

AOTA Recommended Content for a Student Fieldwork Manual

1. Orientation Outline
2. Assignments
3. Safety Procedures/Codes
4. Behavioral Objectives
5. Week-by-Week Schedule of Responsibilities
6. Patient Confidentiality Information (Patient Rights)
7. Guidelines for Documentation:
 - Completed samples of all forms
 - Acceptable medical abbreviations
 - Discharge plan
 - Billing
 - Dictation Directions, if applicable
8. The Occupational Therapy Practice Framework: Domain and Process

Additional information that can gradually be added to the student manual

1. Organizational Chart of the Fieldwork Setting
2. History of the Fieldwork Setting
3. Department Information
 - Policy and procedures
 - Mission statement
 - Organizational chart
 - Essential job functions
 - Dress code
4. Regularly Scheduled Meetings:
 - Dates\times
 - Purpose of meeting
5. Special Client Related Groups\Programs
 - Purpose
 - Referral system
 - Operation
 - Transport
6. Patient Confidentiality Information (Patient Rights)
7. Guidelines for Documentation
8. Responsibilities of:
 - Fieldwork educator
 - Student
 - Fieldwork coordinator (if position exists)
9. Performance Evaluation
 - Procedure and guidelines used in the evaluation of
 - Student
 - Fieldwork Educator
 - Fieldwork Experience

Material for your student manual can be gathered from other sources within your facility (e.g., employee handbooks, Human Resources Department, etc.)

Feel free to call the academic programs that you have contracts with to get the names of nearby facilities that are similar to your site. Call those facilities and see if they are willing to share their student manual with you.

Don't feel that you need to have a separate manual for students and fieldwork educators. The manuals can be the same.

10/2/2000

ABC/ 1-2-3 FORM

This is to assist you with planning your treatment sessions for the day. It is always good to be prepared for any situation that you may encounter in your patient treatment interactions.

- A Plan (1): The patient presents at a level lower than expected (i.e. on bed rest, sick or recovering from a test or procedure)
- B Plan (2): The patient presents as expected with predictable outcomes (i.e. all tests and measures selected are appropriate)
- C Plan (3): The patient presents up and about upon entry to room, already dress and ready for discharge today

Patient Name	A Plan	B Plan	C Plan
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Advanced Student

It is midterm and your student is already at or near entry level. What will you do in the next four to six weeks to challenge your student?

1. Draw on evidence based practice
 - Find literature before or after treatment sessions which supports the techniques or procedures you used
2. Reflect on why the treatment was efficient or what could have been done better
3. Treatment planning for future sessions
 - Next session
 - How the patient might present in ten years
4. Variety of patients
 - Go to other clinics (sports based, neuro, and women's health)
 - Rotate to other teams at the hospital
5. Independent treatments
6. Observations (refer to opportunities list)
7. Process improvement project
8. In-service or case study
9. Teaching another student (collaborative)
10. Make tools or devices that could be used in the clinical setting (splints or adaptive equipment)
11. Practice techniques that are less frequently used or rarely seen by students (splinting and orthotic fabrication)
12. Community service project
13. Mentoring other staff
14. Attend staff meetings and provide input
15. Article reviews to be presented at staff meetings
16. Involvement in more challenging patient treatments
 - Get input from other therapists on what they would have done differently in their treatment of the patient
17. Follow an administrator (supervisor or manager) for the day
18. Take the stroke unit and ICU competency (for inpatient students)
 - *note: passing these advanced competencies does not allow for independent treatment of these patient populations. Direct supervision by the CI must be maintained.*

Anecdotal Record

Student's Name: _____ Date: _____

Evaluator/Observer: _____

Setting: (place, persons involved, atmosphere, etc)

Student Action or Behavior:

Evaluator Interpretation:

Student's Signature

Evaluator's Signature

Student's Comments:

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

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

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

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

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

Resource:

HIPAA Frequently Asked Questions

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EDUCATION & CAREERS ► FIELDWORK EDUCATION ► RESOURCES ► HIPAA GUIDELINES FOR FIELDWORK

FAQ

What is HIPAA?

What is a "covered entity"?

What is a business associate?

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

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

Must fieldwork contracts be updated to include a HIPAA statement?

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

What is HIPAA?

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

What is a "covered entity"?

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

What is a business associate?

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

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

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

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

- A Business Associate Agreement is required by HIPAA where a person or entity provides services for a covered entity that involve access to patient health information.
- An exception to that is a person who performs "in the capacity of a member of the workforce of [a] ...covered entity".
- 45 CFR Sec. 160.103 defines members of the "workforce" as "employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, **whether or not they are paid** by the covered entity.
- There is a specific exception indicating that a Business Associate Agreement is not required for persons or entities involved in a patient's treatment. 45 CFR 164.502(e)(1).

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

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

Must fieldwork contracts be updated to include a HIPAA statement?

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

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

If a student violates HIPAA guidelines while on fieldwork, the school and fieldwork site

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

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

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Steps to Starting a Fieldwork Program

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

I. Analyze Your Facility

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

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

II. Collaboration With the Academic Program(s)

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

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

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

III. The Fieldwork Contract or Letter of Agreement

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

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

IV. Develop Student Resources

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

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

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

Level II Fieldwork - Each fieldwork site must develop its site specific behavioral objectives reflecting the entry-level competencies that the student is required to achieve by the end of the affiliation. These objectives serve to guide the student through sequential learning activities that lead to entry-level competency.

Some fieldwork programs correlate their objectives with AOTA's fieldwork evaluations. Other fieldwork

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

3. Fieldwork Student Manual - The manual will serve as a valuable resource for students and fieldwork educators. See paper titled "Recommended Content for A Student Fieldwork Manual."
4. Schedule of Weekly Activities - Develop a list of learning activities and /or assignments that will guide a student developmentally toward the acquisition of entry-level skills. Some fieldwork programs have a week by week outline with increasing responsibilities, learning activities, and assignments that students must successfully complete.
5. Prepare an Orientation - A thorough orientation provides students with the knowledge and understanding needed for a successful fieldwork experience. Topics can include: an overview of the fieldwork site and its fieldwork program, safety procedures, specific evaluation or treatment interventions utilized by the facility, documentation, equipment use, etc. Try to make the sessions as participatory as possible with presentations made by different staff members or experienced students.

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

- See more at: <http://www.aota.org/education-careers/fieldwork/newprograms/steps.aspx#sthash.KsU5JEbV.dpuf>

Occupational Therapy Assistant Program Learning Contract

The attached detailed clinical objectives reflect the results of a discussion with

_____,
Academic Fieldwork Coordinator and

_____,
Fieldwork Supervisor for Michigan Hand and Sports Rehabilitation (Auburn Hills),
in which we clarified expectations of my behavior or performance, in areas that
were identified as problems _____6/9/16_____.

The purpose of defining specific performance statements is to clarify the
expectations of my performance during the remainder of my clinical experience
at __Michigan Hand and Sports Rehabilitation _____.

I understand that I must incorporate these suggestions into my daily activities at
____Michigan Hand and Sports Rehabilitation _____. Failure to successfully
meet these objectives by _____6/24/16____ will result in _1) extension of
fieldwork experience one week and if still not met by 7/1/16 may result in failure
of the clinical experience_____.

Objective 1:

Student will demonstrate timeliness with arrival and departure from clinical
experience as agreed upon with FWS.

Objective 2:

Student will demonstrate initiative and ownership

I understand that emphasis on these objectives should in no way be construed to
mean that the remainder of the goals and objectives for this experience are less
important, or that successful completion of the remaining goals is not required for
successful completion of this experience.

