsible for contacting fieldwork site.

4. Students will register for OT 295A and B.

5. If an interview is required prior to acceptance of the student, students may wish to prepare a resume for the interview, make an appointment with the Fieldwork Educator, and complete the interview. The Academic Fieldwork Coordinator and/or Program Director will be available to discuss the resume and results of the interview with the student.

6. Utilize *CastleBranch* to assist with the completion of criminal checks, child abuse clearance, immunizations, finger printing and drug testing, etc. as required by a fieldwork site.

**Taking Additional Courses during Fieldwork Placement**

Level II fieldwork schedules are similar to full time work schedules. In addition, special readings, assignments and projects may need to be done after patient interventions are given. Eligibility for graduation requires the successful completion of Level II fieldwork placement. The demands of fieldwork placements should be considered before registering for additional courses.

Students are strongly discouraged from taking additional courses during fieldwork placement that is beyond the academic requirements of the program, but may do so. Students are to follow established Pennsylvania State University procedures for scheduling additional course work.

**MANDATORY ASSIGNMENTS REQUIRED DURING/POST LEVEL II FIELDWORK**

**Reports to the Academic Fieldwork Experience Coordinator**

Students will submit assignments associated with level II fieldwork to the Academic Fieldwork Coordinator periodically during the semester via CANVAS. These assignments are intended to help students reflect upon various experiences, stay connected with the cohort, and to offer the Academic Fieldwork Coordinator insight into the practice(s) of the facility and the student's role.

**Critique of Fieldwork Experience**

The student is required to complete an evaluation of each fieldwork placement using the ***Student Evaluation of Fieldwork Experience (SEFWE) - Level II*** form before a grade will be assigned for the fieldwork. The form is in the appendix of this manual and will be provided electronically. The completed form should be given to the Fieldwork Educator and a copy should be forwarded to the Academic Fieldwork Coordinator.

***All assignments for the semester are due by the***

***last day of classes as designated by the University calendar.***

**ATTENDANCE POLICY**

1. As per ACOTE Standard C.1.13 students must complete a minimum of 16 weeks fulltime level II fieldwork.
2. Each site will set the way in which total hours/days are counted to comply with ACOTE guidelines.

Students may be required to make up missed days/hours if the site determines it is necessary. (i.e. illness, personal family emergency, snow days, car trouble, etc.)

1. If a site determines that make up days/hours are required they will do the following:

-The Fieldwork Educator will notify the student in writing of the make-up days/hours required.

-The student will notify the Academic Fieldwork Coordinator of his/her need to make up days/hours.

1. Students needing to make up days/hours are advised of the following:

-Extending the first Level II fieldwork may impact the beginning date of the second Level II fieldwork.

-Extending the second Level II fieldwork may impact a student’s graduation date.

1. **The Penn State academic calendar is not followed during Level II fieldwork.** For example, students engaged in Level II fieldwork during the week of Thanksgiving **DO NOT** have the week off as would students on campus.
2. In order to insure continuity of learning, Level II Fieldwork is scheduled for 8 consecutive weeks at one facility. Avoidable absences within a rotation period would require a student to schedule different rotation dates.
3. If the AFWC approves an exception to the above policy, a student contract will be developed that outlines specific guidelines for the absent period. Failure to comply with the contract will result in immediate dismissal from the fieldwork site and an individualized remediation plan will be developed and followed.

**Grievance Procedure**

If difficulty arises during Level II fieldwork, the following procedures are recommended:

1. Notify Fieldwork Educator through phone contact, in writing, or in person.

2. Notify Fieldwork Coordinator in accordance with policies and procedures of fieldwork site.

3. If issues remain unresolved, the Fieldwork Coordinator will notify the clinical coordinator/department director at fieldwork site in accordance with policies and procedures of site.

4. The Fieldwork Coordinator will notify Program Director of the Associate in Science in Occupational Therapy Program at the Pennsylvania State University campus.

5. The Program Director will notify Dean of Academic Affairs.

**FIELDWORK EXPERIENCE SUPERVISION AND EVALUATION**

Supervision and evaluation of the student are joint responsibilities of the Fieldwork Educator and the academic coordinator. Both must maintain an ongoing interest and involvement in the student's progress. The Fieldwork Educator provides direct daily supervision or selectively assigns the student to work with other experienced staff members. Regular meetings, approximately once a week, should be scheduled to provide the student with constructive feedback and to discuss pending activities.

The Academic Fieldwork Coordinator (AFWC) monitors the student's progress via the periodic reports, phone conversations and site visits. The Academic Coordinator is available for consultation should questions or problems arise. Routine communication is encouraged throughout the fieldwork experience.

At the midpoint of each fieldwork experience, the Fieldwork Educator reviews the *AOTA Fieldwork Performance Evaluation for the OTA Student* with the student. The student is given the opportunity to raise questions and clarify ways to improve performance, to comment on concerns, and to inform the Fieldwork Coordinator of special areas of need or interest.

At the end of the experience during a final conference the student presents the completed *AOTA Student Evaluation of Fieldwork Experience Form* to the Fieldwork Coordinator. The Fieldwork Coordinator reviews the final Fieldwork Evaluation Form with the student. A student must obtain a minimum score of 3 on the first 3 items of the Fieldwork Evaluation Form to successfully complete the fieldwork. Effective communication throughout the experience should prevent unexpected results on the final evaluation form.

The Academic Fieldwork Coordinator is responsible for assigning the student a letter grade for the OT 295A and OT 295B courses. The grade is a summary of the Fieldwork Educator's evaluations of the student’s knowledge, skills and attitudes, the student's participation in seminars, motivation, attitude, and professional behavior as well as the timely preparation for the fieldwork experience.

A student will receive an assigned grade for the course when the *AOTA Fieldwork Performance Evaluation for the OTA Student* and the *Student Evaluation of Fieldwork Experience* have been completed and signed by both the student and the supervisor.

**Policy for Grading Level II Fieldwork**

The following policy has been developed to clarify the grading structure for students and clinicians regarding Level II fieldwork at The Pennsylvania State University. It is the opinion of both PSU faculty and AOTA that the focus during Level II fieldwork should not be on grades, but the learning experience and how the student is able to make the transition from role of student to role of therapist as he/she develops the necessary clinical skills and professional behaviors toward entry level competency.

The following grading structure has been established. Seventy (70) is the lowest possible score to be considered as passing and is the minimum score which a student can achieve on the AOTA *Fieldwork Evaluation Form for Occupational Therapy Assistant Students*.

Each facility/agency has its own standards and expectations for grading students and this will be respected by PSU faculty; however, for your information, the following scoring system is used to create compliance within the Pennsylvania State University grading system:

A 87-100 B 75-78 C 70

A- 83-86 B- 73-74 F 69 and below

B+ 79-82 C+ 71- 72

**Mandatory OTA Graduate Seminar: Learning and Performance Objectives**

**During or after the completion of OT295A/B, students will engage in a mandatory graduate seminar. Teaching-learning activities during the seminar may include:**

* Meeting with freshman and sophomore OTA students to share thoughts and experiences along the OTA educational journey (i.e. classroom to FW II).
* Sharing with peers how you found occupational therapy practice to be in different settings and the role of the OTA and OT in those practice arenas.
* Sharing experiences & observations of interprofessional collaborative practice while on FW II *Objective: Effectively communicate and work inter-professionally with those who provide services to individuals and groups in order to clarify each member’s responsibility in executing an intervention plan.*
* Sharing experiences & observations related to psychosocial factors influencing engagement of occupation(s) of clients while on FW II. *C.1.12 In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes.*
* Identifying, describing, and talking through practice concerns as entry-level OTA practitioners.

