Department of Occupational Therapy
Fieldwork Manual

Revised March of 2016
This manual is designed to provide fieldwork educators with easily accessible information about the academic and fieldwork portions of the occupational therapy program at the University of North Dakota, with campuses in Grand Forks, North Dakota and Casper, Wyoming.

Fieldwork is intended to complement academic preparation by offering additional opportunities for growth, to apply knowledge, develop and test clinical skills and validate abilities that comprise professional competence. The academic setting emphasizes the acquisition of knowledge and affective growth of the student. The fieldwork site provides opportunity to practice and apply knowledge through supervised intervention and professional role modeling.

The goal of level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork is integral to the program’s curriculum design, and provides students with an in-depth experience in delivering occupational therapy services to clients, focusing on the application of evidence-based and meaningful occupation. Fieldwork experiences are designed to promote clinical reasoning and reflective practice and to transmit the values and beliefs that enable ethical practice and the development of professional competence.

The fieldwork program is possible through the cooperative efforts of the UND Occupational Therapy Program, healthcare facilities, and participating students. Information relevant to each party regarding policies, procedures, and general guidelines pertaining to both level I and level II fieldwork education can be found in this manual.

The occupational therapy faculty at the University of North Dakota would like to express appreciation to fieldwork educators and their facilities for their continuing contribution to the education of future occupational therapists.

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Assistant Academic Fieldwork Coordinator

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DEPARTMENT OF OCCUPATIONAL THERAPY

Faculty: Jedlicka (Chair), Carrlson, Fox, Grabanski, Graves, Hanson, Harris, Haskins, Janssen, Lamborn, Meyer, Morrison, Nielsen, Stube, and Zimmerman

MASTER OF OCCUPATIONAL THERAPY DEGREE PROGRAM

The Department of Occupational Therapy at the University of North Dakota offers a five-year entry level Master of Occupational Therapy (MOT) degree. We think you will agree with us that occupational therapy is a rewarding career choice because of the opportunity it affords to make a positive difference in people’s lives. Helping people of any age learn to recover from life’s challenges and relearn the skills for the “job of living” is profoundly unique.

MISSION STATEMENT

The Department of Occupational Therapy shares the mission of the University of North Dakota and the School of Medicine and Health Sciences to serve the public through: 1) teaching and preparation of highly skilled entry-level occupational therapists, 2) scholarly and creative activity, and 3) service. The mission is accomplished through integration of scholarly inquiry and application of occupation in teaching/learning and OT practice contexts. Best practices in the profession will reflect the exemplars of client-centeredness, occupation-centered, evidence-based, and culturally relevant practice. The skills for lifelong learning and ethical and effective leadership will be promoted to enhance the quality of life of all people with whom we engage.

VISION STATEMENT

To prepare occupational therapists who engage in occupation-based, evidence-based and culturally relevant practice supporting client-centered participation in meaningful occupation that promotes health and well-being.

OCCUPATIONAL THERAPY AS A PROFESSION

Occupational therapy is a comprehensive health care profession, requiring a diverse set of skills and abilities that are utilized in varying degrees within OT careers. This variety within practice lends itself to the employment of individuals with many different interests and abilities. Occupational therapists, as a professional group, have a deep commitment to providing competent and ethical interventions in collaboration with clients who have many different occupational challenges due to
health status, state of well-being, and development.

The Department of Occupational Therapy is dedicated to the education of students as generalist practitioners and is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). Thus, students are prepared for an occupational therapy career in all areas of practice, equipped with the skills needed to succeed in fieldwork experiences and in eventual clinical practice. After the successful completion of academic preparation, and fieldwork experiences, passing a national certification exam is required prior to practicing as an occupational therapist.

**ACCREDITATION AND CERTIFICATION**

Only students who have successfully matriculated through an accredited entry-level program in occupational therapy are eligible to sit for the certification exam.

**Statement of Accreditation**

The Occupational Therapy Program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). For information regarding accreditation, contact ACOTE at (301) 652-2682, or ACOTE, 4720 Montgomery Lane, Suite 200, Bethesda, Maryland, 20814-3449. The web address is [www.acoteonline.org](http://www.acoteonline.org). All basic professional programs must comply with the *Standards for an Accredited Educational Program for the Occupational Therapist, 2006*. The UND Occupational Therapy Program at both the main campus and the Casper site were last awarded continuing accreditation following the on-site visit, October 31-November 2, 2011. The next accreditation onsite visit is scheduled for the 2021/2022 academic year.

**Certification**

Graduates of the program will be able to sit for the national entry-level certification examination for the occupational therapist administered by the National Board for Certification in Occupational Therapy, INC. (NBCOT, 800 South Frederick Avenue, Suite 200, Gaithersburg, MD 20877-4150; phone 301-990-7979). After successful completion of this examination the graduate will be an Occupational Therapist Registered (OTR). Most states require licensure in order to practice; state licenses may be based on the results of the NBCOT certification examination.

It is important to be aware that a felony conviction may affect a graduate’s ability to sit for the National Board for Certification in Occupational Therapy (NBCOT) certification examination or to attain state licensure as an Occupational Therapist. You will be asked to respond to the following questions when registering for the NBCOT exam:

- Have you ever been charged with or convicted of a felony?
- Have you ever had any professional license, registration, or certification revoked, suspended or subject to probationary conditions by a regulatory authority or certification board?
- Have you ever been found by any court, administrative, or disciplinary proceeding to have committed negligence, malpractice, recklessness, or willful or intentional misconduct, which resulted in harm to another?
Information regarding NBCOT’s process of screening applicants for Character Review may be found at: www.nbcot.org. If you have any questions, the department will assist you in this process.
PHILOSOPHY APPLIED TO INSTRUCTION AND LEARNING IN THE OCCUPATIONAL THERAPY PROGRAM

Occupational therapy helps people of all ages engage in day-to-day activities through therapeutic use of occupations (AOTA, 2014). The word occupation refers to all of the activities that occupy the individual’s time, meet personal needs, enable participation in family and community life, and sustain health and well-being (Wilcock, 2006). Occupational therapists believe that humans need occupation to grow and thrive; as humans participate in occupation, the union of the mind, body, and spirit is expressed. Occupations are embedded in the everyday life of each person and are best understood in the context of the environment(s) in which they occur (Hooper & Wood, 2014). Occupational therapists believe that occupations and especially occupational participation have the power to impact humans’ state of personal health. Restricted opportunity for participation in personally valued occupations is believed to result in states of dysfunction, dissatisfaction and an overall diminished well-being (Hasselkus, 2011). Occupational therapists believe in occupational justice – the right to access occupational participation and meet basic occupational needs regardless of life circumstances and/or disability (Wilcock & Townsend, 2014).

The primary goal of occupational therapy is to promote engagement and participation in personally valued occupations to improve health and well-being. To meet this goal, contemporary occupational therapy practice is characterized by four principles: 1) client-centered practice; 2) occupation-based practice; 3) evidence-based practice; and 4) culturally relevant practice (Boyt Schell, Scaffa, Gillen & Cohen, 2014).

- **Client-centered practice** reflects the occupational therapist’s desire to understand the uniqueness of each individual and developing a profile descriptive of the individual’s occupations. The client-centered therapist fosters development of a therapeutic relationship where the responsibility for decision-making, including goals and objectives of therapy, is shared with the individual (Law, 1998). The client is recognized as either a person, group, or population (AOTA, 2014).

- At the core of client-centered practice is occupation. **Occupation-based practice** is firmly centered on the individual’s desire for satisfactory occupational performance. The occupational therapist seeks to address the personally valued occupations of the individual in contexts most closely approximating the natural environment(s) of the individual (Boyt Schell, et al., 2014).

- **Evidence-based practice** involves incorporating research evidence into the professional reasoning process to develop rationales supporting occupational therapy evaluation and intervention practices. The therapist evaluates relevant research, synthesizes the evidence to support intervention, and communicates the predicted outcomes to the individual who is encouraged to be a part of the decision-making in therapy (Law & MacDermid, 2008).

- **Culturally-relevant practice** recognizes that occupations are shaped by culture and that effective occupational therapy must attend to the social, political and cultural milieu of the individual served (WFOT, 2010). Occupational therapists are challenged to reflect upon the assumptions embedded in their own culture in order to remain open to new understandings present in other cultures.

We believe the therapist whose practice reflects client-centered, occupation-based, evidence-based, and culturally competent objectives is able to facilitate engagement and participation in occupations to meet personal and societal needs.
**View of Humanity**

Humans, like all living organisms, have the capacity for self-organization. Humans consciously engage in environments and contexts in which they intentionally choose or are obligated to “do”, perform, create, act, behave, and interact with others in ways that create meaning and purpose over the lifespan. Ultimately, the broad range of human endeavor leads to adaptation as each human being responds to occupational challenges presented in and affected by the unique features, opportunities, barriers, or situation of each environment; as well as the presence or absence of other beings. The adaptation process is influenced by the human capacity to feel, perceive, think, and reflect during the performance of occupations. When human desire for mastery (a principle of self-organization), is congruent with the environmental press, the human has achieved relative mastery. Such mastery and adaptive success is hallmarked by integration of the experience intrinsically and extrinsically. Extrinsic integration is observed in the way in which humans inhabit roles, engage in patterns and repetitions comprising tasks and participate in human rituals, habits and routines. Intrinsic integration (within the person) is known as learning. Viewed as a transformative process, learning influences the knowledge, skills, attitudes, and behavior of human beings in the world and is related conceptually to the principles of adaption and self-organization.

**View of the Learner**

In addition to the AOTA’s Philosophy of Education, the UND Occupational Therapy Program supports, advocates for, and implements the tenets of constructivism as described by Piaget, Vygotsky, Dewey, and others for which the focus is “cognitive development and deep understanding” (Twomey-Fosnot & Perry, 2005, p. 10). Twomey-Fosnot (2005) described Constructivism as:

> [A] theory about knowledge and learning; it describes both what ‘knowing’ is and how one ‘comes to know.’ Based on work in psychology, philosophy, science, and biology, the theory describes knowledge not as truths to be transmitted or discovered, but as emergent, developmental, nonobjective, viable constructed explanations by humans engaged in meaning-making in cultural and social communities of discourse (p. ix).

The tenets of constructivism are consistent with the underlying principles of the Occupation Adaptation model, which purports that intervention focused on the internal adaptation process is considered more efficient and likely to generalize to other contexts than intervention focused on general skill development (Schkade & Schultz, 1992). In the educational context, active participation in learning activities, reflective of professional role expectations, facilitates engagement in the learning process. Opportunities for reflection and self-assessment direct student attention to internal and environmental factors influencing performance thereby promoting adaption and skilled performance. The student is considered the agent of change - rather than the instructor - and assumes responsibility for personal and professional development.

Subsequently, the following tenets represent the UND Occupational Therapy Program’s view of human beings within their role as learners.
Each learner:
1. Assumes ownership for his or her professional and personal development.
2. Is an agent of life-long change and transformation that is based largely on the perceptual experience of the individual (von Glaserfeld, 2005).
3. Possesses unique background experiences resulting in a unique learner role configuration.
4. Will enhance the learning process through participatory engagement, reciprocal experiences, and multiple opportunities for learning application.
6. Benefits from learning that is situated in multiple contexts understood by the learner (Cobb, 2005; von Glasersfeld, 2005).
7. Constructs knowledge through giving, receiving, processing, and applying critical feedback within a social community (Twomey Fosnot & Perry, 2005) and assisting with creating new communities of knowledge exchange (Hooper, 2006).

Philosophy of Instruction

The following assumptions have been adopted to guide the curriculum design, provide a foundation for instruction, and promote learner knowledge of occupation.
The UND Occupational Therapy Faculty strive to:

1. Promote understanding and utilization of occupation across the curriculum to support subject-centered learning.
2. Facilitate active engagement in learning as the central occupational focus of the student role.
3. Optimize opportunities for learner self-assessment and reflection to promote student ownership for personal and professional development.
4. Support the development of a community of critical inquirers and knowers who are lifelong learners and contributors of knowledge.
5. Create contexts for situated learning to promote learner acquisition of understanding of occupation.
6. Facilitate student attention to the need for healthy self-care in order to maintain attention to self-agency in the learning process and when providing service to others.

References


Overview

The curriculum is based on a liberal arts foundation, with course work designed to address the cognitive, psychosocial and sensory-motor needs of clients and the impact of cultural, social and physical aspects of the environment on the client’s adaptive process. Self-reflection is encouraged as students participate in self-evaluation regarding their strengths and vulnerabilities in various practice environments and share that evaluation with faculty. As students transition into the professional role of the occupational therapist, faculty serve as role models and mentors, encouraging high ethical standards, active participation in community service and creative involvement in scholarly pursuits.

Curriculum Design

The curriculum design is influenced by a number of factors including the 2011 Standards for an accredited education program for the occupational therapist, and the mission statements of the University of North Dakota, School of Medicine and Health Sciences and the Department of Occupational Therapy, as well as the occupational adaptation model of occupational therapy.

The 2011 Standards are reflected in the guidance provided in the development of the curriculum content, program evaluation and ongoing assessment of program quality.

The curriculum design reflects the mission of the University of North Dakota and the School of Medicine and Health Sciences to serve the public through teaching and preparation of highly skilled entry-level occupational therapists, scholarly and creative activity and service in the development of sequenced learning experiences designed to produce an entry-level occupational therapist who is able to initiate, maintain and manage occupational therapy services to meet the needs of society. The exemplars of self-reflection, client-centeredness and occupation-centered practice driven by research evidence, as well as skills for lifelong learning and ethical and effective leadership, reflect the mission of the Occupational Therapy Program.

The model of occupational adaptation’s influence on the curriculum design is presented in the following discussion of occupational adaptation, skill development, and adaptation and role transition. A graphic presentation of the curriculum model follows.

Occupational Adaptation

Occupational adaptation is a process that allows each person to master and respond adaptively to the various occupational challenges that are encountered in the course of a lifetime. A developmental process is presumed where occupation readiness skills in the person subsystems (sensory, cognitive, and psychosocial) set the stage for interaction in the environmental contexts of work, play, and leisure (Schkade & McClung, 2001). The intent of the Occupational Therapy Program is to develop students capable of assisting individuals to both assume the roles appropriate
to their developmental position and to adapt to the challenges inherently present at each point in the developmental process with the common goal of competence in occupational functioning.

**Skills Development**

Occupational readiness in the UND OT curriculum begins in the first semester of the program when the students are enrolled in anatomy and group experience. Both courses present foundational information that helps to ground the student's knowledge in occupational therapy. Other examples of courses with occupational readiness components include neuroscience, medical sciences, administration, research, assistive technology and muscle function. The theory and practice courses present occupational readiness in combination with occupational activities where the students are provided opportunity to 'try on' skills related to the role of the therapist, adding the element of therapeutic context (environment) to learning.

The curriculum presents coursework in a sequence addressing occupational development of infants and young children in the second semester of the curriculum, moving to children, adolescents and young adults in the third semester and then to adult and aging populations in the fourth and fifth semesters. Multiple factors influencing the developmental process are simultaneously considered within each course including the physical, emotional, social, cultural and environmental factors that impact individual development.

The Level I/II Fieldworks provide the student ample opportunities to integrate knowledge and actively experience the role of the therapist in the practice setting and further develop occupational competence. Throughout the occupational therapy curriculum, the student is expected to take responsibility for learning. This is particularly evident when the student chooses a graduate track to pursue. As a graduate, the student is expected to integrate clinical experiences with academic knowledge as would be expected of the reflective practitioner.

**Adaptation and Role Transition**

Students enter the Occupational Therapy Program as active learners with demonstrated academic achievement and through engagement in occupational learning activities are regularly challenged toward personal, academic and professional growth.

The role of the educator is to provide learning activities that are representative of the role expectations of professional practice as an occupational therapist. Adjustments in learning activities may be made by the educator in response to the students’ mastery of the subject. Examples include substituting discussion for lecture or using a small group learning activity to reinforce student learning and increase student engagement.

The role of the student is to evaluate engagement, participation level, and mastery of course/subject content. Students are encouraged to take responsibility for learning and become the agent of change in relation to acquisition of professional knowledge. For example, the student may evaluate a preferred method of learning and determine the need for a change in study habits or class participation in order to master course expectations.

The process of student reflection on learning is ongoing and reinforced throughout the curriculum both in required course work and in the student evaluations which occur each semester. Thus,
students become reflective practitioners who take responsibility for and actively seek to meet professional learning needs in practice.

Summary
The UND Occupational Therapy Program emphasizes occupational skills development across the lifespan with multiple opportunities for students to experience/appreciate the impact of contextual factors on adaptive processes and role transition. Students are expected to acquire the tools to not only assist clients with adaptive processes across the lifespan but also to enable client participation in valued occupations. Through the course of their education, students are expected to develop the knowledge, skills and adaptive capacity needed to address occupational challenges inherent to the role of occupational therapist and the reflective skills needed to sustain life-long learning.

Figure 1: Curriculum Design

Curriculum Threads
The UND Occupational Therapy Program has identified the following listing of core curricular threads represented throughout the curriculum and recognized as exceptional qualities of the Program as demonstrated by its graduates.
The first set of curricular threads describes three elements of practice recognized as vital to contemporary occupational therapy practice. The graduate is prepared for practice in a wide variety of practice settings including pediatrics, adult rehabilitation, mental health, community and emerging practice areas.

- **Client-centered practice** – The therapist holds “a philosophy of service committed to respect for and partnership with people receiving services, emphasizing the individual recipient of service and a focus on developing, restoring, or adapting the individual’s skills and organizing and using assistance available in natural supports from family and friends” (Crepeau, Cohn, & Shell, 2009, p. 1155).

- **Occupation-based practice** – The therapist’s intervention planning supports engagement in personal and valued occupations when the occupational therapist and client “collaboratively select and design activities that have specific relevance or meaning to the client and support the client’s interests, needs, health and participation in daily life” (Crepeau, Cohn, & Shell, 2009, p. 1162).

- **Evidence-based practice** – Therapists are prepared to “use… research study findings, client values and practitioner expertise during clinical reasoning to support the process of making wise practice decisions” (Crepeau, Cohn, & Shell, 2009, p. 1158).

The second set of curricular threads represents unique areas of emphasis specific to the UND Occupational Therapy Program. Graduates recognize the importance of therapeutic relationships and therapeutic use of self in practice, use the reflective process to enhance their practice, and are prepared to assume leadership positions early in their careers.

- **Therapeutic Relationship** – Therapists are well-prepared to use “collaborative and client-centered approaches, emphasize caring and empathy, and demonstrate clinical reasoning and use of narrative” in the course of client-therapist relationships to forward successful interaction in therapy (Taylor, 2008, p.14).

- **Reflective practitioners** – The therapist regularly employs the reflective process to benefit everyday practice, as well as to assess continuing competency needs and plans for future learning. Reflection is a “tool in analyzing thoughts and actions that assists practitioners to justify interventions and gives practitioners the ability to learn from experience” (Sladyk, Jacobs, & MacRae, 2010, p. 622); but also a “process of listening to both the verbal and emotional content of a speaker and verbalizing both the feelings and attitudes sensed behind the spoken words to the speaker” (Sladyk, Jacobs, & MacRae, 2010, p. 622).

- **Leadership in practice** – The therapist enters occupational therapy practice with confidence and prepared to serve in a leadership capacity including “the ability to engage and influence others to facilitate and embrace meaningful change through careful consideration of individual and societal contexts in the embodiment of a shared vision” (Sladyk, Jacobs, & MacRae, 2010, p. 618).
Figure 2: Curriculum Threads
Figure 3: Curriculum Design with Curriculum Threads

References


## CURRICULUM SEQUENCE

### PROFESSIONAL YEAR I

#### Summer Session

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<td>OT 426</td>
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<td>Fundamentals of Neuroscience for Occupational Therapy</td>
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<td>OT 425</td>
<td>Occupational Therapy with Infants and Pre-School Children</td>
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<td>OT 427</td>
<td>Orientation to Occupational Therapy Theory</td>
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<td>OT 428</td>
<td>Quantitative Research Methods for OT</td>
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<td>OT 431</td>
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<td>Muscle Function in Ith and Disease</td>
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<td>OT 429</td>
<td>Occupational therapy w/School Age Children and Young Adults</td>
<td>4</td>
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<tr>
<td>OT 430</td>
<td>Psychosocial Aspects of OT for Children, Adolescents and Young Adults</td>
<td>4</td>
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<tr>
<td>OT 432</td>
<td>Medical Sciences II</td>
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<td>OT 433</td>
<td>Group Leadership Skills in OT</td>
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<td>OT 438</td>
<td>Practicum: Children and Adolescents</td>
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Total: 6 credits
# PROFESSIONAL YEAR 2

## Summer Session (Elective Only)

- **OT 488** Elective Fieldwork in Occupational Therapy 3-9
- **OT 497** Cooperative Education: Occupational Therapy 1-6
- **OT 593** Teaching Experience in OT 1-3

**Total** 1-9 credits

## Schedule A

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<td>OT 452 Assistive Technology I 3</td>
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<td>OT 458 Qualitative Research Methods for OT 3</td>
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<tr>
<td>OT 460 Introduction to Management and Leadership 2</td>
<td>OT 461 Management in the U.S. Healthcare System 2</td>
</tr>
<tr>
<td>OT 463 Psychosocial Dysfunction Seminar and Practicum Integration 3</td>
<td>OT 462 Physical Dysfunction Seminar and Practicum Integration 3</td>
</tr>
<tr>
<td>OT 469 Interprofessional Health Care (IPHC) 1</td>
<td>OT 480 Introduction to Scholarly Writing in OT 1</td>
</tr>
</tbody>
</table>

**Total** 15 credits  **Total** 17 credits

## Schedule B

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT 452 Assistive Technology I 3</td>
<td>OT 451 Multicultural Competency in OT 3</td>
</tr>
<tr>
<td>OT 453 Physical Aspects of OT with the Maturing Adult 5</td>
<td>OT 454 Gerontic Occupational Therapy 2</td>
</tr>
<tr>
<td>OT 458 Qualitative Research Methods for OT 3</td>
<td>OT 456 Psychosocial Aspects of OT with the Maturing Adult 4</td>
</tr>
<tr>
<td>OT 460 Introduction to Management and Leadership 2</td>
<td>OT 461 Management in the U.S. Healthcare System 2</td>
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<tr>
<td>OT 462 Physical Dysfunction Seminar and Practicum Integration 3</td>
<td>OT 463 Psychosocial Dysfunction Seminar and Practicum Integration 3</td>
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<tr>
<td>OT 469 Interprofessional Health Care (IPHC) 1</td>
<td>OT 480 Introduction to Scholarly Writing in OT 1</td>
</tr>
</tbody>
</table>

**Total** 16 credits  **Total** 16 credits

*Department reserves the right to cancel a track and/or electives courses due to finances or staffing issues, or low enrollment. Electives are scheduled based on student interest and faculty resources. Class size may be limited.