Student's Signature

Date

FWS's Signature

Date

AFWC's Signature

Date

**Cincinnati State Technical and Community College
Occupational Therapy Assistant Program**

Client Plan OTA 180, 185, 280

The only part of this client plan that will need the chart is Client Factors. All other sections will be done by the student with observations of and interview with the client. The chart work should take no longer than 30 minutes. The student should cite all work and whether it was obtained from the chart, from interview and who was interviewed, or from observation.

This assignment is based on the Occupational Therapy Practice Framework; Domain & Process 3rd Edition.

All work should be color coded as follows:

Own writing- black ink

Chart review- green

Interview- blue

Observation- red

(This assignment is the work of the student and not the work of the supervisor. Once the supervisor has signed and corrected the form it should not be altered or changed by the student. If there are any questions please ask.)

S/OTA Name:
Facility:
Supervisor/credentials:
Date:
Client Initials:

Occupational Profile- Describe what you may know of the client in the following areas of the profile. This information may be obtained by chart, observation and/or interview. This doesn't make sense after what you added on the top. Please specify where the information was obtained after each statement.

Occupational History (include age) For children, describe how long they have been receiving therapy. Any roles they perform, student, athlete, etc.	
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Pattern of Living- Describe who they live with, who is in their family. Type of living situation, home, apt. retirement community	
Interests	
Values, Beliefs, and Spirituality	
Needs- type and amount of assistance needed to perform daily roles	
Client's/Caregiver's Priorities	
OT Goals – if none, then create at least 2	

Client Factors- Provide the diagnosis and describe any limitations the client may have in each of the following areas. This information may be obtained by observation and supplemented with chart review. Please specify where the information was obtained and the date it was written in the chart after each statement. Refer to the OTPF (2nd ed).

Diagnosis (for psychiatry, use Axis)	
Specific Mental Functions- include orientation, confusion, attention span, etc.	
Global Mental Functions- consciousness, orientation, temperament, energy and drive, sleep	
Sensory functions including touch, vision, hearing, pain, proprioceptive, etc.	
Neuromuscular and movement related functions- joint mobility, joint stability	
Muscle functions-muscle power, muscle tone, muscle endurance	
Movement functions- motor reflexes, involuntary movement reactions, control of voluntary movement, gait patterns	
Cardiovascular, hematological, immunological and respiratory function, physical endurance, stamina, fatigability	
Voice and speech functions	
Emotional regulation- mood and affect	

Physical description of client-

Include in this section what the client looks like from head to toe in a snap shot format. Choose a position that the client is utilizing and then begin there. The client can be standing or sitting, but not lying down. Be sure to describe symmetry, posture, facial expression, position of extremities, clothing and any unusual wear or dirt. This information is obtained by observation.

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Name and describe treatment/occupation observed:

Name	
Description	

Performance Patterns:

Describe how the client's participation in this activity will facilitate participation in their life. (Habits, roles, rituals, routines)

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Area of Occupation: Describe how the observed activity relates to an Area of Occupation. *For example- Activities of daily living might be checked if you were doing an activity like playing volleyball. Your description would be that since the activity requires overhead reaching it would help the client wash their hair and apply clothing over their head. (You may select more than one.)*

Activities of daily living	
Instrumental ADL	
Rest and Sleep	
Education	
Work	
Play	
Leisure	
Social participation	

Type of occupational therapy intervention observed: Check only one box and then describe why you think it is the best category.

Occupations	
Activities	
Preparatory methods	
Preparatory tasks	
Education and Training	
Advocacy	
Group Interventions	

Performance Skills

For this section you are to pick 4 skills in each section to comment on. NO more than 4.

There will be more that are involved but it is important to start to prioritize the most important in each task. For the 4 you choose describe your client's performance in the intervention you observed.

Motor Skills

<u>Skill</u>	<u>Description of performance</u>
Aligns	
Stabilizes	
Positions	
Reaches	
Bends	
Grips	
Manipulates	
Coordinates	
Moves	
Lifts	
Walks	
Transports	
Calibrates	
Flows	
Endures	
Paces	

Process Skills

Paces	
Attends	
Heeds	
Chooses	
Uses	
Handles	
Inquires	
Initiates	
Continues	
Sequences	
Terminates	
Searches/locates	
Gathers	
Organizes	
Restores	
Navigates	
Notifies/responds	
Adjusts	

Accommodates	
Benefits	
<u>Social Interaction Skills</u>	
Approaches/starts	
Concludes/disengages	
Produces speech	
Gesticulates	
Speaks fluently	
Turns toward	
Looks	
Places self	
Touches	
Regulates	
Questions	
Replies	
Discloses	
Expresses emotion	
Disagree	
Thanks	
Transitions	
Times response	
Times duration	
Takes turns	
Matches language	
Clarifies	
Acknowledges and encourages	
Empathizes	
Heeds	
Accommodates	
Benefits	

(Form last edited; September 29, 2014)

Signature of S/OTA:

Signature of Supervisor (with credentials):

****Supervisor, please provide feedback on the form itself for the student and instructor with corrections according to what you observed. Include any additional comments below. If you are not familiar with the OTPF 2014 please ask the student to show and perhaps explain to you this framework. If you have any questions please email or call me; cindy.kief@cincinnatiastate.edu or 569-1691. Thank you**

Supervisor Comments:

Cincinnati State Technical and Community College
Occupational Therapy Assistant
Sample Learning Contract

This learning contract is being established to assist you in remediating problem behaviors or to implement behaviors that you have yet to achieve. Please feel free to ask questions wherever you have concerns or are not sure how to perform or extinguish the behavior.

Facility;
Student name;
Supervisor name:
Date:

Identify problem/s with specific examples;

Contract for competency/s

Expected behavior;
Steps to achieve behavior; <ul style="list-style-type: none">••
Resources to assist;
Date to be achieved;
Consequence/s if not achieved;

Expected behavior;
Steps to achieve behavior; <ul style="list-style-type: none"> • •
Resources to assist;
Date to be achieved;
Consequence/s if not achieved;

Expected behavior;
Steps to achieve behavior; <ul style="list-style-type: none"> • •
Resources to assist;
Date to be achieved;
Consequence/s if not achieved;



Rehabilitation Services Clinical Education Midterm Survey

Name: _____

CI/FWE: _____

Date: _____ Level: _____

Please complete the following survey within 1 week of receiving it and return it to your CCCE or Student Coordinator. Please keep in mind that it is crucial to have open communication, especially at midterm when things can still be improved upon. If you would prefer to discuss any of this information with your CCCE/Coordinator directly, please let me know.

1. What is going well for you so far during your rotation?
2. What is/continues to be very challenging in this setting?
3. Do you feel that you are receiving necessary and timely feedback from your CI/FWE/Coordinator/CCCE? Do you have suggestions to improve communication?
4. List 2 strengths of your CI/FWE.

5. List 2 areas that your CI/FWE could improve upon?

6. What special opportunities would you like to take advantage of before the end of your rotation?

7. Do you have a plan for your project/presentation yet? Please have a rough draft into your CI/FWE ASAP. If you are planning on presenting it at a lunch meeting, please talk to Barb Paul, secretary (inpatient)/site supervisor (outpatient) and book a room immediately.

8. What are your primary goals for the rest of your rotation? What steps do you need to take to achieve these goals? How can we help?

