

PENNSSTATE



The Pennsylvania State University

Associate in Science in Occupational Therapy

Program Guide and Fieldwork Manual

2013-2014

Revised: August 2013

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

Any occupational therapy assistant student who has a documented disability which qualifies him/her for accommodation under the ADA (Americans with Disabilities Act) during the didactic and/or fieldwork components of his/her education, must contact the campus disability services officer. Upon the recommendation of the campus disabilities service officer, the faculty and/or the Fieldwork Educator will institute reasonable accommodations that are timely and effective. It is the responsibility of the student to provide feedback regarding the effectiveness of the accommodations. The contact person who serves as the disabilities service officer at each of the four campuses offering the occupational therapy assistant program is as follows:

Berks

Michelle Strawley, Disability Services
(610) 396-6410

DuBois

Diana Kreydt, Disability Contact Liaison
(814) 372-3037

Mont Alto

Kendra Wolgast, Student Success Center
(717) 749-6045

Shenango

Tony Paglia, Disability Services Liaison
(724) 983-2841

**The Pennsylvania State University
Associate in Science in Occupational Therapy
Program Guide and Fieldwork Manual**

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Preface

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 Program Director or Academic Fieldwork Coordinator at the respective campus listed below.

The program is offered at the following campuses:

Penn State Mont Alto

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**The Pennsylvania State University
Associate in Science in Occupational Therapy
Program & Fieldwork Manual**

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

You are responsible for the contents of the program & fieldwork manual. It is to be retained by you 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 ANGEL and on-line at www.ma.psu.edu/ota

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 indicates that you agree to adhere to the requirements as stated in the policies and procedures established therein.

Certification

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).

A felony conviction may affect a graduate's ability to sit for the NBCOT exam and obtain licensure.

Students are to access the NBCOT web site at 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.

_____ 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
Essential Functions for an Occupational Therapy Assistant

The following is a list of essential functions 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 functions should contact the Program Director and the Campus ODS officer. Students may be entitled to reasonable accommodations under the Americans with Disabilities Act. Students should remember that the role of the OTA in most settings is the direct provision of services to clients requiring safe and effective contact with them.

Any student who, after reasonable accommodations, cannot perform the *Essential Functions for an Occupational Therapy Assistant* will not be able to continue in the OTA program. The following are indicators required with or without accommodations to participate in the OTA Program:

MOTOR SKILLS

A student must be able to:

- Sit in class for up to 7 hours per day.
- Move with adequate agility and speed to ensure client safety.
- Walk, balance, and have adequate strength to facilitate the mobility of a client who may or may not use equipment, while preventing injury to client and self. (This includes but is not limited to assisting with transfers.)
- Demonstrate the sensorimotor skills, mobility, and general endurance necessary to effectively and safely complete all learning tasks, contribute to the occupational therapy evaluation process, and implement intervention techniques in the academic and fieldwork environments.

OBSERVATIONAL & SENSORY SKILLS

A student must be able to:

- Use visual, auditory, and tactile senses to observe clients and collect and interpret data.
- Read and understand client charts, professional literature, and notes from clients, physicians and other health professionals.
- Respond to warning sounds and calls for help.

COMMUNICATION SKILLS

A student must be able to:

- Communicate effectively in English in verbal and written formats with faculty, peers, patients, families and other health professionals.
- Report clearly and legibly through appropriate documentation.
- Use professional terminology correctly and accurately interpret its meaning to others.

INTELLECTUAL & CONCEPTUAL SKILLS

A student must be able to:

- Meet class standards for successful course completion.
- Acquire, demonstrate and apply the knowledge and skills of occupational therapy principles and practice.

BEHAVIORAL AND SOCIAL ATTITUDES

A student must be able to:

- Recognize and respond appropriately to individuals of all ages, genders and races, and from all socio-economic, religious and cultural backgrounds.
- Cope with stress effectively.
- Recognize and respond appropriately to potentially hazardous situations.
- Demonstrate the physical and emotional capacity to work a 40-hour week while on clinical affiliation.
- Behave in an ethically sound, competent, compassionate and professional manner in the classroom and in the clinic.
- Abide by the *Occupational Therapy Code of Ethics, Standards of Practice*, and policies and procedures of the university, the program and the fieldwork sites.
- Modify one's own behavior/performance in response to feedback from instructors, fieldwork educator, and peers to achieve the learning objectives and the responsibilities of the program and fieldwork sites.

Please read and sign this statement. A copy will be retained in the ASOT program office.

My signature indicates the following:

- I have received and read the document: "Essential Functions 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 ASOT degree program.
- I understand that if I am unable to carry out these essential functions, with or without reasonable accommodation, I may not be able to complete the ASOT degree.

Name

PSU ID#

Date

**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 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 ASOT degree program is assigned an academic advisor from among the OT faculty at their respective campus. Student advising is mandated by the University prior to enrollment in any degree program. Advising of incoming first year (freshman) students is completed in the summer or during rolling admissions in the academic year. Students in advanced standing having transfer credits from other institutions are encouraged to discuss course options with their advisor. Every student is required to consult with their academic advisor every semester to review their progress in the program. This is done by reviewing the Academic Audit available from the university which matches the degree requirements to courses taken at Penn State or transferred to Penn State from another university. Students are required to refer to their degree audit on E-lion, as well as, ask questions as needed during consultative advising sessions. The academic advisor assists the student in meeting degree requirements in an efficient manner.

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.

Advising Sessions: 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 coordinator. All remediation plans developed for a student following academic advising must be provided in writing and signed by the student, the 2OT program coordinator, and the ACFW 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 2OTCC program office.

Successful Progression

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. Failure of Level I Fieldwork associated with a course will result in a grade of F for the course REGARDLESS of the points assigned by other graded activities.

Note: A student who fails a didactic course may not continue in the course sequence, but may repeat that course the next time it is offered. A student who fails two didactic OT courses in the same semester OR who fails the same OT course for a second will be considered to have reached two major OT course failures and be removed from the program major (i.e. failure of OT103 & OT105 3rd semester = removal from the program OR fall 2012 failure of OT103 and fall 2013 failure of OT103 = removal from the program.)

Note: A student who fails Level I or Level II fieldwork may be permitted to repeat the fieldwork following guidelines as outlined in the Program & 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 OT 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 Office of University Registrar at their respective campus. The Penn State Academic Policy of non-degree candidates can be found at <http://www.psu.edu/ufs/policies/14-00.html>

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 student 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 an OTR.
3. Administer standardized tests under the supervision of an OTR or qualified COTA after a 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 with other team members, individuals, family members or caregivers in collaboration with an OTR.
11. Engage in interprofessional collaborative education projects and processes within the classroom, clinic, and community.
12. Follow policies and procedures required in the academic and clinical setting.
13. Assist with formulating discharge and follow-up plans.
14. Maintain records and documentation required by work setting.
15. Perform continuous quality improvement activities or program evaluation in collaboration with other team members.
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, 2010) and *Standards of Practice* (AOTA, 2010) of the profession.

**The Pennsylvania State University
Associate in Science in Occupational Therapy Program
STRATEGIC PLAN**

Priorities for Excellence: The Penn State Strategic Plan for 2009-10 through 2013-14

Mission Statement of the Pennsylvania State University

Penn State 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.

Priorities for Excellence: The Penn State Strategic Plan for 2009-10 through 2013-14

Goals of the Pennsylvania State University

- Goal 1:** Enhance student success.
- Goal 2:** Advance academic excellence and research prominence.
- Goal 3:** Realize Penn State's potential as a global university.
- Goal 4:** Maintain access and affordability and enhance diversity.
- Goal 5:** Serve the people of the commonwealth and beyond.
- Goal 6:** Use technology to expand access and opportunities.
- Goal 7:** Control costs and generate additional efficiencies.

Mission Statement in 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 at each campus location through education and service. The 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

Following are the aligned goals of Penn State and the Associate in Science in OT Program to ensure that the missions of both are considered and engaged for students, faculty, and the community at large.

Goals of the Associate in Science in Occupational Therapy Program

PSU Goal 1: Enhance student success.

OTA Program Goal 1: Prepare graduates who demonstrate the knowledge & 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 reflect the profession's priority to develop occupational therapy assistants with a high level of professionalism and engagement in interprofessional education & practice (IPEP).

OTA Program Goal 3: 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.

PSU Goal 2: Advance academic excellence and research prominence.

OTA Program Goal 4: 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 5: Conduct on-going (i.e. semester/yearly) curriculum review and make changes based on student, faculty, ACOTE standards, and/or administrative insight.

PSU Goal 3: Realize Penn State's potential as a global university.

PSU Goal 4: Maintain access and affordability and enhance diversity.

PSU Goal 5: Serve the people of the commonwealth and beyond.

OTA Program Goal 6: 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.

OTA Program Goal 7: Increase opportunities for students to understand the importance of and engage in service learning by developing partnerships within PSU and students' communities.

OTA Program Goal 8: Develop plans of continued education for current students and alumni beyond the Associate in Occupational Therapy degree at other Penn State campuses, PSU World Campus and/or other institutions of higher education, which will include pathways to baccalaureate and/or graduate programs.

PSU Goal 6: Use technology to expand access and opportunities.

OTA Program Goal 9: Utilize cutting-edge technology and electronic media in the teaching-learning process to enhance students' access to information and opportunities of growth in skills, knowledge, and professional behaviors.

PSU Goal 7: Control costs and generate additional efficiencies.

OTA Program Goal 10: Improve the occupational therapy program lab space and offices to include supporting material for teaching-learning processes.

OTA Program Goal 11: Improve the effectiveness and use of the fieldwork database and Sharepoint by faculty to ensure the most effective utilization of sites for FW I & FW II.

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 within each campus, as well as, across the campuses offering the degree. 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 of understanding 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 they 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.

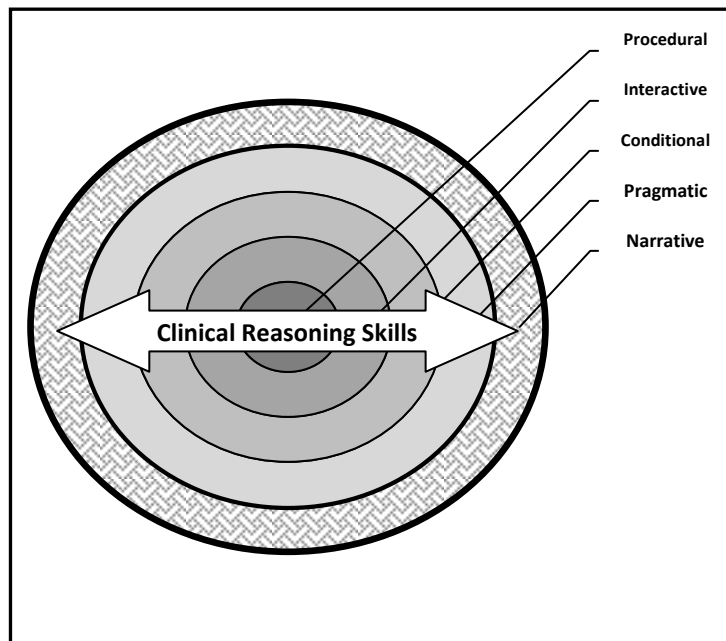


Figure 1. Clinical Reasoning Paradigm for the Penn State OTA Student

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.