**Full and Spring Semester Electives:**

- **OT 489** Independent Projects 1 - 3
- **OT 490** Occupational Therapy Seminar 1
- **OT 493** Workshop/OT 1 - 6
- **OT 494** Directed Study in Occupational Therapy 1
- **OT 496** Community Experience in OT 1 - 4
- **OT 497** Cooperative Education: OT 1 - 6
- **OT 593** Teaching Experience in OT 1 - 3

*Optional BGS degree awarded*
PROFESSIONAL YEAR 3 Graduate School – Schedule A

Summer Semester:

OT 585 Fieldwork in Psychosocial Dysfunction  9
OR
OT 587 Fieldwork in Physical Dysfunction  9

Total:  9 Credits

Fall Semester:

Required Core Courses

OT 504  Occupation and Vocation  3
OT 507  Innovative Management and Leadership  3
OT 509  Principles of Education  3
OT 515  Integration of OT Theory  3

Total Credits  12 credits

Spring Semester

OT 585 Fieldwork in Psychosocial Dysfunction  9
OR
OT 587 Fieldwork in Physical Dysfunction  9
OT 995 Scholarly Project  2
OR
OT 997 Independent Study  2
OT 589 Readings in Occupational Therapy  1-2

Total:  12-13 Credits

Electives

OT 493  Workshop/OT  1-12
OT 508  Therapeutic Procedures & Modalities in OT  2
OT 582  Graduate Practicum  1-3
OT 589  Readings in OT  1-2
OT 593  Teaching in OT  1-3
OT 599  Special Topics in OT  1-2
## PROFESSIONAL YEAR 3 Graduate School – Schedule B

### Summer Semester:

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT 585 Fieldwork in Psychosocial Dysfunction</td>
<td>9</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>OT 587 Fieldwork in Physical Dysfunction</td>
<td>9</td>
</tr>
</tbody>
</table>

**Total:** 9 Credits

### Fall Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>OT 585 Fieldwork in Psychosocial Dysfunction</td>
<td>9</td>
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<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>OT 587 Fieldwork in Physical Dysfunction</td>
<td>9</td>
</tr>
<tr>
<td>OT 995 Scholarly Project</td>
<td>2</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>OT 997 Independent Study</td>
<td>2</td>
</tr>
<tr>
<td>OT 589 Readings in Occupational Therapy</td>
<td>1-2</td>
</tr>
</tbody>
</table>

**Total:** 12-13 Credits

### Spring Semester

#### Required Core Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT 504 Occupation and Vocation</td>
<td>3</td>
</tr>
<tr>
<td>OT 507 Innovative Management and Leadership</td>
<td>3</td>
</tr>
<tr>
<td>OT 509 Principles of Education</td>
<td>3</td>
</tr>
<tr>
<td>OT 515 Integration of OT Theory</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Credits** 12 credits

#### Electives

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT 493 Workshop/OT</td>
<td>1-12</td>
</tr>
<tr>
<td>OT 508 Therapeutic Procedures &amp; Modalities in OT</td>
<td>2</td>
</tr>
<tr>
<td>OT 582 Graduate Practicum</td>
<td>1-3</td>
</tr>
<tr>
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<td>1-2</td>
</tr>
<tr>
<td>OT 593 Teaching in OT</td>
<td>1-3</td>
</tr>
<tr>
<td>OT 599 Special Topics in OT</td>
<td>1-2</td>
</tr>
</tbody>
</table>
COURSE DESCRIPTIONS

OT 200: Introduction to Occupational Therapy. 2 credits. Prerequisites: None. History, scope, objectives, and functions of Occupational Therapy. F, S

OT 422: Anatomy for Occupational Therapy. 5 credits. Detailed study of human anatomy, with an emphasis on skeletal muscle, its vasculature, and the peripheral nervous system. The laboratory portion of the course allows for a direct study of the human form through dissection of human cadavers. SS

OT 423: Fundamentals of Neuroscience for Occupational Therapy. 3 credits. Survey of the major theories of behavior, cognition, and neurological disorders based on experimental findings in neuroanatomy, neurophysiology, and neurobiology. Laboratory included. F

OT 424: Muscle Function in Health and Disease. 4 credits. The study of musculature acting on the extremities and trunk. Theory and techniques of musculoskeletal evaluation with analysis of normal and pathological human motion. Laboratory included. S

OT 425: Occupational Therapy with Infants and Pre-School Children. 4 credits. Normal and abnormal human development, conception through the pre-school years. Emphasis on reflexes, sensory systems, neurodevelopmental systems, illness and trauma, assessment procedures, treatment techniques, families and intervention teams, and treatment outcomes. Laboratory included. F

OT 426: Personal/Professional Development. 1 credit. Promote self-awareness and interpersonal communication skills including basic listening skills, ability to provide meaningful feedback and appropriate group membership skills. SS

OT 427: Orientation to Occupational Therapy Theory. 3 credits. Orientation to human occupation, occupational performance assessment, theoretical practice models, and core processes in occupational therapy. F

OT 428: Quantitative Research Methods for Occupational Therapy. 3 credits. Design and implementation of quantitative research, the evaluation of quantitative research studies, the interpretation of statistics as applied to occupational therapy, and the process of presentation and publication of quantitative research projects. Laboratory included. F

OT 429: Occupational Therapy with School Age Children and Young Adults. 4 credits. Normal and abnormal human development, disease and disability, school age through young adulthood. Emphasis on assessment, intervention planning and program outcomes for individuals with disabilities in a variety of practice settings including school, community, and medicine. Laboratory included. S

OT 430: Psychosocial Aspects of OT for Children, Adolescents and Young Adults. 4 credits. Psychosocial development and interruptions to development in children, adolescents, and young
adults, with emphasis on OT evaluation, treatment planning and implementation, and treatment outcomes. Laboratory included. S

**OT 431: Medical Sciences I.** 2 credits. First in a two-semester sequence of courses which covers human body systems and disease and disability groups discussed from all aspects of comprehensive rehabilitation. Included are chronic illness, neurological and orthopedic conditions, general medicine and surgery, and sensory disabilities across the lifespan. F

**OT 432: Medical Sciences II.** 3 credits. Second in a two-semester sequence of courses which covers human body systems and disease and disability groups discussed from all aspects of comprehensive rehabilitation. Included are chronic illness, neurological and orthopedic conditions, general medicine and surgery, and sensory disabilities across the lifespan. Integration included. S

**OT 433: Group Leadership Skills in Occupational Therapy.** 2 credits. Didactic and experiential learning in a small group setting. Provides students with opportunities to function as group facilitators in a variety of practice settings. S

**OT 438: Practicum: Children & Adolescents.** 1 credit. Observation and experience in a university-approved pediatric and/or adolescent facility; supervised by occupational therapists, educators, and allied health professionals. S

**OT 451: Multicultural Competency in OT.** 3 credits. Develop an understanding of and an appreciation for social, cultural, and ethnic diversity and use that understanding to address issues, solve problems, and shape civic, personal, and professional behaviors. To recognize that diversity is intimately tied to the concepts of culture, race, language, identity and inter-group dynamics, as well as its applications to complex situations. These concepts are presented within the context of providing OT services. S

**OT 452: Assistive Technology I.** 3 credits. Introductory study of assistive technology devices and products, assessment, and application methods. Focuses on adaptations, modifications, and technology systems and services that assist individuals with disabilities in greater independence and accessibility across the lifespan. Laboratory included. F, S

**OT 453: Physical Aspects of OT with the Maturing Adult.** 5 credits. Study of the OT process as applied to physical dysfunction of the maturing adult. Emphasis is on OT evaluation, planning, implementation of treatment, and treatment outcomes. Laboratory included. F, S

**OT 454: Gerontic Occupational Therapy.** 2 credits. Occupational perspectives of the elderly, including age-related changes, assessment and intervention strategies and the role of occupational therapy in prevention and wellness programs. Laboratory included. F, S

**OT 456: Psychosocial Aspects of OT with the Maturing Adult.** 4 credits. Psychosocial development and interruptions to development in the maturing adult with emphasis on OT evaluation, treatment planning and implementation, and treatment outcomes. Laboratory included. F, S
OT 458: Qualitative Research Methods for Occupational Therapy. 3 credits. Design and implementation of qualitative research, evaluation of qualitative research studies, analysis and interpretation of qualitative data, and the process of publication and presentation of qualitative research projects. Laboratory included. F

OT 460: Introduction to Management and Leadership. 2 credits. Introduction to the management practices necessary to direct a quality health service and provide the knowledge and skills needed for entry-level leadership positions in OT practice. Focus is on clinical reasoning and critical analysis in administrative and management functions. Laboratory included. F

OT 461: Management in the U.S. Healthcare System. 2 credits. Provide an overview of the health services system in the US and current trends and issues facing OT within this system. Content includes: federal and state roles, reimbursement of health care services, regulation, community services, health service providers, consultative, non-traditional areas of practice, service delivery models, legalities, and health policy advocacy. S

OT 462. Physical Dysfunction Seminar and Practicum Integration. 3 credits. The student begins to integrate and synthesize the theoretical knowledge of physical function/dysfunction with clinical practice. It requires the application of foundational knowledge, tools and the theory of practice inherent in the role of an OT. Occupational therapy experiences in facilities, supervised by registered occupational therapists, qualified health professionals and university faculty. F, S

OT 463. Psychosocial Dysfunction Seminar and Practicum Integration. 3 credits. Integration and synthesizing of theoretical knowledge with clinical experience toward the application of therapeutic use of self, self-evaluation, and communication skills in professional development. Occupational therapy experiences in mental health field facilities, supervised by registered occupational therapists, qualified health professionals and university faculty. F, S

OT 469: Interprofessional Health Care (IPHC). 1 credit. A process-learning course intended to provide experience in building a team of health professionals from different professions. The focus is on learning to work effectively with an interprofessional health care team. Emphasis is placed on effective teamwork, the unique contributions of different professions, patient or family centered approach in health care delivery and awareness of potential medical errors. S/U Grading F, S

OT 480 Introduction to Scholarly Writing in Occupational Therapy. 1 credit. This course is designed to provide students with an understanding of the expectations and mechanics of scholarly writing. It is the first step for the development of a scholarly paper that is a requirement of the MOT program. The course outcome is the development of a proposal in an area of interest to the student(s) which has been approved and supervised by a faculty advisor to meet the first requirement of OT 995 Scholarly Project in OT, or OT 997: Independent Study. Course content includes the mechanics of writing, development, content, and format of the scholarly paper; the use of appropriate resources; and a review of how to use the Publication Manual of the American Psychological Association and the OT department’s graduate student manual. S
OT 488: Elective Fieldwork in Occupational Therapy. 3-18 credits. Application of occupational therapy in evaluation and treatment in optional areas of student special interest in selected fieldwork facilities. Variable credits, repeatable, with maximal total of 18 credits. F, S, SS

OT 489: Independent Projects. 1-3 credits, repeatable to 12 credits. Individual study and/or research in a particular area of interest for the students with approval of a supervising faculty member. Elective for OT majors.

OT 490: Occupational Therapy Seminar. 1 credit. Foundational knowledge relevant to the preparation of an independent study proposal. Serves as the basis for OT 494: Directed Study in Occupational Therapy. F

OT 493: Workshop/Occupational Therapy. 1-12 credits, repeatable to 12 credits. A workshop course with topics dictated by faculty and student interests primarily for but not confined to continuing education. On demand.

OT 494: Directed Study in Occupational Therapy. 1 credit. Development of a proposal in an area of interest to the student approved and supervised by faculty. F, S, SS

OT 496: Community Experience in OT. 1-4 credits, repeatable to 12 credits. Student initiates and participates in off-campus professional learning activities related to OT under joint faculty and on-site professional supervision. F, S, SS

OT 497: Cooperative Education: Occupational Therapy. 1-6 credits, repeatable to 12 credits. Qualified students are employed by selected facilities to further understanding of occupational therapy and health-related service provision. F, S, SS

OT 504: Occupation and Vocation. 3 credits. Application of assessment and problem-solving skills necessary for remediation/rehabilitation of occupational performance deficits in the work realm. Laboratory included. F, S

OT 507: Innovative Management and Leadership. 3 credits. Develop and demonstrate an understanding of the skills necessary to plan, implement and evaluate programs and materials for education, consultation and private practice. F, S

OT 508: Therapeutic Procedures and Modalities in OT. 2 credits. Occupational therapy theory and application of specific neuromuscular techniques and modalities to promote musculoskeletal function. Laboratory included. F, S

OT 509: Principles of Education in OT. 3 credits. Explores the methods and strategies used to develop, implement and evaluate education programs for students in academia and clinical settings, for patients/clients, businesses and professional staff. Information and discussion focus on the theory and research relevant to education in a variety of settings. F, S
OT 515: Integration of Occupational Therapy Theory. 3 credits. Analysis and applications of theoretical perspectives to occupational therapy process with individuals, groups, and service delivery systems. F, S

OT 582: Graduate Practicum. 1-3 credits, repeatable to 12 credits. Supervised experience in a variety of OT practice settings. Students are afforded the opportunity to gain practical, on-the-job experience working in an area that matches the focus of their graduate study. Students will be supervised by on-site personnel. (One credit hour required as corequisite for OT 502; additional hours optional). F, S, SS

OT 585: Fieldwork in Psychosocial Dysfunction. 9 credits. Application of occupational therapy in evaluation and treatment in psychosocial dysfunction fieldwork facilities. Three months full-time.

OT 587: Fieldwork in Physical Dysfunction. 9 credits. Application of occupational therapy in evaluation and treatment in physical dysfunction fieldwork facilities. Three months full-time.

OT 589: Readings in Occupational Therapy. 1-2 credits, repeatable to 6 credits. Selected readings in the student’s area of interest with oral and/or written reports. Consent of instructor required prior to enrollment. F, S, SS

OT 593: Teaching Experience in OT. 1-3 credits, repeatable to 12. Supervised experience in higher education teaching in OT. Projects in course/curriculum development, writing course objectives, writing and delivering lectures and learning activities, and developing assessment tools for the classroom. F, S, SS

OT 599: Special Topics in Occupational Therapy. 1-2 credits, repeatable to 6 credits. A series of lectures, discussions, and/or laboratory experiences developed around one or more specific topics in occupational therapy. F, S, SS

OT 995: Scholarly Project in OT. 2 credits. A collaborative investigation of a relevant professional topic and production of a scholarly report with approval of the major faculty advisor. F, S, SS

OT 996: Continuing Enrollment/Occupational Therapy. 1-12 credits. Credits and hours arranged. F, S, SS

OT 997: Independent Study. 2 credits. Independent investigation of a relevant professional topic and production of an independent scholarly report with approval of the major faculty advisor. F, S, SS
UND CURRICULUM DESIGN: APPLICATION TO THE FIELDWORK SETTING

The UND curriculum is designed following the Occupational Adaptation model because of its simplicity in explaining the way that humans engage in occupations, and the major elements involved in preparing therapists for practice. As you think about the four main concepts in this model, you may note that some of your interventions address the readiness or preparatory skills of clients to engage in occupations, others address their actual participation in occupations, and others address the context in which the client engages in occupations. During the process of therapy you are likely attentive to the client’s overall reaction to the intervention as it pertains to outcomes of functional performance or adaptive capacity.

Similarly, as fieldwork educators, you are sometimes assisting students to attain readiness skills (teaching new content, having them practice manual skills, boosting their self-confidence) and other times you provide experiences where they actually participate in the occupations of a therapist (for example, completing standardized evaluations, leading groups, fabricating equipment, writing up treatment notes). Occupations always take place in a physical, social and cultural context, and students begin to appreciate the impact of context on occupational performance and make adaptations to context as necessary. For example, they learn that instructing a client in an ADL task is a very different experience if conducted in a client’s home versus the OT clinic, and adaptations might be necessary for both the physical and social elements of the task.

Finally, this model also speaks to the internal process of evaluation and adaptation. In your work with clients, you encourage them to engage in this process when they evaluate their participation in each occupation, and plan for adaptations through attaining readiness skills, or altering the occupation or context to attain success. Similarly, students need to evaluate their performance of occupations inherent to the therapist role, and to plan jointly with the supervising therapist to address problem areas through development of readiness skills, altering context, and or grading/adapting the occupation itself. It is through this internal process of self-evaluation and adaptation that the student transitions from the role of student to novice therapist.

As you develop and refine your objectives and assignments to address the competencies desired of the entry-level therapist at your facility, you should also consider the process of adaptation as experienced by the student. You can monitor this process through stated assignments and responsibilities, as well as through daily and weekly meetings with your student. Remember, the outcome of fieldwork is not simply that the student meets the clinical competencies of your particular setting, but that he/she emerges with the ability to engage in their own learning process and to assume the role of a life long learner.
Accreditation standards outline curriculum requirements for Level I and Level II occupational therapy fieldwork experiences. Attention is given to several aspects of the academic program’s fieldwork process including establishment, policy, procedure, and evaluation of fieldwork sites. The UND fieldwork program is designed in compliance with accreditation standards. Through familiarity with accreditation standards the fieldwork educator is better equipped to develop fieldwork objectives, assignments, policy and procedures that are reflective of best practice and congruent with the academic program.

Effective July 31, 2013, August 2015 Interpretive Guide Version

<table>
<thead>
<tr>
<th>STANDARD NUMBER</th>
<th>ACCREDITATION STANDARDS FOR A MASTER’S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECTION C: FIELDWORK EDUCATION AND DOCTORAL EXPERIENTIAL COMPONENT</td>
<td></td>
</tr>
<tr>
<td>C.1.0: FIELDWORK EDUCATION Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision of a qualified occupational therapy practitioner serving as a role model. The academic fieldwork coordinator is responsible for the program’s compliance with fieldwork education requirements. The academic fieldwork coordinator will</td>
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<tr>
<td>C.1.1. Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education.</td>
<td></td>
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<tr>
<td>C.1.2. Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students.</td>
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<tr>
<td>THE PROGRAM MUST HAVE EVIDENCE OF THE TIMELY IMPLEMENTATION OF THE DOCUMENTED CRITERIA AND PROCESS.</td>
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</tr>
<tr>
<td>C.1.3. Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.</td>
<td></td>
</tr>
<tr>
<td>ACADEMIC AND FIELDWORK EDUCATORS ARE EXPECTED TO COLLABORATE IN ESTABLISHING FIELDWORK OBJECTIVES PRIOR TO THE FIELDWORK EXPERIENCE. THEY ARE ALSO EXPECTED TO COMMUNICATE WITH THE STUDENT ABOUT PROGRESS AND PERFORMANCE THROUGHOUT THE FIELDWORK PERIOD.</td>
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</tr>
<tr>
<td>C.1.4. Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.</td>
<td></td>
</tr>
<tr>
<td>C.1.5</td>
<td>Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program as required by Standard A.4.14.</td>
</tr>
<tr>
<td>C.1.6</td>
<td>The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I or Level II fieldwork experience. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.</td>
</tr>
<tr>
<td><strong>IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS USED TO COUNT TOWARD PART OF LEVEL I FIELDWORK, THEN A MEMORANDUM OF UNDERSTANDING IS REQUIRED. IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS NOT USED TO COUNT TOWARD PART OF LEVEL I FIELDWORK, THEN NO MEMORANDUM OF UNDERSTANDING IS REQUIRED. WHEN A MEMORANDUM OF UNDERSTANDING IS ESTABLISHED WITH A MULTISITE SERVICE PROVIDER (E.G., CONTRACT AGENCY, CORPORATE ENTITY), THE ACOTE STANDARDS DO NOT REQUIRE A SEPARATE MEMORANDUM OF UNDERSTANDING WITH EACH PRACTICE SITE.</strong></td>
<td></td>
</tr>
<tr>
<td>C.1.7</td>
<td>Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation.</td>
</tr>
<tr>
<td><strong>IF STANDARD C.1.7 IS MET THROUGH A LEVEL I FIELDWORK EXPERIENCE, THE EXPERIENCE MUST BE COMPARABLE IN DURATION AND ASSESSMENT METHODS TO OTHER LEVEL I FIELDWORK EXPERIENCES OFFERED BY THE PROGRAM. FOR EXAMPLE, A 2-HOUR FIELDTRIP IS NOT EQUIVALENT TO A 3-DAY EXPERIENCE. THE EXPERIENCE MUST BE CONSISTENT WITH THE CURRICULUM DESIGN. THE STANDARDS DO NOT STATE THAT THE PSYCHOLOGICAL AND SOCIAL FACTORS COMPONENT OF FIELDWORK HAS TO BE A PART OF A COURSE. LEVEL I FIELDWORK MAY BE A SEPARATE ENTITY AND NOT ATTACHED TO A COURSE. THE PROGRAM SHOULD HAVE APPROPRIATE AND SPECIFIC OBJECTIVES TO MEET THE INTENT OF STANDARD C.1.7.</strong></td>
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</tr>
<tr>
<td>The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. The program will</td>
<td></td>
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<tr>
<td>C.1.8</td>
<td>Ensure that Level I fieldwork is integral to the program’s curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.</td>
</tr>
<tr>
<td>C.1.9</td>
<td>Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.</td>
</tr>
<tr>
<td>C.1.10</td>
<td>Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.</td>
</tr>
<tr>
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<tr>
<td><strong>The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program’s curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will</strong></td>
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</tr>
<tr>
<td>C.1.11</td>
<td>Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.</td>
</tr>
<tr>
<td>C.1.12</td>
<td>Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.</td>
</tr>
<tr>
<td>C.1.13</td>
<td>Require a minimum of 24 weeks’ full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement’s usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.</td>
</tr>
<tr>
<td>C.1.14</td>
<td>Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.</td>
</tr>
<tr>
<td>C.1.15</td>
<td>Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).</td>
</tr>
<tr>
<td>C.1.16</td>
<td>Ensure that supervision 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 appropriate for the setting, the severity of the client’s condition, and the ability of the student.</td>
</tr>
<tr>
<td>C.1.17.</td>
<td>Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years’ full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.</td>
</tr>
<tr>
<td>C.1.18.</td>
<td>Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student or equivalent).</td>
</tr>
<tr>
<td>C.1.19.</td>
<td>Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice.</td>
</tr>
</tbody>
</table>
UND FIELDWORK

Because the curriculum design emphasizes the importance of application of readiness skills in context, students have Level I fieldwork experiences in role-established, role-exploring, and role-emerging sites in educational, medical, and community-based settings emphasizing both physical and psychosocial factors impacting participation in occupations and have the opportunity to observe, evaluate and treat children, adolescents and adults.

The student must complete the first year Level I fieldwork course successfully before being scheduled for any additional Level I fieldwork experiences.

Students receiving an unsatisfactory (U) grade for one Level I fieldwork component of any course will receive an Incomplete for the course. The student will have one opportunity to repeat the Level I fieldwork for a passing grade. Two grades of unsatisfactory (U) for the Level I fieldwork component of any fieldwork related course would result in a failing grade for the associated course.