9. Would you like to meet 1-on-1 with your CCCE/ Fieldwork coordinator regarding questions or concerns?

Please return via email at:

CLINICAL TEACHING TOOLS

1. Hooked on evidence: www.hookedonevidence.org
Hooked on Evidence is APTA's "grassroots" effort to develop a database containing current research evidence on the effectiveness of physical therapy interventions. The Hooked on Evidence project was motivated by a concern that clinicians lacked access to the knowledge available from current research, thus hindering evidence-based practice.
2. PTNow <http://www.ptnow.org/Default.aspx>

PTNow's mission is to assist physical therapists and physical therapist assistants in day-to-day practice. Its official mission statement: "PTNow translates physical therapy knowledge into action, supports evidence-informed care, and helps clinicians improve their clinical decision making. PTNow promotes using the best available evidence to achieve optimal patient outcomes and enhances collaboration within the physical therapy profession."
3. Literature review/case presentation: Have student select an article and then have them discuss the article with the staff without reading it and facilitate discussion.
4. Opportunities list: observation of different disciplines and specialties. (See guidelines for opportunities list)
5. Professionalism: Review core values and applying them to their rotation
6. EPIC "scavenger hunt" or chart reviews.
7. Clinic scavenger hunt: make a list of equipment, tools, machines etc. that the student has to find on their own and learn how to use.
8. Cross comparisons between similar diagnoses by charts/lists.
9. Take patient case/diagnosis across the continuum of care: beyond the episode of care: How would this patient look 10 years from now? How did they look 10 years prior? What are the long-term effects of what you are going to teach them? How will they be affected if they don't do their home management program across the continuum?
10. Weekly or bi-weekly self-assessment forms
11. Training of newer students
12. Interactive case dissections: Compare patient/client X to patient/client Z with similar diagnoses: What are the differences and similarities? What is challenging to the student regarding that dx? What would you have done differently? Interesting cases?
13. ABC worksheets: for patient evaluation/program planning (See assignments section)
14. PT/OT diagnosis worksheet (See assignments section)

Collaborative Model (Educating 2+ students at the same time)

Educators need to be flexible, organized, and able to multi-task.

The first few weeks will likely be less productive as you begin to determine the most appropriate learning style for each student and how to address feedback most successfully.

Although it may be easy to compare students, it is best to use the strengths of each student as teaching opportunities for the weaknesses that will be apparent in the first few weeks of the rotation.

Remember students will likely feel more comfortable with each other so they may discuss suggestions or feedback amongst themselves and incorporate feedback from each other more readily.

Allow students to self-reflect and self-critique if accepting feedback is problematic and remember to make feedback a learning experience for both if it cannot be provided in a 1 on 1 setting.

Set up individual meetings for weekly goals so that students can be as honest as possible when reflecting on their strengths and weaknesses.

Once students are treating patients more independently, challenge them with more complex patients or larger caseloads knowing that they may need more 1 on 1 assist if necessary.

Tips for time management:

Have students start chart reviews together for the first few days so that they can provide each other with tips for more efficient navigation of EPIC. (You should be doing chart reviews at this time as well so you can determine if they are gathering all the appropriate information prior to seeing patients).

Split your caseload between each student after the first few days so that they can be responsible for the chart reviews of specific patients.

Allow 1 student to continue chart reviews or plan their treatments while the other student goes to see the first patient. Then allow that student to write their note while the other student sees their first patient. If both students have notes to write, go see a patient on your own. (Don't feel like each student needs to see every patient – they will have plenty of learning opportunities during their 10-14 week rotation).

Once students are seeing patients on their own, use that time to co-sign notes or see patients on your own but keeping in mind ways to challenge students if they are doing well with independent treatments.

The Critical Incident Report

Record each entry clearly and concisely without reflecting any biases.

Student's Name:

Evaluator/Observer:

Date (Time)	Antecedents	Behaviors	Consequences
Student Initials: Evaluator Initials:			
Student Initials: Evaluator Initials:			
Student Initials: Evaluator Initials:			

Student's Signature:

Evaluator's Signature:

Goals for Henry Ford Health System Clinical Rotation

By the end of a full clinical rotation, the student will be expected to:

1. Consistently ensure a safe and therapeutic environment with adequate and appropriate equipment setup.
2. Adhere to all departmental policies and procedures related to ethical practice.
3. Adhere to all HIPAA procedural guidelines for confidentiality of patient records.
4. Adhere consistently to safety regulations including body mechanics and standard precautions, while using sound judgment in regards to the safety of one's self and others during all clinical activities.
5. Communicate effectively to patients, caregivers, and service providers the role of the physical therapy, and occupational therapy as it affects patient treatment.
6. Demonstrate professional behavior and attitude during all interactions with patients and staff.
7. Demonstrate the ability to adapt/modify different techniques and evaluation tools in accordance with patient deficits.
8. Demonstrate the ability to gather information from appropriate resources by utilizing the patient record, other professionals, and the patient and family.
9. Determine the priorities of information to be elicited by evaluation procedures.
10. Consider patient status changes and adapt assessment/treatment procedures as necessary.
11. Demonstrate ability to adjust/adapt methods based on the patient's response.
12. Demonstrate proficiency with Epic, Henry Ford Health System's electronic medical record system.
13. Produce documentation and report on the treatment plan in accordance with HFHS requirements, utilizing appropriate and approved medical abbreviations.
14. State and demonstrate an understanding of the concept of "graded" activity and the rationale for sequencing a series of activities to meet patient goals and needs within a reasonable time frame.
15. Appropriately delegates to and utilizes occupational therapy assistants/physical therapist assistants/technicians with respect to standards of practice and supervisory guidelines.
16. Use clear and accurate language to explain assessment, treatment, and goals to patients and caregivers.
17. Consistently demonstrate appropriate time management skills to support a full patient case load.
18. Demonstrate ability to bill appropriately and ethically upon completion of their rotation.
19. Recognize a need for and seek appropriate supervision.
20. Demonstrate appropriate behavior respecting diversity of sociocultural, socioeconomic, spiritual, and lifestyle choices of patients.
21. Complete in-service on topic of student's choosing, or project subject to CI approval to Rehabilitation Services staff.

OT/OTA Student Supervision & Medicare Requirements

Historically, OT and OTA students have participated in the delivery of occupational therapy services under the supervision of occupational therapy personnel in a variety of fieldwork sites. The following provides information about the way in which the Centers for Medicare & Medicaid Services (CMS) interprets how and whether the Medicare program should provide payment for services provided by students.

For those settings that serve Medicare patients, it is important to be aware of both new and existing Medicare payment policies. CMS has published specific criteria relating to how and when the program will pay for services when the student participates in service delivery. When developing fieldwork plans for sites that serve Medicare patients, two issues must be considered:

1. Whether Medicare payment rules specifically allow students to participate in the delivery of services to Medicare beneficiaries, and
2. What type and level of supervision are required by the Medicare program.

All relevant Medicare coverage criteria must be reviewed if reimbursement is sought for services when the student participates in service delivery. In addition, many state practice acts and regulations address occupational therapy services provided by students. You can find the regulatory board contact information on the State-by-State OT Law Database located in the [Licensure](#) section of this website. For details regarding AOTA's position on Level II fieldwork, please see the document [Practice Advisory: Services Provided by Students in Fieldwork Level II Settings](#).

The following sets out for each Medicare setting whether Medicare payment rules specifically allow or restrict coverage of services provided by students and what type and level of supervision Medicare requires to raise the services provided by students to the level of covered "skilled" occupational therapy. Practitioners should take care to ensure an appropriate level of supervision, whether or not a specific CMS rule regarding students has been issued.

Medicare Coverage of Services When a Student Participates in Service Delivery

- **Medicare Part A—Hospital and Inpatient Rehabilitation Facility (IRF)**

Type and Level of Supervision of Student Required:

CMS has not issued specific rules, but in the excerpt here referencing skilled nursing facilities (SNFs), CMS mentions other inpatient settings. In the Final SNF PPS Rule for FY 2012 (76 Fed. Reg. 48510-48511), CMS stated: *"We are hereby discontinuing the policy announced in the FY 2000 final rule's preamble requiring line-of-sight supervision of therapy students in SNFs, as set forth in the FY 2012 proposed rule. Instead, effective October 1, 2011, **as with other inpatient settings, each SNF/provider will determine for itself the appropriate manner of supervision of therapy students consistent with state and local laws and practice standards.**"* See relevant state law for further guidance on supervision for the services to be considered occupational therapy.