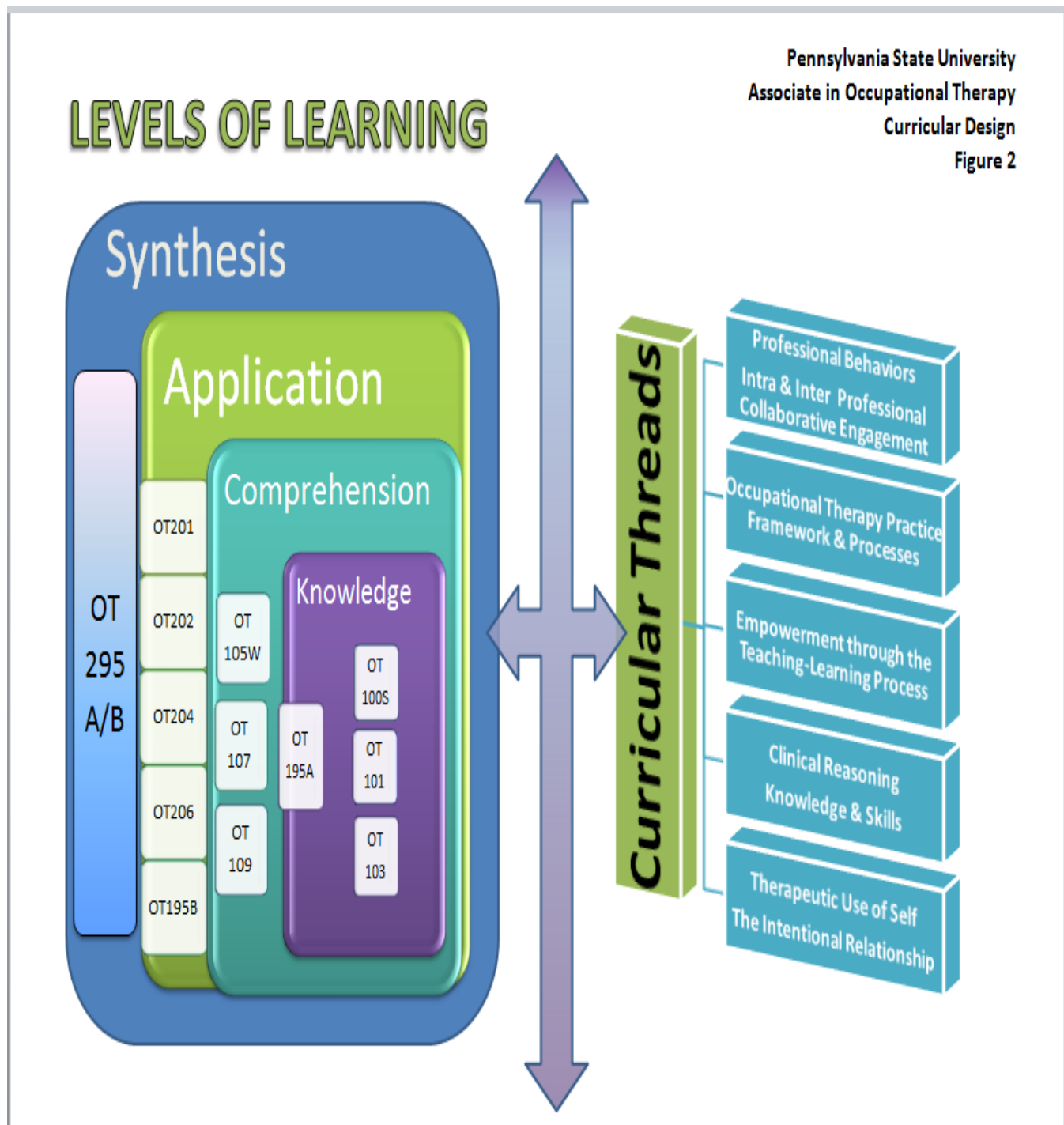
Curricular Threads

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 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 ASOT 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. OT195A Level I Fieldwork Experience may be completed during this semester or next semester.*

Comprehension Level

O T 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 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 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 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 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 and well-being.

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

O T 195B 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 to three 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 weblink at <http://bulletins.psu.edu/undergrad/programs/associates/O/20TCC>

General Education: 21 credits

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

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
Associate in Science in Occupational Therapy
Recommended Course Sequence

Fall (Semester One)	Spring (Semester Two)
OT100S* 1 OT101* 2 BIOL 129* 4 ENG 015 (GWS) 3 PSYCH100 (GS) 3 <p style="text-align: right;">13 credits</p>	OT103* + 3 HDFS 129 or PSYCH212 ■ 3 BIOL 141 (GN)* 3 BIOL 142 (GN)* 1 Math (GQ) 3 KINES 013 1 OT195A^ 1 <p style="text-align: right;">13/14 credits</p>
Fall (Semester Three)	Spring (Semester Four)
OT105W* 3 OT107* 3 OT109* 3 OT195A^ 1 Humanities Elective (GH) 3 Art Elective (GA) 3 <p style="text-align: right;">15/16 credits</p>	OT202* 3 OT204* 3 OT206* 4 OT201* 3 OT195B^ 1 <p style="text-align: right;">14 credits</p>
Summer / Fall (Semester Five)	KEY FOR COURSES
OT295 A* 6 OT295 B* 6 <p style="text-align: right;">12 credits</p> <p style="text-align: center;"><i>FW Level II typically is two 8 week full-time placements.</i></p>	* 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. <i>Note PSYCH 100 is a pre-req for PSYCH212.</i> ^ Course is Pass/Fail

ADDITIONAL INFORMATION

- Students **must** complete these courses prior to enrolling in the 200 level OT courses: ENG015, PSYC100, 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 semester. 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**

O T 100S

O T 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. Identify the critical persons, events, and philosophies which influenced and shaped the profession of occupational therapy from its inception to the present.

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

2. Explore traditional and emerging practice settings and the primary focus of occupational therapy within those practice settings and how the socio-political environment can potentially impact practice.

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

Additionally, the student will:

- Identify principles of infection control, universal precautions, HIPPA, and job safety.
- Offer a beginning definition of occupational therapy, intraprofessional, and interprofessional education/practice.

Penn State First Year Seminar Purpose & Objectives

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, ANGEL, 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.

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. Demonstrate a working knowledge and understanding of human behavior from a behavioral, social, and occupational science perspectives.

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

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

3. 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.

4. 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.

5. 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.

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.

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

8. Demonstrate working knowledge and appreciation of diversity, social economics, cultural, and lifestyle choices clients are immersed in while engaged in occupational therapy.

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).

9. 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).

Additionally, the student will:

- Expand upon the definitions of occupational therapy, 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.

O T 103

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.

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.

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.

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

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 Activity Analysis: Assistive Technologies and Methods of Adaptation

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.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.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.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.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.

OT109

OT109 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.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.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.9.8 Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.

OT195A/OT195B

OT195A 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.

OT195B 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 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.

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.

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.

OT201

OT201 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.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.

4. Apply the FIM (Functional Independent Measure) scale to clinical observations and documentation.

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 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.

6. 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.

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

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.

OT202

O T 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).

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.

OT204

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.

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.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.

2. Employ logical thinking to select and provide appropriate OT interventions, including compensatory strategies and training that highlights safety, well-being, and performance 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.4.2 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).

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.

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.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 mental health issues, in order 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.

OT206

O T 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:

- 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.5.3. 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.5.3. 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

- 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 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:

- 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

- 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 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.5.11 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

- 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.
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- 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.

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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.8.3 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.

- a. 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.
- b. 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, 2010). Additionally, students should understand and align their everyday work engagement with the ***Standards of Occupational Therapy Practice*** (AOTA, 2010).

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 OTA 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 OTA 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 68-74.

Occupational Therapy Code of Ethics and Ethics Standards (2010)

PREAMBLE

The American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics and Ethics Standards (2010)* (“Code and Ethics Standards”) is a public statement of principles used to promote and maintain high standards of conduct within the profession. Members of AOTA are committed to promoting inclusion, diversity, independence, and safety for all recipients in various stages of life, health, and illness and to empower all beneficiaries of occupational therapy. This commitment extends beyond service recipients to include professional colleagues, students, educators, businesses, and the community.

Fundamental to the mission of the occupational therapy profession is the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. “Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life” AOTA, 2004). Occupational therapy personnel have an ethical responsibility primarily to recipients of service and secondarily to society.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* was tailored to address the most prevalent ethical concerns of the profession in education, research, and practice. The concerns of stakeholders including the public, consumers, students, colleagues, employers, research participants, researchers, educators, and practitioners were addressed in the creation of this document. A review of issues raised in ethics cases, member questions related to ethics, and content of other professional codes of ethics were utilized to ensure that the revised document is applicable to occupational therapists, occupational therapy assistants, and students in all roles.

The historical foundation of this Code and Ethics Standards is based on ethical reasoning surrounding practice and professional issues, as well as on empathic reflection regarding these interactions with others (see e.g., AOTA, 2005, 2006). This reflection resulted in the establishment of principles that guide ethical action, which goes beyond rote following of rules or application of principles. Rather, *ethical action* it 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.

While much has changed over the course of the profession’s history, more has remained the same. The profession of occupational therapy remains grounded in seven core concepts, as identified in the *Core Values and Attitudes of Occupational Therapy Practice* (AOTA, 1993): *altruism, equality, freedom, justice, dignity, truth, and prudence*. *Altruism* is the individual’s ability to place the needs of others before their own. *Equality* refers to the desire to promote fairness in interactions with others. The concept of *freedom* and personal choice is paramount in a profession in which the desires of the client must guide our interventions. Occupational therapy practitioners, educators, and researchers relate in a fair and impartial manner to individuals with whom they interact and respect and adhere to the applicable laws and standards regarding their area of practice, be it direct care, education, or research (*justice*). Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and *dignity* of the client, by assisting him or her to engage in occupations that are meaningful to him or her regardless of level of disability. In all situations, occupational therapists, occupational therapy assistants, and students must provide accurate information, both in oral and written form (*truth*). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions to direct them in their area(s) of practice (*prudence*). These seven core values provide a foundation by which occupational therapy personnel guide their interactions with others, be they students, clients, colleagues, research participants, or communities. These values also define the ethical principles to which the profession is committed and which the public can expect.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* is a guide to professional conduct when ethical issues arise. Ethical decision making is a process that includes awareness of how the outcome will impact

occupational therapy clients in all spheres. Applications of Code and Ethics Standards Principles are considered situation-specific, and where a conflict exists, occupational therapy personnel will pursue responsible efforts for resolution. These Principles apply to occupational therapy personnel engaged in any professional role, including elected and volunteer leadership positions.

The specific purposes of the *Occupational Therapy Code of Ethics and Ethics Standards (2010)* are to

1. Identify and describe the principles supported by the occupational therapy profession.
2. Educate the general public and members regarding established principles to which occupational therapy personnel are accountable.
3. Socialize occupational therapy personnel to expected standards of conduct.
4. Assist occupational therapy personnel in recognition and resolution of ethical dilemmas.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* define the set of principles that apply to occupational therapy personnel at all levels:

DEFINITIONS

- **Recipient of service:** Individuals or groups receiving occupational therapy.
- **Student:** A person who is enrolled in an accredited occupational therapy education program.
- **Research participant:** A prospective participant or one who has agreed to participate in an approved research project.
- **Employee:** A person who is hired by a business (facility or organization) to provide occupational therapy services.
- **Colleague:** A person who provides services in the same or different business (facility or organization) to which a professional relationship exists or may exist.
- **Public:** The community of people at large.

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, 2009). Forms of beneficence typically include altruism, love, and humanity. 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, 2009).

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. Provide appropriate evaluation and a plan of intervention for all recipients of occupational therapy services specific to their needs.
- C. Reevaluate and reassess recipients of service in a timely manner to determine if goals are being achieved and whether intervention plans should be revised.
- D. Avoid the inappropriate use of outdated or obsolete tests/assessments or data obtained from such tests in making intervention decisions or recommendations.
- E. Provide occupational therapy services that are within each practitioner's level of competence and scope of practice (e.g., qualifications, experience, the law).
- F. Use, to the extent possible, evaluation, planning, intervention techniques, and therapeutic equipment that are evidence-based and within the recognized scope of occupational therapy practice.
- G. Take responsible steps (e.g., continuing education, research, supervision, training) and use careful judgment to ensure their own competence and weigh potential for client harm when generally recognized standards do not exist in emerging technology or areas of practice.
- H. Terminate occupational therapy services in collaboration with the service recipient or responsible party

when the needs and goals of the recipient have been met or when services no longer produce a measurable change or outcome.