In **role-established** placements, students are supervised on both **level I and II fieldwork** by an occupational therapist with an established role within the work environment. The students have the opportunity to follow the occupational therapist’s example and learn from his/her role.

**Role-exploring** placements are defined as **Level I fieldwork experiences** where the student is supervised by an on-site non-occupational therapist. The off-site therapist (a designated faculty member of the professional program) acts as supporter, mentor and guide for processing the potential role of occupational therapy in this setting. Students have opportunity to interact with a variety of professional and clients, observe various functions of the client setting, and explore the potential responsibilities of an occupational therapist.

The **role-emerging** placement is a **level II fieldwork experience** where there is not an established occupational therapy program or an identified occupational therapy role. Besides student learning outcomes in both direct services and program development, the intended outcome of the experience is establishment of an occupational therapy role for the facility. Students are supervised by both a non-occupational therapy site supervisor and a registered therapist with at least three years of experience who provides supervision a minimum of 8 hours per week. In addition, the occupational therapy supervisor is available via a variety of contact measures to the student during working hours. Students interested in this type of placement must complete an application process and be approved by faculty consensus; this placement is also only available as a second or third placement experience.

*NOTE: Prior to accepting fieldwork students, some centers require drug testing, criminal background checks and/or particular immunizations. It is the responsibility of the student to check facility information and fulfill specific requirements.*
Level I Fieldwork

The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. Level I fieldwork is integral to the program’s curriculum design and includes experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process. The focus of these experiences is not intended to be independent performance. Students are supervised by qualified competent personnel, who may or may not be occupational therapy personnel. Students are assigned in both semester-long community-based experiences and in block placements of five (5) day periods. If they need to miss a day for any reason, they need to contact the department and their fieldwork educator as soon as possible.

Community-based placements allow students to work with clients over a period of time and therefore experience the entire occupational therapy process, including assessment, treatment planning, treatment implementation and evaluation. Through this process students document their progress and gain valuable clinical reasoning skills. Block assignments of one week periods allow students to experience the delivery of services in both community-based and medical settings to at-risk populations. Students are able to consider the role of occupational therapy in service delivery and benefit from the direct mentorship of seasoned professionals, who may or may not be occupational therapists.

The following Level I fieldwork experiences are provided in the professional program:

**Year I:** OT 438: Practicum Children and Adolescent
1. Observation and experience in a university-approved pediatric and/or adolescent facility; supervised by occupational therapists, educators, and allied health professionals (Total 40 hours)

**Year II:** OT 462: Practicum-Physical Dysfunction
1. Observe and evaluate patients with physical disabilities. (Total 40 hours)
2. Observe, evaluate and treat patients with physical disabilities. (Total 40 hours)

**Year II:** OT 463: Practicum-Psychosocial Dysfunction
1. Working in pairs, assess and provide intervention to assigned client within the community context. (Total 40 hours)
2. Observe, evaluate and treat patients with psychosocial disabilities (Total 40 hours)

Optional Fieldwork Learning Opportunities

*The fieldwork options described below provide opportunity for students to expand their learning. They are typically offered each academic semester and are dependent on student initiative and self-directed learning with instructor oversight.*
OT 489: Independent Projects
   Individual study/research in a particular area of interest for the student with approval of a supervising faculty member.

OT 496: Community Experience in Occupational Therapy:
   Student initiates and participates in off-campus professional learning activities related to OT under joint faculty and on-site professional supervision.

OT 497: Cooperative Education: Occupational Therapy:
   Qualified students are employed by selected facilities to further understanding of occupational therapy and health-related service provision.

OT 582: Graduate Practicum, Assistive Technology:
   Student spends 16 – 20 hours with an assistive technology provider in order to have a hands on experience in the provision of AT services. Experiences vary according to site placement.

LEVEL I FIELDWORK OBJECTIVES AND ASSIGNMENTS

Level I fieldwork provides unique learning opportunities not available for the student to experience while in the academic setting. When designing learning experiences for your assigned student, please keep in mind that students benefit from directed observation and participation in selected aspects of the occupational therapy process. The focus of these experiences is not intended to be independent performance. Students are to be supervised by qualified personnel, who may or may not be occupational therapists.

The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of their clients. Consistent with the OT Practice Framework and the UND Occupational Therapy curriculum design, students learn to complete assessments which capture the client’s perception of their occupational participation. Examples of assessments for learning may include the Canadian Occupational Performance Measure (COPM) or the Occupational Self Assessment (OSA).

This information is used to develop the client occupational profile which identifies essential activities in the client’s discharge environment, as well as the client’s perception of strengths and barriers to the intervention process. In addition, students learn to analyze the client’s skill in an area of occupational performance using instruments such as the Assessment of Communication and Interaction Skills, (ASCIS) the Kitchen Task Assessment (KTA) the Functional Independence Measure (FIM), or the School Function Assessment (SFA). They learn to use assessment information to plan interventions that will either challenge the client’s abilities or facilitate participation through adaptation of the environment. Students benefit from Level I fieldwork opportunities to both observe and participate in assessments of the client’s occupational abilities and to document their results so as to compare
their perceptions of the client’s level of ability and intervention possibilities with those of a seasoned professional.

Students learn about intervention most effectively by participating (rather than only observing) in the intervention process whenever possible. Some interventions will target preparatory skills such as range of motion, strength, or self-confidence while others will provide clients with opportunities to practice and refine skills in an area of occupation, such as ADL training or leisure skills development. It is often beneficial to students to see some clients consistently over the course of the week so that they can appreciate the process of grading activities with patient improvement. Students also benefit from opportunities to reflect on their experiences, perhaps considering types of clients who might benefit from a particular intervention, as well as contraindications for use.

**Level I Fieldwork Objectives**

*The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. Each Level I fieldwork experience will be conducted in accordance with the objectives below. Level I fieldwork experiences may also involve additional student requirements at the discretion of the course instructor.*

Students will:

- Use safety precautions, such as contraindications, use of infection control standards and universal precautions in client interactions.
- Interact appropriately with client/family/significant others, colleagues and other health providers through written, oral and nonverbal communication.
- Produce documentation that meets the standards for reimbursement and effectively communicates the need and rationale for occupational therapy services.
- Apply the AOTA Code of Ethics, Core Values and Attitudes of Occupational Therapy and AOTA Standards of Practice to guide professional interaction in client treatment and clinical settings.
- Respond constructively to feedback.
- Demonstrate respect for diversity factors of others including, but not limited to, sociocultural, socioeconomic, spiritual and lifestyle choices.
- Perform consistently demonstrating work behaviors such as initiative, preparedness, dependability, and work site maintenance.

**Learning Activities Appropriate for a Mental Health Level I Fieldwork Setting**

1. Observe and then co-facilitate an interview or observation-based assessment session and then compare findings with the fieldwork educator following the assessment session. It is helpful for students to participate in documenting assessment results when feasible.
2. Orient students to the rationale for selection of interventions, including the use of crafts, leisure activities or skill building sessions.

3. Observe ADL sessions (with attention to privacy protection) including understanding of sequencing and grading the steps of the activity and use of environmental adaptations to accommodate for cognitive and skill abilities.

4. Participate in intervention sessions directed toward addressing an area of IADLs, so they can appreciate the impact of context on occupational performance. For example, they might observe a kitchen evaluation or treatment session related to cognition so that they can appreciate unsafe elements for cognitively impaired individuals in the kitchen context.

5. Observe and participate in leading group activities. If available, they would benefit from planning and co-leading a group session directed toward skill development and then meeting with the fieldwork educator to reflect on the therapy session.

6. Observe groups led by other disciplines, if available, to learn to appreciate the impact of various theoretical approaches to group work and the impact on problem-solving and goal-setting processes.

7. Participate in or observe use of various sensory approaches or sensory room interventions, if available.

8. Participate in a team meeting to learn to appreciate how disciplines work together to provide comprehensive treatment.

9. Observe ECT treatment if this is available in your setting.

10. Observing a family conference, consultation or discharge meeting to learn more about family-centered care.

**Learning Activities Appropriate for a Physical Disabilities Level I Fieldwork Setting**

1. Observe and then co-facilitate an interview or observation-based assessment session and then compare findings with the fieldwork educator following the assessment session. It is helpful for students to participate in documenting assessment results when feasible.

2. Observe ADL sessions (with attention to privacy protection) with orientation as to when and why to utilize various ADL equipment and techniques and how to set up and grade the intervention session.

3. Participate in a kitchen evaluation or treatment session related to cognition so that the student can appreciate unsafe elements for cognitively impaired individuals in the kitchen context.

4. Practice using available exercise equipment; practice using the equipment from a wheelchair and adjusting weights as needed.
5. Complete active or passive range-of-motion intervention with a client with attention to safety features and the influence of muscle tone on movement.

6. Observe Dynavision or other visual perceptual interventions; participate in designing perceptual interventions with assistance of fieldwork educator.

7. Observe an intervention session where principles of NDT are used to facilitate movement.

8. Observe and then practice safety procedures related to transfers and mobility; allow students to observe and then practice principles with staff and, once competency is established, with patients.

9. Observe an intervention session where leisure activities valued by the client are used to facilitate skill development; assist in planning a treatment session incorporating activities meaningful to the client.

10. Attend a team meeting and/or observe a given patient in physical therapy, speech therapy or other disciplines so they can appreciate how disciplines work together to provide comprehensive treatment.

11. Observe video fluoroscopy, discuss dysphagia protocols, observe dysphagia groups and appropriate equipment.

12. Complete a home visit with the therapist present.

13. Observe specialized interventions available for particular populations within your healthcare setting. For example, the BIG program for individuals with Parkinson’s disease, driving programs, aquatic therapy programs, etc.

**Learning Activities Appropriate for a Children and Adolescent Level I Fieldwork Setting**

1. Observe and then co-facilitate an interview, observation-based assessment session, or evaluation session; and then compare findings with the fieldwork educator following the assessment session. It is helpful for students to participate in documenting assessment results when feasible.

2. Have a discussion with the fieldwork educator about the types of assessment tools that are used at the facility.

3. Complete a contact or visit note and/or have the opportunity to review different types of documentation used at the facility.

4. Observe and participate in leading group activities, if available. Students would benefit from planning and co-leading a group session directed toward skill development and then meeting with the fieldwork educator to reflect on the therapy session.
5. Observe and participate in an intervention session that is appropriate for the setting. It is also beneficial for students to plan/carry-out a treatment session under the supervision of a therapist.

6. Observe and participate in specialized interventions available for particular populations within your setting (NDT, sensory processing interventions, feeding, ADLs & IADLs, sensory room activities, coping skills groups, etc.).

7. Observe groups or intervention sessions led by other disciplines, if available, to learn to appreciate the impact of various discipline and theoretical approaches to therapeutic intervention.

8. Observe or participate in a team IEP, or IFSP meeting, if available, to learn to appreciate how disciplines work together to coordinate provision of comprehensive interventions.

9. Observe a family conference, consultation or discharge meeting to learn more about family-centered care.
The purpose of this performance report is to identify the level of growth of the student’s professional behavior skills in preparation for his or her Level II experiences and entry-level practice.

Level I experiences provide the students with exposure to the role of occupational therapy and the opportunity to apply/observe newly learned theories, frames of references, techniques and applications in practice arenas. We encourage as much “hands-on” experience as possible and appropriate for each setting and understand that this experience will vary between sites.

Please complete this form in its entirety. If there are areas you feel you are unable to adequately assess the student’s skills, please indicate NA. We are aware that not all behaviors may be observed or demonstrated during the fieldwork experience. When this occurs and a student receives an “N/A” score, he or she is not penalized as it carries the same numerical weight as a “yes” score. For each behavior rated “needs improvement” or “no”, an example should be provided as well as a recommendation for improvement. Definitions for scoring are as follows:

<table>
<thead>
<tr>
<th>Score</th>
<th>Measurement</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Yes</td>
<td>Behaviors are present 90% of the time or more</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Performs easily, consistently; needs minimal supervision</td>
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<tr>
<td></td>
<td></td>
<td>Performing better than would be expected of a student at this level.</td>
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<tr>
<td>2</td>
<td>Needs Improvement</td>
<td>Behaviors present 50-89% of the time</td>
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<td></td>
<td></td>
<td>Student is willing and tries; somewhat awkward or lacking in confidence;</td>
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<td></td>
<td></td>
<td>needs additional experience or guidance.</td>
</tr>
<tr>
<td>1</td>
<td>No</td>
<td>Behaviors present but less than 50% of the time</td>
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<tr>
<td></td>
<td></td>
<td>Skill is lacking; has poor ability to integrate or relate academic</td>
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<td></td>
<td></td>
<td>information; has difficulty relating to clients or staff.</td>
</tr>
</tbody>
</table>

Following completion of the evaluation please set aside some time to review the results with the student. Specific and timely feedback is important for the students to assist them in improving their skills in preparation for their Level II Fieldwork and eventually entry-level practice. If items are of concern prior to sharing this information, please feel comfortable enough to contact the OT Department: Debra Hanson or Cherie Graves @ 701-777-2209.

Thank you for your service, dedication, and assistance in the educational process of our occupational therapy students. We deeply appreciate the unique learning opportunities you provide and the time and energy extended by you and other staff in creating a stimulating and successful experience.
## Professional Behaviors

<table>
<thead>
<tr>
<th>Is the student able to:</th>
<th>Yes</th>
<th>Needs Improvement</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
<td></td>
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<tr>
<td>Demonstrate compliance with policies, procedures and rules of the facility.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Adhere to diagnostic safety precautions during evaluation and intervention under supervision of the fieldwork educator.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
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<tr>
<td>Use language appropriate to the educational/learning level of the audience (clients, team members, etc)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Articulate clearly the need/purpose of OT</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Practice positive verbal and non-verbal interpersonal communication skills in work: interactions with supervisor, team/colleagues, clients, family</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Demonstrate concise verbal and written communication (no rambling)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Respond constructively when conflict is present</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Use assertive communication skills to clarify information as needed</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
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<tr>
<td><strong>AOTA Code of Ethics &amp; Standards of Practice</strong></td>
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<tr>
<td>Demonstrate an understanding of professional standards and code of ethics applicable to this facility and AOTA.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Demonstrate respect for patients’ and families right to confidentiality.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Demonstrate ability to establish rapport, trust and confidence with others.</td>
<td>3</td>
<td>2</td>
<td>1</td>
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</tr>
<tr>
<td>Demonstrate ability listen to alternative viewpoints whether in agreement or disagreement.</td>
<td>3</td>
<td>2</td>
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<td>3</td>
</tr>
<tr>
<td>Demonstrate awareness of ethical issues that affect client services.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
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<tr>
<td><strong>Self-Assessment &amp; Feedback</strong></td>
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<tr>
<td>Listen attentively and clarify any constructive feedback provided by fieldwork educator</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Positively modify performance after receiving constructive feedback.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Accurately identify own personal strengths/challenges related to performance</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Professional Conduct</strong></td>
<td></td>
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<tr>
<td>Demonstrate flexibility by adapting to the changing demands of a fieldwork setting</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
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<tr>
<td>Effectively manage stressors in positive and constructive ways.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
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<tr>
<td>Adhere to program and facility guidelines with appropriate dress and hygiene</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Demonstrate punctuality in attendance and in meeting deadlines</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
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<tr>
<td>Demonstrate initiative and the ability to be self-directed</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Respect for Diversity</strong></td>
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<tr>
<td>Demonstrate respect and sensitivity in regard to cultural diversity by providing services regardless of race, ethnicity, gender, sexual preference, socio-economic status, national origin, age, marital status, medical condition, disability</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>
# Professional Skills

<table>
<thead>
<tr>
<th><strong>Is the student able to:</strong></th>
<th><strong>For this section, please consider student’s performance in UND assignments as well as participation in facility activities such as writing progress note, discharge summary, intervention plan.</strong></th>
<th><strong>Yes</strong></th>
<th><strong>Needs Improvement</strong></th>
<th><strong>No</strong></th>
<th><strong>NA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluation Process for Occupational Therapy (formal or informal)</strong></td>
<td><strong>Articulate verbally or in writing why the evaluation tools and assessments were chosen.</strong></td>
<td>3</td>
<td>2</td>
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<td>3</td>
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<tr>
<td></td>
<td><strong>Obtain and accurately record interview data (i.e. occupational profile).</strong></td>
<td>3</td>
<td>2</td>
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<td>3</td>
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<tr>
<td></td>
<td><strong>Administer appropriate evaluations and make adjustments based on feedback.</strong></td>
<td>3</td>
<td>2</td>
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<tr>
<td></td>
<td><strong>Identify verbally or in writing critical data in observation of the client’s performance in occupations.</strong></td>
<td>3</td>
<td>2</td>
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<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Accurately interpret and document data to summarize client assets and limitations.</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Client-centered Goal Writing for Occupational Therapy</strong></td>
<td><strong>Identify the need for client and family/caregiver involvement in goal planning</strong></td>
<td>3</td>
<td>2</td>
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<td>3</td>
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<tr>
<td></td>
<td><strong>Analyze and use assessment results (at a beginning level) to establish client-centered goals.</strong></td>
<td>3</td>
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<tr>
<td></td>
<td><strong>Demonstrate ability to develop a treatment plan based on patient goals and evaluation data (Student’s UND assignment)</strong></td>
<td>3</td>
<td>2</td>
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<td>3</td>
</tr>
<tr>
<td><strong>Intervention Process for Occupational Therapy</strong></td>
<td><strong>Demonstrate clear and accurate verbal or written rational for use of activity with a particular client or group</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
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<tr>
<td></td>
<td><strong>Demonstrate/describe the therapeutic use of self as a change agent in therapeutic interactions</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
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<tr>
<td></td>
<td><strong>Demonstrate ability to set necessary limits in response to undesirable physical or social behavior of clients</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Provide a verbal or written rational for adaptation of approach and/or environmental modification to intervention</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Application of Theory/Foundational Knowledge to Occupational Therapy</strong></td>
<td><strong>Identify how best practices in OT (client centered, evidence based and occupation-focused practice) influence the treatment process.</strong></td>
<td>3</td>
<td>2</td>
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<td>3</td>
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<tr>
<td></td>
<td><strong>Demonstrate ability to relate intervention to theory or frames of reference</strong></td>
<td>3</td>
<td>2</td>
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<td>3</td>
</tr>
<tr>
<td><strong>Documentation</strong></td>
<td><strong>Consistently produce documentation free of spelling and grammatical errors.</strong></td>
<td>3</td>
<td>2</td>
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<td>3</td>
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<tr>
<td></td>
<td><strong>Appropriately use abbreviations approved by the fieldwork site</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
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<tr>
<td></td>
<td><strong>Produce concise written reports</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Produce writing that is legible</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

**Section Total**

Please identify 2 strengths the student demonstrated and document through examples.

1. Item: ____________________________________________

   Example: _________________________________________

   ____________________________________________

2. Item: ____________________________________________

   ____________________________________________

UND School of Medicine & Health Sciences Occupational Therapy Department: FW Committee 2016
Each “Needs Improvement” and “No” mark should be documented through examples. Recommendations for improvement are appreciated. Students will meet with their academic Instructor for areas needing improvement. Actions plans, incorporating the suggestions of each fieldwork site will be developed at the school in an effort to address areas identified. We believe this is an excellent opportunity for the student to learn of these areas so they can improve their skills and become more effective therapist. The ultimate outcome is that their future clients are benefitting from the most well-prepared and competent therapist that is available.

1. Item: 

Example: ____________________________________________________________

Recommendation: ____________________________________________________

2. Item: 

Example: ____________________________________________________________

Recommendation: ____________________________________________________

UND School of Medicine & Health Sciences Occupational Therapy Department: FW Committee 2016
Comments:

Does this student’s overall writing ability meet the standards of your department? Yes: _____ No: ______

Comments:

Total Score: ___________ Minimum Scores:

113 - 120 A
103 - 113 B
94 - 102 C

__________________________
Supervisor in Facility: Print Date
__________________________
Signature of Student: Print Date
__________________________
Signature of UND Faculty: Print Date
**UND LEVEL II FIELDWORK**

**Level II Fieldwork**

The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork is integral to the program’s curriculum design and includes in-depth experiences in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and/or research, administration and management of occupational therapy services. At minimum, the equivalent of 24 weeks of full time Level II fieldwork is required. This may be completed on a full time or part time basis, but may not be less than half time as defined by the fieldwork site. At UND, the equivalent of 12 weeks in physical dysfunction and 12 weeks in psychosocial dysfunction is required. Elective fieldwork is also available in areas of the student’s special interests.

Generally, required fieldworks are scheduled for a twelve (12) week rotation. Students who miss a day of work for any number of reasons (sickness, job interviews, funeral, wedding, etc.) are required to make up absences during the 13th week, or make arrangements with their supervisor to make-up the time equivalent in the 12 week time frame. Any special arrangements to make up time must be approved by the site fieldwork educator, and reported to the academic fieldwork coordinator.

Students must complete all required fieldwork within 18 months of completion of academic coursework.

Optional (elective) level II fieldwork experiences are scheduled according to the availability of the student and the facility during the summer semester session. Elective fieldworks may be completed for 3 – 12 week time frames. Students interested in completing an elective fieldwork in an environment not available during the summer session, such as the school system environment, are given consideration for scheduling outside of the summer session timeframe.

**UND Level II Fieldwork Objectives And Sample Assignments**

Students enter the clinical environment with readiness skills for participation in occupations associated with the therapist role, and develop competency through practice in a variety of contexts and through participation in a mentoring and evaluation process.
Level II Objectives

Upon the completion of fieldwork, students should have developed entry level competencies as evidenced by achieving the minimal passing score or above on the AOTA Level II fieldwork evaluation. Fieldwork objectives consistent with the UND OT Department curriculum design and program outcomes include:

1. Student will provide OT services in an ethical and safe manner.
2. Student will demonstrate ability to effectively communicate verbally and in writing the values, and beliefs of the profession, and the role of the OT to clients, families, significant others, colleagues, service providers, and the public.
3. Student will understand and demonstrate application of screening and evaluation tools used in OT practice, including assessments of occupational functioning, client factors, context, and determination of an occupational profile.
4. Student will develop occupation-based intervention plans and strategies, and demonstrate the ability to apply them to client situations.
5. Student will have the ability to describe and analyze theories, models of practice, and frames of reference used to guide occupational therapy evaluation and intervention.
6. Student will understand and apply principles of management and systems in the provision of OT services including timeliness, correct and complete documentation, adherence to policy and procedure, collaboration, delegation, program evaluation, and supervision.
7. Student will understand and utilize professional literature and other research-based resources in order to make informed evidence-based practice decisions.
8. Student will participate responsibly in the supervisory process; utilizing available resources, communicating assertively and respectfully, and responding appropriately to constructive feedback.
9. Student will consider and integrate into therapy psychosocial factors influencing engagement in occupation to ensure client-centered outcomes.