* CMS recently discussed a different interpretation of the use of students in IRF. See our [Joint Statement on Use of Students in Hospitals](#) for information about ongoing AOTA advocacy on this issue.

- **Medicare Part A—SNF**

Type and Level of Supervision of Student Required:

The minutes of therapy services provided by OT and OTA students may be recorded on the Minimum Data Set (MDS) as minutes of therapy received by the beneficiary. Before October 1, 2011, services of OT and OTA students had to be provided in the "line of sight" of the OT. OTAs could provide clinical supervision to OTA students; however, if the services were to be recorded for payment purposes, they had to be performed in "line of sight" of an OT.

CURRENT POLICY: Effective October 1, 2011, line-of-sight supervision is no longer required in the SNF setting (76 Fed. Reg. 48510-48511). The time the student spends with a patient will continue to be billed as if it were the supervising therapist alone providing the therapy, meaning that a therapy student's time is not separately reimbursable. See the MDS Version 3.0 Resident Assessment Instrument Manual ([MDS 3.0 RAI Manual](#)), Chapter 3, Section O Therapies for more details and examples. According to the MDS 3.0 RAI Manual, supervising therapists and therapy assistants within individual facilities must determine whether or not a student is ready to treat patients without line-of-sight supervision. The supervising therapist/assistant may not be engaged in any other activity or treatment, with the exception of documenting. It is AOTA's policy that OTAs may supervise OTA students, not OT students.

- **Because of advocacy by AOTA, CMS recognized Recommended Guidelines by AOTA, APTA, and ASHA:** AOTA, APTA, and ASHA worked together to develop suggested guidelines for CMS to incorporate into its guidance on student supervision. CMS recognized the guidelines and posted them on its website after issuing the FY 2012 SNF PPS final rule. In the final rule, CMS stated, "we appreciate the detailed supervision guidelines that several of the trade associations have developed, which we recognize as playing a significant role in helping to define the applicable standards of practice on which providers rely in this context."

Recommended Skilled Nursing Facility Therapy Student Supervision Guidelines
Submitted to CMS by the American Occupational Therapy Association (AOTA)
during the comment period for the FY 2012 SNF PPS Final Rule

Please note, these suggested guidelines would be in addition to the student supervision guidelines outlined in the RAI MDS 3.0 Manual and all relevant Federal Regulations

- The amount and type of supervision as determined by the supervising therapist/assistant must be appropriate to the student's documented level of knowledge, experience, and competence.
- Students who have been approved by the supervising therapist or assistant to practice independently in selected patient/client situations can perform those selected patient/client services without line-of-sight supervision by the supervising therapist/assistant.
- The supervising therapist/assistant must be physically present in the facility and immediately available to provide observation, guidance, and feedback as needed when the student is providing services at all levels of supervision.
- When the supervising therapist/assistant has approved the student to perform medically necessary patient/client services and the student provides the appropriate services, the services will be counted on the MDS as skilled therapy minutes.
- The supervising therapist/assistant is required to review and sign all students' patient/client documentation for all levels of clinical experience and retains full responsibility for the care of the patient/client.
- The supervising therapist/assistant is required to have one year of practice experience prior to supervising any students.
- Students who have not been approved by the supervising therapist/assistant to practice independently require line-of-sight supervision by the qualified therapist/assistant during all services. In addition, under these circumstances the supervising therapist/assistant will have direct contact with the patient/client during each visit.
- **Medicare Part A—Hospice**
Type and Level of Supervision of Student Required:
CMS has not issued specific rules. AOTA is recommending that the approach for Part A inpatient settings be followed for hospice providers. See relevant state law for further guidance on supervision for the services to be considered occupational therapy.
- **Medicare Part A—Home health**
Type and Level of Supervision of Student Required:
Regulations (§484.115) specifically cite definitions for "qualified personnel," which do not include students. However, CMS has not issued specific restrictions regarding students providing services in conjunction with a qualified OT or OTA. Services by students can be provided (as allowed by state law) as part of a home health visit, when the student is supervised by an OT or

OTA in the home. AOTA is recommending that the approach for Part A inpatient settings be followed for home health agencies. See relevant state law for further guidance on supervision for the services to be considered occupational therapy.

- **Medicare Part B—*Private Practice, Hospital Outpatient, SNF, CORF, ORF, Rehabilitation Agency, and other Part B providers including Home Health Agencies when providing Part B services***

Type and Level of Supervision of Student Required:

Under the Medicare Part B outpatient benefit, the services of students directly assisting a qualified practitioner (OT) are covered when the type and level of supervision requirements are met as follows: Students can participate in the delivery of services when the qualified practitioner (OT) is directing the service, making the skilled judgment, responsible for the assessment and treatment in the same room as the student, and not simultaneously treating another patient. The qualified practitioner is solely responsible and must sign all documentation.

The following is guidance to the entities that pay for Medicare benefits contained in the [Medicare Benefit Policy Manual, Chapter 15](#)—see Section 230B:

1. General

Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under “line of sight” supervision of the therapist; however, the presence of the student “in the room” does not make the service unbillable. Pay for the direct (one-to-one) patient contact services of the physician or therapist provided to Medicare Part B patients. Group therapy services performed by a therapist or physician may be billed when a student is also present “in the room”.

EXAMPLES:

Therapists may bill and be paid for the provision of services in the following scenarios:

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician’s service, not for the student’s services).

AOTA continues to work with a coalition of organizations to advocate for additional government support for educating allied health providers and to develop long-term solutions to the problems caused by Medicare’s limitations on reimbursement when students participate in service delivery.

Multi-Disciplinary Approach to Clinical Education

Overall team teaching

It is important to establish a good understanding of the multidisciplinary team to develop a well-rounded student. It is highly encouraged to have students interact with all disciplines and create opportunities for them to understand the diversity of allied health professions. Often times we refer services to other disciplines, they need to understand & respect each team member's scope of practice.

Some ideas to create this valuable learning opportunity:

1. Discuss each team member's role. Ask the students perception of the team members' role to allow for open discussion.
2. Shadow other disciplines & complete small writing assignment about the time spent (See assignments section)
3. Follow a patient the student has between all services (PT/OT/SLP, etc.)
4. Co-treat with the other disciplines.

*****If you do not have other disciplines at your clinic, please set some opportunities up for them to interact with other allied health professionals.*****

**Oak Tree Developmental Center
Weekly Goals & Expectations
Level II Fieldwork**

Week 1

(Days 1-3)

- Tour of facility and introduction to Oak Tree staff
- Introduction to sites policies/procedures and overview of clinical services offered at Oak Tree Developmental Center
- Participate in any required training and orientation for Oak Tree (i.e. documentation, evaluation process, caseload/client population/goal setting, safety, and equipment use)
- Review site expectations for student and discuss student's long term goals for fieldwork experience
- Review common therapy methods used at Oak Tree (i.e. ABA and DIR)
- Review evaluation tools commonly used at Oak Tree (i.e. Sensory Profile Checklist, VMI, BOT-2, and the Peabody)
- Participate in group sessions and one on one sessions
- Review therapist documentation for treatment sessions

(Days 4-5)

- Discuss possible ideas for student project
- Observe early intervention in two settings (home based and clinic based) and discuss the significance of practicing in the natural setting with fieldwork educator
- Receive first client from fieldwork educator's caseload to prepare and carry out treatment plan independently
- Perform documentation on session with feedback from fieldwork educator
- Participate in weekly discussion/feedback session with fieldwork educator (see attached form for guide)