**Training sessions on the following:**

* + Employment including job seeking, resume writing, and/or interviewing skills.
  + The process of obtaining temporary and permanent licensure within the profession.
  + Process of completing the application to sit for the NBCOT exam.
  + Practice NBCOT exams.
* Don’t forget: **All** OT295B required documentation must be handed in by end of seminar to receive a grade…which you need in order to graduate.

**APPENDIX I**

**LEVEL II FIELDWORK**

**FORMS**

**AOTA STUDENT DATA FORM for FIELDWORK LEVEL II EXPERIENCE**

***Penn State Associate in Science in Occupational Therapy Program***

**Name:**

**Permanent Address:**

**Phone Contacts: 1) Permanent** **2) Cell:**

**Penn State E-mail:**

**Name, address, and phone number of person to be notified in case emergency:**

**EDUCATION INFORMATION**

1. Expected degree: *Associate in Science in Occupational Therapy*

2. Anticipated year of graduation:

3. Prior degrees obtained:

4. Foreign languages:

5. Current CPR certification: *Date Completed Certified through Date*

**PROFESSIONAL LIABILITY & CLEARANCE INFORMATION**

* The student is responsible for obtaining & providing all healthcare & clearance information via CastleBranch and directly to FW II site per the Family Educational Rights & Privacy Act (FERPA): Safeguard of Student Privacy. For more info go to: [**http://www2.ed.gov/policy/gen/guid/fpco/ferpa/safeguarding-student-privacy.pdf**](http://www2.ed.gov/policy/gen/guid/fpco/ferpa/safeguarding-student-privacy.pdf)
* Professional Liability Insurance
  + Student obtain & maintain own professional liability insurance & it is renewed annually.

**STUDENT LEARNING PROFILE**

1. Strengths:

2. Areas of Growth:

3. Special skills or interests:

4. Describe your preferred learning style:

5. Describe your preferred style of supervision:

6. **(Optional)** Do you require any reasonable accommodations (as defined by ADA) to complete your fieldwork?