Suggestions for Level II Assignments

The following suggestions were posted on the AOTA Clinic and Academic Fieldwork Educators Listserv during 2003: (This information was published in The Essential Guide to Occupational Therapy Fieldwork Education: Resources for Today's Educators and Practitioners.

- Present an in-service to OT staff on the Occupational Therapy Practice Framework.
- Present a case study completing each section of the Framework with information obtained/observed about the specific patient.
- Have students develop patient education materials on specific diseases, symptoms, and/or treatments.
- Perform literature searches on assessment and intervention techniques to support evidence-based practice.
- Develop documentation formats for staff supervision, treatment consultation, and/or monitoring.
- Design a needs assessment for a given population.
- Perform background research for a potential new program (i.e. driving program, teen parenting program, etc).
- Compile resources for staff that are reflective of occupation-based practice.
- Fabricate a treatment medium to leave at the facility.
- Present a research/educational project that would benefit staff and/or patients.
- Present articles of interest to staff, or conference proceedings.
- Construct adaptive equipment to benefit client participation in a desired occupation.
- Create a notebook/brochure of available community resources, such as self-help groups, crisis/hot lines, social service agencies, and other community service providers.
- Organize an OT month display/celebration/event for the entire facility.
- Develop a new group, program, or protocol. Organize materials and documents to support program implementation.
- Make a presentation to a support group on a topic of interest to that groups’ participants such as crisis/hot lines for members of a depression support group, or energy conservation techniques for an arthritis or fibromyalgia support group.
- Conduct a practice analysis examining the population, assessments, or interventions commonly seen in the fieldwork setting. Through study of the typical diagnoses or conditions seen, the gender distribution, age distribution, typical occupational roles, average duration of services, average frequency of services typical disposition destination and common reimbursement sources of the fieldwork site, strategic plans might be developed to provide occupation-based services to the populations served.
- Students could develop and implement a group for the population served at the facility. The student must provide a protocol for the group, occupations addressed by the group, objectives and goals for the group. Step-by-step instructions along with a list of necessary equipment and supplies and time frames for each step would assist in a successful implementation of the group in the future. The headings included in the Activity Demands category of the Framework can serve as an excellent guide for completing this assignment.
- Students could develop “intervention kits” which could facilitate efficient implementation of meaningful occupation-based interventions. Activities such as hand sewing, cutting coupons, caring for nails, shaving, applying make-up, wrapping packages, doing carpentry, plumbing, mechanical skills, paying bills, crossword or word search puzzles, would all lend themselves to being included in intervention kits.
Resources For Development Of Site-Specific Fieldwork Objectives

The purpose of writing site-specific objectives is to identify entry-level competencies unique to your practice setting. ACOTE defines “entry-level competency” as being prepared to begin generalist practice as an occupational therapy practitioner with less than 1 year experience. The site-specific objectives answer the question, “What are the essential knowledge, skills, and abilities required of a new hire in your practice setting to facilitate the OT process?” If an item on the Fieldwork Performance Evaluation (FWPE) is clear, relevant, understandable, measurable, behavioral, and achievable, you do NOT need to write another objective. Achievement of the site-specific objectives will demonstrate the student’s knowledge, skills, and abilities to practice in a safe and ethical manner and effectively carry out the occupational therapy process in your practice setting.

The following two documents provide unique resources for your use in developing site-specific fieldwork objectives. The first document, “The UND guide for writing site-specific fieldwork objectives provides an overview of issues to consider when tailoring fieldwork objectives for different fieldwork experiences within the same facility or healthcare system. Attention to the information in this guide will assist you with designing objectives that consider the major categories of the FWPE and that are unique to the requirements of your practice site.

The second resource, “Template for level II objectives,” provides a template with several options for your use in developing objectives unique to your site, thanks to the generosity of my colleague (Cindy Anderson from the University of Mary). You may use these sample objectives, revising them as needed for your site, and delete the sample objectives that do not apply to your site. This resource will enable you to develop learning objectives specific to your site while minimizing the time requirement.

UND Guide For Writing Site-Specific Fieldwork Objectives

When writing objectives, you are communicating to your students the expectations of entry-level practice at your facility. Objectives should include a behavioral statement or targeted behavior, a criterion statement that identifies the level of performance expected of the student, and a condition statement that identifies the expected context of the identified behavior. The FWPE was designed to measure entry level competency which is reflected in categories relating to: 1. Fundamentals of Practice, 2. Basic Tenets of Occupational Therapy, 3. Evaluation and Screening, 4. Intervention, 5. Communication, and 6. Professional Behavior. Below you will find basic questions to assist you in developing objectives in each category, followed by sample objectives written for a particular practice area, or objectives applicable to all practice areas.
Fundamentals of Practice: What will be your measure of whether the student is practicing in a safe and ethical manner?

All: Consistently follows facility guidelines for patient confidentiality in written and personal interactions with clients, staff members, and family.
Children: Consistently follows facility policies regarding entering and leaving school settings and transportation of students.
Mental Health: Consistently monitors sharp objects at all times and follows facility precautions for elopement.
Physical Health: Consistently uses safety belt as indicated during patient transport and transfers.

Basic Tenets of OT: What will show you that the student understands and can explain the basic values and beliefs of OT? To whom and how will they be communicated?

Children: Can clearly explain during IEP process how purposeful activities used will allow students to engage successfully in their educational process.
Mental Health: Can clearly explain to treatment team members how OT services will assist clients to participate more effectively in social, work and leisure occupations.
Physical Health: Can clearly explain to family members and significant others how participation in occupational therapy will assist clients to regain participation in ADL and IADL occupations.

Evaluation and Screening: What background information should be gathered regarding the occupational functioning (occupational profile) of clients at your facility? What sources should be utilized to obtain information? What specific assessments/screening tools are used: how will you measure competency in assessment selection and administration? How should evaluation results be reported? How should evaluation results influence the treatment plan?

All: Documents evaluation results according to standard format and accurately and thoroughly reports assessment information in team planning conference.
All: Utilizes assessment information to establish a treatment plan in collaboration with the occupational therapist that considers client lifestyle, strengths, needs and discharge status.
Children: Accurately completes record reviews, interviews, general observations, and checklists to gather information regarding client, parent and teacher perspectives of occupational function.
Children: Accurately completes standardized assessments of sensory-motor skill handwriting ability, fine/gross motor skills and collaborates with occupational therapist in interpretation of data collected to establish treatment intervention.
Mental Health: Accurately administers standardized assessments chosen by the occupational therapist and interviews client to assist the occupational therapist in determining client level of occupational function and factors which support and hinder function within 7 days of client admission.
Mental Health: Through chart review and client interview gathers historical data on client functioning in ADL’s, IADL’s, leisure and work, clearly articulating differences between client report and actual client performance.

Physical Health: Will gather medical information from chart as well as client interview to identify client pattern of participation in relevant areas of occupation prior to present hospitalization including client priorities for participation.

Physical Health: Accurately completes standardized OT evaluation assessments for assigned clients and reports and assists occupational therapist in interpretation of data collected to establish treatment plan.

Intervention: What interventions (preparatory, purposeful and occupation-based) do you expect the student to be competent in using by the end of the fieldwork experience and how can competency in intervention use be measured? How will you determine whether interventions selected are appropriate? How do you expect collaboration between the therapist and the client to occur during the intervention process? What will demonstrate to you that the student can adapt activities and modify interventions when appropriate? How can the student demonstrate competency in documentation of services?

All: Consistently selects intervention activities that incorporate the desired occupations of the client.

All: Uses professional literature and accepted resources to guide intervention selection.

Children: Provides sensory-integrative therapy according to established protocol; modifying task approach and environment as necessary.

Children: Accurately reviews client progress in relation to established IEP goals.

Mental Health: Will effectively utilize group activities and therapeutic group process to encourage client social participation and leisure skills.

Physical Health: Will demonstrate ability to utilize principles of Neuro-Developmental Treatment approach during self-care occupations with CVA clients as appropriate.

Physical Health: Will confidently fabricate a resting hand splint, following policies of the facility, and provide instruction to client in regard to splint wear and care.

Physical Health: Completes progress notes on a weekly basis, clearly indicating client potential for return to anticipated discharge disposition.

Communication: What would demonstrate to you that the student possesses the essential verbal, nonverbal, and written communication skills required at your facility?

All: Clearly and effectively communicates observations during treatment intervention to occupational therapist and provides regular and thorough written and verbal updates to relevant family and treatment team members regarding treatment progress.

All: Demonstrates ability to modify language according to needs of intended audience whether third-party-payers, family members or treatment team members.
All: Interacts with others in such a way that invites client collaboration and respect for OT services.

Professional Behaviors: What do you expect of a student in regard to essential work skills and behaviors of a health care professional at your facility?

All: Participates responsibly in the supervisory process; utilizing available resources, communicating assertively and respectfully, and responding appropriately to constructive feedback.
All: Follows through on all assigned duties and responsibilities; seeks out additional learning opportunities.
All: Demonstrates respect for lifestyle choices of clients.
All: Demonstrates ability to be flexible, modifying approach and expectations as the situation warrants.

If you design your objectives to match these categories, you will find it easier to clarify your expectations of students from the beginning of the rotation and objectives developed will be consistent with the OT Practice Framework and the UND curriculum design. In addition, you will be able to more efficiently monitor and evaluate the student’s performance throughout the fieldwork experience. Although you do not necessarily have to have an objective for each item on the FWPE, you will want to address the general questions for each category.

Please feel free to use and modify any of the above objectives to reflect the particular competencies expected of students at your facility. Please be aware that the above list is not comprehensive, but is intended to give you a good start on writing objectives which match the competencies unique to your site.

Some of the above items have been adapted from “The Essential Guide to Occupational Therapy Fieldwork Education,” edited by Donna Costa, MS, OTR/L, available at AOTA Press, ISBN # 1-56900-195-2. This manual would be an excellent overall resource for the fieldwork educator and covers information on several relevant topics. In addition, the AOTA website (www.aota.org) offers helpful information and guidelines for both new and experienced fieldwork educators. The website that will take you directly into fieldwork education resources is: http://www.aota.org/nonmembers/area13/links/link07.asp.
<table>
<thead>
<tr>
<th>I. Fundamentals of Practice</th>
<th>Site-Specific Objectives</th>
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<tbody>
<tr>
<td>1. Adheres to ethics:</td>
<td>Adheres to state licensure requirements.</td>
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<tr>
<td>Adheres consistently to American Occupational Therapy Association Code of Ethics and site's policies and procedures including, when relevant, those related to human subject research.</td>
<td>Adheres to all HIPAA procedural guidelines of confidentiality of patient information/records.</td>
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<td>Follows organizational policies and procedures of the facility.</td>
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<td>Follows procedural safeguards in regards to confidentiality.</td>
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<td>Demonstrates work behaviors that reflect an understanding of professional standards and code of ethics appropriate to the practice environment (e.g., concern for client well being, avoidance of harm, right to privacy, autonomy and confidentiality, maintain high standards of competence, comply with law and Association policies, provide accurate information, uphold professional integrity).</td>
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<td>Recognizes personal strengths and limitations and uses treatment modalities within level of ability and experience.</td>
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<td>2. Adheres to safety regulations:</td>
<td>Follows universal precautions for infection control.</td>
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<td>Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.</td>
<td>Follows site’s procedures for reporting injuries.</td>
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<td>Reports potential safety hazards and unusual occurrences to supervisor.</td>
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<td>Assists with the maintenance of equipment in working order.</td>
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<td>Contributes to cleanliness of work area and maintains a safe environment.</td>
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<td>Explains fire extinguisher use and fire procedures within the building.</td>
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<tr>
<td>II. BASIC TENETS</td>
<td>Site-Specific Objectives</td>
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| 3. **Uses judgment in safety:** Uses sound judgment in regard to safety of self and others during all fieldwork-related activities. | Adheres to identified client treatment precautions and contra-indications.  
Anticipates potentially hazardous situations and takes steps to prevent accidents.  
Adheres to all departmental policies/procedures related to safety, with attention to policies related to the areas of treatment.  
Provides safe supervision of patients during high-risk activities.  
Follows procedures of safe transfers to all surfaces.  
Consistently set-up and cleans up work environment in a manner that prevents injury.  
Never leaves a client unattended.  
Identifies changes in client status and the environment which may impact client or staff safety.  
Seeks assistance when activity or client’s behavior is beyond the level of own experience, knowledge, or student role.  
Reviews records and/or seeks information from appropriate personnel to attend to changes in status.  
Able to assess and identify situations that require further knowledge for dealing with a situation.  
Accepts the responsibility for knowing and following procedures so that treatment is safe for client, therapist, and related personnel.  
Articulates the values and beliefs of the occupational therapy profession, as it relates to (your area of practice).  
Clearly communicates what occupational therapy is, and what therapists do, via such activities as correspondences, meetings, in-services, and/or public relations activities (For ex. may design... |
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<tr>
<td>5.</td>
<td>Clearly, confidently, and accurately <strong>articulates the value of occupation</strong> as a method and desired outcome of occupational therapy to students, families, significant others, colleagues, service providers, and the public.</td>
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<td>Clearly communicates the importance of incorporating occupations into the client’s intervention plan.</td>
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<td>Able to explain the client’s daily occupations within the context of the clinical setting and the use of client-centered activities.</td>
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<td>Able to explain the use of the occupational profile within the context of client’s intervention plan.</td>
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<td>6.</td>
<td>Clearly, confidently, and accurately <strong>communicates the roles of the occupational therapist and occupational therapy assistant</strong> to clients, families, significant others, colleagues, service providers, and the public.</td>
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<td>Utilizes AOTA Roles Documents to analyze respective responsibilities of COTA/OTR.</td>
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<td>If no COTA on site, adapts OTR job description to create a mock OTA job description based on state regulations and AOTA documents.</td>
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<td>Verbalizes the OTR/OTA similarities/differences in job responsibilities in current or similar settings.</td>
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<td>7.</td>
<td><strong>Collaborates with</strong> client, family, and significant others throughout the occupational therapy process.</td>
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<td>Collaborates with client, family and staff to plan strategies on the basis of accurate analysis of the demands of client’s occupations as well as the client’s skills, values and beliefs.</td>
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<td>Communicates goals appropriately to client’s level of understanding.</td>
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<td>Clearly, concisely and independently summarizes and reports OT information and ideas in all pertinent staff and client-related meetings.</td>
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<td>Reviews progress with client, family, and significant others at regular intervals.</td>
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<td>Develops and explains home program to client, family, and staff.</td>
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### III. EVALUATION AND SCREENING

**Site-Specific Objectives**
<table>
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<tr>
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<th><strong>Objective</strong></th>
<th><strong>Performance Indicators</strong></th>
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<tr>
<td>8</td>
<td>Articulates a clear and logical rationale for the evaluation process.</td>
<td>Demonstrates the ability to independently explain the occupational therapy evaluation process.</td>
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<td>Explains purpose and scope of evaluation process to client at his/her level of understanding.</td>
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<td>9</td>
<td>Selects relevant screening and assessment methods while considering such factors as client’s priorities, context(s), theories, and evidence-based practice.</td>
<td>Demonstrates knowledge of the various assessments available for use.</td>
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<td>Determines which assessments are appropriate for a specific client.</td>
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<td>Demonstrates an understanding of the differences among screening, consult, and evaluation.</td>
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<td>Discusses rationale for evaluation selection with supervisor.</td>
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<td>Incorporates resources from test manuals and research articles that justify appropriateness of tool.</td>
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<td>Critiques assessment tools to identify their appropriateness for use with designated clients.</td>
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<td>Demonstrates comfort when interviewing clients/family members.</td>
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<td>11</td>
<td>Assesses client factors and context(s) that support or hinder occupational performance.</td>
<td>Assesses client capacities, roles, routines and habits.</td>
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<td>Assesses client context in the areas of physical, social, cultural and virtual environments.</td>
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<td>12</td>
<td>Obtains sufficient and necessary information from relevant resources such as client, families, significant others, service providers, and records prior to and during the evaluation process.</td>
<td>Obtains information from medical records, client/family interview and consultation with colleagues.</td>
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<td>Obtains information on client’s diagnosis or medical condition.</td>
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<td>Identifies contraindications and precautions.</td>
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<td>Explains the importance or relevance of the information gathered.</td>
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<td><strong>13. Administers assessments</strong> in a uniform manner so as to ensure findings are valid and reliable.</td>
<td>Identifies the need for additional or supplementary information.</td>
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<td>Follows the procedures for administering the evaluation accurately.</td>
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<td>Gathers and prepares materials and equipment required by the assessment.</td>
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<td>Makes accurate, objective observations during the evaluation process.</td>
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<td>Accurately records evaluation information.</td>
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<td>Administers assessment procedures according to standardized techniques.</td>
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<td>Demonstrates competency in administering the following assessments <em>(to be identified by fieldwork supervisor)</em>.</td>
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<td><strong>14. Adjusts or modifies the assessment procedures</strong> based on client’s needs, behaviors, and culture.</td>
<td>Distinguishes between actual fatigue, uncooperative behavior, and/or manipulation and modifies approach as indicated.</td>
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<td>Identifies the need for and provides changes/adaptations to the environment and/or evaluation method to optimize client’s performance and comfort.</td>
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<td>Reviews acceptable adaptations that can be applied without altering validity of test results.</td>
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<td>Alters methods of instructing client to accommodate limitations in cognition/communication as needed.</td>
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<td><strong>15. Interprets evaluation results</strong> to determine client’s occupational</td>
<td>Relates assessment findings to functional performance.</td>
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<td>Identifies present level of performance and challenges based on evaluation data.</td>
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| **performance strengths and challenges.** | Analyzes and selects pertinent data from one or more assessments in order to identify strengths and weaknesses.  
Interprets data according to standardized method.  
Articulates the significance of data and accurately reports evaluation findings to appropriate individuals.  
Provides rationale for interpretation of evaluation results. |
| **16. Establishes an accurate and appropriate plan** based on the evaluation results, through integrating multiple factors such as client’s priorities, context(s), theories, and evidence-based practice. | Based on evaluation results, identifies measurable outcomes and short-term objectives to facilitate participation and learning.  
Defines and sets priorities for realistic goals and objectives which are based on synthesis of relevant assessment data.  
Priorities reflect an understanding of the impact deficit areas have on performance. |
| **17. Documents the results of the evaluation process** that demonstrates objective measurement of client’s occupational performance. | Accurately summarizes evaluation data into a formal document according to facility’s program making note of any modification to evaluation procedure.  
Identifies specific problem areas.  
Documents time, frequency, duration, and location of OT services in recommendations.  
Accurately performs written evaluation summary of assessments and observations.  
Documentation of assessment contains all relevant OT performance areas. |
| **IV. INTERVENTION** | **Site-Specific Objectives** |
| **18. Articulates a clear and logical rationale** for the intervention process. | Identifies correlation between problem areas and activity selected for intervention.  
Articulates how activities selected relate to the occupational performance of the client. |

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<th></th>
<th>Demonstrates ability to articulate clinical reasoning regarding selection and use of treatment interventions. States understanding of concepts of “graded” activity and the rationale for sequencing a series of activities to meet client goals and needs.</th>
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<tbody>
<tr>
<td><strong>19.</strong> <strong>Utilizes evidence</strong> from published research and relevant resources to make informed intervention decisions.</td>
<td>Reads, interprets, and applies scholarly information to justify selected intervention. Conducts literature search on relevant topics and applies to clinical decision making.</td>
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<td><strong>20.</strong> <strong>Chooses occupations</strong> that motivate and challenge clients.</td>
<td>Chooses occupations and/or activities based on the appropriate theoretical model that will be most effective in maximizing the patient’s occupational performance and achieving established goals. Selects and modifies activities which are meaningful and appropriately challenging to client. Recognizes and appreciates the importance of utilizing a variety of therapeutic approaches and activities to address goal areas. Uses preparatory activities that support occupation-based performance.</td>
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<tr>
<td><strong>21.</strong> <strong>Selects relevant occupations</strong> to facilitate clients meeting established goals.</td>
<td>Considers a variety of occupations and/or activities to help the client accomplish goals. Sequences treatment activities to meet client goals. Demonstrates ability to incorporate client’s goals and interests in the selection of treatment methodology.</td>
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<td><strong>22.</strong> <strong>Implements intervention plans that are client-centered.</strong></td>
<td>Demonstrates flexibility to change from one activity to another when the client’s environment, behavior, or emotional response changes. Demonstrates ability to incorporate client’s goals and interests in the prioritization of treatment goals and selection of treatment methodology.</td>
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| 23. **Implements intervention plans that are occupation-based.** | Recognizes importance of client-centered practice and involvement of family/caregivers in the treatment process. | Demonstrates ability to incorporate activities that are identified by client as meaningful and reflect areas of occupation.  
Demonstrates an interest in exploring alternative treatment ideas reflecting areas of occupation. |
|---|---|---|
| 24. **Modifies task approach, occupations, and the environment to maximize client performance.** | Grade and modifies treatment activities to provide effective treatment, reflective of client’s current status.  
Selects activities considering client abilities to promote progress without undue frustration.  
Changes and varies approach given the client’s needs, age, diagnosis, and home/work situation.  
Identifies behaviors in client that require adjustment or termination of treatment activity to maintain and/or maximize client performance.  
Recognizes signs of client fatigue and/or frustration. |
| 25. **Updates, modifies or terminates the intervention plan based upon careful monitoring of the client’s status.** | Updates treatment plan at required intervals.  
Gathers data in preparation for staff/treatment team meetings.  
Consults with the team members regarding client’s progress, concerns, and potential for change in services.  
Recognizes a plateau in therapy and suggests changes in the client’s intervention plan. |
| 26. **Documents client’s response to services in a manner that demonstrates the efficacy of interventions.** | Writes OT progress notes to clearly indicate measurable behavioral response to treatment.  
Accurately documents client FIM scores and outcomes for self-care. |
<table>
<thead>
<tr>
<th><strong>Site-Specific Objectives</strong></th>
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<tbody>
<tr>
<td>Utilizes AOTA official documents regarding Standards of Practice, Roles, Supervision and Documentation to identify and analyze the respective tasks and responsibilities of the occupational therapist and occupational therapy assistant in the clinical setting as applied to current caseload. (May hypothetically select tasks which would be delegated to COTA in this setting).</td>
</tr>
<tr>
<td>Identifies state practice requirements for performance and supervision of OT personnel.</td>
</tr>
<tr>
<td>Discusses with supervisor various situations that might occur in practice setting appropriate for occupational therapy assistant’s services.</td>
</tr>
<tr>
<td>Utilizes occupational therapy assistant and/or aide with respect to standards of practice and supervisory guidelines.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>28. <strong>Demonstrates through practice or discussion the ability to actively collaborate</strong> with the occupational therapy assistant.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulates understanding of the communication issues to be considered when interacting with COTA (e.g., establishing rapport, clarification of roles and responsibilities, evaluating competency, assisting with professional growth, etc.).</td>
</tr>
<tr>
<td>Identifies appropriate supervision parameters based on skills of occupational therapy assistant, complexity of client needs and needs and requirements of setting.</td>
</tr>
<tr>
<td>Teams with the occupational therapy assistants for treatment, special projects, or adaptive equipment.</td>
</tr>
<tr>
<td>Identifies appropriate documentation of supervision process including frequency, method of supervision and content.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>29. <strong>Demonstrates understanding of the costs and funding</strong> related to occupational therapy services at this site.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completes accurate documentation for payment of services.</td>
</tr>
<tr>
<td>Demonstrates understanding of reimbursement system (e.g., Fee for Service, Prospective Payment System, etc.)</td>
</tr>
</tbody>
</table>
|   | Identifies reimbursement sources and their eligibility and reimbursement requirements. (e.g., private pay, state/federal insurance, 3rd party insurance, Workers Compensation, etc)  
|   | Makes responsible choices concerning treatment modalities.  
|   | Ensures that patient care time is used efficiently and productively. |
| 30. Accomplishes **organizational goals** by establishing priorities, developing strategies, and meeting deadlines. | Demonstrates appropriate priorities of the practice area, accommodating for varying caseloads and changes in schedules.  
|   | Understands and articulates the priorities of the program and facility’s mission.  
|   | Maintains expected productivity requirements.  
|   | Participates in individual and program performance improvement activities (e.g., quality assurance activities) as appropriate.  
|   | Adjusts priorities to meet the established goals of the program by being flexible, making adjustments to daily schedule, and demonstrating willingness to help out as needed. |
| 31. **Produces the volume of work** required in the expected time frame. | Delivers services expected by the program at a level commensurate to an entry-level therapist.  
|   | Assumes responsibility for caseload of (____) by completion of fieldwork.  
|   | Completes all assignments within expected timeframe. |
| VI. COMMUNICATION | **Site-Specific Objectives** |
| 32. **Clearly and effectively communicates verbally and nonverbally** with clients, families, significant others, colleagues, service providers, and the public. | Demonstrates active listening skills during interactions.  
|   | Refers questions beyond the scope of OT to the appropriate source.  
|   | Communicates with other team members regarding the client’s progress. |
| 33. **Produces clear and accurate documentation** according to site requirements. | Uses clear and accurate language to explain assessment, treatment, and goals to patients and caregivers.  
Understands and recognizes client/family’s need for reinforcement and additional instruction/demonstration and provide as needed.  
Maintains records as required including progress notes, treatment planning, supervision logs, consultation, home programs, billing forms, evaluations and observation write-ups. |
|---|---|
| 34. **All written communication is legible**, using proper spelling, punctuation, and grammar. | Completes progress note for each session.  
Completes evaluation reports according to site’s guidelines.  
Complies with facility policies for approved abbreviations.  
Provides understandable, clear, concise, accurate, well organized, neat, and complete documentation and reflect information on occupational performance.  
34. **Produces legible handwritten and computer-generated documents using proper spelling, punctuation, and grammar.**  
**100% accuracy with written communication by midterm.**  
Incorporates appropriate terminology to convey functional progress and positive outcomes. |
| 35. **Uses language appropriate to the recipient** of the information including, but not limited to, funding agencies and regulatory agencies. | Completes progress note for each session.  
Completes evaluation reports according to site’s guidelines.  
Complies with facility policies for approved abbreviations.  
Provides understandable, clear, concise, accurate, well organized, neat, and complete documentation and reflect information on occupational performance. |