Week 2

AOTA FWPE Item	Site-Specific Objectives
Basic Tenants	<ul style="list-style-type: none"> ▪ Communicate with and observe other disciplines' treatment sessions (i.e. PT and SLP) to better understand OT's role on the team
Evaluation and Screening	<ul style="list-style-type: none"> ▪ Observe OT evaluation process with at least <i>one</i> client ▪ Student will begin to assess client factors & contexts that support or hinder treatment goals for clients and discuss with fieldwork educator
Intervention	<ul style="list-style-type: none"> ▪ Prepare and carry out treatment plans for <i>2 clients</i> independently, including documentation for sessions ▪ Provide report on client's response to treatment sessions ▪ Provide a current research article supporting <i>one</i> treatment approach chosen to implement with clients and explain supporting evidence for practice to fieldwork educator ▪ Continue daily participation in all of Fieldwork Educator's clinical treatment sessions (individual and group)
Communication	<ul style="list-style-type: none"> • Provide education to <i>one</i> family at the end of one therapy session • Complete documentation treatment session independently
Management of Occupational Therapy Services	<ul style="list-style-type: none"> ▪ Attend any departmental meetings if applicable to learn more about the organizational goals of Oak Tree Developmental Center ▪ If site has Certified Occupational Therapy Assistants (COTAs); student will discuss the role of the OTR with fieldwork educator and observe interactions in order to get a better understanding of the relationship between the COTA and OTR
Professional Behaviors	<ul style="list-style-type: none"> ▪ Determine time line for student project and work with fieldwork educator to establish due dates ▪ Collaborate with Fieldwork Educator to participate in weekly discussion/feedback sessions (see attached form)

Week 3

AOTA FWPE Item	Site-Specific Objectives
Basic Tenants	<ul style="list-style-type: none"> Communicate with other disciplines (i.e. PT and SLP) to better understand OT's role on the team Clearly articulate the role of OT to families and other team members when applicable
Evaluation and Screening	<ul style="list-style-type: none"> Observe OT evaluation process with at least <i>one</i> client (if applicable) Student will assess client factors & contexts that support or hinder treatment goals for clients and discuss with fieldwork educator
Intervention	<ul style="list-style-type: none"> Prepare and carry out treatment plans for 3 clients independently, including documentation for sessions Provide report on clients' response to treatment sessions Provide a current research article supporting <i>one</i> treatment approach chosen to implement with clients and explain supporting evidence for practice to fieldwork educator Continue daily participation in all of Fieldwork Educator's clinical treatment sessions (individual and group)
Communication	<ul style="list-style-type: none"> Provide education to 2 families at the end of therapy session Complete documentation for treatment sessions independently
Management of Occupational Therapy Services	<ul style="list-style-type: none"> Attend any departmental meetings if applicable to learn more about the organizational goals of Oak Tree Developmental Center If site has Certified Occupational Therapy Assistants (COTAs); students will continue to observe interactions between the COTA and OTR in order to get a better understanding of the relationship
Professional Behaviors	<ul style="list-style-type: none"> Collaborate with other team members (i.e. SLP or PT) and co-lead at least <i>one</i> group therapy session with another discipline Collaborate with Fieldwork Educator to participate in weekly discussion/feedback sessions (see attached form)

Week 4

AOTA FWPE Item	Site-Specific Objectives
Basic Tenants	<ul style="list-style-type: none"> Daily communication with other disciplines (i.e. PT & SLP) in order to understand their roles and the OT's role on the team Clearly articulate the role of OT to families and other team members when applicable
Evaluation and Screening	<ul style="list-style-type: none"> Evaluate at least <i>one</i> client independently (if applicable) and complete appropriate documentation Student will assess client factors & contexts that support or hinder treatment goals for clients and discuss with fieldwork educator
Intervention Intervention Continued	<ul style="list-style-type: none"> Prepare and carry out treatment plans for 4 clients independently, including documentation for sessions Provide report on clients' response to treatment sessions Provide a current research article supporting <i>two</i> treatment approaches chosen to implement with clients and explain supporting evidence for practice to fieldwork educator Continue daily participation in all of Fieldwork Educator's clinical treatment sessions (individual and group)
Communication	<ul style="list-style-type: none"> Provide education to 3 families at the end of therapy session Complete documentation for treatment sessions independently (see above)

Management of Occupational Therapy Services	<ul style="list-style-type: none"> Attend any departmental meetings if applicable to learn more about the organizational goals of Oak Tree Developmental Center If site has Certified Occupational Therapy Assistants (COTAs); students will collaborate with the COTA daily and demonstrate awareness of an appropriate supervisory relationship between COTA and OTR, including knowledge of the roles and responsibilities of COTA
Professional Behaviors	<ul style="list-style-type: none"> Collaborate with other team members (i.e. SLP or PT) and co-lead at least <i>one</i> group therapy session with another discipline Collaborate with Fieldwork Educator to participate in weekly discussion/feedback sessions (see attached form)

Week 5

AOTA FWPE Item	Site-Specific Objectives
Basic Tenants	<ul style="list-style-type: none"> Daily communication with other disciplines (i.e. PT & SLP) Clearly articulate the role of OT to families and other team members when applicable
Evaluation and Screening	<ul style="list-style-type: none"> Evaluate at least <i>one</i> client independently (if applicable) and complete appropriate documentation Student will assess client factors & contexts that support or hinder treatment goals for clients and discuss with fieldwork educator
Intervention	<ul style="list-style-type: none"> Prepare and carry out treatment plans for 5-6 clients independently, including documentation for sessions Provide report on clients' response to treatment sessions Provide a current research article supporting <i>two</i> treatment approaches chosen to implement with clients and explain supporting evidence for practice to fieldwork educator Continue daily participation in all of Fieldwork Educator's clinical treatment sessions (individual and group)
Communication	<ul style="list-style-type: none"> Provide education to 3-4 families at the end of therapy session Complete documentation for treatment sessions independently (see above)
Management of Occupational Therapy Services	<ul style="list-style-type: none"> Attend any departmental meetings if applicable to learn more about the organizational goals of Oak Tree Developmental Center If site has Certified Occupational Therapy Assistants (COTAs); students will collaborate with the COTA daily and demonstrate awareness of an appropriate supervisory relationship between COTA and OTR, including knowledge of the roles and responsibilities of COTA Student Project Check In: Student will provide fieldwork educator with rough draft/outline of project
Professional Behaviors	<ul style="list-style-type: none"> Collaborate with other team members (i.e. SLP or PT) and co-lead at least <i>one</i> group therapy session with another discipline Collaborate with Fieldwork Educator to participate in weekly discussion/feedback sessions (see attached form)

Week 6

AOTA FWPE Item	Site-Specific Objectives
Basic Tenants	<ul style="list-style-type: none"> Daily communication with other disciplines (i.e. PT & SLP) Clearly articulate the role of OT to families and other team members when applicable
Evaluation and Screening	<ul style="list-style-type: none"> Evaluate any clients independently (if applicable) and complete appropriate documentation Student will assess client factors & contexts that support or hinder treatment goals for clients and discuss with fieldwork educator