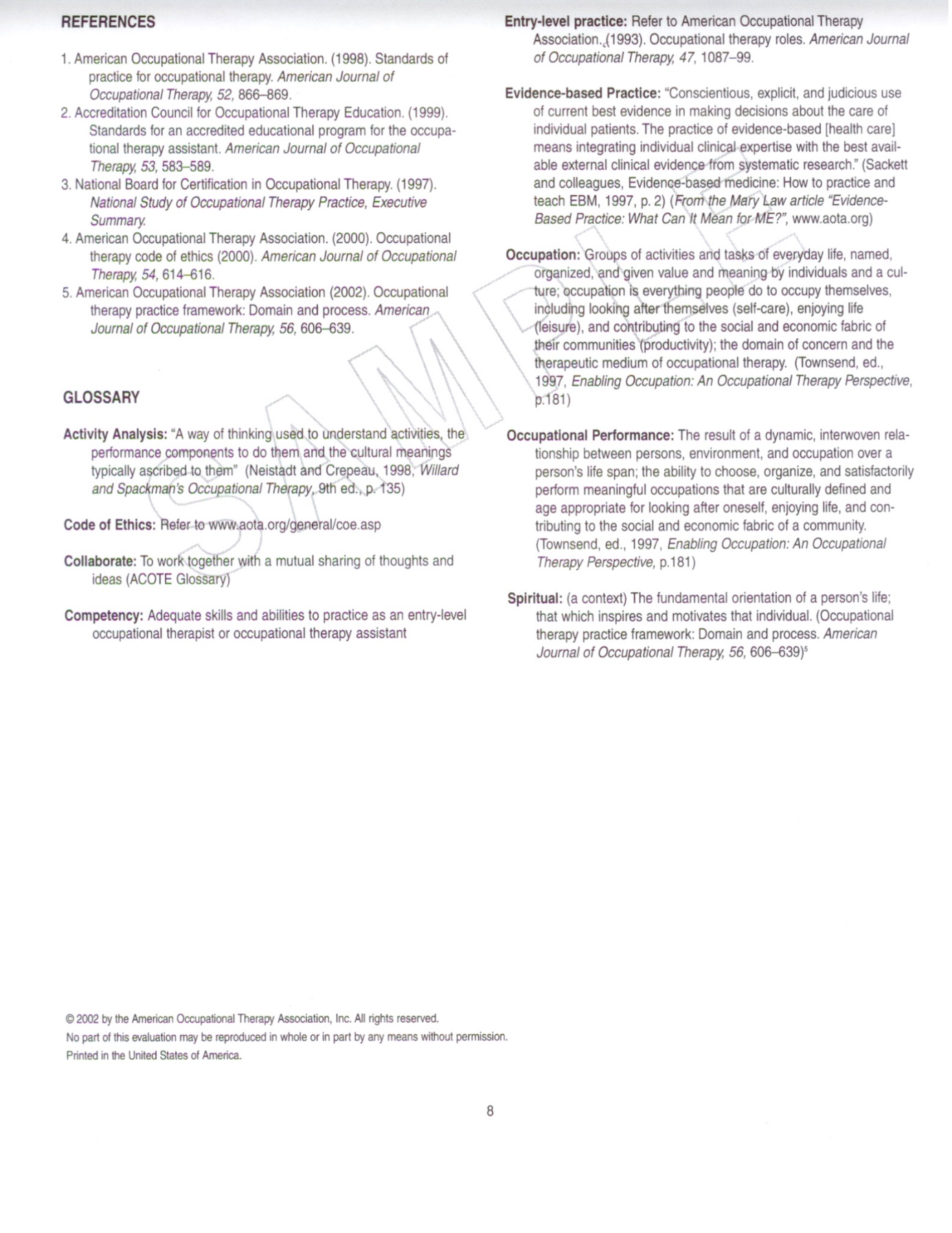
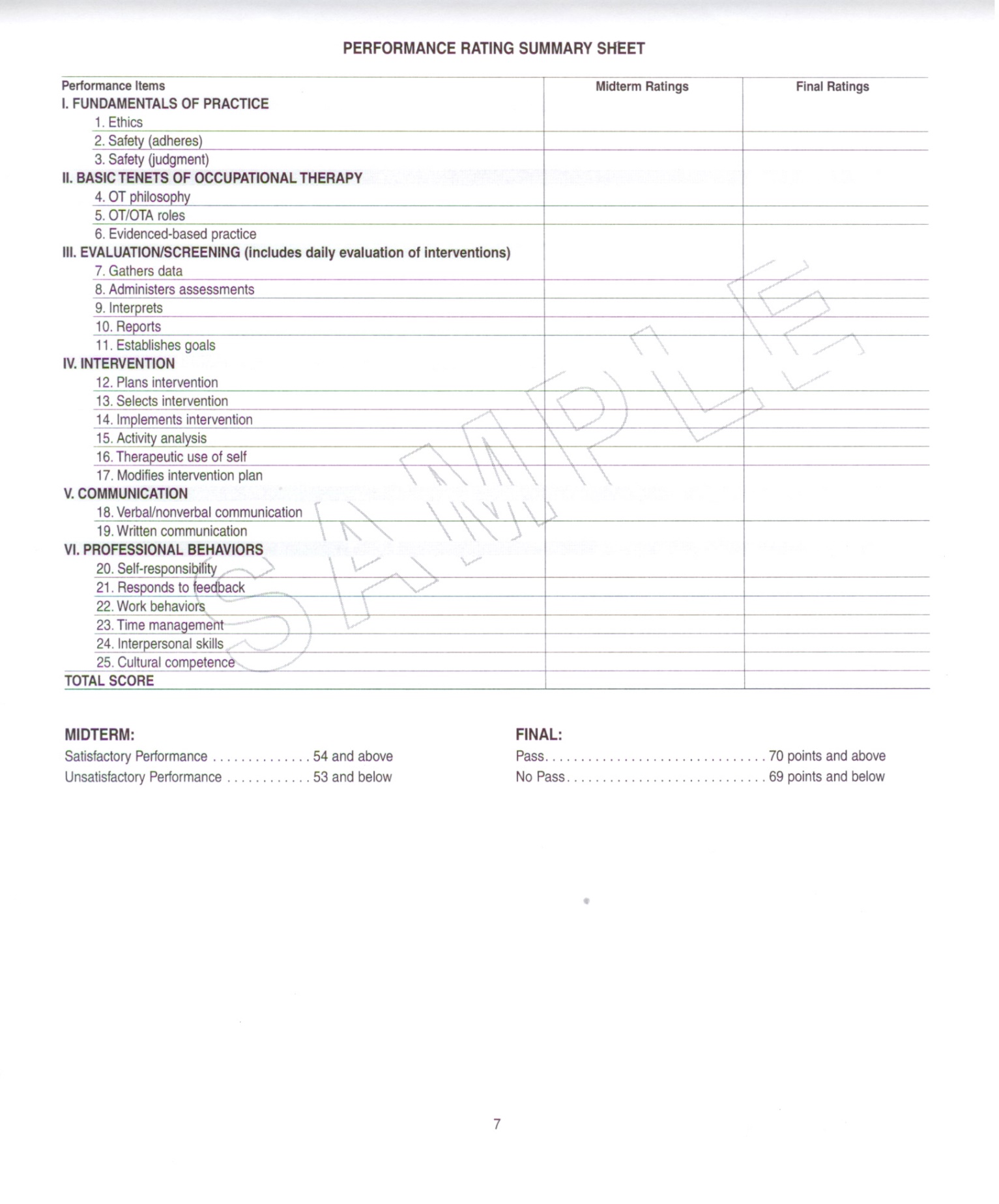
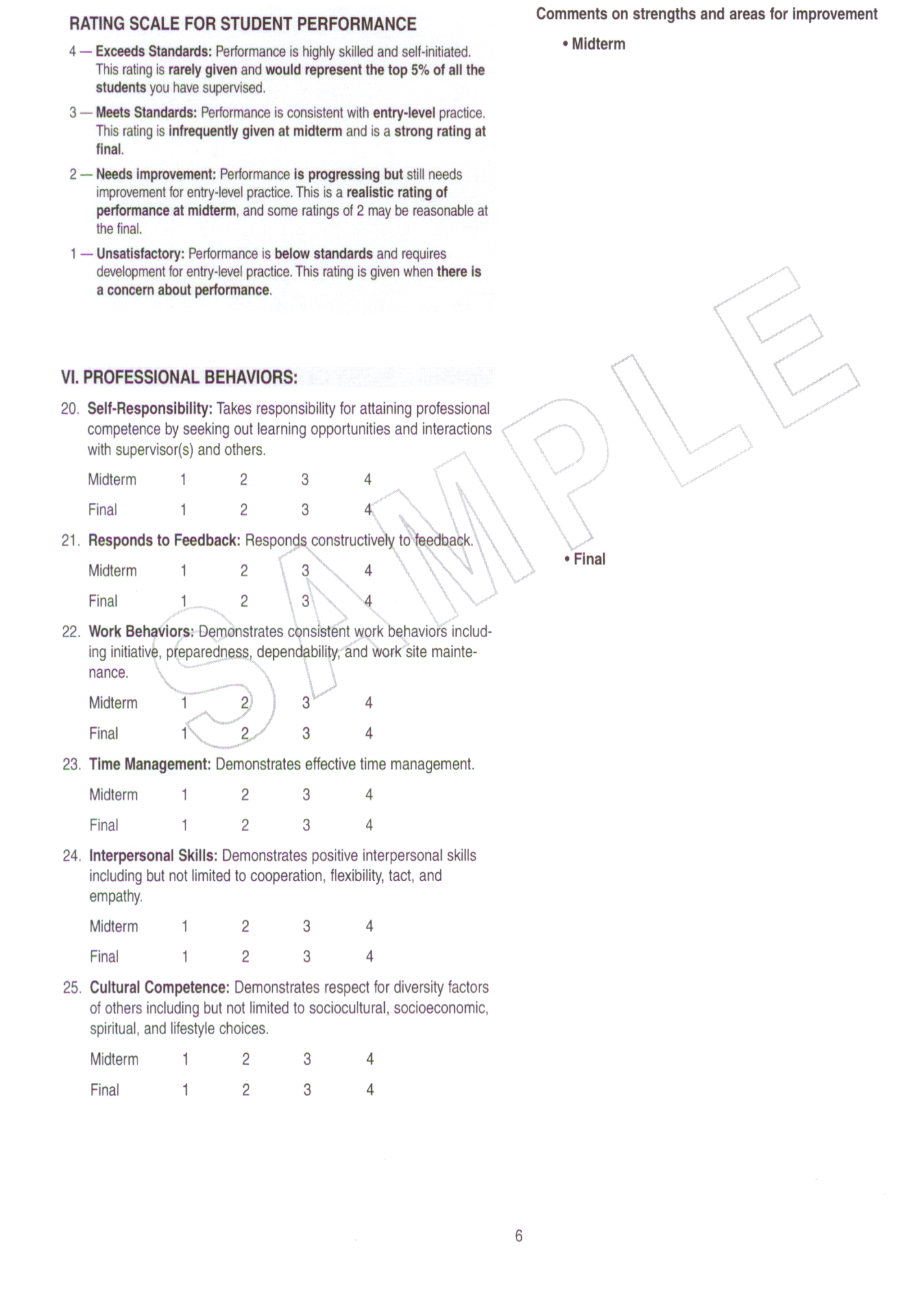
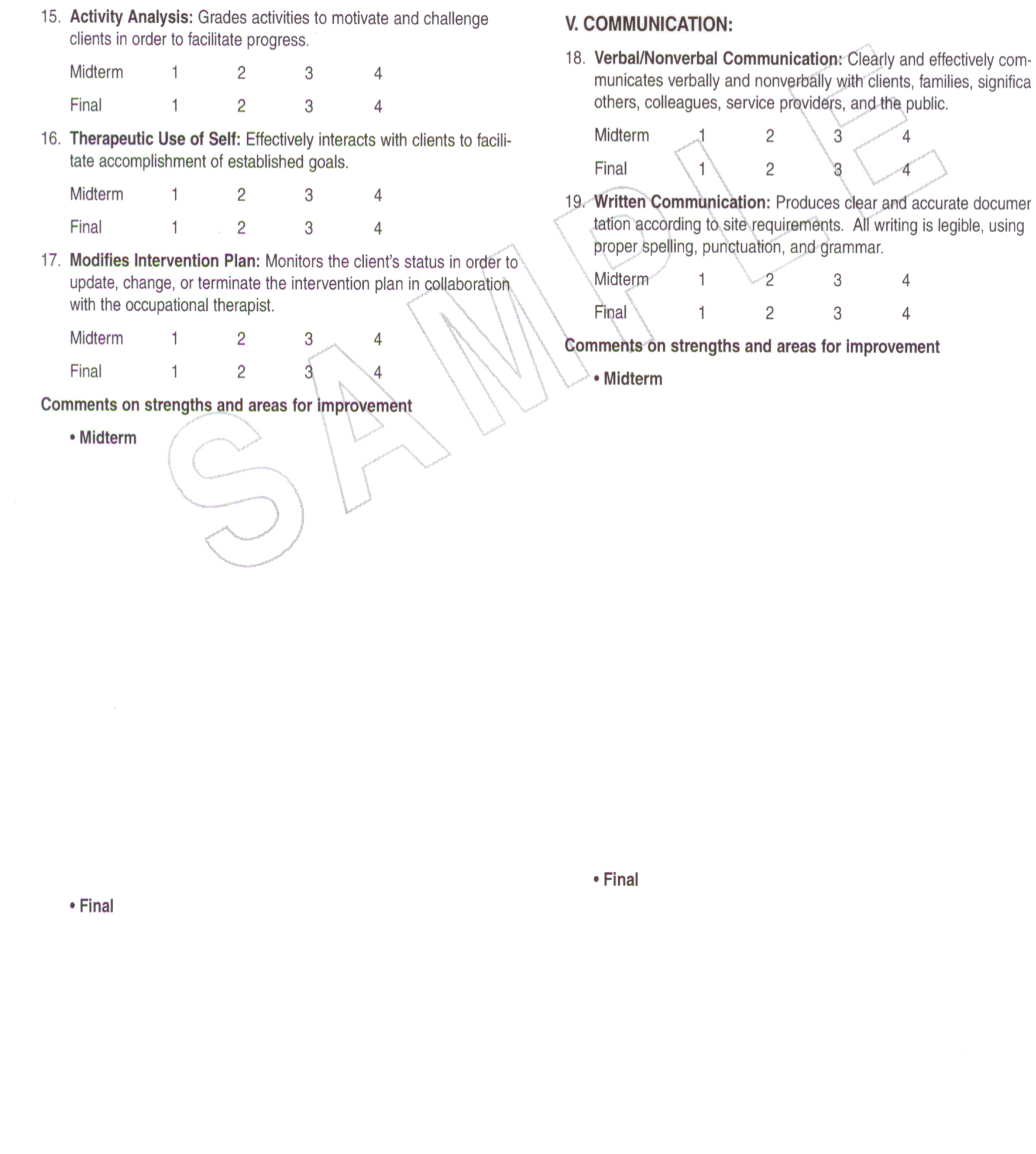