### VII. PROFESSIONAL BEHAVIORS

| 36. **Collaborates with supervisor(s) to maximize the learning experience.** | Collaborates with supervisor when ready to assume more responsibility, requiring less supervision.  
Comes prepared and participates in supervisory meetings.  
37. **Takes responsibility for attaining professional** | Utilizes free time to read current journals and resource materials, review videotapes, etc. |

| Site-Specific Objectives | |
| **competence** by seeking out learning opportunities and interactions with supervisor(s) and others. | Requests information on areas other than those scheduled to gain overall knowledge of the program.  
Initiates collaboration with supervisor to participate in additional learning opportunities and observations center-wide.  
Seeks out answers to questions and takes initiative in acquiring knowledge. |
|---|---|
| **38. Responds constructively to feedback.** | Incorporates suggested changes in treatment or approach immediately, as directed by supervisor.  
Generalizes supervisor’s suggestions to other situations.  
Responds to constructive feedback with openness and willingness to hear feedback. |
| **39. Demonstrates consistent work behaviors** including initiative, preparedness, dependability, and work site maintenance. | Follows regular schedule, maintaining punctuality. Informs supervisor of any changes in schedule.  
Maintains work area, equipment, and supplies in an efficient and safe manner.  
Is prepared for all therapy services including treatment planning, back-up activities, and the gathering of treatment materials. |
| **40. Demonstrates effective time management.** | Completes written documentation and assignments within timelines specified by the supervisor (i.e., progress notes, updates, evaluation completion, annual meeting preparation, etc.).  
Develops an efficient schedule for assigned workload.  
Uses free time constructively.  
Establishes priorities in workload.  
Requests additional responsibilities as free time becomes available.  
Arrives on time for meetings, treatment sessions, etc. |
| **41. Demonstrates positive interpersonal skills** | Establishes rapport and maintains an atmosphere conducive to positive interactions. |
| including, but not limited to, cooperation, flexibility, tact, and empathy. | Maintains a positive attitude and demonstrates flexibility in situations as they arise. |
|---|
| Observes professional boundaries. |
| **42. Demonstrates respect for diversity** factors of others including, but not limited to, sociocultural, socioeconomic, spiritual, and lifestyle choices. | Demonstrates respect for clients and family members/significant others without prejudging or making assumptions about the family environment, culture, religion, etc. |
| Demonstrates respect for staff members without prejudging or making assumptions. |
| Demonstrates tolerance for differences in others and willingness to work with all patients |

*This document was developed by Cindy Anderson, Academic Fieldwork Coordinator for the University of Mary, Bismarck, ND. It has been adapted for UND and is used with full permission.*
FIELDWORK RESPONSIBILITIES: DEPARTMENT, FIELDWORK FACILITIES, AND STUDENT

This document is consistent with the American Occupational Therapy Association’s Code of Ethics, the University of North Dakota Occupational Therapy Affiliation Agreements and the University of North Dakota Code of Student Life.

UND OCCUPATIONAL THERAPY DEPARTMENT RESPONSIBILITIES

To assume responsibility for assuring continuing compliance with the educational standards as established in the Standards for an Accredited Educational Program for the Occupational Therapist.

1. To maintain the complete set of syllabi for all occupational therapy courses in the Occupational Therapy Department, to be available for students, fieldwork supervisors and others for review in the Department.

2. To maintain files of current information on fieldwork in the Occupational Therapy Department. This is the information provided by the fieldwork facilities annually and/or when major changes occur.

3. To follow due process on working with students and fieldwork facilities.

4. To comply with affirmative action.

5. To establish and maintain on-going honest communication with fieldwork facilities and students.

6. To schedule students for occupational therapy fieldwork and to assign only those students who have satisfactorily completed the required academic work. There will be close planning between faculty, students and fieldwork supervisors.

7. To collaborate with fieldwork facilities in defining measurable objectives for fieldwork education.

8. To counsel students in fieldwork in collaboration with fieldwork supervisors.

9. To communicate with fieldwork educators regularly (through mailings, electronic
To evaluate the total Occupational Therapy Program regularly, including the fieldwork experiences. Fieldwork facilities are to be evaluated as described in the fieldwork facility evaluation format.

To provide liability insurance for occupational therapy students in assigned fieldwork placements.

RESPONSIBILITIES OF FIELDWORK FACILITIES

1. To maintain competency in practice, keeping abreast of current theories and techniques.

2. To provide the Occupational Therapy Department with current information on the educational program for occupational therapy students in fieldwork. This includes philosophy, purpose, types of patients/clients, evaluation and treatment theories and techniques, learning experiences available, measurable objectives, policies and procedures of the facility and method(s) of evaluating students.

3. To maintain honest communication with students and with UND faculty to improve practice, assist in improving academic course content and learning experiences and identify trends in occupational therapy health care and rehabilitation.

4. To provide meaningful learning experiences for students in fieldwork.

5. To make available to students at the beginning of fieldwork and throughout the fieldwork experience, the policies and procedures of the facility.

6. To provide supervision of students by qualified personnel.

7. To clearly define to students the channels of communication within the facility.

8. To evaluate students by midterm, if not on a monthly basis. If there appears to be a problem, this should be discussed with the students as soon as possible, documenting the evidence of the problem. The academic fieldwork coordinator should be notified as soon as possible so that arrangements can be made for remediation. Consultation with the O.T. Department and/or University should be maintained until the problem is resolved. If a student’s performance in relation to patient treatment is unsatisfactory, and/or the student is unable to function satisfactorily to meet the
measurable objectives of the fieldwork experience, the student’s fieldwork may be
terminated by the facility and the Occupational Therapy Department. Due process
must be adhered to throughout the proceedings.

9. To notify the Occupational Therapy Department as soon as possible of major
changes in program, scheduling, etc.

STUDENT RESPONSIBILITIES

1. Professional behavior begins in the classroom. The student will demonstrate
professional judgment in all didactic activities by:

   (a) being prepared for class, paying attention and participating with relevant
       material in class discussion
   (b) showing respect for the instructor and guest lecturers

These characteristics carry over into the clinical situation. The individual with
professional behavior is respected by patients, family, other members of the health care
team and society. The professional person’s behavior reflects the credibility of the
profession.

2. The student is expected to adhere to the Occupational Therapy Code of Ethics as
adopted by the American Occupational Therapy Association.

3. Students are expected to know and to adhere to the regulations within the agencies in
which they are assigned fieldwork. Such regulations may involve dress, behavior and
attendance.

4. Students are expected to maintain respect and courtesy toward their own colleagues as
well as toward their faculty, fieldwork supervisors, patients/clients and others with
whom they come in contact.

5. Students are expected to assist in promoting honest and harmonious working
relationships in the classroom and fieldwork facilities.

6. Students are expected to maintain good health habits and regular physical examinations
during both academic and fieldwork experiences. Students are expected to maintain
appropriate health insurance during academic and fieldwork education.

7. Students are expected to engage in only those procedures in which they have achieved
an appropriate level of competence.

8. Students are expected to integrate material from previous courses as they progress through the academic and fieldwork program.

9. Students are expected to take the initiative for their own learning in addition to required course content.

10. Students are expected to analyze the information in fieldwork manuals and to review appropriate material necessary for their assigned placement.

11. Students are expected to take the initiative in regard to analyzing and synthesizing their perceptions of the learning experiences in both the academic and fieldwork phase of their education. If a student has a concern about any phase of the learning experience, he/she will follow the appropriate channels of communication in the facility/agency. These channels are:

   **Academic:** Student, Instructor, Departmental Chairperson, School of Medicine and Health Sciences Dean. The student is encouraged to seek counsel throughout the process.

   **Fieldwork Experience:** Immediate supervisor, then through the established channels of communication at the facility/agency. Both the student and facility must communicate with the UND academic fieldwork coordinator in Occupational Therapy throughout the process.

12. Students are expected to complete candid and constructive written evaluations of each course in which they are enrolled, including fieldwork.

Students who are in non-compliance with the above may be placed on professional probation or may have his/her enrollment in either coursework or fieldwork canceled.

Revised: 2010
LEVEL II FIELDWORK POLICIES AND PROCEDURES

Establishment of Level II Fieldwork Experiences

Within the Geographic Region
Fieldwork experiences may be initiated by the facility or by the UND Occupational Therapy Department. Each facility is evaluated to determine whether the setting is able to offer learning experiences consistent with the UND OT curriculum design and the readiness of the occupational therapy student. Once contact has been made, one of the academic fieldwork coordinators (AFWC) at the Occupational Therapy Department at UND will oversee the following process:

1. A copy of the master affiliation agreement initiated by UND will be sent to the facility for consideration or revision if needed. If the site would rather have a departmental agreement or use their own agreement rather than a master affiliation agreement, this is negotiated.

2. Simultaneous to affiliation agreement negotiations, the site is provided a copy of the AOTA fieldwork data form for completion, the UND OT Department template for writing fieldwork learning objectives, the UND OT Department template for sequencing learning experiences for fieldwork, and the UND OT Department Facility Evaluation Form.

3. The fieldwork site is invited to use these materials and to communicate directly with one of the AFWC as they establish or refine their fieldwork program. Upon receipt of the AOTA fieldwork data form, the UND OT Department Facility Evaluation Form and the Facility site specific learning objectives, the information is evaluated by the academic fieldwork coordinator to determine whether the facility meets the UND Occupational Therapy Department criteria for fieldwork settings. This information may also be reviewed by other occupational therapy department faculty, and the facility may be requested to modify some aspect of the experience to meet the criteria.

4. Once the facility has been approved as a fieldwork site, information from the site is added to UND fieldwork information on Blackboard. The site is then listed as a possible choice for students when choosing fieldwork.

5. Facilities not approved as fieldwork sites will be provided specific rationale as to the decision made, and will be provided with suggestions should they wish to pursue approval as a fieldwork site in the future. If a fieldwork facility chooses to withdraw from offering fieldwork experiences to UND students, they are also expected to notify the UND OT department of the decision and the reasoning behind it. The information concerning that facility will then be removed from the fieldwork information on Blackboard.

Outside the Geographic Region

The Occupational Therapy Department at the University of North Dakota schedules students for fieldwork experience within a fourteen (14) state geographical area, including Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, Nevada, North Dakota, South Dakota, Utah, Washington, Wisconsin, and Wyoming. Additional contracts are established only upon approval of the Fieldwork Petition Committee.
The student who wishes to arrange for a fieldwork experience outside the geographical region must follow this procedure:

1. It is the student’s responsibility to contact an agency which will meet the criteria of the American Occupational Therapy Association and that of the Department of Occupational Therapy, and which will agree to accommodate the student during the specific time frame requested.

2. The student, after securing a commitment by the facility to reserve a space, must petition the fieldwork committee to be allowed to complete the fieldwork out of the geographic region. This petition should include information about the facility and should outline how the education experiences offered by this particular facility meet the student’s educational and career goals.

3. The fieldwork committee, which consists of the chairperson of the Occupational Therapy Department along with up to two (2) representatives from the fieldwork agencies, will consider the request and inform the student in writing of their decision.

4. If the petition is approved, the student is directed to meet with one of the UND academic fieldwork coordinators and provide to the coordinator all information regarding the facility. The academic fieldwork coordinator then follows the process as developed by the department for establishing fieldwork education experiences. Because of the costs and time involved in establishing these unique fieldwork experiences, students pursuing this option will not be allowed to petition for changes once the fieldwork contract has been established.

5. If the petition is not approved, it is the student’s responsibility to contact the facility and inform them of the committee’s decision, so that the facility does not continue to hold the reservation. If the student is not satisfied with the decision made by the fieldwork committee, he/she may request to appeal the decision and meet with the departmental faculty in person. Other appeals follow the normal UND School of Medicine and Health Sciences channels.

**Changing Level II Fieldwork Experiences**

Once the student has signed a fieldwork request form indicating his/her willingness to complete Level II fieldwork at a specific facility, this agreement is binding and exceptions are only made in rare cases due to the impact of these changes on the program and fieldwork facilities. The student may make changes only by petitioning the fieldwork committee in the following manner:

1. Students will write a letter to the committee outlining the reasons for the requested change. The student should indicate the scope of the occupational therapy program at the scheduled facility and should discuss why this program does not meet his/her educational goals. The student should also provide information as to the process he/she used to come
to this conclusion. The letter should conclude with a short description of the type of program or learning experience that the student is seeking to better meet his/her educational goals.

All requests for change must be received by the fieldwork committee no later than three months prior to the scheduled level II fieldwork experience. Requests received after this deadline will be considered on a case by case basis. Faculty or the fieldwork committee will review both the student’s past performance in the OT program as well as any extenuating circumstances surrounding the request.

2. The fieldwork committee, which consists of the chairperson of the Occupational Therapy Department along with up to two representatives from the fieldwork agencies, will consider the request and inform the student in writing of their decision.

3. If the petition is approved, the student is directed to contact the academic fieldwork coordinator, who will take responsibility for canceling the original contract and will work with the student to find a fieldwork experience matching his/her educational goals. If the student is requesting a fieldwork outside of the geographic region, all policies and procedures involved in establishing such fieldwork will be observed.

**STUDENT PLACEMENT PROCESS AND POLICIES**

**Choosing Required Fieldwork Placements**

The academic fieldwork coordinator meets with all of the Year I students in the late fall or early spring semester of their first year. At that time, the coordinator describes the purposes of the fieldwork experience and presents guidelines to assist students in making their fieldwork choices. Year III students who have completed fieldwork or students who complete a pediatric fieldwork experience between their Year I and Year II may also be invited to talk about their experience.

At this time, students will be given a handout that lists the facilities where the Occupational Therapy Department presently sends students for fieldwork experiences in psychiatry, physical disabilities and pediatrics. Students are given a listing of those fieldwork settings with current reservations and the specific dates.

A second meeting with the Year I OT students is scheduled to plan the process for selecting Level II fieldwork experiences. A lottery method is used to give equal opportunity for all students to choose fieldwork experiences. At this meeting, each student’s name will be drawn; the student who is number one will have first choice of the facility he/she selected and so forth, down the list of students.

Questions regarding the process of choosing fieldworks are once again addressed and students have the opportunity to meet with the academic fieldwork coordinator for a one hour time period to be shared among 6 – 10 students. During this time period, students will have an opportunity to read fieldwork information and to ask the coordinator pertinent questions. Fieldwork information on Blackboard
contains specific information regarding the types of learning experiences available at each facility. Before putting fieldwork choices in writing, all students are expected to view the fieldwork information located in Blackboard regarding chosen centers.

Once all students have met with their AFWC in small groups, students will meet with one of the AFWC individually, in order of their lottery number, for a 15 – 20 minute time period to make their fieldwork selections. Each student will bring a completed form detailing their top three choices for each of their required fieldwork experiences and will be prepared to provide a rationale for their fieldwork choice, using the fieldwork reflection worksheets provided to them. During this meeting, the AFWC will assist the student to carefully select the fieldwork setting which is a best fit for the student’s career interests. After each group of 10 students has selected their fieldwork choices, the AFWC will post the choices made, so that students with higher lottery numbers are aware of remaining fieldwork options.

After all students in the cohort have made their fieldwork selections, the data is entered into the UND fieldwork data base and an official fieldwork request form is generated for each student. Students are advised to carefully review the information on the form and then sign if in agreement. The AFWC also signs the form, and it is sent to the fieldwork site as an official record of the fieldwork site request. If the facility can accommodate the student, the site fieldwork coordinator signs the facility request form, verifying that the fieldwork educator who will be assigned to the student has at least one year of experience as an OTR and is adequately prepared for the position. Once the form is signed by all parties (the facility representative, the AFWC and the student), the agreement is binding. Changes requested by the student can be made only by appeal to the fieldwork committee as described in the previous section. This must be completed at least three months prior to the level II experience.

It should be noted that although students may commit themselves to a fieldwork site at this time, they also may elect to delay making a choice. This will allow them to complete more advanced study at a facility, or complete a Level I at a site prior to commitment. Many centers also have reservations about accepting students until the student completes an interview or Level I experience. Through this process the OT personnel at the facility can determine whether the student can meet facility expectations. Any student already scheduled for a Level II fieldwork might also determine, through completing a Level I fieldwork, that a particular site does not meet his/her educational goals and initiate the process to initiate a change, if desired.

Currently, many fieldwork facilities are requiring proof of immunizations, drug testing, fingerprints, and/or criminal background checks. It is the responsibility of the student to check facility information to ensure that requirements for both Level I and Level II fieldwork have been met. In addition, each student will review site contracts for his/her assigned facility to ensure that he/she is aware of and responsible to meet all facility pre-requisites. The University of North Dakota Occupational Therapy Department is not responsible for ensuring that students meet facility requirements nor is the department a clearing house for these records.

As part of the UND student assessment process, faculty completes the fieldwork readiness form (see appendix) for each student prior to Level II fieldwork placement. Student must be approved by faculty for Level II fieldwork prior to placement. Any student who receives a rating of “0” (unacceptable) in one item or who receives a rating of “1” (there is some concern) on four or more items, on the Fieldwork Readiness Form will not be eligible for level II fieldwork placement.
Placement Restrictions

1. No student may do both physical and psychosocial dysfunction fieldwork placements in the same facility unless the two fieldwork programs are structurally and/or administratively separate.

2. Students desiring to complete a psychiatric fieldwork in or near their permanent residence/hometown may do so if one or more of the following criteria are met:
   a. The permanent residence/hometown has a population of over 100,000.
   b. The radius from permanent residence/hometown and choice of psychiatric fieldwork is more than 75 miles.
   c. The patient population being served by the psychiatric fieldwork is designated as chronic patient population (long-term care facility) versus acute patient population (short-term care facility).

4. No student may complete a psychosocial dysfunction fieldwork placement at a facility where he/she has previously received occupational therapy services.

Policy and Process for Choosing Elective Fieldwork Placements at UND

Elective fieldworks are offered in diverse settings depending on student interest; popular elective fieldwork placements include hand therapy, cardiac rehabilitation, pediatric, occupational medicine and role emerging placements with a focus on development of administrative skills. Because of the popularity of elective pediatric placements, a lottery is held for all students wishing to complete a pediatric placement during the summer session after completion of Year I coursework. The student whose name is chosen first will have first choice of fieldwork setting and so on. The students have the opportunity to meet with the assigned AFWC in small groups to ask questions regarding their placements of interest, and then meet with the academic fieldwork coordinator individually to make their final selections, in order of their lottery numbers.

After all students wishing to complete an elective pediatric Level II fieldwork have met individually with the AFWC, the data is entered into the UND fieldwork data base and an official fieldwork request form is generated for each student. Students are advised to carefully review the information on the form and then sign if in agreement. The AFWC also signs the form, and it is sent to the fieldwork site as an official record of the fieldwork site request. If the facility can accommodate the student, the site fieldwork coordinator signs the facility request form, verifying that the fieldwork educator who will be assigned to the student has at least one year of experience as an OTR and is adequately prepared for the position. Once the form is signed by all parties (the facility representative, the AFWC and the student), the agreement is binding. Students are advised to carefully consider initiation of elective fieldwork experiences since changes to planned fieldwork rotations reflect poorly on both the student’s professionalism and the reputation of the UND OT Department.

Students wishing to complete an elective fieldwork experience (pediatrics, cardiac, hand therapy, geriatrics, assistive technology, etc.) following successful completion of the physical dysfunction and psychosocial dysfunction Level II fieldwork experience should notify the academic fieldwork coordinator of this decision at least 60 days prior to the starting date for the optional fieldwork. These
optional fieldwork placements will be processed in the order they are received, i.e., written correspondence, verbal contracts, appointments, etc. Elective fieldwork placements normally occur during the summer session. Students are allowed to register for only one level II fieldwork course per semester.