Intervention	<ul style="list-style-type: none"> ▪ Prepare and carry out treatment plans for <i>full OT caseload</i> independently, including documentation for sessions ▪ Provide report on clients' response to treatment sessions ▪ Provide a current research article supporting <i>three</i> treatment approaches chosen to implement with clients and explain supporting evidence for practice to fieldwork educator
Communication	<ul style="list-style-type: none"> • Provide education to all families at the end of therapy sessions with fieldwork educator as an observer • Complete documentation for treatment sessions independently (see above)
Management of Occupational Therapy Services	<ul style="list-style-type: none"> ▪ Attend any departmental meetings if applicable to learn more about the organizational goals of Oak Tree Developmental Center ▪ If site has Certified Occupational Therapy Assistants (COTAs); students will collaborate with the COTA daily and demonstrate awareness of an appropriate supervisory relationship between COTA and OTR, including knowledge of the roles and responsibilities of COTA
Professional Behaviors	<ul style="list-style-type: none"> ▪ Collaborate with other team members (i.e. SLP or PT) and co-lead any group therapy sessions with other disciplines ▪ Collaborate with Fieldwork Educator to participate in weekly discussion/feedback sessions (see attached form) ▪ Complete mid-term evaluation with fieldwork educator

Week 7

AOTA FWPE Item	Site-Specific Objectives
Basic Tenants	<ul style="list-style-type: none"> ▪ Daily communication with other disciplines (i.e. PT & SLP) ▪ Clearly articulate the role of OT to families and other team members when applicable
Evaluation and Screening	<ul style="list-style-type: none"> ▪ Evaluate any clients independently (if applicable) and complete appropriate documentation ▪ Student will assess client factors & contexts that support or hinder treatment goals for clients and discuss with fieldwork educator
Intervention	<ul style="list-style-type: none"> ▪ Prepare and carry out treatment plans for <i>full OT caseload</i> independently, including documentation for sessions ▪ Provide report on clients' response to treatment sessions ▪ Provide a current research article supporting <i>three</i> treatment approaches chosen to implement with clients and explain supporting evidence for practice to fieldwork educator
Communication	<ul style="list-style-type: none"> • Provide education to all families at the end of therapy sessions with fieldwork educator as an observer • Complete documentation for treatment sessions independently (see above)
Management of Occupational Therapy Services	<ul style="list-style-type: none"> ▪ Attend any departmental meetings if applicable to learn more about the organizational goals of Oak Tree Developmental Center ▪ If site has Certified Occupational Therapy Assistants (COTAs); students will collaborate with the COTA daily and demonstrate awareness of an appropriate supervisory relationship between COTA and OTR, including knowledge of the roles and responsibilities of COTA
Professional Behaviors	<ul style="list-style-type: none"> ▪ Collaborate with other team members (i.e. SLP or PT) and co-lead any group therapy sessions with other disciplines ▪ Collaborate with Fieldwork Educator to participate in weekly discussion/feedback sessions (see attached form)

Week 8

AOTA FWPE Item	Site-specific Objectives
Basic Tenants	<ul style="list-style-type: none"> ▪ Daily communication with other disciplines (i.e. PT & SLP) ▪ Clearly articulate the role of OT to families and other team members when applicable
Evaluation and Screening	<ul style="list-style-type: none"> ▪ Evaluate any clients independently (if applicable) and complete appropriate documentation ▪ Student will assess client factors & contexts that support or hinder treatment goals for clients and discuss with fieldwork educator
Intervention	<ul style="list-style-type: none"> ▪ Prepare and carry out treatment plans for <i>full OT caseload</i> independently, including documentation for sessions ▪ Provide report on clients' response to treatment sessions
Communication	<ul style="list-style-type: none"> • Provide education to all families at the end of therapy sessions with fieldwork educator as an observer • Complete documentation for treatment sessions independently (see above)
Management of Occupational Therapy Services	<ul style="list-style-type: none"> ▪ Attend any departmental meetings if applicable to learn more about the organizational goals of Oak Tree Developmental Center ▪ If site has Certified Occupational Therapy Assistants (COTAs); students will collaborate with the COTA daily and demonstrate awareness of an appropriate supervisory relationship between COTA and OTR, including knowledge of the roles and responsibilities of COTA
Professional Behaviors	<ul style="list-style-type: none"> ▪ Collaborate with other team members (i.e. SLP or PT) and co-lead any group therapy sessions with other disciplines ▪ Collaborate with Fieldwork Educator to participate in weekly discussion/feedback sessions (see attached form)

Week 9

AOTA FWPE Item	Site-specific Objectives
Basic Tenants	<ul style="list-style-type: none"> ▪ Daily communication with other disciplines (i.e. PT & SLP) ▪ Clearly articulate the role of OT to families and other team members when applicable
Evaluation and Screening	<ul style="list-style-type: none"> ▪ Evaluate any clients independently (if applicable) and complete appropriate documentation ▪ Student will assess client factors & contexts that support or hinder treatment goals for clients and discuss with fieldwork educator
Intervention	<ul style="list-style-type: none"> ▪ Prepare and carry out treatment plans for <i>full OT caseload</i> independently, including documentation for sessions ▪ Provide report on clients' response to treatment sessions
Communication	<ul style="list-style-type: none"> • Provide education to all families at the end of therapy sessions with fieldwork educator as an observer • Complete documentation for treatment sessions independently (see above)
Management of Occupational Therapy Services	<ul style="list-style-type: none"> ▪ Attend any departmental meetings if applicable to learn more about the organizational goals of Oak Tree Developmental Center ▪ If site has Certified Occupational Therapy Assistants (COTAs); students will collaborate with the COTA daily and demonstrate awareness of an appropriate supervisory relationship between COTA and OTR, including knowledge of the roles and responsibilities of COTA
Professional Behaviors	<ul style="list-style-type: none"> ▪ Collaborate with other team members (i.e. SLP or PT) and co-lead any group therapy sessions with other disciplines ▪ Collaborate with Fieldwork Educator to participate in weekly discussion/feedback sessions (see attached form)

Week 10

AOTA FWPE Item	Site-specific Objectives
Basic Tenants	<ul style="list-style-type: none"> ▪ Daily communication with other disciplines (i.e. PT & SLP) ▪ Clearly articulate the role of OT to families and other team members when applicable
Evaluation and Screening	<ul style="list-style-type: none"> ▪ Evaluate any clients independently (if applicable) and complete appropriate documentation ▪ Student will assess client factors & contexts that support or hinder treatment goals for clients and discuss with fieldwork educator
Intervention	<ul style="list-style-type: none"> ▪ Prepare and carry out treatment plans for <i>full OT caseload</i> independently, including documentation for sessions ▪ Provide report on clients' response to treatment sessions
Communication	<ul style="list-style-type: none"> • Provide education to all families at the end of therapy sessions with fieldwork educator as an observer • Complete documentation for treatment sessions independently (see above)
Management of Occupational Therapy Services	<ul style="list-style-type: none"> ▪ Attend any departmental meetings if applicable to learn more about the organizational goals of Oak Tree Developmental Center ▪ If site has Certified Occupational Therapy Assistants (COTAs); students will collaborate with the COTA daily and demonstrate awareness of an appropriate supervisory relationship between COTA and OTR, including knowledge of the roles and responsibilities of COTA
Professional Behaviors	<ul style="list-style-type: none"> ▪ Collaborate with other team members (i.e. SLP or PT) and co-lead any group therapy sessions with other disciplines ▪ Collaborate with Fieldwork Educator to participate in weekly discussion/feedback sessions (see attached form)
Fieldtrip Opportunity	<ul style="list-style-type: none"> ▪