- I. Refer to other health care specialists solely on the basis of the needs of the client.
- J. Provide occupational therapy education, continuing education, instruction, and training that are within the instructor's subject area of expertise and level of competence.
- K. Provide students and employees with information about the Code and Ethics Standards, opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts.
- L. Ensure that occupational therapy research is conducted in accordance with currently accepted ethical guidelines and standards for the protection of research participants and the dissemination of results.
- M. Report to appropriate authorities any acts in practice, education, and research that appear unethical or illegal.
- N. Take responsibility for promoting and practicing occupational therapy on the basis of current knowledge and research and for further developing the profession's body of knowledge.

NONMALEFICENCE

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

Nonmaleficence imparts an obligation to refrain from harming others (Beauchamp & Childress, 2009). The principle of nonmaleficence is grounded in the practitioner's responsibility to refrain from causing harm, inflicting injury, or wronging others. While beneficence requires action to incur benefit, nonmaleficence requires non-action to avoid harm (Beauchamp & Childress, 2009). 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*. If the standard of due care outweighs the benefit of treatment, then refraining from treatment provision would be ethically indicated (Beauchamp & Childress, 2009).

Occupational therapy personnel shall

- A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
- B. Make every effort to ensure continuity of services or options for transition to appropriate services to avoid abandoning the service recipient if the current provider is unavailable due to medical or other absence or loss of employment.
- C. Avoid relationships that exploit the recipient of services, students, research participants, or employees physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.
- D. Avoid engaging in any sexual relationship or activity; whether consensual or nonconsensual, with any recipient of service, including family or significant other, student, research participant, or employee, while a relationship exists as an occupational therapy practitioner, educator, researcher, supervisor, or employer.
- E. 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.
- F. Avoid any undue influences, such as alcohol or drugs that may compromise the provision of occupational therapy services, education, or research.
- G. Avoid situations in which a practitioner, educator, researcher, or employer is unable to maintain clear professional boundaries or objectivity to ensure the safety and well-being of recipients of service, students, research participants, and employees.
- H. Maintain awareness of and adherence to the Code and Ethics Standards when participating in volunteer roles.
- I. Avoid compromising client rights or well-being based on arbitrary administrative directives by exercising professional judgment and critical analysis.
- J. Avoid exploiting any relationship established as an occupational therapist or occupational therapy assistant to further one's own physical, emotional, financial, political, or business interests at the expense of the best interests of recipients of services, students, research participants, employees, or colleagues.
- K. Avoid participating in bartering for services because of the potential for exploitation and conflict of interest unless there are clearly no contraindications or bartering is a culturally appropriate custom.
- L. Determine the proportion of risk to benefit for participants in research prior to implementing a study.

AUTONOMY AND CONFIDENTIALITY

Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination.

The principle of autonomy and confidentiality 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 *autonomy* is referred to as the *self-determination* principle. However, respect for 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 personal values and beliefs" (Beauchamp & Childress, 2009, p. 103). Autonomy has become a prominent principle in health care ethics; the right to make a determination regarding care decisions that directly impact the life of the service recipient should reside with that individual. The principle of autonomy and confidentiality also applies to students in an educational program, to participants in research studies, and to the public who seek information about occupational therapy services.

Occupational therapy personnel shall

- A. Establish a collaborative relationship with recipients of service including families, significant others, and caregivers in setting goals and priorities throughout the intervention process. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention(s); and/or any reasonable alternatives to the proposed intervention.
- B. Obtain consent before administering any occupational therapy service, including evaluation, and ensure that recipients of service (or their legal representatives) are kept informed of the progress in meeting goals specified in the plan of intervention/care. If the service recipient cannot give consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for that recipient.
- C. Respect the recipient of service's right to refuse occupational therapy services temporarily or permanently without negative consequences.
- D. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program/educational institution.
- E. Obtain informed consent from participants involved in research activities, and ensure that they understand the benefits, risks, and potential outcomes as a result of their participation as research subjects.
- F. Respect research participant's right to withdraw from a research study without consequences.
- G. Ensure that confidentiality and the right to privacy are respected and maintained regarding all information obtained about recipients of service, students, research participants, colleagues, or employees. The only exceptions are when a practitioner or staff member believes that an individual is in serious foreseeable or imminent harm. Laws and regulations may require disclosure to appropriate authorities without consent.
- H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and non-verbal communications, including compliance with HIPAA regulations.
- I. Take appropriate steps to facilitate meaningful communication and comprehension in cases in which the recipient of service, student, or research participant has limited ability to communicate (e.g., aphasia or differences in language, literacy, culture).
- J. Make every effort to facilitate open and collaborative dialogue with clients and/or responsible parties to facilitate comprehension of services and their potential risks/benefits.

SOCIAL JUSTICE

Principle 4. Occupational therapy personnel shall provide services in a fair and equitable manner.

Social justice, also called *distributive justice*, refers to the fair, equitable, and appropriate distribution of resources. The principle of social justice refers broadly to the distribution of all rights and responsibilities in society (Beauchamp & Childress, 2009). In general, the principle of social justice supports the concept of achieving justice in every aspect of society rather than merely the administration of law. The general idea is that individuals and groups should receive fair treatment and an impartial share of the benefits of society. Occupational therapy personnel have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009). While opinions differ regarding the most ethical approach to addressing distribution of health care resources and reduction of health disparities, the issue of social justice continues to focus on limiting the impact of social inequality on health outcomes.

Occupational therapy personnel shall

- A. Uphold the profession's altruistic responsibilities to help ensure the common good.
- B. Take responsibility for educating the public and society about the value of occupational therapy services in promoting health and wellness and reducing the impact of disease and disability.
- C. Make every effort to promote activities that benefit the health status of the community.
- D. Advocate for just and fair treatment for all patients, clients, employees, and colleagues, and encourage employers and colleagues to abide by the highest standards of social justice and the ethical standards set forth by the occupational therapy profession.
- E. Make efforts to advocate for recipients of occupational therapy services to obtain needed services through available means.
- F. Provide services that reflect an understanding of how occupational therapy service delivery can be affected by factors such as economic status, age, ethnicity, race, geography, disability, marital status, sexual orientation, gender, gender identity, religion, culture, and political affiliation.
- G. Consider offering *pro bono* ("for the good") or reduced-fee occupational therapy services for selected individuals when consistent with guidelines of the employer, third-party payer, and/or government agency.

PROCEDURAL JUSTICE

Principle 5. Occupational therapy personnel shall comply with institutional rules, local, state, federal, and international laws and AOTA documents applicable to the profession of occupational therapy.

Procedural justice is concerned with making and implementing decisions according to fair processes that ensure "fair treatment" (Maiese, 2004). Rules must be impartially followed and consistently applied to generate an unbiased decision. The principle of procedural justice is based on the concept that procedures and processes are organized in a fair manner and that policy, regulations, and laws are followed. While *the law* and *ethics* are not synonymous terms, occupational therapy personnel have an ethical responsibility to uphold current reimbursement regulations and state/territorial laws governing the profession. In addition, occupational therapy personnel are ethically bound to be aware of organizational policies and practice guidelines set forth by regulatory agencies established to protect recipients of service, research participants, and the public.

Occupational therapy personnel shall

- A. Be familiar with and apply the Code and Ethics Standards to the work setting, and share them with employers, other employees, colleagues, students, and researchers.
- B. Be familiar with and seek to understand and abide by institutional rules, and when those rules conflict with ethical practice, take steps to resolve the conflict.
- C. Be familiar with revisions in those laws and AOTA policies that apply to the profession of occupational therapy and inform employers, employees, colleagues, students, and researchers of those changes.
- D. Be familiar with established policies and procedures for handling concerns about the Code and Ethics Standards, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints as well as policies and procedures created by AOTA and certification, licensing, and regulatory agencies.
- E. Hold appropriate national, state, or other requisite credentials for the occupational therapy services they provide.
- F. Take responsibility for maintaining high standards and continuing competence in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills.
- G. Ensure that all duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience and scope of practice.
- H. Provide appropriate supervision to individuals for whom they have supervisory responsibility in accordance with AOTA official documents and local, state, and federal or national laws, rules, regulations, policies, procedures, standards, and guidelines.
- I. Obtain all necessary approvals prior to initiating research activities.
- J. Report all gifts and remuneration from individuals, agencies, or companies in accordance with employer policies as well as state and federal guidelines.

- K. Use funds for intended purposes, and avoid misappropriation of funds.
- L. Take reasonable steps to ensure that employers are aware of occupational therapy's ethical obligations as set forth in this Code and Ethics Standards and of the implications of those obligations for occupational therapy practice, education, and research.
- M. Actively work with employers to prevent discrimination and unfair labor practices, and advocate for employees with disabilities to ensure the provision of reasonable accommodations.
- N. Actively participate with employers in the formulation of policies and procedures to ensure legal, regulatory, and ethical compliance.
- O. Collect fees legally. Fees shall be fair, reasonable, and commensurate with services delivered. Fee schedules must be available and equitable regardless of actual payer reimbursements/contracts.
- P. Maintain the ethical principles and standards of the profession when participating in a business arrangement as owner, stockholder, partner, or employee, and refrain from working for or doing business with organizations that engage in illegal or unethical business practices (e.g., fraudulent billing, providing occupational therapy services beyond the scope of occupational therapy practice).

VERACITY

Principle 6. 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* in health care refers to comprehensive, accurate, and objective transmission of information and includes fostering the client's understanding of such information (Beauchamp & Childress, 2009). Veracity is based on respect owed to others. In communicating with others, occupational therapy personnel implicitly promise to speak truthfully and not deceive the listener. By entering into a relationship in care or research, the recipient of service or research participant enters into a contract that includes a right to truthful information (Beauchamp & Childress, 2009). 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 also requires thoughtful analysis of how full disclosure of information may impact outcomes.

Occupational therapy personnel shall

- A. Represent the credentials, qualifications, education, experience, training, roles, duties, competence, views, contributions, and findings accurately in all forms of communication about recipients of service, students, employees, research participants, and colleagues.
- 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 activities.
- D. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
- E. Accept responsibility for any action that reduces the public's trust in occupational therapy.
- F. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, students, research participants, or the public.
- G. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
- H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
- I. Give credit and recognition when using the work of others in written, oral, or electronic media.
- J. Not plagiarize the work of others.

FIDELITY

Principle 7. Occupational therapy personnel shall treat 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 being faithful, which includes obligations of loyalty and the keeping of promises and commitments (Veatch & Flack, 1997). In the health professions, fidelity refers to maintaining good-faith relationships between various service providers and recipients. While respecting fidelity requires occupational therapy personnel to meet the client's reasonable expectations (Purtillo, 2005), Principle 7 specifically addresses fidelity as it relates to maintaining collegial and organizational relationships. 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.

Occupational therapy personnel shall

- A. Respect the traditions, practices, competencies, and responsibilities of their own and other professions, as well as those of the institutions and agencies that constitute the working environment.
- B. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated by national, state, or local laws or permission to disclose is given by the individual.
- C. Take adequate measures to discourage, prevent, expose, and correct any breaches of the Code and Ethics Standards and report any breaches of the former to the appropriate authorities.
- D. Attempt to resolve perceived institutional violations of the Code and Ethics Standards by utilizing internal resources first.
- E. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.
- F. Avoid using one's position (employee or volunteer) or knowledge gained from that position in such a manner that gives rise to real or perceived conflict of interest among the person, the employer, other Association members, and/or other organizations.
- G. Use conflict resolution and/or alternative dispute resolution resources to resolve organizational and interpersonal conflicts.
- H. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

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Adopted by the Representative Assembly 2010CApr17.