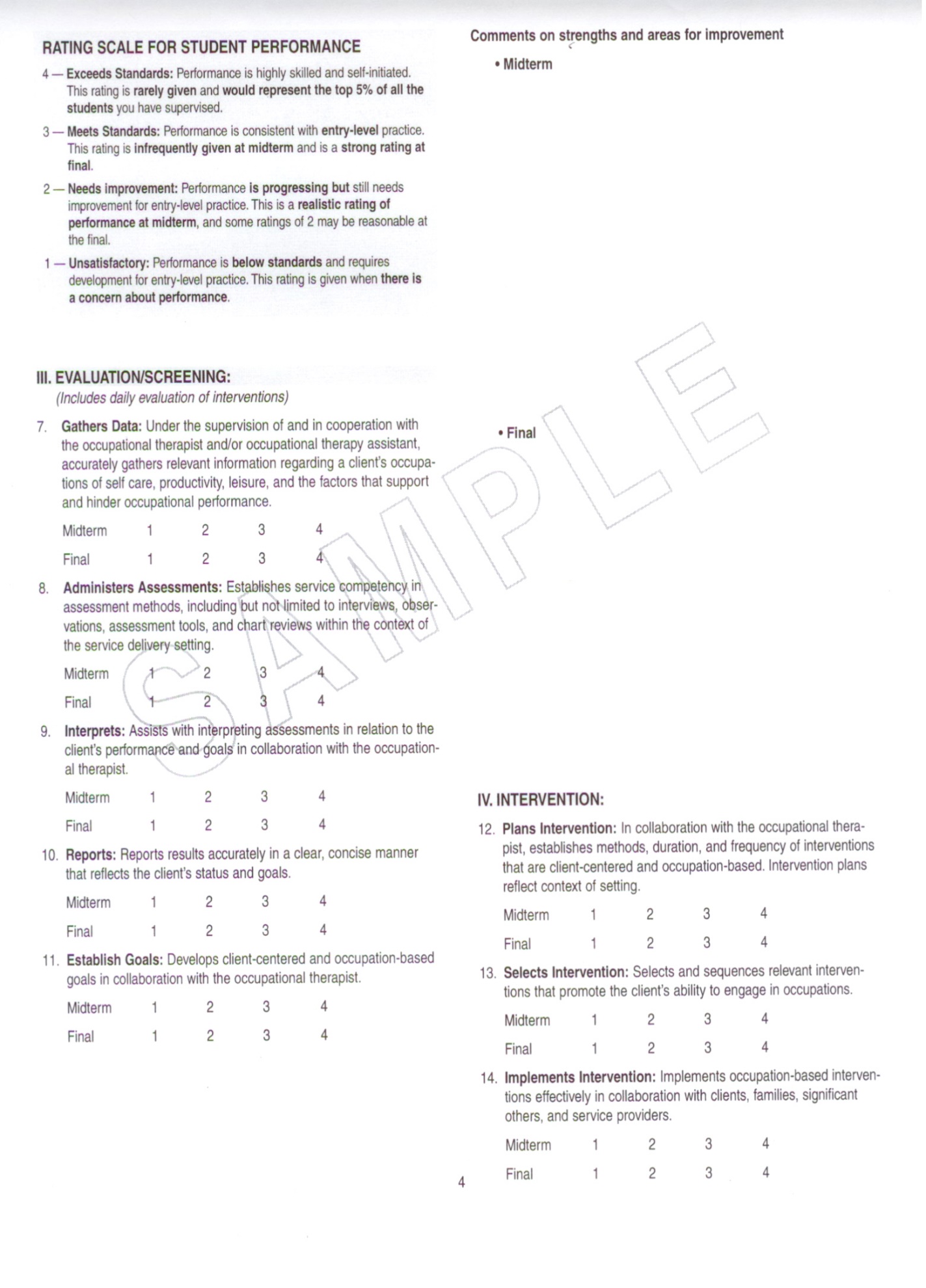
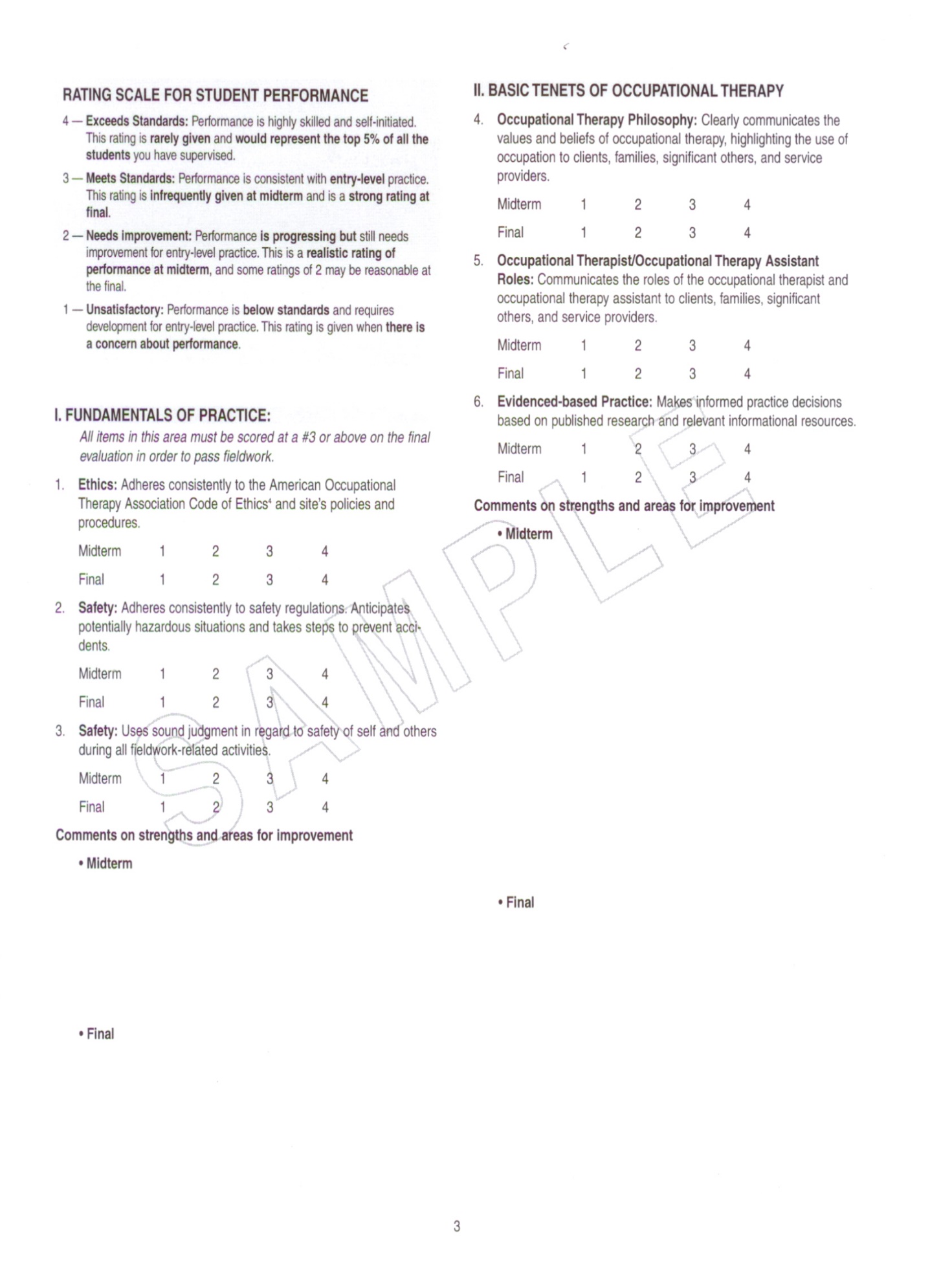
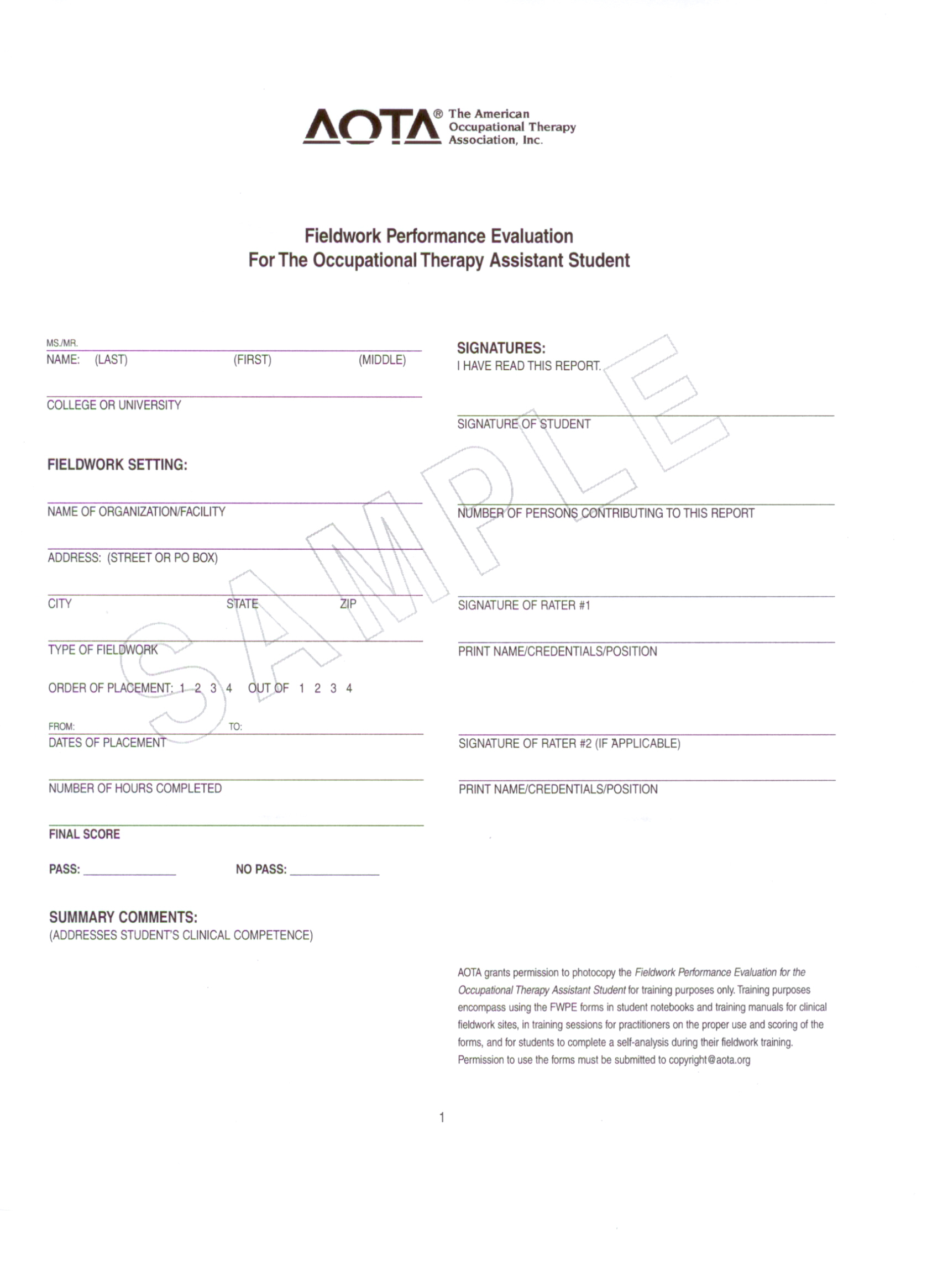
Yes\_\_\_\_\_\_No\_\_\_\_\_\_If yes, were there any reasonable accommodations that you successfully used in your academic coursework that you would like to continue during fieldwork? If so, list them.