Week 11

AOTA FWPE Item	Site-specific Objectives
Basic Tenants	<ul style="list-style-type: none"> ▪ Daily communication with other disciplines (i.e. PT & SLP) ▪ Clearly articulate the role of OT to families and other team members when applicable
Evaluation and Screening	<ul style="list-style-type: none"> ▪ Evaluate any clients independently (if applicable) and complete appropriate documentation ▪ Student will assess client factors & contexts that support or hinder treatment goals for clients and discuss with fieldwork educator
Intervention	<ul style="list-style-type: none"> ▪ Prepare and carry out treatment plans for <i>full OT caseload</i> independently, including documentation for sessions ▪ Provide report on clients' response to treatment sessions
Communication	<ul style="list-style-type: none"> • Provide education to all families at the end of therapy sessions with fieldwork educator as an observer • Complete documentation for treatment sessions independently (see above)
Management of Occupational Therapy Services	<ul style="list-style-type: none"> ▪ Attend any departmental meetings if applicable to learn more about the organizational goals of Oak Tree Developmental Center ▪ If site has Certified Occupational Therapy Assistants (COTAs); students will collaborate with the COTA daily and demonstrate awareness of an appropriate supervisory relationship between COTA and OTR, including knowledge of the roles and responsibilities of COTA
Professional Behaviors	<ul style="list-style-type: none"> ▪ Collaborate with other team members (i.e. SLP or PT) and co-lead any group therapy sessions with other disciplines ▪ Student will present project

	<ul style="list-style-type: none"> Collaborate with Fieldwork Educator to participate in weekly discussion/feedback sessions (see attached form)
Fieldtrip Opportunity	

Week 12

AOTA FWPE Item	Site-specific Objectives
Basic Tenants	<ul style="list-style-type: none"> Daily communication with other disciplines (i.e. PT & SLP) Clearly articulate the role of OT to families and other team members when applicable
Evaluation and Screening	<ul style="list-style-type: none"> Evaluate any clients independently (if applicable) and complete appropriate documentation Student will assess client factors & contexts that support or hinder treatment goals for clients and discuss with fieldwork educator
Intervention	<ul style="list-style-type: none"> Prepare and carry out treatment plans for <i>full OT caseload</i> independently, including documentation for sessions Provide report on clients' response to treatment sessions
Communication	<ul style="list-style-type: none"> Provide education to all families at the end of therapy sessions with fieldwork educator as an observer Complete documentation for treatment sessions independently (see above)
Management of Occupational Therapy Services	<ul style="list-style-type: none"> Attend any departmental meetings if applicable to learn more about the organizational goals of Oak Tree Developmental Center If site has Certified Occupational Therapy Assistants (COTAs); students will collaborate with the COTA daily and demonstrate awareness of an appropriate supervisory relationship between COTA and OTR, including knowledge of the roles and responsibilities of COTA
Professional Behaviors	<ul style="list-style-type: none"> Collaborate with other team members (i.e. SLP or PT) and co-lead any group therapy sessions with other disciplines Collaborate with Fieldwork Educator to participate in weekly discussion/feedback sessions (see attached form) Complete final evaluation (AOTA FWPE)

IDEAS FOR STUDENT PROJECT:

IDEAS FOR STUDENT PRESENTATION:

OUTPATIENT CI ORIENTATION GUIDELINES AND CHECKLIST

1. Welcome/Introductions:

_____ CI/Student _____ Supervisor
_____ Rehab manager _____ Staff

2. Tour of clinic:

_____ Front desk _____ Lunch area (if available)
_____ Staff room _____ Copy machine
_____ Gym area _____ Computers
_____ Work station _____ Resource materials
_____ Treatment area _____ Fax machine
_____ Chart area _____ Modality area

3. Handout orientation manual to student for use during their clinical.

4. Review of student materials ex: pre-learning style, data form, goals, schedule of events of the clinical such as midterm, final, weekly meetings, and staff meetings. Schedule the students in service, if applicable.

5. Review clinics/CI's attendance policy. The student and the CI should have outside clinic contact numbers in case of an emergency.

6. Facility review. Review facility and CI goals including weekly goal sheets

7. EPIC electronic medical record system.

_____ Evaluation templates _____ Daily note templates
_____ Scheduling tickets _____ Intervention log
_____ Diagnostic coding _____ Episodes/vital signs
_____ Charge Capture/kx-mod _____ G-codes
_____ Chart Review

8. Students should be proficient at using EPIC.

9. Every student should know how to bill appropriately when their rotation is complete.
10. Students should learn scheduling process and be proficient in facilitating patient scheduling with CSRs.

**HENRY FORD HOSPITAL
REHABILITATION THERAPY SERVICES**

Student Orientation

Student Name: _____

Start Date: _____ **CCCE:** _____

Educator: _____

	Responsible Party	Date Completed
Hospital Orientation <ul style="list-style-type: none"> • Tour of hospital (cafeteria, shuttle, etc.) • Badge • Parking Pass/Shuttle Parking • Library Privileges • Telephone and Paging System/Pager List • Lockers 	Student Coordinator	_____ _____ _____ _____ _____
Department Orientation <ul style="list-style-type: none"> • Role of Student Coordinator • Introduction to Rehab Services • Attendance Policy • Dress Code • Work Hours • Physical Layout of the Department • Provide Lab Value Manual, Weekly Meeting Forms, CI & Facility Eval Forms, Gait Belt, Pager • Infection Control • Emergency/Safety Procedures • Review Student Manual • Facility Goals • Emergency # 313-916-8127 	Student Coordinator	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Documentation and Treatment <ul style="list-style-type: none"> • Statistical/billing sheet/brief introduction to insurance coverage • Patient Prioritization/Coverage when off (end your assignment from your patient list daily) • Referral Policy/Stats/Activity orders • Note writing format/abbreviations • Location of forms (DME, precautions, exercises) • Documentation forms; evaluation, progress note • Medical record format • Lab Values and other department policies (imaging and tests) • Computer census list/Patient inquiry • Equipment ordering/billing • Weekend and Holiday Schedule (if necessary) • Patient confidentiality 	CI	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

I have read the assigned area of all manuals and have been oriented to all the items checked above. Please sign and keep in Student file.

(Student)

(Date)

(Supervisor)

(Date)

**HENRY FORD HOSPITAL
REHABILITATION THERAPY SERVICES**

Student Orientation

Student Name: _____

Start Date: _____ **CCCE:** _____

Educator: _____

	Responsible Party	Date Completed
Hospital Orientation <ul style="list-style-type: none"> • Tour of hospital (cafeteria, shuttle, etc.) • Badge • Parking Pass/Shuttle Parking • Library Privileges • Telephone and Paging System/Pager List • Lockers 	Student Coordinator	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Department Orientation <ul style="list-style-type: none"> • Role of Student Coordinator • Introduction to Rehab Services • Attendance Policy • Dress Code • Work Hours • Physical Layout of the Department • Provide Lab Value Manual, Weekly Meeting Forms, CI & Facility Eval Forms, Gait Belt, Pager • Infection Control • Emergency/Safety Procedures • Review Student Manual • Facility Goals • Emergency # 313-916-8127 	Student Coordinator	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Documentation and Treatment <ul style="list-style-type: none"> • Statistical/billing sheet/brief introduction to insurance coverage • Patient Prioritization/Coverage when off (end your assignment from your patient list daily) • Referral Policy/Stats/Activity orders • Note writing format/abbreviations • Location of forms (DME, precautions, exercises) • Documentation forms; evaluation, progress note • Medical record format • Lab Values and other department policies (imaging and tests) • Computer census list/Patient inquiry • Equipment ordering/billing • Weekend and Holiday Schedule (if necessary) • Patient confidentiality 	CI	<hr/> <hr/>

I have read the assigned area of all manuals and have been oriented to all the items checked above. Please sign and keep in Student file.

(Student)

(Date)

(Supervisor)

(Date)

OCCUPATIONAL THERAPY OBSERVATION

Date:

Diagnosis:

Therapist:

What specific problem was being addressed during this treatment session?

What was the goal of this treatment session?

What activities were utilized during this treatment session?

What did you learn that you could relate back to your patient care plan?