The Process of Scheduling Students for Repeat Fieldwork Placements

1. Once the student has made his/her choices for repeat fieldwork sites, the academic fieldwork coordinator will contact the fieldwork site and investigate availability of placement.

2. The academic fieldwork coordinator will advise the student to contact the fieldwork site to discuss the circumstances/difficulties surrounding the previous fieldwork.

3. When a verbal agreement is reached between the student and a fieldwork site, the academic fieldwork coordinator will negotiate the fieldwork contract and arrange the necessary paperwork for the student’s fieldwork experience.

Students must complete all required fieldwork within 18 months of completion of academic course work.

FIELDWORK EVALUATION AND GRADES

Each student is expected to complete six (6) months of fieldwork, three (3) months in physical dysfunction and three (3) months in psychosocial dysfunction. In order for a student to complete the requirements for a grade, the student and his/her fieldwork educator must ensure that both the AOTA Fieldwork Evaluation Form (FWE) and the Student Evaluation of Fieldwork (SEFW) are sent to the University of North Dakota OT Department AFWC. In addition, all additional assignments for the fieldwork course must be met before the AFWC assigned to the fieldwork course assigns a grade for the course and the Registrar’s Office updates the student’s transcript.

It is the Occupational Therapy Department’s expectation that students will not experience major difficulties and will successfully complete all fieldwork requirements. However, should the student experience difficulty leading to the discontinuation of fieldwork, the following categories for termination apply as described below:

Student Initiated Withdrawal: Students are able to take an incomplete in the course only if withdrawal occurs within the first three weeks of the course.

Terminated Passing: In this situation, the student, fieldwork educator and University of North Dakota academic fieldwork coordinator agree that the student is unable to perform to his/her potential due to a mismatch of student and facility. Students may choose to withdraw from the fieldwork site at any point up until midterm. If they withdraw within three weeks of the fieldwork start date, they may take an
incomplete in the course and be re-scheduled at another facility when available. After three weeks the withdrawal will be reflected on the student transcript as a withdrawal (w) for the course and the student must re-register and pay tuition for the course. Students may withdraw from a fieldwork course only once; the second registration in a given fieldwork course will culminate in a grade.

**Terminated for Medical Reasons:** This may occur at any time during the fieldwork experience in which the student is currently meeting competencies. The student is allowed to withdraw or take an incomplete for the course and complete it when he/she is medically stable, upon recommendation by the referring medical professional.

**Terminated Failing:** The student is not meeting competencies and receives a non-satisfactory (failing) mid-term evaluation (passing is 90 points). At this point, the fieldwork facility may enter into an agreement of remediation with the student to rectify the deficiencies identified. However, the fieldwork facility may terminate, at any time, a student whose performance is not meeting competency or threatens the patients’ treatment or safety.

If a student is terminated and/or receives a failing evaluation, the student is subject to termination from the professional program, and must petition the faculty to remain in the program. Upon unanimous affirmation by the faculty, the student is allowed to remain in the program on academic probation. If unanimous affirmation through a formal vote by the faculty is not received, the student will be terminated from the professional program and his/her registration cancelled. This decision may be appealed by the student according to the appeal policies of the School of Medicine and Health Sciences and/or the University. (Also see the departmental “Student Probation and Dismissal” policies described earlier in this manual.)

**FINANCIAL OBLIGATIONS AND FIELDWORK**

The professional program at the University of North Dakota can be completed in six semesters and two summer sessions including six months of fieldwork experience. Students enroll and pay tuition for both of the required fieldwork experiences for a total of 18 credits. Although students are not on campus during the fieldwork period, the cost to the University for the fieldwork experience portion of the Occupational Therapy Program includes faculty time, secretarial help, liability insurance, telephone, paper and mailing costs, travel expenses for faculty to visit the facilities regularly and for attendance at regional and national occupational therapy meetings pertaining to education.

Students are responsible for travel expenses associated with Level I and Level II fieldwork experiences; this may include travel to Level I sites up to 8 hours away from the campus, so students should plan their budgets accordingly. Students are required to be away for 5 days of Year I, and a total of 15 days during Year II and during this time are responsible for their own accommodations and travel expenses.

**STUDENT WITH DISABILITIES: ACCOMMODATION REQUEST FOR FIELDWORK**

Students in Grand Forks who are seeking accommodations for their fieldwork courses are expected to register with the Disability Support Services (DSS) office (190 McCannel Hall), 701-777-3425. Students
STUDENT HEALTH RECORDS

The University of North Dakota Occupational Therapy Department does not routinely maintain health records for students. If a fieldwork site requires that the school maintain student health records, the student is responsible for providing his/her health information to the fieldwork office. A folder is then maintained for student information for the academic year reflective of the student’s fieldwork rotation dates. The record is retained according to the School of Medicine and Health Sciences records retention schedule.
I. Introduction and Rationale:

The University of North Dakota School of Medicine and Health Sciences and College of Arts and Sciences (here and after referred to as the “University”) have developed a policy on Criminal Background checks for students who have contact in the course of their educational experience with vulnerable populations. The goal is to protect the safety of patients at settings where University of North Dakota students perform educational experiences.

The policy rationale follows:
A. Health care providers are entrusted with the health, safety, and welfare of patients, have access to controlled substances and confidential information, and operate in settings that require the exercise of good judgment and ethical behavior. Thus, an assessment of a student or applicant’s suitability to function in such a setting is imperative to promote the highest level of integrity in health care services.

B. Clinical facilities are increasingly required by accreditation agencies, such as the Joint Commission of Healthcare Organization (JCAHO), to conduct background checks for security purposes on individuals who provide services within the facility and especially those who supervise care and render treatment. To facilitate this requirement, educational institutions have been asked to conduct these background checks for students.

C. Clinical rotations are an essential element in certain educational programs. Students who cannot participate in clinical rotations due to criminal or other adverse activities that are revealed in a background check are unable to fulfill the requirements of the program. Additionally, many healthcare licensing agencies require individuals to pass a criminal background check as a condition of licensure or employment. Therefore, it is in everyone’s interest to resolve these issues prior to a commitment of resources by, the applicant, student, or the University.

D. The various programs at the School of Medicine and Health Sciences, the College of Arts and Sciences, and the College of Nursing are obligated to meet the contractual requirements contained in affiliation agreements between the university and the various healthcare facilities.

II. Applicability
This policy applies to accepted applicants to or students enrolled in an educational program that includes, or may include at a future date, assignment to a clinical health care facility. Visiting students who enroll in courses with such an assignment also are subject to the policy. Presently, programs that require a background check include:

A. Clinical Laboratory Sciences  
B. Communication Sciences & Disorders  
C. Cytology  
D. Histology  
E. M.D. (Medicine Program)  
F. Nursing  
G. Nutrition and Dietetics  
H. Occupational Therapy  
I. Physical Therapy  
J. Physician Assistant Program  
K. Clinical Psychology

III. Policy

A. Individuals to whom this policy applies will be required to have a criminal background check performed with results deemed favorable by the University as a condition of their admission or initial enrollment and/or continued enrollment. An offer of admission will not be final and enrollment will not be permitted until the completion of a favorable background check. Admission may be denied or rescinded, or enrollment terminated, or a visiting student refused based upon the results of the criminal background check.

B. Individuals to whom this policy applies must sign a form authorizing the University to have a criminal background check performed on them by a company engaged by the University to conduct such checks.

C. The background check shall include a Social Security Number trace to confirm past residencies and a criminal background search based on all areas of past residence. The search shall involve all levels of criminal offense, all types of adjudications, all legal processes not yet resolved, and all types of offenses, extending back a minimum of seven years.

D. Omission of required information, or false or misleading information provided by the individual in any communication with the University may result in denial or rescission of admission, disciplinary action, or dismissal.

E. Individuals who refuse to submit to a background check or who do not pass the background check may be dismissed from the program.

F. Individuals who are denied admission to or are dismissed from a program may seek admission into another educational program that does not have a clinical component requirement in its curriculum.
G. Each program will inform potential applicants, enrolled students, and visiting students that criminal background checks are required. The program will use appropriate means such as inclusion in the catalog, student handbook, admissions pamphlet or correspondence to convey this information.

H. The cost of the required criminal background check is the responsibility of the individual applicant or enrolled student.

IV. Criminal Background Check Report

A. Scope - Criminal background checks include the following and cover a minimum of the past seven years:
   - Social Security Report (address locator)
   - County Criminal Record History (unlimited jurisdictions)
   - National Sex Offender Public Registry Search
   - National Criminal Database Search, includes but not limited to:
     - Sexual/Violent Offender Registries
     - Federal Bureau of Investigation Terrorist List
     - Federal/State/Local fugitive (wanted persons) lists
   - FACIS Level 1 includes, but not limited to:
     - (OIG) Office of Inspector General List of Excluded Individuals
     - (GSA) General Services Administration Excluded Parties Listing
     - (OFAC) Office of Foreign Assets Control SDN Search
     - (ORA/FDA) Office of Regulatory Affairs/Food & Drug Administration Department List
     - (ORI) Office of Research Integrity Administration Action List

B. Rights - Students and accepted applicants have the right to review the information reported by the designated company for accuracy and completeness and to request that the designated company verify that background information provided is correct. Prior to making a final determination that will adversely affect the accepted applicant or enrolled student, the educational program will verify that the student or accepted applicant has received a copy of the report from the designated company. If the background check report reveals information of concern which the University may deem unfavorable, the individual student or accepted applicant will be given the opportunity to provide a detailed written description and explanation of the information contained in the report along with appropriate documentation. This information must be returned to the educational program within 10 working days of the date the communication is sent to the individual or another date specified by the educational program in its communication with the individual. The University also may independently seek to obtain additional information about the information of concern.
V. Procedure

A. Applicants must complete the required criminal background check following the offer of admission but prior to enrollment.

B. Enrolled students who did not have a criminal background check at the time of admission into the educational program may be required to complete a background check prior to commencement of an assignment at a health care facility.

C. If the criminal background check has no findings of concern, the individual applicant or student will be allowed to enroll and participate in clinical rotations.

D. Each educational program will designate an appropriate committee to review any criminal background checks with reported findings. The committee may request that the individual submit additional information such as a written explanation, court document and/or police reports. The committee will review all available information and determine if an offer of admission should be withdrawn.

E. Issues to be considered when assessing a criminal history. The applicant/student:
   - May pose a threat to individual patients
   - May pose a threat to university, medical school, college, or community-at-large
   - May not be permitted to complete certain clinical rotations
   - May not be able to develop into an appropriate member of the profession

F. Indicators of concern include but are not limited to:
   - Abuse of at-risk populations
   - Homicide
   - Child pornography – related offenses
   - Sexual assault, rape
   - Repeated “disturbing the peace” violations
   - Aggravated assault
   - Domestic violence
   - Drug charges
   - Sexual harassment
   - Repeated alcohol – related offenses
   - Fraud, including offenses involving Medicare or Medicaid
   - Possession of an unlicensed deadly weapon

G. Factors to consider when reviewing criminal background checks. Information may include, but not necessarily be limited to:
   - The relationship between the offense committed and the student’s participation in the basic science or clinical education components of the educational program
   - The nature and seriousness of the offense
   - The circumstances under which the offense occurred
   - The age of the person when the offense was committed
• Whether the offense was an isolated event or part of a pattern of similar offenses
• The length of time since the offense was committed
• Past employment history
• Past history of academic or non-academic misconduct at prior institutions
• Evidence of successful rehabilitation
• Forthrightness of the information provided by the applicant in opportunities provided for self-report on application-related forms
• Ability to be licensed in the professional discipline.

VI. Confidentiality and Recordkeeping

A. Criminal background check reports and other submitted information are confidential and may only be reviewed by university officials and affiliated clinical facilities in accordance with the Family Educational Records and Privacy Act (FERPA).

B. Criminal background check reports will be maintained securely, confidentially and separately from an admission file or a student’s academic file. Criminal background check reports will be maintained for a period of six years following graduation or date of last attendance for enrolled students and then destroyed. Reports on students denied matriculation or enrollment based on the findings of the Criminal Background Check will be maintained for the current fiscal year plus three years and then destroyed.

C. Ordinarily, agreements with clinical facilities will specify that the facility will accept the University’s criminal background check or if the facility wants to conduct a different background check, it will be done at the facility’s expense.
EVALUATION OF FIELDWORK SITES

EVALUATION OF LEVEL I FIELDWORK SITES

Many level I fieldwork sites are also providing level II fieldwork experiences, and are evaluated following the procedures for level II fieldwork evaluation. For those sites serving solely as a block placement level I fieldwork site, the following process is followed:

UND Academic Fieldwork Coordinator will review the objectives and purpose of Level I fieldwork with the representative from the facility, and will provide examples of learning opportunities that will meet Level I fieldwork objectives. The representative from the facility will provide feedback to the UND Academic Fieldwork Coordinator indicating their ability to provide learning experiences consistent with the UND curriculum.

After a Level I experience, students will complete a Student Description of Level I Fieldwork form. Students will also provide verbal evaluation of the fieldwork site on the first day of class following fieldwork. Instructor of the course will compare the feedback from the students with the objectives of the course and the purpose of Level I fieldwork.

Prior to contacting facilities regarding arranging a fieldwork experience at the facility, the academic fieldwork coordinator will view the Student Description of Level I Fieldwork forms to ensure that learning experiences consistent with the curriculum design are available.

For community-based level I fieldwork sites, data is gathered through student completion of assignments for the associated coursework in OT 463, regarding student opportunities to develop clinical reasoning skills through participation in the OT process. In addition, data is gathered from the community sites through focus group formats and individual meetings as to the strengths and weaknesses of the learning experience from their perspective, the value of the experience for their clientele, and any changes needed for future student placements.
Student Description of Level I Fieldwork

Student Name: ___________________________  Fieldwork Site Name: ___________________________

Fieldwork Dates (m/d/year): ___________________________  Fieldwork Site city & State: ___________________________

1. Describe the type of setting and population served.

2. Describe the type of supervision you experienced.

3. Describe the opportunities you had to participate in assessment (both formal and informal).
   a. What opportunity did you have to interview clients regarding occupational performance issues?
      i. What instruments were used (or identify if process was informally completed)?

   b. What opportunities did you have to observe or participate in assessments of performance in an area of occupation (ADL, IADL, Leisure, education, work)?

   c. What opportunities did you have to observe or participate in assessment of client factors or performance skills (MMT, sensory, cognitive, developmental, etc.)?

4. What opportunities did you have to observe or participate in interventions related to development of preparatory techniques (strength, ROM, cognitive training, coping skills, etc.)?

5. What opportunities did you have to observe or participate in actual practice of performance in areas of occupation (ie, dressing, eating, leisure, education, work, etc.) meaningful to the client?

6. What opportunities did you have for documentation?

7. What opportunities did you have to utilize research skills?
EVALUATION OF LEVEL II FIELDWORK SITES

Each facility offering Level II learning experiences will complete the UND Fieldwork Facility Evaluation form to determine whether they are able to offer learning experiences consistent with the UND curriculum design. The review, which includes review of fieldwork program and objectives, is completed by the UND Academic Fieldwork Coordinator, who then routes the form back to the facility indicating approval or asking for further clarification or information. Final evaluation results will be sent to the facility and a copy placed in the fieldwork office. This process might also be supplemented through telephone or e-mail exchange, and may involve curriculum updates, student evaluations of the fieldwork site and fieldwork visits.

Facilities who are not approved as fieldwork sites will be provided specific rationale as to the decision made, and will be provided with suggestions should they wish to pursue approval as a fieldwork site in the future. Conversely, if a fieldwork facility chooses to withdraw from offering fieldwork experiences to UND students, they are also expected to notify the UND Academic Fieldwork Coordinator of this decision and the reasoning behind it. The information concerning that facility is then identified as “inactive” within the UND fieldwork data system.

Data will be gathered in the areas of evaluation and assessment, primary treatment conditions, interventions, client participation, student resources for learning, supervisory models and consistency with the UND occupational therapy program objectives for fieldwork.

Information collected will be used to:

1. Assist student in the fieldwork selection process.
2. Inform fieldwork facilities of curriculum content, expectations and learning experiences currently offered in the UND Occupational Therapy Program curriculum.
3. Determine whether fieldwork facilities are offering learning experiences compatible with those presented in the UND Occupational Therapy Program curriculum.
5. Provide an instrument to guide faculty in selecting new fieldwork facilities in an objective manner.
Fieldwork Site Assessment

Facility Name: 
Setting Type: 
Contact Information: 

Purpose: 
Fieldwork site assessment ensures that quality fieldwork experiences consistent with our curricular design are provided and to meet ACOTE Accreditation Standards. Six Core curricular threads are represented throughout the UND OT curriculum. The first set describes elements vital to contemporary occupational therapy practice including 1) client-centered practice, 2) occupation-based practice and 3) Evidence-based practice. The second set represents desired practitioner qualities including, 1) therapeutic use of self, 2) use of reflection in practice and 3) leadership in practice.

Directions: 
Please indicate whether you are able to provide learning experiences consistent with the identified curricular thread and share examples or comments if desired.

1. **Client-centered practice:** The therapist holds a philosophy of service committed to respect for and partnership with people receiving services, exemplified in:
   a. Assessment and intervention considerate of client perspective Yes/No

   Comments: 
   ____________________________________________________________________________
   ____________________________________________________________________________

2. **Occupation-based practice:** The therapist’s assessment and intervention supports engagement in personal and valued occupations, collaboratively selected and designed that have specific relevance and meaning to the client, supporting client interests, needs, health and participation in daily life. This is exemplified in:
   a. Assessment of occupational performance from Subjective and Objective perspective Yes/No
   b. Intervention using occupation as means and end Yes/No

   Comments: 
   ____________________________________________________________________________
   ____________________________________________________________________________

3. **Evidence-based practice:** Therapists use research study findings, client values and practitioner expertise during clinical reasoning to support wise practice decisions Yes/No

   Comments: 
   ____________________________________________________________________________
   ____________________________________________________________________________
4. **Therapeutic use of Self**: Therapists emphasize caring and empathy, and demonstrate clinical reasoning and use of narrative in the course of client-therapist relationships to forward successful interaction in therapy
   Yes/No

Comments:
____________________________________________________________________________________
____________________________________________________________________________________

5. **Use of reflection in practice**: Therapists regularly employ the reflective process to benefit everyday practice and plan for future learning
   Yes/No

Comments:
____________________________________________________________________________________
____________________________________________________________________________________

6. **Leadership in practice**: Therapists demonstrate the ability to engage and influence others to facilitate and embrace meaningful change and shared vision
   Yes/No

Comments:
____________________________________________________________________________________
____________________________________________________________________________________

7. The development of fieldwork learning objectives was completed through collaboration between the fieldwork site and the academic program.
   Yes/No

Comments:
____________________________________________________________________________________
____________________________________________________________________________________

Facility Representative Signature: __________________________ Date: __________________________

For Use by University of North Dakota Representatives Only:

The fieldwork site is able to provide learning experiences consistent with the UND OT Department Curriculum Design
   Yes/No

Comments:
____________________________________________________________________________________
____________________________________________________________________________________

UND OT Dept Representative Signature: __________________________ Date: __________________________
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. 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.

Name of Student

Please provide your email address if you don't mind future students contacting you to ask about your experience at this site:

Fieldwork Supervisor's name.

Fieldwork site
Site Name
Address
Address 2
City
State
Postal Code

Order of Placement
First  Second  Third  Fourth

Living Accommodations: (include type, cost, location, and condition)
## Public Transportation

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<th>Adequate</th>
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<th>Organized</th>
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<th>Timely</th>
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<td>Needs Improvement</td>
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<td>Student Schedule (daily/weekly/monthly)</td>
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<td>Staff Introductions</td>
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<td>Overview of Physical Facilities</td>
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<td>Agency/Department Mission</td>
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<td>Overview of Organizational Structure</td>
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<td>Role of Other Team Members</td>
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<td>Confidentiality/HIPPA</td>
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<td>Department Model of Practice</td>
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<td>Methods for Evaluating OT Services</td>
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Comments or suggestions regarding your orientation to this fieldwork placement:

Caseload

**List approximate number of each age category in your caseload.**

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Number</th>
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<tbody>
<tr>
<td>0-3 years old</td>
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<tr>
<td>3-5 years old</td>
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<tr>
<td>6-12 years old</td>
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<td>13-21 years old</td>
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<tr>
<td>22-65 years old</td>
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<td>&gt; 65 years old</td>
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<tr>
<td><strong>Total</strong></td>
<td>0</td>
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</table>

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

5 = Cystic fibrosis

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<thead>
<tr>
<th>Condition/Problem/Diagnosis</th>
<th>Number</th>
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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.

<table>
<thead>
<tr>
<th>Required</th>
<th>How Many</th>
<th>Educational Value</th>
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<tbody>
<tr>
<td>1. Client/Patient Screening</td>
<td>yes</td>
<td>no</td>
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<tr>
<td>2. Client/ Patient Evaluations (use specific names of evaluations)</td>
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<td>3. Written Treatment/Care Plans</td>
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<tr>
<td>4. Discharge Summary</td>
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</table>

List major therapeutic interventions frequently used and indicate whether it was provided in group, individually, co-treatment, or consultation. List other professionals involved.
**Occupation based activity, i.e., play, shopping, ADL, IADL, work, school activities, etc. (within client's own context with his or her goals)**

Indicate frequency of theory/frames of reference used

<table>
<thead>
<tr>
<th>Therapeutic Interventions</th>
<th>Individual</th>
<th>Group</th>
<th>Co-tx</th>
<th>Consultation</th>
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Purposeful activity (therapeutic context leading to occupation.)