Note. This document replaces the following rescinded Ethics documents 2010CApril18: the Occupational Therapy Code of Ethics (2005) (American Journal of Occupational Therapy, 59, 639–642); the Guidelines to the Occupational Therapy Code of Ethics (American Journal of Occupational Therapy, 60, 652–658); and the Core Values and Attitudes of Occupational Therapy Practice (American Journal of Occupational Therapy, 47, 1085–1086).

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STANDARDS OF PRACTICE FOR OCCUPATIONAL THERAPY

This document defines minimum standards for the practice of occupational therapy. The practice of occupational therapy means the therapeutic use of everyday life and activities (occupations) with individuals, groups, organizations 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 the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, and activity limitation or participation restriction. Occupational therapy addresses physical, cognitive, psychosocial, sensory, communication and other areas of performance in various contexts and environments in everyday life activities that affect health, well-being and quality of life (American Occupational Therapy Association [AOTA], 2004). The overarching goal of occupational therapy is “to support [people’s] health and participation in life through engagement in occupations” (AOTAA, 2008, p. 626).

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 Official Documents of the American Occupational Therapy Association, Inc.* (current version as of press time, AOTA, 2009b) 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 law.

To practice as an occupational therapist, the individual trained in the United States

- Has graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®) or predecessor organizations;
- Has 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;
- Has passed a nationally recognized entry-level examination for occupational therapists; and
- Fulfills state requirements for licensure, certification or registration.

To practice as an occupational therapy assistant, the individual trained in the United States

- Has graduated from an occupational therapy assistant program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®) or predecessor organizations;
- Has 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 therapist assistants that is accredited by ACOTE® or predecessor organizations;
- Has passed a nationally recognized entry-level examination for occupational therapist assistants; and
- Fulfills state requirements for licensure, certification or registration.

Definitions

The following definitions are used in this document:

- **Activity (Activities):** A class of human behaviors that are goal directed.
- **Assessment:** Specific tools or instruments that are used during the evaluation process.
- **Client:** The entity that receives occupational therapy services. Clients may include (1) individuals and other persons relevant to the individual's life, such as family, caregivers, teachers, employers, and others who also may help or be served indirectly; (2) organizations such as business, industry, or agencies; and (3) populations within a community (Moyers & Dale, 2007).
- **Evaluation:** The process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results.
- **Intervention:** The 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.
- **Occupation:** "Goal-directed pursuits that typically extend over time, have meaning to their performance, and involve multiple tasks" (Christiansen, Baum, & Bass-Haugen, 2005, p. 548); "all the things that people want, need, or have to do, whether of a physical, mental, social, sexual, political, spiritual, or any other nature, including sleep and rest activities." (Wilcock & Townsend, 2009, p. 193); "activities of everyday life Baptiste, & Townsend, 1997, p. 32).
- **Outcomes:** What occupational therapy actually achieves for the client. Changes desired by the client that can focus on any area of the client's occupational performance.
- **Re-evaluation:** The process of critical analysis of client response to intervention. This analysis enables the therapist to make any necessary changes to intervention plan in collaboration with the client.
- **Screening:** Obtaining and reviewing data relevant to a potential client to determine the need for further evaluation and intervention.
- **Transitions:** Transitions are "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" (AOTA, 1998, p. 866).

Standard I. Professional Standing and Responsibility

1. An occupational therapy practitioner (occupational therapist or occupational therapist 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* (AOTA, 2005a).
5. An occupational therapy practitioner abides by the *Standards for Continuing Competence* (AOTA, 2005b) 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, 2009a).
7. An occupational therapy assistant is responsible for providing safe and effective occupational therapy services under the supervision of and in partnership with the occupational therapist and in accordance with laws or regulations and AOTA documents (AOTA, 2009a).
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 research and applies it ethically and appropriately to provide occupational therapy services consistent with best practice approaches.
10. 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 Re-evaluation

1. An occupational therapist is responsible for all aspects of the screening, evaluation and re-evaluation 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 by considering the client's history, goals, capacities, and needs; 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 re-evaluation 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 re-evaluation process by implementing 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 during the screening, evaluation, and re-evaluation process.
7. An occupational therapist completes and documents occupational therapy evaluation results. An occupational therapy assistant contributes 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 law, other regulatory and payer requirements, external accreditation programs, and AOTA documents.
8. An occupational therapy practitioner communicates screening, evaluation, and re-evaluation results within the boundaries of client confidentiality and privacy regulations to the appropriate person, group, organization, 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

1. An occupational therapist has overall responsibility for the development, documentation, and implementation of the occupational therapy intervention based on the evaluation, client goals, best available evidence, and professional and clinical reasoning.
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 law, 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.
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 to select the most appropriate types of interventions, including therapeutic use of self, therapeutic use of occupations and activities, consultation, education, and advocacy.
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, their 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. Outcomes

1. An occupational therapist is responsible for selecting; measuring, documenting, and interpreting expected or 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, or 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.

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Adopted by the Representative Assembly Coordinating Council (RACC) for the Representative Assembly

Revised by the Commission on Practice 2010

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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.

The Pennsylvania State University
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
I. COMMITMENT TO LEARNING	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
II. INTERPERSONAL SKILLS	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.
III. USE OF CONSTRUCTIVE FEEDBACK	<ul style="list-style-type: none"> a. Demonstrates active listening skills. b. Actively seeks feedback and assistance from faculty when needed. c. Demonstrates a positive attitude toward feedback 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.
IV. EFFECTIVE USE OF TIME AND RESOURCES	<ul style="list-style-type: none"> a. Focuses on tasks at hand. b. Attends all classes and is consistently on time. c. Completes assignments on schedule. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> a. Allots sufficient time to do research and complete multi-staged assignments. b. Utilizes diverse resources effectively for obtaining information.

V. PROBLEM-SOLVING	<ul style="list-style-type: none"> a. Recognizes problems affecting learning situation. b. Describes known solutions to problem. c. Identifies known resources needed to develop solutions 	<ul style="list-style-type: none"> a. Prioritizes problems. b. Implements a solution to problems. c. Consults with others to clarify problems. d. Accepts responsibility for implementing solutions. 	<ul style="list-style-type: none"> 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.
VI. COMMUNICATION SKILLS	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.
VII. PROFESSIONALISM	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
VIII. RESPONSIBILITY	<ul style="list-style-type: none"> a. Demonstrates punctuality for classes, appointments. b. Demonstrates dependability. c. Follows through on commitments: assignments, meetings, etc. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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.
IX. CRITICAL THINKING	<ul style="list-style-type: none"> a. Raises relevant questions b. Articulates ideas and opinions c. Gathers and uses all available information when making decisions/judgments 	<ul style="list-style-type: none"> a. Discusses new ideas and seeks alternative ideas b. Reflects on ideas and thought processes and communicates insight. c. Exhibits openness to opposing ideas.. 	<ul style="list-style-type: none"> 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.
X. STRESS MANAGEMENT	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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
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 Occupational Therapy Assistant Program
Ability Based Assessment of Professional Behavior
2nd Semester Self-Assessment

Please rate your overall performance in each area. Refer to the full form for details.

As related to OTA student roles, I :	Score	Comments
1. Demonstrate a professional commitment to learning.		
2. Display professional and empathetic interpersonal skills.		
3. Utilize feedback constructively.		
4. Utilize time and resources effectively.		
5. Demonstrate effective problem solving skills.		
6. Display professional communication skills.		
7. Display professionalism in judgment, attitudes, and actions.		
8. Demonstrate responsibility for own actions.		
9. Employ critical thinking.		
10. Utilize effective stress management.		

**The Pennsylvania State University Occupational Therapy Assistant Program
3rd & 4th Semester Ability-Based Assessment of Professional Behavior**

As related to OTA Student Roles the Student:	S3 F3	Comments	S4 F4	Comments
<i>Demonstrates a professional commitment to learning</i>				
<i>Displays professional & empathic interpersonal skills</i>				
<i>Utilizes feedback constructively</i>				
<i>Utilizes time & resources effectively</i>				
<i>Demonstrates effective problem solving skills</i>				
<i>Displays professional communication skills</i>				
<i>Displays professionalism in judgment, attitudes, and actions</i>				
<i>Demonstrates responsibility for own actions</i>				
<i>Employs critical thinking</i>				
<i>Utilizes effective stress management skills</i>				
S3/S4 Student Rating F3/F4 Faculty Rating S Routinely meets expectation NI Needs improvement, not consistently meeting expectation N/O Not observed NSI Needs significant improvement, seldom meets expectation <i>To enroll in OT295A/B the student must earn a satisfactory score of 8/10 items during semester 4 and <u>no</u> score of NSI.</i>				

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:

Comments:

Signatures & Date:

**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:

Comments:

Signatures & Date:

The Pennsylvania State University
Associate in Science in Occupational Therapy
Academic Retention Policy

Students in the Associate in Science in Occupational Therapy Program at the Pennsylvania State University must earn not less than a grade of C in BIO 129, 141, 142; OT 100, 101, 103, 105, 107, 109, 201, 202, 204, and 206 and maintain a minimum grade point of 2.0 to be eligible to engage in Level II Fieldwork.

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. Grading scales are outlined in the course syllabus for each of the didactic courses.

It is expected that students enrolled in the Associate in Science in Occupational Therapy Program will take the OT didactic courses offered in each semester, concurrently and in the prescribed sequence. The occupational therapy curriculum is designed so that knowledge and skills from courses in one semester serve as foundations for course work in subsequent semesters. Level II fieldwork is completed after the OT didactic courses and all general education requirements are successfully completed. Those students who choose to extend the didactic course work over a longer period of time usually take general education courses or requirements for the major other than OT designated courses prior to enrolling in the OT courses or during summer sessions. Occasionally students may complete the OT didactic course work prior to satisfying all the other requirements for the major and general education courses.

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. The Associate in Science in Occupational Therapy Program places additional expectations on students enrolled in its course of studies. 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 Campus Coordinator 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.

If a student earns a grade below C in an occupational therapy didactic course, he or she may be eligible to retake the course one more time, if it is determined by the faculty member responsible for the course that retaking the course is a viable option and that the failing grade was not the result of a violation of the *Occupational Therapy Code of Ethics* or *Pennsylvania State University Policy and Rules*. A second failure for the same course or failure in two or more occupational therapy courses will result in termination from the program. Any combination of two failures will result in termination from the program: didactic courses, level I fieldwork, level II fieldwork in combination.

Refer to the **Level II Fieldwork Policy** section of The Associate in Science in Occupational Therapy Program Fieldwork Manual regarding policies and procedures for successful completion, termination, and failure of Level I and Level II Fieldwork.

**Policy for Academic Warning, Drop, or Reinstatement
Associate in Science in Occupational Therapy Program**

Reference Senate Policies 54-00

<http://www.psu.edu/ufs/policies/54-00.html>

54-00 Academic Warning, Drop Action, and Reinstatement

- [54-20 Academic Warning](#)
- [54-50 Academic Drop](#)
- [54-52 Baccalaureate Degree Candidates](#)
- [54-54 Associate Degree Candidates](#)
- [54-56 Drops by Colleges](#)
- [54-58 Notification of Candidate](#)
- [54-80 Reinstatement](#)
- [54-82 Dropped for Unsatisfactory Scholarship](#)

To graduate, a candidate must complete the requirements for the candidate's major and earn at least a C (2.00) average for all courses taken at this University, subject to the conditions of Section 51-00. Thus, graduation requires that a minimum of two grade points be earned for each credit completed in accordance with specifications listed in Section 42-00.

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 be 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://www.psu.edu/oue/aappm/I-5.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 (AOTA)

4720 Montgomery Lane
Bethesda, MD 20824-1220
(301) 652-AOTA
www.AOTA.org

Accreditation Counsel for Occupational Therapy Education (ACOTE)

4720 Montgomery Lane
Bethesda, MD 20824-1220
(301) 652-AOTA
(301)652-7711 FAX
TDD (800)377-8555
accred@AOTA.org
www.AOTA.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 2005. The next self-study evaluation will be 2014-2015. 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 letters COTA.