*To promote successful accommodations, requests should be discussed & documented before each FW experience.*

**FIELDWORK & SERVICE LEARNING EXPERIENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level I Experience**  **Level II Experience**  **Service Learning** | **SITE** | **TYPE OF FW EXPERIENCE** | **LENGTH OF FW EXPERIENCE** |
|  |  |  |
|  |  |  |
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**Additional Significant Learning Experiences:**



**STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)**

**Purpose:**

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

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

**THE PENNSYLVANIA STATE UNIVERSITY**

**BERKS COLLEGE**

**ASSOCIATE IN SCIENCE IN OCCUPATIONAL THERAPY**

**STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)**

**STUDENT: Complete this form before your final meeting with your Fieldwork Educator(s).**

It is imperative that you review the form with your supervisor and that both parties sign below. Make sure to give a completed copy to your supervisor and send a completed copy to the AFWC. This information is very helpful to all parties and may be reviewed by students considering the fieldwork site.

**Note:** The *AOTA Evaluation of the OTA Student* should be reviewed first, followed by the SEFWE, allowing the student to be honest and constructive.

**Fieldwork Site** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Placement Dates** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Order of Placement**

* First
* Second
* Third

**Public transportation to/from Fieldwork**

* Yes
* No

**General Description of Area Site is Located** *(i.e. rural, urban, good places to eat or to take an occupational balance break):*

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Signature FW Educator's Signature

FW Educator’s years of experience \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Name *(Please Print)* FW Educator’s Name & Credentials (*Please Print)*

**ORIENTATION TO THE FIELDWORK SETTING**

Indicate your view of the orientation by *checking* "Satisfactory" (S) or "Needs Improvement” (I) regarding the following three factors: Adequacy, Organization, and Timeliness.

| **TOPIC** | **Adequacy** | | **Organization** | | **Timeliness** | | **N/A** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | S | I | S | I | S | I |  |
| Site-specific fieldwork objectives |  |  |  |  |  |  |  |
| Student supervision process |  |  |  |  |  |  |  |
| Requirements/assignments for students |  |  |  |  |  |  |  |
| Student schedule (daily/weekly/monthly) |  |  |  |  |  |  |  |
| Staff introductions |  |  |  |  |  |  |  |
| Overview of physical facilities |  |  |  |  |  |  |  |
| Agency/Department mission |  |  |  |  |  |  |  |
| Overview of organizational structure |  |  |  |  |  |  |  |
| Services provided by the agency |  |  |  |  |  |  |  |
| Agency/Department policies and procedures |  |  |  |  |  |  |  |
| Role of other team members |  |  |  |  |  |  |  |
| Documentation procedures |  |  |  |  |  |  |  |
| Safety and emergency procedures |  |  |  |  |  |  |  |
| Confidentiality/HIPAA |  |  |  |  |  |  |  |
| Universal Precautions/Infection Control |  |  |  |  |  |  |  |
| Model of Practice within OT Department |  |  |  |  |  |  |  |
| Mission Statement of OT Department |  |  |  |  |  |  |  |
| Evaluation methods/protocol for OT clients |  |  |  |  |  |  |  |
| Community resources for service recipients |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |

**Comments or suggestions regarding your orientation to this fieldwork placement:**

**CASELOAD STATISTICS AT THE END OF FIELDWORK EXPERIENCE**

Approx. number of each age group on caseload List approximate number of each condition/diagnosis

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age** | **#** |  | **Condition/Diagnosis** | **#** |
| 0–3 years old |  |  |  |  |
| 3–5 years old |  |  |  |  |
| 6–12 years old |  |  |  |  |
| 13–21 years old |  |  |  |  |
| 22–65 years old |  |  |  |  |
| > 65 years old |  |  |  |  |

**OCCUPATIONAL THERAPY PROCESS**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **REQUIRED**  Yes No | | **HOW**  **MANY** | | **EDUCATIONAL**  **VALUE** | |
| 1. Client Screening |  |  | |  | | 1 2 3 4 5 |
| 2. OT Assessments (*List assessments below)* |  |  | |  | |  |
|  |  |  | |  | | 1 2 3 4 5 |
|  |  |  | |  | | 1 2 3 4 5 |
|  |  |  | |  | | 1 2 3 4 5 |
|  |  |  | |  | | 1 2 3 4 5 |
|  |  |  | |  | | 1 2 3 4 5 |
|  |  |  | |  | | 1 2 3 4 5 |
|  |  |  | |  | | 1 2 3 4 5 |
|  |  |  | |  | | 1 2 3 4 5 |
|  |  |  | |  | | 1 2 3 4 5 |
| 3. Intervention and/or care plans |  |  | |  | | 1 2 3 4 5 |
| 4. Discharge summary |  |  | |  | | 1 2 3 4 5 |

**FRAMES OF REFERENCE—MODELS OF PRACTICE—THEORIES**

Indicate frequency of models of practice, frames of reference, and/or theories are utilized. *Check the applicable box.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Rarely | Occasionally | Frequently |
| Client-Centered Model of Practice |  |  |  |  |
| Person-Environment-Occupation (PEO) |  |  |  |  |
| Biomechanical |  |  |  |  |
| Cognitive Behavioral |  |  |  |  |
| Developmental |  |  |  |  |
| Sensorimotor |  |  |  |  |
| Model of Human Occupation (MOHO) |  |  |  |  |
| KAWA Model |  |  |  |  |
| Sensory Integration |  |  |  |  |
| Cognitive Rehabilitation |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |

**TYPES OF OCCUPATIONAL THERAPY INTERVENTIONS**

List the major occupational therapy interventions frequently used & indicate whether it was provided in group, individually, co- treatment, or consultation. *Additionally, list any other professionals involved.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Therapeutic Interventions** | **Individual** | **Group** | **Co-Tx** | **Consultation** |
| **Occupations:** ADL’s, IADL’s, Education, Work, Play, Leisure and/or Social Participation  Client-directed daily life activities that match & support or address identified participation goals. |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| **Activities:** Actions designed & selected to support the development of performance skills & performance patterns to enhance occupational engagement. |  |  |  |  |
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|  |  |  |  |  |
| **Preparatory Methods & Tasks:** Methods & tasks that prepare the client for occupational performance, used as part of a treatment session in preparation for or concurrently with occupations & activities or provided to a client as a home-based engagement to support daily occupational performance. |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| **Education & Training** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Advocacy or Self Advocacy** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Group Interventions** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**ASPECTS OF THE FIELDWORK ENVIRONMENT**

*Check which applies.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fieldwork Environment** | 1  Rarely | 2  Occasionally | 3  Frequently | 4  Consistently |
| Staff and administration demonstrated cultural sensitivity |  |  |  |  |
| The Occupational Therapy Practice Framework was integrated into practice |  |  |  |  |
| Student work area/supplies/equipment were adequate |  |  |  |  |
| Opportunities to collaborate with OTs, OTAs and/or aides |  |  |  |  |
| Opportunities to network with other professionals |  |  |  |  |
| Opportunities to interact with other OT students |  |  |  |  |
| Opportunities to interact with students from other disciplines |  |  |  |  |
| Staff used a team approach to care |  |  |  |  |
| Opportunities to observe role modeling of therapeutic use of self |  |  |  |  |
| Opportunities to expand knowledge of community resources |  |  |  |  |
| Opportunities to observe client-centered intervention & care |  |  |  |  |
| Additional educational opportunities (*specify)*: |  |  |  |  |
| How would you describe the pace of this setting? (circle one) | Slow | Med | Fast |  |
| Documentation Type: |  |  |  |  |
| Ending student caseload expectation: \_\_\_\_\_ # of clients per week or day |  |  |  |  |
| Ending student productivity expectation: \_\_\_\_\_ % per day (direct care) |  |  |  |  |