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<thead>
<tr>
<th>Therapeutic Interventions</th>
<th>Individual</th>
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<th>Co-tx</th>
<th>Consultation</th>
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Preparatory methods, i.e., sensory, PAMs, splinting, exercise, etc. (preparation for occupation-based activity)

<table>
<thead>
<tr>
<th>Therapeutic Interventions</th>
<th>Individual</th>
<th>Group</th>
<th>Co-tx</th>
<th>Consultation</th>
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### Theory - Frames of Reference - Models of Practice

<table>
<thead>
<tr>
<th>Model of Human Occupation</th>
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<tbody>
<tr>
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<td>Ecology of Human Performance</td>
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<td>Person - Environment - Occupation Model</td>
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<td>Bio-mechanical Frame of Reference</td>
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<tr>
<td>Rehabilitation Frame of Reference</td>
<td>▼</td>
</tr>
<tr>
<td>Neurodevelopmental Theory</td>
<td>▼</td>
</tr>
<tr>
<td>Sensory Integration</td>
<td>▼</td>
</tr>
<tr>
<td>Behaviorism</td>
<td>▼</td>
</tr>
<tr>
<td>Cognitive Theory</td>
<td>▼</td>
</tr>
<tr>
<td>Cognitive Disability Frame of Reference</td>
<td>▼</td>
</tr>
<tr>
<td>Motor Learning Frame of Reference</td>
<td>▼</td>
</tr>
<tr>
<td>Other</td>
<td>▼</td>
</tr>
<tr>
<td>*</td>
<td>▼</td>
</tr>
<tr>
<td>*</td>
<td>▼</td>
</tr>
<tr>
<td>*</td>
<td>▼</td>
</tr>
</tbody>
</table>
Fieldwork Assignments
List the types of assignments required of you at this placement, and rate their educational value on a 5-point scale

Case study applying the Practice Framework

Evidence-based practice presentation: Topic

Revision of site-specific fieldwork objectives

Program development: Topic

In-service/presentation: Topic

Research: Topic

Aspects of the Environment

Staff and administration demonstrated cultural sensitivity

The practice framework was integrated into practice

Student work area/supplies/equipment were adequate

Opportunities to collaborate with and / or supervise OTs, OTAs, and/or aides

Opportunities to network with other professionals
Opportunities to interact with other OT students

Opportunities to interact with students from other disciplines

Staff used a team approach to care

Opportunities to observe role modeling of therapeutic relationships

Opportunities to expand knowledge of community resources

Opportunities to participate in research

Additional educational opportunities (specify):

Type of documentation used in this setting:

How would you describe the pace of this setting?

Slow  Medium  Fast

Ending student caseload expectation: number of clients per

- day

- week
ending student productivity expectation: (percent per day of direct care)

Supervision

What is the primary model used?

- One supervisor: group of students
- Two supervisors: one student
- One supervisor: two students
- Distant supervisor (primarily off-site)
- Three or more supervisors: one student (count person as supervisor if supervision occurred at least weekly)

List fieldwork educators who participated in your learning experience.

<table>
<thead>
<tr>
<th>Educators Name</th>
<th>Educators Credentials</th>
<th>Frequency of Supervision</th>
<th>Model</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Individual</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>●</td>
</tr>
</tbody>
</table>
### Academic Preparation

Rate the relevance and adequacy of your academic coursework relative to the needs of this fieldwork placement. (5 being high)

<table>
<thead>
<tr>
<th>Item</th>
<th>Adequacy for Placement</th>
<th>Relevance for placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Behavior Theory</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Evaluation: person (physical, psych, cognitive abilities)</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Evaluation: occupational Performance</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Evaluation: Environment/Context</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Intervention: Person (establish/restore abilities)</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Intervention: Occupation (meaningful activities)</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Intervention: Environment (adapt/modify/alter)</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Ethics, core values, standards of practice</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Verbal Communication</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Written Communication</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Therapeutic Use of Self</td>
<td>▼</td>
<td>▼</td>
</tr>
<tr>
<td>Research</td>
<td>▼</td>
<td>▼</td>
</tr>
</tbody>
</table>

What were the strongest aspects of your academic program relevant to preparing you for this level II fieldwork experience? Rate your top 5 in order.

**Items**

- Patient Education
- Multicultural
- Research
- Psychosocial Coursework
- Management
- Medical Foundations
- Administration
- Physical Rehab Coursework
- Level 1 Fieldwork
- Personal/Professional Development

Drag items from the list on the left into this box in rank order of the top 5
Pediatric Coursework

Geriatric Coursework

Other: 

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

Summary

<table>
<thead>
<tr>
<th>Expectations of fieldwork experience were clearly defined</th>
<th>strongly disagree</th>
<th>disagree</th>
<th>no opinion</th>
<th>agree</th>
<th>strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectations were challenging but not overwhelming</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Experiences matched student's professional development</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Experience matched student's expectations</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

What particular qualities or personal performance skills do you feel that a student should have to function successfully on the 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.
Primary Fieldwork Educator Name

Degree
Graduated from
Year first became Licensed Additional Credentials or certificates (AT, CBIS)

Primary Fieldwork Educator

Years of Experience as educator

How would you rate the primary fieldwork educator on the following?

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
Facilitate 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 encourage occupation- based practice
Modeled and encouraged client-centered practice
Modeled and encouraged evidence-based practice

Frequency of meeting/type of meeting with supervisor (value/frequency):

General comments on supervision:

Survey based on AOTA SEFWE Task Force, June 2006
AOTA FIELDWORK DATA FORM

Introduction:

The primary purpose of the Fieldwork Data Form is to summarize information regarding the program at a fieldwork site. Occupational therapy (OT) and occupational therapy assistant (OTA) students will find valuable information describing the characteristics of the fieldwork setting; the client population; commonly used assessments; interventions; and expectations and opportunities for students. The Fieldwork Data Form has been developed to reflect the *Occupational Therapy Practice Framework: Domain and Process, 3rd Edition* (American Occupational Therapy Association [AOTA], 2014) terminology and best practice in occupational therapy to promote quality fieldwork experiences. The data gathering processes used in completion of this form entails a collaborative effort that facilitates communication between OT and OTA academic programs, students, and fieldwork educators. This form may be completed by the combined efforts of the fieldwork educator, the OT or OTA student assigned to the site for fieldwork, and/or the Academic Fieldwork Coordinator (AFWC) from the program. Fieldwork sites are encouraged to update the form annually and provide a copy to the educational program(s) where they have a current memorandum of understanding (MOU).

The secondary purpose of the Fieldwork Data Form is to document the connection between the curriculum design of a given OT or OTA educational program with its fieldwork component. The AFWC will use the data entered on the form to document fieldwork related Accreditation Council for Occupational Therapy (ACOTE) Standards (ACOTE, 2012). The standards are outlined in Section C of the 2011 ACOTE standards and are denoted on the form. Educational programs can revise the form to suit the needs of their respective fieldwork programs.

The Fieldwork Data Form was developed through the joint efforts of the Commission on Education (COE) and the Education Special Interest Section (EDSIS) Fieldwork Subsection with input from many dedicated AFWCs and fieldwork educators.
# AOTA Fieldwork Data Form

**Date:**

**Name of Facility:**

**Address:** Street: __________ City: __________ State: __________ Zip: __________

## Fieldwork Information

<table>
<thead>
<tr>
<th>FW I</th>
<th>Contact Person:</th>
<th>Phone:</th>
<th>Email:</th>
<th>Credentials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FW II</td>
<td>Contact Person:</td>
<td>Phone:</td>
<td>Email:</td>
<td>Credentials:</td>
</tr>
</tbody>
</table>

**Director:**

**Phone:**

**Fax:**

**Website address:**

**Initiation Source:**
- [ ] FW Office
- [ ] FW Site
- [ ] Student

**Corporate Status:**
- [ ] For Profit
- [ ] Nonprofit
- [ ] State Gov't
- [ ] Federal Gov't

**Preferred Sequence of FW:**
- [ ] ACOTE Standards B.10.6
- [ ] Any
- [ ] Second/Third only; First must be in:
  - [ ] Full-time only
  - [ ] Part-time option

## OT Fieldwork Practice Settings

<table>
<thead>
<tr>
<th>Hospital-based settings</th>
<th>Community-based settings</th>
<th>School-based settings</th>
<th>Age Groups:</th>
<th>Number of Staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Inpatient Acute</td>
<td>[ ] Pediatric Community</td>
<td>[ ] Early Intervention</td>
<td>[ ] 0–5</td>
<td>OTRs:</td>
</tr>
<tr>
<td>[ ] Inpatient Rehab</td>
<td>[ ] Behavioral Health Community</td>
<td>[ ] School</td>
<td>[ ] 6–12</td>
<td>OTAs/COTAs:</td>
</tr>
<tr>
<td>[ ] SNF/Sub-Acute/Acute Long-Term Care</td>
<td>[ ] Older Adult Community Living</td>
<td>[ ] Other area(s)</td>
<td>[ ] 13–21</td>
<td>Aides:</td>
</tr>
<tr>
<td>[ ] General Rehab Outpatient</td>
<td>[ ] Older Adult Day Program</td>
<td>[ ]</td>
<td>[ ] 22–64</td>
<td>PT:</td>
</tr>
<tr>
<td>[ ] Outpatient Hands</td>
<td>[ ] Outpatient/hand private practice</td>
<td>[ ] Please specify:</td>
<td>[ ] 65+</td>
<td>Speech:</td>
</tr>
<tr>
<td>[ ] Pediatric Hospital/Unit</td>
<td>[ ] Adult Day Program for DD</td>
<td>[ ]</td>
<td></td>
<td>Resource Teacher:</td>
</tr>
<tr>
<td>[ ] Pediatric Hospital Outpatient</td>
<td>[ ] Home Health</td>
<td>[ ]</td>
<td></td>
<td>Counselor/Psychologist:</td>
</tr>
<tr>
<td>[ ] Inpatient Psychiatric</td>
<td>[ ] Pediatric Outpatient Clinic</td>
<td>[ ]</td>
<td></td>
<td>Other:</td>
</tr>
</tbody>
</table>

## Student Prerequisites

(check all that apply) ACOTE Standard C.1.2

- [ ] CPR
- [ ] Medicare/Medicaid fraud check
- [ ] Criminal background check
- [ ] Child protection/abuse check
- [ ] Adult abuse check
- [ ] Fingerprinting
- [ ] First aid
- [ ] Infection control training
- [ ] HIPAA training
- [ ] Prof. liability ins.
- [ ] Own transportation
- [ ] Interview
- [ ] HepB
- [ ] MMR
- [ ] Tetanus
- [ ] Chest x-ray
- [ ] Drug screening
- [ ] TB/Mantoux
- [ ] Physical Check up
- [ ] Varicella
- [ ] Influenza

- Please list any other requirements:

Please list how students should prepare for a FW II placement such as doing readings, learning specific evaluations and interventions used in your setting: ACOTE Standards C.1.2, C.1.11

## Student Work Schedule and Outside Study Expected

- Schedule hrs/week/day: __________
- Room provided [ ] yes [ ] no
- Meals [ ] yes [ ] no
- High
- Moderate
- Low
- Stipend amount: __________
- High
- Moderate
- Low

Describe the FW environment/atmosphere for student learning:

Describe available public transportation:
Types of OT interventions addressed in this setting (check all that apply):

<table>
<thead>
<tr>
<th>Activities of Daily Living (ADL)</th>
<th>Instrumental Activities of Daily Living (IADL)</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Bathing/showering</td>
<td>□ Care of others/pets</td>
<td>□ Formal education participation</td>
</tr>
<tr>
<td>□ Toileting and toilet hygiene</td>
<td>□ Care of pets</td>
<td>□ Informal personal education needs or interests exploration</td>
</tr>
<tr>
<td>□ Dressing</td>
<td>□ Child rearing</td>
<td>□ Informal personal education participation</td>
</tr>
<tr>
<td>□ Swallowing/eating</td>
<td>□ Communication management</td>
<td></td>
</tr>
<tr>
<td>□ Feeding</td>
<td>□ Driving and community mobility</td>
<td></td>
</tr>
<tr>
<td>□ Functional mobility</td>
<td>□ Financial management</td>
<td></td>
</tr>
<tr>
<td>□ Personal device care</td>
<td>□ Health management and maintenance</td>
<td></td>
</tr>
<tr>
<td>□ Personal hygiene and grooming</td>
<td>□ Home establishment and management</td>
<td></td>
</tr>
<tr>
<td>□ Sexual activity</td>
<td>□ Meal preparation and clean up</td>
<td></td>
</tr>
<tr>
<td>Rest and Sleep</td>
<td>□ Religious / spiritual activities and expression</td>
<td></td>
</tr>
<tr>
<td>□ Rest</td>
<td>□ Safety and emergency maintenance</td>
<td></td>
</tr>
<tr>
<td>□ Sleep preparation</td>
<td>□ Shopping</td>
<td></td>
</tr>
<tr>
<td>□ Sleep participation</td>
<td>□ Social activity</td>
<td></td>
</tr>
<tr>
<td>Play</td>
<td>□ Leisure exploration</td>
<td></td>
</tr>
<tr>
<td>□ Play exploration</td>
<td>□ Leisure participation</td>
<td></td>
</tr>
<tr>
<td>□ Play participation</td>
<td>□ Preparatory tasks</td>
<td></td>
</tr>
<tr>
<td>Activities: Designed and selected to support the development of skills, performance patterns, roles, habits, and routines that enhance occupational engagement</td>
<td>□ Preparatory tasks</td>
<td></td>
</tr>
<tr>
<td>□ Practicing an activity</td>
<td>□ Exercises</td>
<td></td>
</tr>
<tr>
<td>□ Simulation of activity</td>
<td>□ Physical agent modalities</td>
<td></td>
</tr>
<tr>
<td>□ Role play</td>
<td>□ Splinting</td>
<td></td>
</tr>
<tr>
<td>Examples:</td>
<td>□ Assistive technology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Wheelchair mobility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Examples:</td>
<td></td>
</tr>
</tbody>
</table>

Method of Intervention

Direct Services/Caseload for entry-level OT

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

Discharge/Outcomes of Clients (% clients)

□ Home
□ Another medical facility
□ Home health

Outcomes of Intervention

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

OT Intervention Approaches

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

Theory/Frames of Reference/Models of Practice

□ Acquisitional
□ Biomechanical
□ Cognitive/Behavioral
□ Coping
□ Developmental
□ Ecology of Human Performance
□ Model of Human Occupation (MOHO)
□ Occupational Adaptation
□ Occupational Performance
□ Person-Environment-Occupation (PEO)
□ Person-Environment-Occupational Performance (PEOP)
□ Psychosocial
□ Rehabilitation frames of reference
□ Sensory Integration
□ Other (please list):

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

Identify safety precautions important at your FW site
<table>
<thead>
<tr>
<th>Medications</th>
<th>Swallowing/choking risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postsurgical (list procedures)</td>
<td>Behavioral system/ privilege level (locked areas, grounds)</td>
</tr>
<tr>
<td>Contact guard for ambulation</td>
<td>Sharps count</td>
</tr>
<tr>
<td>Fall risk</td>
<td>1 to 1 safety/suicide precautions</td>
</tr>
</tbody>
</table>

**Performance skills, patterns, contexts and client factors addressed in this setting (check all that apply): ACOTE Standard C. 1.12**

### Performance Skills:
- Motor skills
- Process skills
- Social interaction skills

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

### Context(s):
- Cultural
- Personal
- Temporal
- Virtual

### Environment:
- Physical
- Social

### Performance Patterns:

#### Person:
- Habits
- Routines
- Rituals
- Roles

#### Group or Population:
- Habits
- Routines
- Rituals
- Roles

### Most common services priorities (check all that apply):
- Direct service
- Discharge planning
- Evaluation
- Meetings (team, department, family)
- Client education
- Consultation
- In-service training
- Intervention
- Billing
- Documentation

**Target caseload/productivity for fieldwork students:**

**Productivity (%) per 40-hour work week:**

**Caseload expectation at end of FW:**

**Productivity (%) per 8-hour day:**

**Number groups per day expected at end of FW:**

**Documentation: Frequency/Format (briefly describe):**

- Handwritten documentation:
- Computerized medical records:

**Time frame requirements to complete documentation:**

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

**Student Assignments. Students will be expected to successfully complete:**

- Research/EBP/Literature review
- In-service
- Case study
- In-service participation/grand rounds
- Fieldwork project (describe):
- Field visits/rotations to other areas of service
- Observation of other units/disciplines
- Other assignments (please list):
OPTIONAL DATA COLLECTION:
The question includes in this section may be used by academic programs to demonstrate compliance with the Accreditation Council for Occupational Therapy Education (ACOTE) Standards documentation for fieldwork.

1. Please identify any external review agencies that accredit/recognize this FW setting and year of accreditation/ recognition. Examples: JCAHO, CARF, Department of Health, etc.

   Agency for External Review: (name)
   Year of most recent review:
   Summary of outcomes of OT Department review:

   Agency for External Review: (name)
   Year of most recent review:
   Summary of outcomes of OT Department review:

   Agency for External Review: (name)
   Year of most recent review:
   Summary of outcomes of OT Department review:

2. Describe the fieldwork site agency stated mission or purpose (can be attached).

3. OT Curriculum Design Integrated with Fieldwork Site (insert key OT academic curricular themes here) ACOTE Standards C.1.2, C.1.3, C.1.7, C.1.8, C.1.11, C.1.12
   a. How are occupation-based needs evaluated and addressed in your OT program?
   b. Describe how you seek to include client-centered OT practice. How do clients participate in goal setting and intervention activities?
   c. Describe how psychosocial factors influence engagement in occupational therapy services.
   d. Describe how you address clients’ community-based needs in your setting.

4. How do you incorporate evidence-based practice into interventions and decision making? Are FW students encouraged to provide evidence for their practice? ACOTE Standards C.1.3, C.1.11

5. Please describe the FW Program and how students fit into the program. Describe the progression of student supervision from novice to entry-level practitioner using direct supervision, co-treatment, and monitoring, as well as regular formal and informal supervisory meetings. Describe the fieldwork objectives, weekly fieldwork expectations, and record keeping of supervisory sessions conducted with student. Please mail a copy of the FW student objectives, weekly expectations for the Level II FW placement, dress code, and copy of an entry-level job description with essential job functions to the AFWC. ACOTE Standards C.1.1, C.1.2, C.1.3, C.1.4, C.1.8, C.1.9

6. Please describe the background of supervisors by attaching a list of practitioners who are FW educators including their academic program, degree, years of experience since initial certification, and years of experience supervising students) ACOTE Standards C.1.9, C.1.14, C.1.17, C.1.19

7. Describe the training provided for OT staff for effective supervision of students (check all that apply). ACOTE Standards C.1.9, C.1.15, C.1.16
   - Supervisory models
   - Training on use of FW assessment tools (such as the AOTA Fieldwork Performance Evaluation–FWPE, the Student Evaluation of Fieldwork Experience–SEFWE, and the Fieldwork Experience Assessment Tool–FEAT)
   - Clinical reasoning
   - Reflective practice
   Comments:
8. Please describe the process for record keeping of supervisory sessions with a student, the student orientation process to the agency, OT services, and the fieldwork experience. *ACOTE Standards C.1.2, C.1.3, C.1.10*

**Supervisory Patterns–Description** (respond to all that apply)
- □ 1:1 Supervision model:
- □ Multiple students supervised by one supervisor:
- □ Collaborative supervision model:
- □ Multiple supervisors share supervision of one student; number of supervisors per student:
- □ Non-OT supervisors:

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

**STATUS/TRACKING INFORMATION SENT TO FACILITY:**

Date:

*ACOTE Standard C.1.6*

Which documentation does the fieldwork site need?
- □ Fieldwork Agreement/Contract?
- OR
- □ Memorandum of Understanding (MOU)?

Which FW Agreement will be used?: □ OT Academic Program Fieldwork Agreement □ Fieldwork Site Agreement/Contract

<table>
<thead>
<tr>
<th>Title of parent corporation (if different from facility name):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of business organization (Corporation, partnership, sole proprietor, etc.):</td>
</tr>
<tr>
<td>State of incorporation:</td>
</tr>
<tr>
<td>Fieldwork site agreement negotiator:</td>
</tr>
<tr>
<td>Address (if different from facility):</td>
</tr>
<tr>
<td>Street:</td>
</tr>
</tbody>
</table>

Name of student: Potential start date for fieldwork:

Any notation or changes that you want to include in the initial contact letter:

<table>
<thead>
<tr>
<th>Information Status ACOTE Standards C.1.1, C.1.2, C.1.3, C.1.8,</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ New general facility letter sent:</td>
</tr>
<tr>
<td>□ Level I Information Packet sent:</td>
</tr>
<tr>
<td>□ Level II Information Packet sent:</td>
</tr>
<tr>
<td>□ Mail contract with intro letter (sent):</td>
</tr>
<tr>
<td>□ Confirmation sent:</td>
</tr>
<tr>
<td>□ Model behavioral objectives:</td>
</tr>
<tr>
<td>□ Week-by-week outline:</td>
</tr>
<tr>
<td>□ Other information:</td>
</tr>
<tr>
<td>□ Database entry:</td>
</tr>
<tr>
<td>□ Facility information:</td>
</tr>
<tr>
<td>□ Student fieldwork information:</td>
</tr>
<tr>
<td>□ Make facility folder:</td>
</tr>
<tr>
<td>□ Print facility sheet:</td>
</tr>
</tbody>
</table>
Fieldwork Performance Evaluation
For The Occupational Therapy Student

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:

SIGNATURES:
I HAVE READ THIS REPORT.

SIGNATURE OF STUDENT

NUMBER OF PERSONS CONTRIBUTING TO THIS REPORT

SIGNATURE OF RATER
PRINT NAME/CREDS/POSITION

SIGNATURE OF RATER #2 (IF APPLICABLE)
PRINT NAME/CREDS/POSITION

SUMMARY COMMENTS:
(ADDRESSES STUDENT'S CLINICAL COMPETENCE)
Fieldwork Performance Evaluation
For the Occupational Therapy Student

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

PURPOSE

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

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

USE OF THE FIELDWORK PERFORMANCE EVALUATION FOR THE OCCUPATIONAL THERAPY STUDENT

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

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

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

DIRECTIONS FOR RATING STUDENT PERFORMANCE

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

OVERALL MIDTERM SCORE
Satisfactory Performance: 90 and above
Unsatisfactory Performance: 89 and below

OVERALL FINAL SCORE
Pass: 122 points and above
No Pass: 121 points and below

RATING SCALE FOR STUDENT PERFORMANCE

4 - Exceeds Standards: Performance is highly skilled and self-initiated. This rating is rarely given and would represent the top 5% of all the students you have supervised.

3 - Meets Standards: Performance is consistent with entry-level practice. This rating is infrequently given at midterm and is a strong rating at final.

2 - Needs Improvement: Performance is progressing but still needs improvement for entry-level practice. This is a realistic rating of performance at midterm, and some ratings of 2 may be reasonable at the final.