A felony conviction may affect a graduate's ability to sit for the NBCOT exam and obtain licensure.

National Board for Certification in Occupational Therapy

12 South Summit Avenue
Suite 100
Gaithersburg, MD 20877
(301) 990-7979
(301) 869-8492 FAX
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, many states regulate the occupational 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 the additional credential. 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/en/Advocacy-Policy/State-Policy/Licensure.aspx>

Here are direct links to the most commonly practiced in states by PSU ASOT Graduates:

- **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

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.

- **Maryland Board of Occupational Therapy Practice**
201 West Preston Street
Baltimore, MD 21201
(877)463-3464
<http://dhmh.maryland.gov/botp/SitePages/Home.aspx>
- **Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board**
Jeffrey M. Rosa, Executive Director
77 S. High Street, 16th Floor • Columbus, Ohio 43215-6108
Tel: (614) 466-3774 • Fax: (614) 995-0816 • TTY: (877) 644-6826
Email: board@otptat.ohio.gov
<http://otptat.ohio.gov/>

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 at the respective campus.
5. If that is unsuccessful, the Chief Academic Officer at the respective campus 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.
- Program Director for each campus:
 - Berks David Kresse
 - Dubois LuAnn Demi
 - Mont Alto Dr. Angela Hissong
 - Shenango Doadi Rockwell
- Chief Academic Officer for each campus:
 - Berks Dr. Paul Esqueda
 - Dubois Dr. Maureen Horan
 - Mont Alto Dr. Michael Doncheski
 - Shenango Dr. Elaine Andrews
- Office of Dean of University College
111 Old Main, University Park, PA 16802
Phone: (814) 863-0327
- Associated Links:
 - <http://studentaffairs.psu.edu/conduct/>
 - <http://studentaffairs.psu.edu/conduct/pdf/PoliciesRules.PDF>

FIELDWORK INFORMATION

Pennsylvania State University
Associate in Science in Occupational Therapy
Student Responsibility Acknowledgment for Fieldwork Level I & II Education

1. I understand that I must abide by all information in ASOT Program & Fieldwork Manual.
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.
2. I understand that it is my responsibility to provide my transportation to each clinical site, up to 2 hour driving distance.
3. I understand that I must utilize *Certified Background Check* 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.
4. I have obtained, and will maintain, professional liability insurance in at the amounts required by Penn State. I will provide a copy of the certificate of insurance as proof of such coverage as requested.
5. I understand that it is my responsibility to follow all policies & procedures of the fieldwork site while completing the fieldwork experience at each facility.
6. 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.
7. I understand that the facility may revoke my right to receive training 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.
8. I acknowledge my responsibility under HIPPA 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.
9. 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 ASOT Programs at Penn State University will inform students of potential requirements and clearances that may be requested by the clinical site for completion prior to the start of the fieldwork level I and/or II experience.

Procedure

Penn 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 "Acknowledgement of Fieldwork Requirements" form that is signed by the student in OT100S.
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 the 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 results and share them with the site as requested.
6. If the student fails to complete the site requested requirements the following could happen:
 - a. 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.
 - b. The site could refuse to take the student. The AFWC would 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 then could lead to the same process as defined in 6a.
7. If the student fails or has an unfavorable result on any of the site-requested requirements, this process will be followed:
 - a. If the site refuses to accept the student due to the results of the requirements, the AFWC would 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 6a.
 - b. 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.
 - c. 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.
 - d. 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.

In compliance with the Pennsylvania State University health policy, the occupational therapy assistant students must have received all required immunizations and have completed a health physical prior to participating in classes or fieldwork. Prior to initiating level II Fieldwork, students must obtain certification in CPR and First Aid. Students are strongly encouraged to receive all recommended immunizations, either through their health care provider or the Penn State health care system.

Students are to contact the Fieldwork Educator at the site for the site-specific policies and procedures. 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 this information in fieldwork assignments such as case studies presentations:

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

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

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

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

The Pennsylvania State University Health Insurance Portability and Accountability Act (HIPAA)

All Pennsylvania State University students involved in activity covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) must abide by the relevant University policies required by HIPAA. The Penn 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 Penn 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.

Penn State University's Health Insurance Portability and Accountability Act (HIPAA) training is in the Penn State University's Course management system (ANGEL). Information about HIPAA and the PSU requirement for student training will be provided to the OTA students. Students must complete HIPAA training and sign the *HIPPA 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 Angel Course Management System. This can be found at <https://cms.psu.edu>. The Angel Group which contains the Penn State HIPAA training materials is named "Penn State HIPAA Training-Official from Privacy Office." If you would like to take the on-line course, you will need to join this group. It does not require a PIN. You will need to login with your Penn State access account. To find the training, conduct a group search on keyword "Penn State HIPAA Training-Official from Privacy Office".

This training will be completed in OT100S or OT101 prior to students going out on Fieldwork Level I and a copy of the *HIPPA Certificate of Completion* form will be maintained in their 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 ANGEL 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 Coordinators 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 Center.
5. The site must be located within the 50 US states.

On-going contact is to be maintained with the fieldwork site and the Pennsylvania State University Occupational Therapy Assistant Program Fieldwork Coordinator through:

1. The annual AOTA Fieldwork Data Form (as applicable).
2. Written correspondence with appropriate persons.
3. Telephone communications as appropriate.
4. On-site visits as needed and appropriate.
5. Individual and group meetings with Fieldwork Educators.

The Pennsylvania State University 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, including both occupational therapy sites and community sites, and when attending any class fieldwork trips.

Please note: Specific attire requirements established by the fieldwork site for OTA students during Level II fieldwork supersede this document. Specific requirements are listed on the *AOTA Fieldwork Data Form*. They can be found in the Associate in Science in Occupational Therapy Program fieldwork files. It is the responsibility of the students to review the fieldwork data forms well in advance of a scheduled fieldwork experience.

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.

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 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.

Cell Phone Use

Students are required to abide by the cell phone policy at both the campus and fieldwork site.

**Remember how you appear to others
will convey your sense of professionalism.**

Student Responsibilities in Preparation for Level I and Level II Fieldwork

Occupational therapy assistant students are responsible for the following information.

1. Students must complete all paper work required by the specific fieldwork site prior to beginning fieldwork. Students should allow a minimum of two weeks for the necessary paperwork to be reviewed once submitted, therefore, fieldwork should be scheduled well in advance.
2. Students may be asked to sign a confidentiality form requested by the specific fieldwork site.
3. Students are required to maintain patient/client confidentiality when completing written assignments (i.e. logs, etc.). Patient's/client's real names are never to be used. Patients/clients are never discussed outside of the appropriate clinical setting and never in public places (i.e. elevators, hallways, etc.)
4. Students are responsible for updating immunizations and for providing an updated copy to the fieldwork site upon request. Specific TB testing may be required within a designated period of time.
5. Students must either complete the series of three hepatitis vaccines or sign a waiver.
6. Students must complete the HIPAA information provided by some fieldwork sites prior to beginning fieldwork.
7. Students must complete the HIPAA information requested by Penn State prior to Level II fieldwork.
8. Students must complete child abuse clearance and/or criminal background check requirements the first and third semesters. Fingerprinting and drug testing may be mandated by the specific facility.
9. Students must pay for professional liability insurance annually.
10. Students must pay a nominal fee for a student name tag.
11. Students are responsible for driving to and from the fieldwork sites.
12. Students can expect to drive up to 2 hours one way to their fieldwork sites. The Fieldwork Coordinator will assist students in selecting appropriate fieldwork sites as close to the designated location as possible with respect to student's goals and interests.
13. Students are expected to abide by the Professional Expectation Policy listed in the fieldwork manual or as otherwise indicated by the fieldwork site.
14. Students are responsible for reviewing fieldwork evaluation forms prior to beginning fieldwork.
15. Students must pass fieldwork in order to pass the respective occupational therapy course as indicated by the guidelines in the fieldwork manual.
16. Students are responsible for presenting themselves professionally and it is recommended that students write a thank you note upon completion of the fieldwork experiences.
17. Students will be required to contact the fieldwork site in a timely manner to address issues such as dress codes, parking and hours of work, (etc).

LEVEL I FIELDWORK & SERVICE LEARNING

LEVEL I FIELDWORK

Level I fieldwork is an integral part of the curriculum. These experiences enable the student to observe occupational therapists and occupational therapy assistants and other health care professionals who provide services to clients in the actual intervention setting. Students become familiar with rehabilitation settings, psychiatric intervention settings, schools, general hospitals, long-term settings and other service areas 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 Fieldwork Coordinator.

Fieldwork Level I at Designated Sites

The Fieldwork Coordinator 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 course instructor or Fieldwork Coordinator. Students submit logs of their fieldwork experience to the course instructor. The Fieldwork Coordinator will forward them to the Fieldwork Educator for additional feedback.

The following pages list the Level I fieldwork experience objectives followed by the evaluation forms, when applicable, for the occupational therapy courses. All academic requirements must be completed and level I fieldwork objectives satisfactorily met in order for the student to pass the specific occupational therapy course. A Fieldwork Educator's evaluation will indicate that the student has satisfactorily met the fieldwork requirements. Regardless of the grade, the Fieldwork Coordinator may make recommendations the student should address for professional growth.

Extenuating circumstances unrelated to the student's demonstrated knowledge, skills, and professional attitudes and behaviors during the fieldwork experience may necessitate the termination of the fieldwork experience by the student, fieldwork site or University. In such situations, the student will not be considered to have failed the placement and the University will actively collaborate with the student to procure an alternate Level I Fieldwork placement.

A student must receive a passing score on the *Evaluation of Level I Fieldwork* (OT195A or OT195B) or the score will be considered a failure and the student will fail that FW I Experience. **Note that for OT 195A passing score is seven (7) and for OT 195B a passing score is eight (8).** 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.

Note: a student who fails Level I or Level II fieldwork may be permitted to repeat the fieldwork following guidelines as outlined in the PFM. 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 OT program **for any combination of two failures:**

- Failure of an OT didactic course
- Failed Level I fieldwork
- Failed Level II fieldwork

If a student fails two Level I fieldwork experiences or if an alternate fieldwork placement cannot be procured because the issues that resulted in the initial fieldwork failures have not been resolved, the student will be dropped as a degree candidate from the Pennsylvania State University Occupational Therapy Assistant Program. A second failure for the same course or failure in two or more occupational therapy courses will result in termination from the program. Any combination of two failures will result in termination from the program: didactic courses, level I fieldwork, level II fieldwork in combination.

**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 field of occupational therapy at the 100 level 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, 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, 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 and 200 level fieldworks vary depending on the availability of sites and strengths of the student.

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).

The table below specifies the minimum required hours for each level I fieldwork.

COURSES	HOURS	FIELDWORK LEVEL I EXPERIENCE
<p style="text-align: center;">OT195A Level I Fieldwork Experience</p>	<p style="text-align: center;">12 + Seminars</p>	<p style="text-align: center;">Student will be placed with occupational therapist and/or occupational therapy assistant. Student will gain insight into the daily practice of occupational therapy.</p>
<p style="text-align: center;">OT195B Level I Fieldwork Experience</p>	<p style="text-align: center;">20 + Seminars</p>	<p style="text-align: center;">Student will actively engage in the occupational therapy process. Student will engage in case-based seminars to build on information gleaned from on-site FW I experience.</p>

OT 195A FIELDWORK LEVEL I EXPERIENCE

Level I Fieldwork Education

Level I Fieldwork education dovetailed with 100 Level Occupational Therapy courses is designed to facilitate:

- a. The acquisition of beginning knowledge about the practice of occupational therapy at a specific center;
- b. The acquisition of beginning knowledge of the role delineation of the occupational therapist, registered (OTR) and the certified occupational therapy assistant (COTA);
- c. Development of beginning professional attitudes related to personal responsibility, appropriateness of dress, conduct and confidentiality;
- d. 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 job site 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.
- 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 log.
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 both graded & upgraded must be completed to pass this course.