**ACADEMIC PREPARATION**

Rate the relevance and adequacy of your academic preparation (i.e. coursework, advising meetings, service learning, etc.) relative to the needs of **THIS** fieldwork placement. *Check applicable box.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Adequacy for placement** | | | | |  | **Relevance to Placement** | | | | |
| ***Academic Preparation*** | **Low** |  |  |  | **High** |  | **Low** |  |  |  | **High** |
|  | **1** | **2** | **3** | **4** | **5** |  | **1** | **2** | **3** | **4** | **5** |
| BIOL129 Anatomy |  |  |  |  |  |  |  |  |  |  |  |
| BIOL141/142 Physiology |  |  |  |  |  |  |  |  |  |  |  |
| HDFS129 or PSYCH 212 Human Development |  |  |  |  |  |  |  |  |  |  |  |
| PSYCH100 Intro to Psychology |  |  |  |  |  |  |  |  |  |  |  |
| OT100S Structural Foundations of OT (First Year Seminar) |  |  |  |  |  |  |  |  |  |  |  |
| OT101 Conceptual Foundations of OT |  |  |  |  |  |  |  |  |  |  |  |
| OT103 Occupational Performance across the Lifespan |  |  |  |  |  |  |  |  |  |  |  |
| OT105W Group Process across the Lifespan |  |  |  |  |  |  |  |  |  |  |  |
| OT107 Activity Analysis: Assistive Tech & Methods of Adaptation |  |  |  |  |  |  |  |  |  |  |  |
| OT109 Management & Ethics in OT |  |  |  |  |  |  |  |  |  |  |  |
| OT201 Clinical Reasoning & Documentation in OT |  |  |  |  |  |  |  |  |  |  |  |
| OT202 OT for Developmental Disabilities |  |  |  |  |  |  |  |  |  |  |  |
| OT204 OT for Behavioral Health |  |  |  |  |  |  |  |  |  |  |  |
| OT206 OT for Physical Disabilities |  |  |  |  |  |  |  |  |  |  |  |
| OT195A Fieldwork Level I @ 100 Level |  |  |  |  |  |  |  |  |  |  |  |
| OT195B Fieldwork Level I @ 200 Level |  |  |  |  |  |  |  |  |  |  |  |
| Ability-Based Assessment of Professional Behaviors |  |  |  |  |  |  |  |  |  |  |  |
| Therapeutic Use of Self & The Intentional Relationship |  |  |  |  |  |  |  |  |  |  |  |
| Service Learning |  |  |  |  |  |  |  |  |  |  |  |
| OT Practice Framework |  |  |  |  |  |  |  |  |  |  |  |
| Empowerment through Teaching-Learning |  |  |  |  |  |  |  |  |  |  |  |
| Program Guide & Fieldwork Manual |  |  |  |  |  |  |  |  |  |  |  |
| Cohort Facebook Page |  |  |  |  |  |  |  |  |  |  |  |

What changes would you recommend in the Penn State Associate in Science in Occupational Therapy Curriculum relative to the needs of **THIS** Level II fieldwork experience?

**SUPERVISION**

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

One supervisor: One student

One supervisor: Group of students

Two supervisors: One student

One supervisor: Two students

Distant supervision (primarily off-site)

Three or more supervisors: One student (count person as supervisor if supervision occurred at least weekly)

**List Individuals, including Fieldwork Educators, who participated in your learning experience.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Credentials** | **Frequency** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**FIELDWORK EDUCATOR**

Indicate the number that seems descriptive of each Fieldwork Educator. \**Please make a copy of this page for each FW Educator.*

*Check the applicable box.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * **Fieldwork Educator**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **FW Educator Years of Experience**: \_\_\_\_\_\_\_\_\_\_\_ | **Strongly**  **Agree** | **Disagree** | **No**  **Opinion** | **Agree** | **Strongly Agree** |
|  | **1** | **2** | **3** | **4** | **5** |
| Provided ongoing constructive feedback in a timely manner |  |  |  |  |  |
| Reviewed student’s work in a timely manner |  |  |  |  |  |
| Made specific suggestions to student to improve performance |  |  |  |  |  |
| Provided clear performance expectations |  |  |  |  |  |
| Utilized a variety of instructional strategies |  |  |  |  |  |
| Taught knowledge & skills to facilitate learning & challenge student |  |  |  |  |  |
| Offered resources to promote student development |  |  |  |  |  |
| Presented clear expectations |  |  |  |  |  |
| Utilized a variety of supervisory approaches to facilitate student performance |  |  |  |  |  |
| Responded to student feedback and concerns |  |  |  |  |  |
| Supervision changed as fieldwork progressed |  |  |  |  |  |
| Positive role model of professional behavior in practice |  |  |  |  |  |
| Modeled & encouraged occupation-based practice |  |  |  |  |  |
| Modeled & encouraged client-centered practice |  |  |  |  |  |
| Modeled & encouraged therapeutic use of self & the intentional relationship |  |  |  |  |  |
| Modeled & encouraged evidence-based practice |  |  |  |  |  |
| Modeled & encouraged interprofessional collaboration |  |  |  |  |  |

**Frequency of meetings & types of meetings with supervisor (i.e. value/frequency).**

**FIELDWORK ASSIGNMENTS**

List assignments required of you at this placement & indicate their educational value (1 = not valuable, 5 = very valuable).

**SUMMARY OF FIELDWORK II EXPERIENCE**

Rate your overall fieldwork experience. Check appropriate box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **Agree** | **Disagree** | **No**  **Opinion** | **Agree** | **Strongly Agree** |
|  | **1** | **2** | **3** | **4** | **5** |
| Expectations of fieldwork experience were clearly defined |  |  |  |  |  |
| Expectations were challenging but not overwhelming |  |  |  |  |  |
| Experience supported student’s professional development |  |  |  |  |  |
| Experiences matched student’s expectations |  |  |  |  |  |

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

**What advice do you have for future students who wish to prepare for this placement?** For example,study the following assessments**,** study these intervention methods, and/or read up on the following in advance.

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

**Feel free to add any further comments, descriptions, and/or information concerning your fieldwork at this site.**

*Adapted from AOTA SEFWE Task Force, June 2006*

**Associate in Science in Occupational Therapy**

**Site Specific Objectives linked to OTA Courses**

**Purpose of Site Specific Objectives**

*Success in the site-specific objectives will demonstrate the student’s knowledge, skills, and abilities to practice in a safe and ethical manner.*

*Additionally, it will establish a base-line for the student in being able to effectively carry out the occupational therapy process, in the practice setting, as an entry-level occupational therapy assistant.*