1 - Unsatisfactory: Performance is below standards and requires development for entry-level practice. This rating is given when there is a concern about performance.
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III. EVALUATION AND SCREENING:

8. Articulates a clear and logical rationale for the evaluation process.
   Midterm 1 2 3 4
   Final 1 2 3 4

9. Selects relevant screening and assessment methods while considering such factors as client’s priorities, context(s), theories, and evidence-based practice.
   Midterm 1 2 3 4
   Final 1 2 3 4

10. Determines client’s occupational profile and performance through appropriate assessment methods.
    Midterm 1 2 3 4
    Final 1 2 3 4

11. Assesses client factors and context(s) that support or hinder occupational performance.
    Midterm 1 2 3 4
    Final 1 2 3 4

12. Obtains sufficient and necessary information from relevant resources such as client, families, significant others, service providers, and records prior to and during the evaluation process.
    Midterm 1 2 3 4
    Final 1 2 3 4

13. Administers assessments in a uniform manner to ensure findings are valid and reliable.
    Midterm 1 2 3 4
    Final 1 2 3 4

14. Adjusts/Modifies the assessment procedures based on client’s needs, behaviors, and culture.
    Midterm 1 2 3 4
    Final 1 2 3 4

15. Interprets evaluation results to determine client’s occupational performance strengths and challenges.
    Midterm 1 2 3 4
    Final 1 2 3 4

16. Establishes an accurate and appropriate plan based on the evaluation results, through integrating multiple factors such as client’s priorities, context(s), theories, and evidence-based practice.
    Midterm 1 2 3 4
    Final 1 2 3 4

17. Documents the results of the evaluation process that demonstrates objective measurement of client’s occupational performance.
    Midterm 1 2 3 4
    Final 1 2 3 4

Comments on strengths and areas for improvement:

- Midterm

- Final

IV. INTERVENTION:

18. Articulates a clear and logical rationale for the intervention process.
    Midterm 1 2 3 4
    Final 1 2 3 4

19. Utilizes evidence from published research and relevant resources to make informed intervention decisions.
    Midterm 1 2 3 4
    Final 1 2 3 4
20. Chooses occupations that motivate and challenge clients.
   - Midterm: 1 2 3 4
   - Final: 1 2 3 4

21. Selects relevant occupations to facilitate clients meeting established goals.
   - Midterm: 1 2 3 4
   - Final: 1 2 3 4

22. Implements intervention plans that are client-centered.
   - Midterm: 1 2 3 4
   - Final: 1 2 3 4

23. Implements intervention plans that are occupation-based.
   - Midterm: 1 2 3 4
   - Final: 1 2 3 4

   - Midterm: 1 2 3 4
   - Final: 1 2 3 4

25. Updates, modifies, or terminates the intervention plan based upon careful monitoring of the client's status.
   - Midterm: 1 2 3 4
   - Final: 1 2 3 4

26. Documents client's response to services in a manner that demonstrates the efficacy of interventions.
   - Midterm: 1 2 3 4
   - Final: 1 2 3 4

Comments on strengths and areas for improvement:
- Midterm
  
- Final
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VI. COMMUNICATION:

32. Clearly and effectively communicates verbally and nonverbally with clients, families, significant others, colleagues, service providers, and the public.
   Midterm 1 2 3 4
   Final 1 2 3 4

33. Produces clear and accurate documentation according to site requirements.
   Midterm 2 3 3 3 4
   Final 2 3 3 3 4

34. All written communication is legible, using proper spelling, punctuation, and grammar.
   Midterm 1 2 3 4
   Final 1 2 3 4

35. Uses language appropriate to the recipient of the information, including but not limited to funding agencies and regulatory agencies.
   Midterm 1 2 3 4
   Final 1 2 3 4

Comments on strengths and areas for improvement:

- Midterm

- Final

VII. PROFESSIONAL BEHAVIORS:

36. Collaborates with supervisor(s) to maximize the learning experience.
   Midterm 1 2 3 4
   Final 1 2 3 4

37. Takes responsibility for attaining professional competence by seeking out learning opportunities and interactions with supervisor(s) and others.
   Midterm 1 2 3 4
   Final 1 2 3 4

38. Responds constructively to feedback.
   Midterm 1 2 3 4
   Final 1 2 3 4

39. Demonstrates consistent work behaviors including initiative, preparedness, dependability, and work site maintenance.
   Midterm 1 2 3 4
   Final 1 2 3 4

40. Demonstrates effective time management.
   Midterm 1 2 3 4
   Final 1 2 3 4

41. Demonstrates positive interpersonal skills including but not limited to cooperation, flexibility, tact, and empathy.
   Midterm 1 2 3 4
   Final 1 2 3 4

42. Demonstrates respect for diversity factors of others including but not limited to socio-cultural, socioeconomic, spiritual, and lifestyle choices.
   Midterm 1 2 3 4
   Final 1 2 3 4

Comments on strengths and areas for improvement:

- Midterm

- Final
<table>
<thead>
<tr>
<th>Performance Items</th>
<th>Midterm Ratings</th>
<th>Final Ratings</th>
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<tbody>
<tr>
<td><strong>I. FUNDAMENTALS OF PRACTICE</strong></td>
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<tr>
<td>1. Adheres to ethics</td>
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<td>2. Adheres to safety regulations</td>
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<td>3. Uses judgment in safety</td>
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<td><strong>II. BASIC TENETS OF OCCUPATIONAL THERAPY</strong></td>
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<td>4. Articulates values and beliefs</td>
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<td>5. Articulates value of occupation</td>
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<td>6. Communicates role of occupational therapist</td>
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<td>7. Collaborates with clients</td>
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<tr>
<td><strong>III. EVALUATION AND SCREENING</strong></td>
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<td>8. Articulates clear rationale for evaluation</td>
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<td>9. Selects relevant methods</td>
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<td>10. Determines occupational profile</td>
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<td>11. Assesses client and contextual factors</td>
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<td>24. Modifies approach, occupation, and environment</td>
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<td>26. Documents client's response</td>
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<td><strong>V. MANAGEMENT OF OT SERVICES</strong></td>
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<td>27. Demonstrates ability to assign through practice or discussion</td>
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<td>28. Demonstrates ability to collaborate through practice or discussion</td>
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<td>29. Understands costs and funding</td>
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<td>30. Accomplishes organizational goals</td>
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<td>31. Produces work in expected time frame</td>
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<td><strong>TOTAL SCORE</strong></td>
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**MIDTERM:**
- Satisfactory Performance: 90 and above
- Unsatisfactory Performance: 89 and below

**FINAL:**
- Pass: 122 points and above
- No Pass: 121 points and below
REFERENCES


GLOSSARY

Client Factors: Those factors that reside within the client and that may affect performance in areas of occupation. Client factors include body functions and body structures:
- Body functions (a client factor, including physical, cognitive, psychosocial aspects)—the physiological function of body systems (including psychological functions) (WHO, 2001, p. 10)
- Body structures—“anatomical parts of the body such as organs, limbs and their components that support body function” (WHO, 2001, p. 10)

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

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

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

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

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

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

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

Spiritual: (a context)—the fundamental orientation of a person’s life; that which inspires and motivates that individual. (O.

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

- **Fieldwork Educators Certificate Workshop**
  - Available Regional Workshops
  - Host a Fieldwork Educators Certificate Workshop
- **Level I Fieldwork**
  - COE Guidelines for an Occupational Therapy Fieldwork Experience - Level I
  - Fieldwork Sample Form - Level I Evaluation - pdf, 98 kb
  - Level I Fieldwork - Rebuilding Together - pdf, 339 kb
- **Level II Fieldwork**
  - About Student Fieldwork at AOTA
  - Student Fieldwork Experience at AOTA
  - COE Guidelines for an Occupational Therapy Fieldwork Experience - Level II
  - Sample Student /Supervisor Weekly Review Form - pdf, 30 kb
  - Sample Level II Midterm Feedback Form - pdf, 51 kb
  - Sample Level II Fieldwork Objectives Form - pdf, 73 kb
- **Resources for Academic Fieldwork Coordinators**
- **Resources for Fieldwork Education**
  - Occupational Therapy Fieldwork Education: Value and Purpose (2009) - pdf, 27 kb
  - Fieldwork Councils/Consortiums - pdf, 98 kb
  - “Fieldwork Issues” Columns from OT Practice magazine
  - Fieldwork Supervision & States’ Continuing Competence Requirements
  - AOTA Suggested Level II Fieldwork Experience Dates (2009-2016) - doc, 32 kb
  - Recommendations for Expanding Fieldwork
  - More ...
- **Resources for New Fieldwork Programs**
  - Steps to Starting a Fieldwork Program
  - Recommended Content for a Student Fieldwork Manual
  - Strategies for Creative Fieldwork Opportunities
  - Most Frequently Asked Fieldwork Questions
- **Site-Specific Objectives**
  - Writing Site-Specific Objectives for the FWPE Forms - ppt, 106 kb
  - Handout - Site-Specific Objectives for the FWPE Forms - pdf, 22 kb
  - Sample Adult Acute Care Setting - doc, 110 kb
  - Sample Adult Outpatient Setting - doc, 125 kb
  - Sample Adult Rehab Setting - doc, 70 kb
  - Sample Early Childhood Intervention Setting - doc, 124 kb
  - More ...
- **Student Supervision**
  - OT/OTA Student Supervision & Medicare Requirements
  - Fieldwork Experience Assessment Tool (FEAT) - pdf, 63 kb
  - Student Evaluation of the Fieldwork Experience - doc, 280 kb
  - Medicare Claims Processing Manual - Chapter 5 - pdf, 30 kb
- **AOTA Fieldwork Related Products**
  - The Essential Guide to Occupational Therapy Fieldwork Education
  - Online course - Using the Fieldwork Performance Evaluation Forms: An Interactive Approach
  - Using the Fieldwork Performance Evaluation Forms: The Complete Guide
  - Fieldwork Performance Evaluation for the OTA Student
  - Fieldwork Performance Evaluation for the OT Student

**Resources**

- Innovative Fieldwork Annotated Bibliography
This Agreement is made by and between the University of North Dakota (“University” or “UND”) and Enter Facility Name - City, State (“Facility”).

WHEREAS, the State of North Dakota, doing business as the University of North Dakota, desires to obtain internships or clinical education experience for its students/residents and

WHEREAS, it is the shared responsibility of the University and the Facility to create and maintain an appropriate learning environment and

WHEREAS, the Facility is committed to the professional education and training of University students/residents and is willing to assist in their education by providing them high-quality internships or clinical education experiences.

NOW THEREFORE, the University and Facility agree as follows:

I. THE UNIVERSITY AGREES:

1.1 To provide Facility with a list of University departments and programs covered by this Agreement (see Exhibit A).

1.2 To be responsible for meeting applicable program accreditation requirements.

1.3 To provide information to its students/residents and the Facility that outlines standards of performance and guidelines for the clinical education experience or internship.

1.4 To assign appropriate faculty/staff to serve as clinical education or internship liaisons between the Facility and the University (see Exhibit A).

1.5 To provide professional and general liability insurance for University students/residents and faculty/staff liaisons with maximum limits of $1,000,000 per occurrence and $5,000,000 annual aggregate.

1.6 To inform students/residents of the confidential nature of all Facility patient and client records, and of their obligations to protect the privacy and security of all protected health information.

1.7 To place only students/residents who have satisfactorily completed all required prerequisite courses and any other academic requirements and have been recommended by University faculty for placement in such a clinical education experience or internship. Upon request, University will provide Facility with information regarding the student’s/resident’s experience and/or academic background prior to placement, as authorized by the student/resident.

1.8 To inform the students/residents that they must adhere to the administrative policies and procedures of the Facility.

1.9 To inform the students/residents that they must comply with the health requirements of the Facility and supply the Facility with any required documentation.

1.10 To assure that a criminal background check is completed on all students/residents to be placed with the Facility. Upon request, University shall make available to the Facility a background check report for all student/resident participants, as well as a detailed description of the various components of the University’s comprehensive background check process.

1.11 To inform the students/residents that they may be required to undergo a drug test pursuant to the Facility’s policies and practices, and that the cost of any drug test will be paid by the student/resident, if not the Facility.

II. THE FACILITY AGREES:
2.1 To collaborate with the University in the selection of learning assignments which meet
the educational needs of the students/residents.
2.2 To supervise and instruct the students/residents during the experience. Upon request, the
Facility shall provide vitæ of persons supervising or instructing students/residents to the
University.
2.3 To conduct student/resident performance evaluations as directed by the University.
2.4 To notify the University immediately if a student/resident is not performing satisfactorily.
   The Facility will follow any oral notice or communication made under this paragraph with a
   written communication.
2.5 If interns or clinical education students/residents or are required by Facility to undergo a
drug test, Facility shall provide University with notice and explanation of any positive or
unacceptable drug test results. If students/residents are required by Facility to undergo a drug
test, Facility shall obtain advance authorization from students/residents permitting Facility to
notify and explain to University any positive or unacceptable drug test result.
2.6 To provide the students/residents with appropriate office space, equipment, and
   resources, including access to the Facility’s physical and/or on-line library, to carry out their
   assigned duties and learning objectives.
2.7 To orient students/residents to the Facility and its conduct and performance policies,
   procedures, rules, and regulations.
2.8 To supply the University with copies of any policies or procedures with which the
   students/residents will be expected to comply.
2.9 To notify the University prior to student/resident placement in the Facility of any health
   and fitness related requirements, including medical insurance coverage, immunization record,
   physical exam, and/or drug testing.
2.10 To maintain throughout the term of this Agreement all licenses, permits, certificates, and
   accredited statuses held at the time of execution of this Agreement, which are applicable to
   performance of this Agreement.
2.11 To maintain a positive, respectful, and adequately resourced learning environment so that
   sound educational experiences can occur (see Exhibit B).

III. THE UNIVERSITY AND THE FACILITY AGREE:
3.1 That the number of students/residents placed in the Facility, the duration, and the timing
   of the experience shall be mutually agreed upon.
3.2 To collaborate in identifying specific experience objectives and learning activities for
   each student/resident placed in the Facility.
3.3 To follow termination procedures outlined in the University’s applicable program
   guidelines or instruction manual in the event a student/resident placement is terminated prior to
   its intended conclusion.
3.4 That the Facility may exclude from participation any student/resident whose performance
   is determined to be detrimental to the Facility’s clients; who violates established Facility
   policies, procedures and/or ethics codes; or whose performance is otherwise unsatisfactory,
   including any student/resident who is unable to maintain compatible working relationships with
   Facility employees, or whose health status precludes their regular attendance and successful
   completion of the experience.
3.5 In the event a student is exposed to an infectious or environmental hazard or other
   occupational injury (i.e. needle stick) while at the Facility, the Facility will provide such
   emergency care as is provided its employees, including, where applicable: examination and
evaluation by Facility’s emergency department or other appropriate facility as soon as possible after the injury; emergency medical care immediately following the injury as necessary; initiation of the HBV, Hepatitis C (HCV), and HIV protocol as necessary; and HIV counseling and appropriate testing as necessary. In the event that the Facility does not have the resources to provide such emergency care, the Facility will refer such student to the nearest emergency facility. The student will be responsible for any charges thus generated.

3.6 That the University is primarily responsible for the educational program, academic affairs, and the assessment of assigned University students.

3.7 That the University is primarily responsible for the appointment and assignment of faculty members with responsibility for the teaching of assigned University students.

3.8 That the Facility recognizes that, in order for University to maintain accreditation for certain departments/programs, a representative from the applicable accrediting council/organization may need to observe a student/resident providing services under this Agreement. Facility shall allow the representative access to its facility provided that University, student/resident, and the applicable accrediting council/organization take reasonable steps to ensure appropriate professional conduct related to protected health information and ensures that the representative is held to the same standards of patient privacy rules/expectations as the student/resident and University.

IV. LIABILITY

4.1 Each party shall be responsible for claims, losses, damages, and expenses, which may arise out of negligent or wrongful acts or omissions of that party or its agents or employees, acting within the scope of their duties in the performance of this Agreement.

4.2 The tort liability of the University is as set out in chapter 32-12.2 of the North Dakota Century Code and is subject to the conditions and limitations contained therein. Nothing herein shall preclude the State of North Dakota from asserting against third parties any defenses to liability it may have under North Dakota law or be construed to create a basis for a claim or suit when none would otherwise exist.

4.3 Facility agrees to inform University in the event either an investigation or claim arises out of patient or client care services performed by a University student/resident and shall provide University with reasonable access to information involving such student/resident in any investigation or claim. Facility shall notify University of the disposition of any such investigation or claim.

V. TERM AND TERMINATION OF AGREEMENT

5.1 This Agreement shall be effective beginning the date of execution by the parties and shall remain in effect for five (5) years from the date of execution. Either party may terminate this Agreement without cause at any time upon 60 days written notice to the other party.

5.2 In the event that the Facility terminates this Agreement, the Facility agrees that no students/residents participating in an ongoing internship or clinical education experience will be denied the opportunity to complete the affiliation, even when the effective date of termination occurs prior to the completion date of the internship or clinical education experience. In such an event, all applicable provisions of this Agreement, including the right to terminate any student/resident, shall remain in force until the end of the internship or clinical education experience.

5.3 The University may terminate this Agreement effective upon delivery of written notice to the Facility, or at such later date as may be stated in the notice, if any license, permit, certificate or accreditation required by law, rule or regulation, or by the terms of this Agreement, is for any
reason denied, removed, suspended, or not renewed.

VI. NONDISCRIMINATION
The University and the Facility agree that in the performance of this contract there will be no discrimination in violation of the law or the policies of the University of North Dakota. Therefore, there will be no discrimination on the basis of race, color, sex, religion, sexual orientation, gender identity, genetic information, age, national origin, the presence of any mental or physical disability, political belief or affiliation, status with respect to marriage or public assistance, or status as a veteran.

VII. APPLICABLE LAW
This Agreement is governed by the laws of the State of North Dakota.

VIII. ASSIGNMENT
Neither party may assign or otherwise transfer or delegate any right or duty, without the express written consent of the other party.

IX. NOTICES
All notices or other communications purporting to exercise or otherwise affect rights and duties under this Agreement shall be given by registered or certified mail, addressed to the parties as indicated below, and are complete on the date mailed.

    UNIVERSITY:  FACILITY:

    University of North Dakota  Enter Facility Info
    School of Medicine & Health Sciences
    Office of Education & Faculty Affairs
    501 N. Columbia Rd, Stop 9037
    Grand Forks ND  58202

The provisions of this section do not supersede any statutes or rules of court regarding notice of claims or service of process. In the event of a conflict between this section and any statutes or rules of court, the statutes or rules of court govern.

X. MODIFICATION
This Agreement may not be waived, altered, modified, supplemented, or amended in any manner except by written agreement signed by both parties.

XI. SEVERABILITY
If any term or provision of this Agreement is declared by a court having jurisdiction to be illegal or unenforceable, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties are to be construed and enforced as if the contract did not contain that term or provision.

XII. MERGER
This Agreement constitutes the entire agreement between the parties. There is no understanding, agreements, or representations, oral or written, not specified within this Agreement.

XIII. CONSIDERATION
Under the terms of this Agreement, neither party is obligated to make any payments of any kind to the other party.

XIV. WAIVER
The failure of either party to exercise any of its rights under this Agreement for a breach thereof shall not be deemed to be a waiver of such rights, and no waiver by either party, whether written or oral, express or implied, of any rights under, or arising from, the Agreement shall be binding.
on any subsequent occasion; and no concession by either party shall be treated as an implied modification of the Agreement unless specifically agreed in writing.

XV. INDEPENDENT CONTRACTORS

The parties are independent contractors and shall not act as an agent for the other party, nor shall either party be deemed to be an employee of the other party for any purpose whatsoever. Neither of the parties shall have any authority, either express or implied, to enter any agreement, incur any obligations on the other party’s behalf, nor commit the other party in any manner whatsoever without the other party’s express prior written consent. Any promotional business representation by either party of the other shall be approved in advance.

Remainder left blank intentionally

~Signatures on following page~
Authorized Signatures

APPROVED FOR:  
Enter Facility Name

APPROVED FOR:  
University of North Dakota

By: ___________________________  By: ___________________________
Facility Representative Name/Title  Thomas Mohr, PT, Ph.D.
Associate Dean for Health Sciences

Date: ___________________________  Date: ___________________________

By: ___________________________  By: ___________________________
Facility Representative Name/Title  Thomas M. DiLorenzo, Ph.D.
UND Provost and Vice President for Academic Affairs

Date: ___________________________  Date: ___________________________

Master Clinical Affiliation Agreement (Template 03/23/2015)
EXHIBIT A: Clinical Education Departments/Programs Covered Under this Affiliation Agreement at the University of North Dakota (www.und.edu)

**College of Arts and Sciences:**
- Communication Sciences and Disorders, 701-777-3234
- Music Therapy, 701-777-2836
- Psychology, 701-777-3451

**College of Education & Human Development:**
- Counseling Psychology & Community Services, 701-777-3738
- Kinesiology and Public Health Education, 701-777-4324

**College of Nursing and Professional Disciplines:**
- Nursing, 701-777-4555
- Nutrition & Dietetics, 701-777-0849
- Social Work, 701-777-2669

**School of Medicine and Health Sciences:**
- Occupational Therapy, 701-777-2218
- Physical Therapy, 701-777-2831
- Physician Assistant, 701-777-2344
- Medical Laboratory Science, 701-777-2628
- Division of Sports Medicine, 701-777-3886
- Graduate Medical Education, 701-293-4107
- Northeast Campus, Grand Forks, 701-777-3406
- Northwest Campus, Minot, 701-858-6774
- Southeast Campus, Fargo, 701-293-4107
- Southwest Campus, Bismarck, 701-751-9579
EXHIBIT B: TEACHER-LEARNER EXPECTATIONS

The UNIVERSITY holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education the term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses and ancillary support staff, as well as others from whom students learn.

GUIDING PRINCIPLES:

**Duty:** Medical educators have a duty not only to convey the knowledge and skills required for delivering the profession’s standard of care but also to instill the values and attitudes required for preserving the medical profession’s social contract with its patients.

**Integrity:** Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

**Respect:** Respect for every individual is fundamental to the ethic of medicine. Mutual respect is essential for nurturing that ethic. Teachers have a special obligation to ensure that students and residents are always treated respectfully.

RESPONSIBILITIES OF TEACHERS AND LEARNERS:

**Teachers should:**
- Treat students fairly and respectfully
- Maintain high professional standards in all interactions
- Be prepared and on time
- Provide relevant and timely information
- Provide explicit learning and behavioral expectations early in a course
- Provide timely, focused, accurate and constructive feedback on a regular basis and thoughtful and timely evaluations at the end of a course
- Display honesty, integrity and compassion
- Practice insightful (Socratic) questioning, which stimulates learning and self-discovery and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive
- Solicit feedback from students regarding their perception of their educational experiences
- Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately

**Students should:**
- Be courteous of teachers and fellow students
- Be prepared and on time
- Be active, enthusiastic, curious learners
- Demonstrate professional behavior in all settings
- Recognize that not all learning stems from formal and structured activities
- Recognize their responsibility to establish learning objectives and to participate as an active learner
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine
- Recognize personal limitations and seek help as needed
- Display honesty, integrity and compassion
- Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings
- Recognize the duty to place patient welfare above their own
- Recognize and respect patients’ rights to privacy
- Solicit feedback on their performance and recognize that criticism is not synonymous with “abuse”

Relationships between Teachers and Students

Students and teachers should recognize the special nature of the teacher-learner relationship, which is in part defined by professional role modeling, mentorship, and supervision. Because of the special nature of this relationship, students and teachers should strive to develop their relationship to one characterized by mutual trust, acceptance and confidence. They should both recognize the potential for conflict of interest and respect appropriate boundaries.