Faculty reserves the right to modify this syllabus to meet the objectives of the course and/or accommodate various guest speakers' schedules, etc. Students will be notified in advance of any changes to the schedule.

1. **Level I Fieldwork Experience:** Under the direction of the AFWC, each student will be assigned a Level I fieldwork placement for 12 hours.
2. **OT 195A Fieldwork Log:** Directions are posted on ANGEL and/or will be given by hardcopy.
3. **Seminar Participation:** As indicated on the course outline, each student will attend the scheduled sessions, participate in discussions, and complete ANGEL HIPAA training.

OT 195A SEMINAR SESSIONS

DATE	TOPIC	READING	ASSIGNMENT DUE
Session 1	Level I Fieldwork Placement Assignments HIPAA PSU Fieldwork Policies	Fieldwork Manual	
Session 2	Infection Control, Universal Precautions, Workplace safety OT/OTA Role Delineation	Fieldwork Manual	ANGEL HIPAA Course
Session 3	Occupation based Interventions		Fieldwork Log

**The Pennsylvania State University
Associate in Science in Occupational Therapy
Evaluation of Level I Fieldwork Experience: OT 195A**

Student's name _____

Dates Attended/Hours completed _____

Site _____ Phone _____

Fieldwork Educator _____ Credentials _____ E-mail _____

Address _____

Grading: Please check appropriate box that best describes student performance

Standard	Does Not Meet (-2)	Meets (1)	Exceeds (2)	Greatly Exceeds (3)
Punctual	*Late for beginning of day *Late for assigned treatment sessions and/or meetings	*On time for beginning of each day and all assigned treatment sessions and/or meetings		
	Evaluator	Evaluator		
	Student	Student		
Appearance	*Poor hygiene *Inappropriate body adornment *Clothing inappropriate for task	*Good hygiene *Clothing appropriate for task *Discreet body adornment		
	Evaluator	Evaluator		
	Student	Student		
Ethical Behavior	*Breaks Code of Ethics *Does not comply with learned HIPPA regulation	*Behavior generally reflects Code of ethics *Complies with HIPPA regulations	*Demonstrates an applied understanding of Code of Ethics *Consistently complies with HIPPA regulations	*Consistently demonstrates a depth of understanding of ethical behavior in a broad variety of situations
	Evaluator	Evaluator	Evaluator	Evaluator
	Student	Student	Student	Student
Initiative	*Needs prompting	*Does what is expected *Seeks opportunity to participate in the session per supervision	*Occasionally does more than expected *Seeks out new learning experiences with some prompting from supervisor	*Independently seeks out new learning experiences *Consistently does more than expected
	Evaluator	Evaluator	Evaluator	Evaluator
	Student	Student	Student	Student
Communication Skills	*Verbal/nonverbal communication negatively impacts fieldwork experience	*Verbal/nonverbal communication adequate for fieldwork experience	*Verbal/nonverbal communication skills are a strength	*Verbal/nrnverbal communication skills significantly beyond entry level practitioner
	Evaluator	Evaluator	Evaluator	Evaluator
	Student	Student	Student	Student

Standard	Does Not Meet (-2)	Meets (1)	Exceeds (2)	Greatly Exceeds (3)
Safety Awareness	*Engages in unsafe behavior putting self and others at risk	*Behaves in compliance with basic safety requirements for self and others *Follows agency infectious control standards, with one verbal prompt	*Verbalizes needs of safety for self and others *Demonstrates good body mechanics *Consistently follows agency infectious control standards	
	Evaluator	Evaluator	Evaluator	
	Student	Student	Student	
Interpersonal Skills	*Does not make eye contact *Does not respond to questions from supervisor	*Listens to client *Listens to supervisor *Responds to questions from client and supervisor *Converse with client on a non-therapeutic level	*Interacts with clients and participates verbally in treatment <i>sessions as appropriate</i> *Interacts with supervisor both initiating conversation and responding appropriately regarding clinical process	*Interacts appropriately with staff, client's families, and other healthcare professionals *Is able to therapeutically use self as a treatment modality
	Evaluator	Evaluator	Evaluator	Evaluator
	Student	Student	Student	Student

Student Evaluation

FW Educator Evaluation

TOTAL SCORE:

*A score of 6 or above is passing. A score of 5 or below is failing.
A zero (0) in safety awareness and/or ethical behavior is an automatic failure.*

<p>Student comments:</p>
<p>Fieldwork Educator comments:</p>

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 physical disabilities, behavioral health concerns and/or developmental disabilities;
- 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 physical disabilities, behavioral health concerns and/or developmental disabilities;
- c. Continued refinement of professional behaviors and attitudes about the rights, capabilities, and needs of individuals with physical disabilities, behavioral health concerns and/or developmental disabilities;
- d. Development of beginning competencies for contributing to the assessment procedures, intervention planning, program implementation and/or discontinuation of intervention for individuals with physical disabilities, behavioral health concerns and/or developmental disabilities.

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.
- 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 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, at the student should have progressed in professional behaviors to do the following:

12. Discuss role or potential contributions of occupational therapy at fieldwork site.
13. Discuss fieldwork experience and performance with Fieldwork Educator.
14. Discuss occupational performance roles and challenges of clients with Fieldwork Educator.
15. Review client records and identify information relevant to occupational therapy.
16. Discuss with Fieldwork Educator assessment tools/procedures utilized at the facility.
17. Participate or assist in OT interventions, as directed by the Fieldwork Educator.
18. Adjust interaction with clients to respect clients' chronological and developmental ages, cultural and environmental backgrounds.

DESCRIPTION OF COURSE ASSIGNMENTS

All assigned learning activities both graded & upgraded must be completed to pass this course.

Faculty reserves the right to modify this syllabus to meet the objectives of the course and/or accommodate various guest speakers' schedules, etc. Students will be notified in advance of any changes to the schedule.

1. **Level I Fieldwork Experience:** Under the direction of the AFWC, each student will be assigned a Level I fieldwork placement for xx hours.
2. **OT 195B Fieldwork Log:** Directions are posted on ANGEL and/or will be given by hardcopy.
3. **Seminar Participation:** As indicated on the course outline, each student will attend the scheduled sessions, participate in discussions, and complete ANGEL HIPAA training.

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	
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 _____

Grading: Please check appropriate box that best describes student performance.

Standard	Does Not Meet (-2)	Meets (1)	Exceeds (2)	Greatly Exceeds (3)
Punctual	*Late for beginning of day *Late for assigned treatment sessions and/or meetings	*On time for beginning of each day and all assigned treatment sessions and/or meetings		
	Evaluator	Evaluator		
	Student	Student		
Appearance	*Poor hygiene *Inappropriate body adornment *Clothing inappropriate for task	*Good hygiene *Clothing appropriate for task *Discreet body adornment		
	Evaluator	Evaluator		
	Student	Student		
Ethical Behavior	*Breaks Code of Ethics *Does not comply with learned HIPPA regulation	*Behavior generally reflects Code of ethics *Complies with HIPPA regulations	*Demonstrates an applied understanding of Code of Ethics *Consistently complies with HIPPA regulations	*Consistently demonstrates a depth of understanding of ethical behavior in a broad variety of situations
	Evaluator	Evaluator	Evaluator	Evaluator
	Student	Student	Student	Student
Initiative	*Needs prompting	*Does what is expected *Seeks opportunity to participate in the session per supervision	*Occasionally does more than expected *Seeks out new learning experiences with some prompting from supervisor	*Independently seeks out new learning experiences *Consistently does more than expected
	Evaluator	Evaluator	Evaluator	Evaluator
	Student	Student	Student	Student
Communication Skills	*Verbal/nonverbal communication negatively impacts fieldwork experience	*Verbal/nonverbal communication adequate for fieldwork experience	*Verbal/nonverbal communication skills are a strength	*Verbal/nonverbal communication skills significantly beyond entry level practitioner
	Evaluator	Evaluator	Evaluator	Evaluator
	Student	Student	Student	Student

Standard	Does Not Meet (-2)	Meets (1)	Exceeds (2)	Greatly Exceeds (3)
Safety Awareness	*Engages in unsafe behavior putting self and others at risk	*Behaves in compliance with basic safety requirements for self and others *Follows agency infectious control standards, with one verbal prompt	*Verbalizes needs of safety for self and others *Demonstrates good body mechanics *Consistently follows agency infectious control standards	
	Evaluator	Evaluator	Evaluator	
	Student	Student	Student	
Interpersonal Skills	*Does not make eye contact *Does not respond to questions from supervisor	*Listens to client *Listens to supervisor *Responds to questions from client and supervisor *Converse with client on a non-therapeutic level	*Interacts with clients and participates verbally in treatment <i>sessions as appropriate</i> *Interacts with supervisor both initiating conversation and responding appropriately regarding clinical process	*Interacts appropriately with staff, client's families, and other healthcare professionals *Is able to therapeutically use self as a treatment modality
	Evaluator	Evaluator	Evaluator	Evaluator
	Student	Student	Student	Student
Problem Solving	*Asks unnecessary questions *Needs supervisor to suggest solutions	*Asks questions about current situations (client or intervention sessions) *Answers supervisor's questions that draw on previous knowledge	*Initiates questions and ideas with supervisor *Reasons with new and previously acquired information	*Synthesizes information before forming questions *Uses information in different contexts to create solutions
	Evaluator	Evaluator	Evaluator	Evaluator
	Student	Student	Student	Student

Student Evaluation

FW Educator Evaluation

TOTAL SCORE:

*A score of 7 or above is passing. A score of 6 or below is failing.
A zero (0) in safety awareness and/or ethical behavior is an automatic failure.*

Student comments:

Fieldwork Educator comments:

Fieldwork Educator Signature: _____ Date: _____

Student Signature: _____ Date: _____

SERVICE LEARNING

The evidence on service 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 gain self-awareness, work collaboratively, and develop 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)

Service Learning Program Requirement

All students will engage in service learning during the Comprehension and/or 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 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
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 <i>Penn State Associate in Science in Occupational Therapy Program Fieldwork Manual</i>	
HIPPA Information <ul style="list-style-type: none"> ✓ HIPAA review complete ✓ PSU HIPPA exam done & certificate of completion filed with AFWC 	
All academic courses complete <ul style="list-style-type: none"> ✓ <i>Transcript up-to-date & complete, except for OT295A and OT295B</i> 	
Student in good standing at PSU to move forward into FW II	
Personal Data Sheet <ul style="list-style-type: none"> ✓ Completed and given to AFWC to send with paperwork to FW II Sites ✓ Retain copy for self 	
Professional liability insurance up-to-date	
Certified Background Check <ul style="list-style-type: none"> ✓ Clearances ✓ Record of Physical Exam ✓ Immunizations Record & Current 	
Name tag	
Agree to contact placement for <i>Site Specific Requirements</i> and complete as necessary <ul style="list-style-type: none"> ✓ OT295A Site ✓ OT295B Site 	
Fieldwork confirmation sheet received: <ul style="list-style-type: none"> • OT295A • OT295B 	
Registered for OT 295A & OT295B	
Student <i>Acknowledgment Form</i> signed	

The Pennsylvania State University 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 Fieldwork Coordinator.

Students and Fieldwork Coordinator

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 Fieldwork Coordinator 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 Fieldwork Coordinator 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 accommodations regarding their fieldwork placements. Reasonable accommodations include but are not limited to: relocation to different locales, acceptance of alternative types of Level II fieldwork placements, and driving up to 2 hours one way considering roadway conditions.

Students must contact the Fieldwork Coordinator as directed regarding their preferences for Level II fieldwork placements.

The Fieldwork Coordinator assumes ultimate responsibility for placing all students in Level II fieldwork sites. The Fieldwork Coordinator will consider such factors as: student interests and learning needs; fieldwork site educational opportunities; and extenuating student and fieldwork related issues.