|  |  |  |
| --- | --- | --- |
| 1. **FUNDAMENTALS OF PRACTICE** | | |
| 1. **Adheres to ethics** | * Maintains strict client confidentiality and adheres to all HIPAA procedural guidelines * Accurately documents and bills for services provided * Maintains quality client care and client satisfaction as a guideline for professional behavior * Identifies and addresses ethical concerns in the context of clinical supervision * Recognizes personal strengths and limitations and uses intervention modalities that are within level of ability and experience | OT 101  OT109 |
| 1. **Adheres to safety regulations** | * Consistently uses infection control precautions and procedures * Maintains a clear and orderly work area, including equipment and supplies * Follows facility procedures relating to codes * Consistently follows specific client safety measures (locking wheelchair brakes, providing supervision, placement of TABS units, activation of bed alarms) * Maintains an awareness of and adheres to all pertinent facility safety policies and procedures | OT 101  FW Manual |
| 1. **Uses judgment in safety** | * Provides appropriate supervision of client during therapeutic activity based on their physical, emotional, and cognitive status * Refrains from providing interventions without appropriate training or skills * Seeks and is receptive to supervision to ensure client safety * Demonstrates willingness to function within constraints of center policies and procedures * Identifies and reports safety concerns to supervisor and/or appropriate clinical staff | OT 202  OT 204  OT 206 |
| 1. **BASIC TENETS OF OCCUPATIONAL THERAPY** | | |
| 1. **OT Philosophy** | * Explains the role of OT within the practice setting in terms and language that is clearly understood by the recipient * Explains how/why occupation is used as a means to an end * Explains to other disciplines the intervention procedures initiated by OT * Selects activities that reflects an understanding of client’s interests and occupational values | OT 101  OT 103  OT 105 |
| 1. **OT/OTA Roles** | * Verbalizes and demonstrates the differences in role delineation for an OT/OTA within the practice setting * Articulates an understanding of the roles of the OTA in the clinic in a manner that reflects a value and appreciation for the contributions of the OTA | OT 101  OT 109 |
| 1. **Evidence Based Practice** | * Able to articulate rationale for selection of activities and intervention strategies * Uses sound clinical reasoning backed by published research and/or relevant resources to make informed intervention decisions | OT 202  OT 204  OT 206  OT 201 |
| 1. **EVALUATIONS/SCREENINGS** | | |
| 1. **Gathers Data** | * Appropriately gathers relevant information from chart review, client interview, or staff interaction regarding the client’s functional status, home environment, etc. * Selects and filters relevant and important information from all data collected | OT 202  OT 204  OT 206 |
| 1. **Administers Assessment** | * With appropriate supervision and instruction, administers assessments relating to occupational therapy performance * Demonstrates an understanding of FIM language and terminology to assess areas of self-care * Accepts responsibility and is aware of the importance of accurate assessment * Observes standardized techniques in using standardized assessment tools | OT 202  OT 204  OT 206 |
| 1. **Interprets** | * Determines correct FIM levels based on client performance * Able to objectively select pertinent data from assessment to develop an accurate profile of the client’s strength and weaknesses | OT 202  OT 204  OT 206 |
| 1. **Reports** | * Reports ADL assessment information to the occupational therapist in a clear, accurate, and concise manner * Completes necessary paperwork based on assessment * Reports performance data objectively | OT 202  OT 204  OT 206  OT 201 |
| 1. **Establish Goals** | * Collaborates with the OTR in establishing/modifying functional goals * Grades and/or changes activity or method to achieve intervention goal | OT 202  OT 204  OT 206  OT 201 |
| 1. **INTERVENTION** | | |
| 1. **Plans Intervention** | * Completes thorough intervention plans for clients * Prioritizes problem areas and addresses foundation skills needed for intervention progression * Chooses graded activities and/or preparatory activities that will be most effective in maximizing the client’s occupational performance and allow for ongoing assessment of the client’s functional capacity and readiness for discharge | Introduced at 100 level  OT 202  OT 204  OT 206  OT 201 |
| 1. **Selects Intervention** | * Chooses occupations that motivate and challenge the clients * Selects activities that are appropriate based on established goals | OT 103 OT 107  OT 105 OT 202  OT 204 OT 206 |
| 1. **Implements Interventions** | * Schedules clients for ADLs as appropriate based on their current level of function and need for updated FIM scores * Recognizes appropriateness for specific tasks based on client’s current physical, emotional, and cognitive status * Offers occupations (occupation-based activity, purposeful activity, preparatory methods) that match the client’s performance skills, patterns, context, activity demands, and client factors | Introduced at 100 level  OT 202  OT 204  OT 206 |
| 1. **Activity Analysis** | * Grades activity to motivate and challenge the client in order to facilitate progression of goals * Appropriately recognizes the inherent qualities of a task in order to match to the client’s needs * Demonstrates the ability to identify more than one appropriate strategy for a given problem area * Appropriately revises and adjusts selected activities to adapt to a change in the client’s condition | OT 103  OT 105 (groups)  OT 107 |
| 1. **Therapeutic Use of Self** | * Incorporates empathy and understanding during the intervention and training with clients and families * Develops and maintains rapport with clients, families, and/or significant others that enhances the therapeutic relationship * Develops and maintains rapport with clients that enhances the therapeutic relationship | Across the Curriculum |
| 1. **Modifies Intervention Plans** | * Identifies barriers to the client’s progression and makes necessary changes to the intervention plan * Grades and modifies intervention to allow for progression in functional status without frustration * Recognizes changes in the client’s physical, mental, emotional, or cognitive status and adjusts the intervention plan as appropriate * Demonstrates the ability to be flexible with intervention plans and adapts to changes in the clients in a timely manner | OT 202  OT 204  OT 206  OT 201 |
| 1. **COMMUNICATION** | | |
| 1. **Verbal/Nonverbal**   **Communication** | * Clearly communicates the definition of OT to clients and families * Clearly articulates client status updates with clients, families, and other staff * Presents oneself in a professional manner through body language, posture, eye contact, etc. with clients, families, and other staff | Across the curriculum |
| 1. **Written Communication** | * Prepares clear and accurate reports of client participation and progress * Uses proper spelling, punctuation, and grammar * Produces all written communication in a timely manner * Uses facility approved abbreviations * Reports unusual and/or critical information in writing | Across the curriculum |
| 1. **PROFESSIONAL BEHAVIORS** | | |
| 1. **Self-Responsibility** | * Collaborates with appropriate staff to participate in additional learning opportunities. * When appropriate, initiate intervention, client updates, ADL scheduling, clinic clean, etc. without instruction from supervisor to do so * Defines personal expectations and goals for the affiliation * Self-directed in determining learning strengths and challenges | Across the  curriculum |
| 1. **Responds to Feedback** | * Appropriately acknowledges feedback, instruction, concern from supervisor and modifies behavior as needed in a timely manner * Adjusts behavior in response to cues and directions from supervisor, staff, and the environment * Incorporates feedback from supervisor into intervention planning and intervention implementation and discuss outcomes | Across the curriculum  Professional Behaviors Interviews |
| 1. **Work Behaviors** | * Demonstrate consistent work behaviors of timeliness, preparedness, dress, and communication * Arrives on time and consistently completes work assignments on time | Across the curriculum |
| 1. **Time Management** | * Demonstrates effective time management regarding intervention implementation and documentation * Organizes intervention and non-intervention responsibilities in order to ensure that responsibilities are completed in a timely and professional manner | Across the curriculum |
| 1. **Interpersonal Skills** | * Demonstrates appropriate work place communication with supervisor, clients, families, and staff * Maintains appropriate personal/professional role delineation among staff and clients * Consistently maintains professional behaviors in the workplace, including, but not limited to, professional appearance, showing response for other professionals, and presenting in a professional, confident manner | Across the curriculum |
| 1. **Cultural Competence** | * Demonstrates an understanding and tolerance of diversity among socio-cultural, socioeconomic, spiritual, and lifestyle choices * Respectful and open to diverse backgrounds and ideas in the workplace * Seeks to understand the client’s perspective and context when collaborating in intervention * Careful to not impose one’s own beliefs and values on clients | OT 101  OT 103  Across the curriculum |

AOTA Site Specific Objectives: <http://www.aota.org/Educate/EdRes/Fieldwork/SiteObj.aspx>

AOTA (2014). *Occupational Therapy Practice Framework. 3rd Ed.* Bethesda: AOTA Press.

Schell, B., Gillien, G., Scafffa, M. & Cohn, E. (2013). *Wiilard and Spackman’s Occupational Therapy*. Philadelphia: Lippincott, Williams and Williams..

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