Students are asked 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 Fieldwork Coordinator.

Some 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.

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 Campus Coordinator and 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. The 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 Fieldwork Coordinator may assist the student in the procurement of an alternate fieldwork placement. Prior to the Fieldwork Coordinator 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 reinstate 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.

Note: a student who fails Level I or Level II fieldwork may be permitted to repeat the fieldwork following guidelines as outlined in the PGFM. 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 OT 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 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.

Fieldwork Educator

The Associate in Science in Occupational Therapy Program 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 Penn State University. The Fieldwork Coordinator 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 Fieldwork Coordinators and/or Campus Coordinator 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 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 Fieldwork Coordinator and/or the Campus Coordinator 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 Fieldwork Coordinator and/or Campus Coordinator 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
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 gathers 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 OT practitioner.
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.

Fieldwork II Seminar: Learning and Performance Objectives

At the completion of the Fieldwork II Seminar, the student will be able to:

- Identify and describe occupational therapy practice in several settings and the role of the OTA in those practice arenas.
- Identify and describe practice concerns as entry-level practitioners.
- Identify and describe the process for employment including job seeking, resume writing, and interviewing skills.
- Identify the process of obtaining temporary and permanent licensure within the profession.
- Understand how to access the NBCOT website and the process in completing the application to sit for the NBCOT exam.

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 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 Fieldwork Coordinator provides information and coordination in obtaining these insurances.
7. Utilize *Certified Background Check* 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 Fieldwork Coordinator.
2. Students will complete Personal Data Forms for each fieldwork site.
3. Following fieldwork placement and confirmation by Fieldwork Coordinator, 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 Fieldwork Coordinator and/or Campus Coordinator will be available to discuss the resume and results of the interview with the student.

7. Utilize *Certified Background Check* to assist with the completion of criminal checks, child abuse clearance, immunizations, finger printing and drug testing as required by a fieldwork site.

ADDITIONAL INFORMATION

- Level II fieldwork placement in occupational therapy requires the equivalent of 16 weeks, full time. Students must successfully complete OT 295A and OT 295 B to satisfy this requirement.
- Students are responsible for making their own living arrangement. Check the Fieldwork Data Form to see if housing reservations or arrangements need to be made in advance by the student.
- All fieldwork placements should be completed by the last day of classes during the semester in which the course was started.
- The student is responsible for registering for OT 295A and OT 295B, for dropping or adding courses, and for assuring that the required courses and credits are completed before enrolling in the course or for graduation.

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 Penn State University procedures for scheduling additional course work. Students may not take courses during scheduled fieldwork placement hours.

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 Campus Coordinator of the Associate in Science in Occupational Therapy Program at the Penn State University campus.
5. The Campus Coordinator will notify Dean of Academic Affairs at the Penn State campus.

LEVEL II FIELDWORK PLACEMENT ASSIGNMENTS

1. **Reports to the Academic Fieldwork Experience Coordinator:**
Students will submit assignments associated with level II fieldwork to the Fieldwork Coordinator periodically during the semester. These assignments are intended to help students reflect upon various experiences and to offer the Fieldwork Coordinator insight into the operation of the facility and the student's role.
2. **Critique of Fieldwork Experience:**
The student is required to complete an evaluation of each fieldwork placement on the ***Student Evaluation of Fieldwork Experience (SEFWE) - Level II*** form before a grade will be assigned for the fieldwork. The Fieldwork Coordinator will provide the student with the required form. 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. (ie. illness, personal family emergency, snow days, car trouble, etc.)
3. 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 Fieldwork Coordinator of his/her need to make up days/hours.
4. 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.
5. **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.

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 Penn 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 Penn 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		

APPENDIX I

**LEVEL II FIELDWORK
FORMS**

AOTA STUDENT DATA FORM for FIELDWORK LEVEL II EXPERIENCE
Penn State Associate 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:
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EDUCATION INFORMATION

1. Expected degree: *Associate 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, HEALTHCARE, AND CLEARANCE INFORMATION

- The student is responsible for obtaining & providing all healthcare & clearance information directly to FW II site per the Family Educational Rights & Privacy Act (FERPA): Safeguard of Student Privacy <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/safeguarding-student-privacy.pdf>
- Professional Liability Insurance
 - Student obtain & maintain own professional liability insurance.
 - Students renew on a yearly basis.

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. Will you need housing during your affiliation? Yes _____ No _____
7. **(Optional)** Do you require any reasonable accommodations (as defined by ADA) to complete your fieldwork? Yes _____ No _____ If yes, were there any reasonable accommodations that you successfully used in your academic coursework that you would like to continue during fieldwork? If so, list them. To promote your Successful accommodation, it should be discussed & documented before each fieldwork experience.

FIELDWORK & SERVICE LEARNING EXPERIENCES

	SITE	TYPE OF FW EXPERIENCE	LENGTH OF FW EXPERIENCE
Level I Experience			
Level II Experience			
Service Learning			

Additional Significant Learning Experiences:

**Fieldwork Performance Evaluation
For The Occupational Therapy Assistant Student**

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

COLLEGE OR UNIVERSITY _____

FIELDWORK SETTING:

NAME OF ORGANIZATION/FACILITY _____

ADDRESS: (STREET OR PO BOX) _____

CITY _____ STATE _____ ZIP _____

TYPE OF FIELDWORK _____

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

FROM: _____ TO: _____
DATES OF PLACEMENT

NUMBER OF HOURS COMPLETED _____

FINAL SCORE _____

PASS: _____ **NO PASS:** _____

SUMMARY COMMENTS:
(ADDRESSES STUDENT'S CLINICAL COMPETENCE)

SIGNATURES:
I HAVE READ THIS REPORT.

SIGNATURE OF STUDENT

NUMBER OF PERSONS CONTRIBUTING TO THIS REPORT

SIGNATURE OF RATER #1

PRINT NAME/CREDENTIALS/POSITION

SIGNATURE OF RATER #2 (IF APPLICABLE)

PRINT NAME/CREDENTIALS/POSITION

AOTA grants permission to photocopy the *Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student* for training purposes only. Training purposes encompass using the FWPE forms in student notebooks and training manuals for clinical fieldwork sites, in training sessions for practitioners on the proper use and scoring of the forms, and for students to complete a self-analysis during their fieldwork training. Permission to use the forms must be submitted to copyright@aota.org

Fieldwork Performance Evaluation For The Occupational Therapy Assistant Student

This evaluation is a revision of the 1983 American Occupational Therapy Association, Inc. Fieldwork Evaluation Form for the Occupational Therapy Assistant and was produced by a committee of the Commission on Education.

PURPOSE

The primary purpose of the Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student is to measure entry-level competence of the occupational therapy assistant student. The evaluation is designed to differentiate the competent student from the incompetent student and is not designed to differentiate levels above entry level competence. For further clarification on entry-level competency refer to the Standards of Practice for Occupational Therapy¹.

The evaluation is designed to measure the performance of the occupational therapy process and was not designed to measure the specific occupational therapy tasks in isolation. This evaluation reflects the 1998 Accreditation Council for Occupational Therapy Education Standards² and the National Board for Certification in Occupational Therapy, Inc. Practice Analysis results³. In addition, this evaluation allows students to evaluate their own strengths and challenges in relation to their performance as an occupational therapy assistant.

USE OF THE FIELDWORK PERFORMANCE EVALUATION FOR THE OCCUPATIONAL THERAPY STUDENT

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

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

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

DIRECTIONS FOR RATING STUDENT PERFORMANCE

- There are 25 performance items.
- Every item must be scored, using the one to four point rating scale (see below).
- **The rating scales should be carefully studied prior to using this evaluation.** Definitions of the scales are given at the top of each page.
- Circle the number that corresponds to the description that best describes the student's performance.
- **The ratings for the Ethics and Safety items must be scored at 3 or above on the final evaluation for the student to pass the fieldwork experience.** If the ratings are below 3, continue to complete the Fieldwork Performance Evaluation to provide feedback to the student on her/his performance.
- Record midterm and final ratings on the Performance Rating Summary Sheet.
- Compare overall midterm and final score to the scale below.

OVERALL MIDTERM SCORE

Satisfactory Performance 54 and above
Unsatisfactory Performance 53 and below

OVERALL FINAL SCORE

Pass 70 points and above
No Pass 69 points and below

RATING SCALE FOR STUDENT PERFORMANCE

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

RATING SCALE FOR STUDENT PERFORMANCE

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

I. FUNDAMENTALS OF PRACTICE:

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

- 1. **Ethics:** Adheres consistently to the American Occupational Therapy Association Code of Ethics⁴ and site's policies and procedures.

Midterm	1	2	3	4
Final	1	2	3	4
- 2. **Safety:** Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.

Midterm	1	2	3	4
Final	1	2	3	4
- 3. **Safety:** Uses sound judgment in regard to safety of self and others during all fieldwork-related activities.

Midterm	1	2	3	4
Final	1	2	3	4

Comments on strengths and areas for improvement

• Midterm

• Final

II. BASIC TENETS OF OCCUPATIONAL THERAPY

- 4. **Occupational Therapy Philosophy:** Clearly communicates the values and beliefs of occupational therapy, highlighting the use of occupation to clients, families, significant others, and service providers.

Midterm	1	2	3	4
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Final	1	2	3	4
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- 5. **Occupational Therapist/Occupational Therapy Assistant Roles:** Communicates the roles of the occupational therapist and occupational therapy assistant to clients, families, significant others, and service providers.

Midterm	1	2	3	4
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Final	1	2	3	4
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- 6. **Evidenced-based Practice:** Makes informed practice decisions based on published research and relevant informational resources.

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

Final	1	2	3	4
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Comments on strengths and areas for improvement

• Midterm

• Final

RATING SCALE FOR STUDENT PERFORMANCE

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

Comments on strengths and areas for improvement

• Midterm

III. EVALUATION/SCREENING:

(Includes daily evaluation of interventions)

- 7. **Gathers Data:** Under the supervision of and in cooperation with the occupational therapist and/or occupational therapy assistant, accurately gathers relevant information regarding a client's occupations of self care, productivity, leisure, and the factors that support and hinder occupational performance.

Midterm	1	2	3	4
Final	1	2	3	4

• Final

- 8. **Administers Assessments:** Establishes service competency in assessment methods, including but not limited to interviews, observations, assessment tools, and chart reviews within the context of the service delivery setting.

Midterm	1	2	3	4
Final	1	2	3	4

- 9. **Interprets:** Assists with interpreting assessments in relation to the client's performance and goals in collaboration with the occupational therapist.

Midterm	1	2	3	4
Final	1	2	3	4

- 10. **Reports:** Reports results accurately in a clear, concise manner that reflects the client's status and goals.

Midterm	1	2	3	4
Final	1	2	3	4

- 11. **Establish Goals:** Develops client-centered and occupation-based goals in collaboration with the occupational therapist.

Midterm	1	2	3	4
Final	1	2	3	4

IV. INTERVENTION:

- 12. **Plans Intervention:** In collaboration with the occupational therapist, establishes methods, duration, and frequency of interventions that are client-centered and occupation-based. Intervention plans reflect context of setting.

Midterm	1	2	3	4
Final	1	2	3	4

- 13. **Selects Intervention:** Selects and sequences relevant interventions that promote the client's ability to engage in occupations.

Midterm	1	2	3	4
Final	1	2	3	4

- 14. **Implements Intervention:** Implements occupation-based interventions effectively in collaboration with clients, families, significant others, and service providers.

Midterm	1	2	3	4
Final	1	2	3	4

15. **Activity Analysis:** Grades activities to motivate and challenge clients in order to facilitate progress.

Midterm	1	2	3	4
Final	1	2	3	4

16. **Therapeutic Use of Self:** Effectively interacts with clients to facilitate accomplishment of established goals.

Midterm	1	2	3	4
Final	1	2	3	4

17. **Modifies Intervention Plan:** Monitors the client's status in order to update, change, or terminate the intervention plan in collaboration with the occupational therapist.

Midterm	1	2	3	4
Final	1	2	3	4

Comments on strengths and areas for improvement

- Midterm

- Final

V. COMMUNICATION:

18. **Verbal/Nonverbal Communication:** Clearly and effectively communicates verbally and nonverbally with clients, families, significant others, colleagues, service providers, and the public.

Midterm	1	2	3	4
Final	1	2	3	4

19. **Written Communication:** Produces clear and accurate documentation according to site requirements. All writing is legible, using proper spelling, punctuation, and grammar.

Midterm	1	2	3	4
Final	1	2	3	4

Comments on strengths and areas for improvement

- Midterm

- Final

RATING SCALE FOR STUDENT PERFORMANCE

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

Comments on strengths and areas for improvement

• Midterm

VI. PROFESSIONAL BEHAVIORS:

20. **Self-Responsibility:** Takes responsibility for attaining professional competence by seeking out learning opportunities and interactions with supervisor(s) and others.

Midterm	1	2	3	4
Final	1	2	3	4

21. **Responds to Feedback:** Responds constructively to feedback.

Midterm	1	2	3	4
Final	1	2	3	4

• Final

22. **Work Behaviors:** Demonstrates consistent work behaviors including initiative, preparedness, dependability, and work site maintenance.

Midterm	1	2	3	4
Final	1	2	3	4

23. **Time Management:** Demonstrates effective time management.

Midterm	1	2	3	4
Final	1	2	3	4

24. **Interpersonal Skills:** Demonstrates positive interpersonal skills including but not limited to cooperation, flexibility, tact, and empathy.

Midterm	1	2	3	4
Final	1	2	3	4

25. **Cultural Competence:** Demonstrates respect for diversity factors of others including but not limited to sociocultural, socioeconomic, spiritual, and lifestyle choices.

Midterm	1	2	3	4
Final	1	2	3	4

PERFORMANCE RATING SUMMARY SHEET

Performance Items	Midterm Ratings	Final Ratings
I. FUNDAMENTALS OF PRACTICE		
1. Ethics		
2. Safety (adheres)		
3. Safety (judgment)		
II. BASIC TENETS OF OCCUPATIONAL THERAPY		
4. OT philosophy		
5. OT/OTA roles		
6. Evidenced-based practice		
III. EVALUATION/SCREENING (includes daily evaluation of interventions)		
7. Gathers data		
8. Administers assessments		
9. Interprets		
10. Reports		
11. Establishes goals		
IV. INTERVENTION		
12. Plans intervention		
13. Selects intervention		
14. Implements intervention		
15. Activity analysis		
16. Therapeutic use of self		
17. Modifies intervention plan		
V. COMMUNICATION		
18. Verbal/nonverbal communication		
19. Written communication		
VI. PROFESSIONAL BEHAVIORS		
20. Self-responsibility		
21. Responds to feedback		
22. Work behaviors		
23. Time management		
24. Interpersonal skills		
25. Cultural competence		
TOTAL SCORE		

MIDTERM:

Satisfactory Performance 54 and above
 Unsatisfactory Performance 53 and below

FINAL:

Pass..... 70 points and above
 No Pass..... 69 points and below

REFERENCES

1. American Occupational Therapy Association. (1998). Standards of practice for occupational therapy. *American Journal of Occupational Therapy, 52*, 866–869.
2. Accreditation Council for Occupational Therapy Education. (1999). Standards for an accredited educational program for the occupational therapy assistant. *American Journal of Occupational Therapy, 53*, 583–589.
3. National Board for Certification in Occupational Therapy. (1997). *National Study of Occupational Therapy Practice, Executive Summary*.
4. American Occupational Therapy Association. (2000). Occupational therapy code of ethics (2000). *American Journal of Occupational Therapy, 54*, 614–616.
5. American Occupational Therapy Association (2002). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy, 56*, 606–639.

GLOSSARY

Activity Analysis: "A way of thinking used to understand activities, the performance components to do them and the cultural meanings typically ascribed to them" (Neistadt and Crepeau, 1998, *Willard and Spackman's Occupational Therapy*, 9th ed., p. 135)

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

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

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

Entry-level practice: Refer to American Occupational Therapy Association. (1993). Occupational therapy roles. *American Journal of Occupational Therapy, 47*, 1087–99.

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

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

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

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

STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

Purpose:

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

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

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

STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE)

Instructions to the Student:

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

Fieldwork Site _____ Site Code _____

Address _____

Placement Dates: from _____ to _____

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

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

Public transportation in the area:

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

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

Student's Signature

FW Educator's Signature

Student's Name *(Please Print)*

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

FW Educator's years of experience _____

ORIENTATION

Indicate your view of the orientation by *checking* "Satisfactory" (S) or "Needs Improvement" (I) regarding the three factors of adequacy, organization, and timeliness.

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

Comments or suggestions regarding your orientation to this fieldwork placement:

CASELOAD

List approximate number of each age category in your caseload.

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

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

Condition/Problem	Number

OCCUPATIONAL THERAPY PROCESS

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

	REQUIRED		HOW MANY	EDUCATIONAL VALUE				
	Yes	No		1	2	3	4	5
1. Client/patient screening				1	2	3	4	5
2. Client/patient evaluations (Use specific names of evaluations)								
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
3. Written treatment/care plans				1	2	3	4	5
4. Discharge summary				1	2	3	4	5

List major therapeutic interventions frequently used and indicate whether it was provided in group, individually, Co-Treatment, or consultation. List other professionals involved.

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

Preparatory methods, i.e., sensory, PAMs, splinting, exercise, etc. (preparation for occupation-based activity)				
1.				
2.				
3.				
4.				

THEORY—FRAMES OF REFERENCE—MODELS OF PRACTICE

Indicate frequency of theory/frames of reference used

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

FIELDWORK ASSIGNMENTS

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

Case study applying the Practice Framework	1	2	3	4	5	N/A
Evidence-based practice presentation:	1	2	3	4	5	N/A
Topic:						
Revision of site-specific fieldwork objectives	1	2	3	4	5	N/A
Program development	1	2	3	4	5	N/A
Topic:						
In-service/presentation	1	2	3	4	5	N/A
Topic:						
Research	1	2	3	4	5	N/A
Topic:						
Other (list)	1	2	3	4	5	

ACADEMIC PREPARATION

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

	Adequacy for Placement					Relevance for Placement				
	Low				High	Low				High
Anatomy and Physiology	1	2	3	4	5	1	2	3	4	5
Human development	1	2	3	4	5	1	2	3	4	5
Evaluation	1	2	3	4	5	1	2	3	4	5
Intervention planning	1	2	3	4	5	1	2	3	4	5
Interventions (individual, group, activities, methods)	1	2	3	4	5	1	2	3	4	5
Introduction to Theory	1	2	3	4	5	1	2	3	4	5
Documentation skills	1	2	3	4	5	1	2	3	4	5
Leadership	1	2	3	4	5	1	2	3	4	5
Professional behavior and communication	1	2	3	4	5	1	2	3	4	5
Therapeutic use of self	1	2	3	4	5	1	2	3	4	5
Level I fieldwork	1	2	3	4	5	1	2	3	4	5
Service Learning	1	2	3	4	5	1	2	3	4	5

What were the strongest aspects of your academic program relevant to preparing you for THIS Level II fieldwork experience? Indicate your top 5.

<input type="checkbox"/> OT Practice Framework	<input type="checkbox"/> Occ. Across the Lifespan	<input type="checkbox"/> A & P	<input type="checkbox"/> Pediatrics	OTHER:
<input type="checkbox"/> Pathology	<input type="checkbox"/> Foundations of OT	<input type="checkbox"/> Administration	<input type="checkbox"/> Physical Dysfunction	<input type="checkbox"/>
<input type="checkbox"/> Env. Competence	<input type="checkbox"/> Collaboration	<input type="checkbox"/> Prog design/eval	<input type="checkbox"/> Behavioral Health	<input type="checkbox"/>
<input type="checkbox"/> Interventions	<input type="checkbox"/> Evaluations	<input type="checkbox"/> Adapting Environment	<input type="checkbox"/> Service Learning.	<input type="checkbox"/>
<input type="checkbox"/> Social Roles	<input type="checkbox"/> History of OT	<input type="checkbox"/> Occupational Science	<input type="checkbox"/> Fieldwork Level I	

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

SUMMARY

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

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

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

- Study the following evaluations:

- Study the following intervention methods:

- Read up on the following in advance:

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

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

Indicate the number that seems descriptive of each Fieldwork Educator.
Please make a copy of this page for each individual.

1 = Strongly Disagree
2 = Disagree
3 = No opinion
4 = Agree
5 = Strongly agree

FIELDWORK EDUCATOR

NAME: _____

FIELDWORK EDUCATOR YEARS OF EXPERIENCE: _____

1 2 3 4 5

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

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

General comments on supervision:



Associate in Science in Occupational Therapy Site Specific Objectives linked to OTA Courses

Mission 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.

I. FUNDAMENTALS OF PRACTICE		
1. Adheres to ethics	<ul style="list-style-type: none"> • 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
2. Adheres to safety regulations	<ul style="list-style-type: none"> • 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
3. Uses judgment in safety	<ul style="list-style-type: none"> • 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

II. BASIC TENETS OF OCCUPATIONAL THERAPY		
4. OT Philosophy	<ul style="list-style-type: none"> 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 OT105
5. OT/OTA Roles	<ul style="list-style-type: none"> 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 OT109
6. Evidence Based Practice	<ul style="list-style-type: none"> 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 OT201
III. EVALUATIONS/SCREENINGS		
7. Gathers Data	<ul style="list-style-type: none"> 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
8. Administers Assessment	<ul style="list-style-type: none"> 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
9. Interprets	<ul style="list-style-type: none"> 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
10. Reports	<ul style="list-style-type: none"> 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 OT201
11. Establish Goals	<ul style="list-style-type: none"> 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 OT201

IV. INTERVENTION		
12. Plans Intervention	<ul style="list-style-type: none"> • 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 	OT 202 OT 204 OT 206 OT201
13. Selects Intervention	<ul style="list-style-type: none"> • Chooses occupations that motivate and challenge the clients • Selects activities that are appropriate based on established goals 	OT 103 OT105 OT 202 OT 204 OT 206
14. Implements Interventions	<ul style="list-style-type: none"> • 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 	OT 202 OT 204 OT 206
15. Activity Analysis	<ul style="list-style-type: none"> • 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 OT105 (groups) OT 107
16. Therapeutic Use of Self	<ul style="list-style-type: none"> • 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
17. Modifies Intervention Plans	<ul style="list-style-type: none"> • 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 OT201
V. COMMUNICATION		
18. Verbal/Nonverbal Communication	<ul style="list-style-type: none"> • 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

19. Written Communication	<ul style="list-style-type: none"> • 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
VI. PROFESSIONAL BEHAVIORS		
20. Self-Responsibility	<ul style="list-style-type: none"> • 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 	OT103 OT105 OT107 OT202 OT204 OT206
21. Responds to Feedback	<ul style="list-style-type: none"> • 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
22. Work Behaviors	<ul style="list-style-type: none"> • Demonstrate consistent work behaviors of timeliness, preparedness, dress, and communication • Arrives on time and consistently completes work assignments on time 	Across the curriculum
23. Time Management	<ul style="list-style-type: none"> • 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
24. Interpersonal Skills	<ul style="list-style-type: none"> • 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 respect for other professionals, and presenting in a professional, confident manner 	Across the curriculum
25. Cultural Competence	<ul style="list-style-type: none"> • 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 (2008). *Occupational Therapy Practice Framework*. Bethesda: AOTA Press.

Creapeau, E.B., Cohn, E.S., Schell, B.B. (2009). *Willard and Spackmans Occupational Therapy*. Philadelphia: Lippincott, Williams and Williams.

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