Student Signature

O.T. Signature

OCCUPATIONAL THERAPY DIAGNOSIS WORKSHEET

Patient Initials:

Medical Diagnosis:

Pathologies (Medical History)

(List all pathologies in the following table, including potential impairments, functional limitations or disabilities that go along with each. Use the back as needed.)

Pathology	Impairment	Functional Limitations	Disability
1.			
2.			
3.			
4.			
5.			
6.			

Occupational Therapy Diagnosis

(What is the O.T. treatment diagnosis? For example, with a medical diagnosis of left CVA, the O.T. diagnosis is right hemiplegia.)

Implications of Primary Pathologies

(Include medical diagnoses and impairments. This section should include a thorough discussion of the disease process and all characteristics of the specific disease process. Please relate the pathologies and impairments to your expected outcomes for this patient.)

Educational Considerations

(Personal as the O.T. and to the patient and family.)

What do you need to learn about in order to maximize your outcomes with this patient? (diagnosis, disease process, treatment protocols)

What do you see as the patient/family needs?

How do you plan to assess patient/family educational needs?

Discharge Planning

Social considerations:

Environmental considerations (i.e., layout of residence):

Pharmacology

(Identify 2-3 medications being used for this patient and their purpose. List possible interactions that could affect physical therapy outcomes. List how you would alter your O.T. regimen if any side effects occur.)

Medication	Classification	Implications	Side Effects
1.			
2.			
3.			

How would I alter the O.T. regimen based on the above medications?

Radiology

(Identify those radiographic diagnostic examinations that are directly related to the Medical Diagnosis of the patient. If multiple tests have been performed, i.e. X-ray/CT scan/MRI, then define least and most effective in providing the diagnosis.)

Have you viewed the radiographic images on the electronic system available at Henry Ford Hospital?

☐ Yes

☐ No

Do you understand the meaning of the images?

☐ Yes

☐ No

Laboratory Examinations

(Identify 4-5 lab tests that the patient has undergone. Identify if the results are in or out of the normal range expected and the implications they may have on your clinical decision making and treatment plans.)

Lab Test	Normal Range	Patient Test Value	Clinical Implication
1.			
2.			
3.			
4.			
5.			

Ventilator Settings/ Supplemental Oxygen (when applicable)

(Identify the route of supplemental oxygenation for this patient. If the patient is on the ventilator, identify the amount and type of assistance that the patient is receiving and how this can influence your treatment plans. If the patient is utilizing supplemental oxygenation that is not invasive, identify the route and quantify the rate and amount of oxygen the patient is receiving and how this can influence your treatment plans. Also, identify how you will successfully monitor oxygenation whether or not your patient is on supplemental oxygenation.)

Invasive Tubes/Lines

(Identify ALL invasive tubes and lines that this patient has in the following table. Identify the purpose and need of the tube or line as well as any contraindications or precautions that must be identified with its use.)

Invasive Tube/Line	Purpose/Function	Contraindications/Precautions with Mobility
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

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

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

General Principles:

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

In settings where occupational therapy practitioners¹ are employed:

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

In settings where occupational therapy practitioners are not employed:

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

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

References:

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

Prepared by:

Commission on Practice and Commission on Education Joint Task Force

September, 2010.

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Addendum 1:

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

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

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

And,

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

And,

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

And,

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

And,

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

And,

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

And,

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

And,

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

And,

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

And,

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

Therefore,

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

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

Problem Student

Your student's clinical rotation is nearing midterm there are some areas of concern.

How can you best address these concerns to allow your student to continue with the rotation and get the best experience possible?

1. Your student is late on the first day of clinical (attributed to not knowing where to go). Punctuality improves during the first week but then student is late every so often. You also notice that dictations and documentation is not completed in a timely manner.

Solutions

- Discussion with the student expressing your concerns
- Call the CCCE/AFWC to make him/her aware of potential problems
- Contact academic coordinator
 - Learning contract, done collaboratively with CI/FWS and CCCE/AFWC
 - Verbal warning, done collaboratively with CI/FWS and CCCE/AFWC
 - Written warning, done collaboratively with CI/FWS and CCCE/AFWC

2. You notice inconsistency with thoroughness of safety and/or documentation

Examples: chart reviews, lab values, thorough history, and precautions/protocols

Solutions

- Self-critique
- CI critique
- Intranet for documentation assist
- Looking at examples of documentation from colleagues
- Co-treating with opposite discipline or CI/FWS
- Paper patients
- Copy a note in EPIC but delete assessment section, discharge recommendation, and goals and have the student fill in those sections based on history and objective findings
- Weekly meeting/goals worksheet
- Goals worksheet
- Lab values test, rotator cuff competency, ACL competency, AFMS, transfer and handling skills training
- Modeling/practicing

3. Your student demonstrates an unwillingness to accept and implement constructive feedback. Examples: “know it all” student, passive student, overconfident student, overly defensive student

Solutions

- Goals worksheet
- Diagnosis worksheet

- Evidence based practice worksheet
- Self-critique of treatment sessions
- Paper patients
- Self-assessment
- Journaling
- Professional behaviors (generic abilities)

4. Your student is demonstrating communication difficulties (both with patients, other staff, doctors, etc)

Solutions

- Observe PT, OT, SLP treatments
- Role play
- Journaling

5. Your student is lacking basic skills and needs consistent reminders or corrections for basic clinical skills (goniometry, MMT, hand placement, etc)

- Solutions
- Practice, practice, practice
- Observation of other staff
- Role play
- Homework assignments

NOTE: If responsive strategies are necessary, the author suggests consulting with the AFWC (our version of the CCCE) as needed. If responsive strategies fail to help the student progress or improve, the AFWC (our version of the ACCE) at the student's school should be contacted.

POSSIBLE RED FLAGS

The student fails to ask questions.

The student fails to have insight into his/her strengths/areas for growth.

The student does not deal with constructive criticism well.

The student fails to incorporate feedback.

The student requires frequent reminding regarding expectations.

The student always needs others to validate his/her performance.

The student demonstrates poor time management/organization skills.

The student compromises patient safety/ethics.

The student fails to take notes.

The student blames others for his/her lack of clinical performance.

The student is not enthusiastic about learning.

The student has difficulty being put on the spot.

The student demonstrates inconsistent behaviors.

The student is not compliant with the site's attendance policy.



Learning Contract

The attached detailed clinical objectives reflect the results of a discussion with _____,

Center Coordinator of Clinical Education and _____,

Clinical Instructor for Henry Ford Health System, in which we clarified expectations of my behavior or performance, in areas that were identified as problems _____ (date).

The purpose of defining specific performance statements is to clarify the expectations of my performance during the remainder of my clinical experience at _____.

I understand that I must incorporate these suggestions into my daily activities at _____. Failure to successfully meet these objectives by _____ will result in _____.
(consequences: failure of the clinical experience, early termination of the experience, etc).

I understand that emphasis on these objectives should in no way be construed to mean that the remainder of the goals and objectives for this experience are less important, or that successful completion of the remaining goals is not required for successful completion of this experience.

Student's Signature

Date

CI's Signature

Date

CCCE's Signature

Date

Mott Community College

Occupational Therapy Assistant Program

Learning Contract

The attached detailed clinical objectives reflect the results of a discussion with

_____,
Academic Fieldwork Coordinator and

_____,
Fieldwork Supervisor for Michigan Hand and Sports Rehabilitation (Auburn Hills),
in which we clarified expectations of my behavior or performance, in areas that
were identified as problems _____6/9/16_____ .

The purpose of defining specific performance statements is to clarify the
expectations of my performance during the remainder of my clinical experience
at __Michigan Hand and Sports Rehabilitation _____.

I understand that I must incorporate these suggestions into my daily activities at
____Michigan Hand and Sports Rehabilitation _____. Failure to successfully
meet these objectives by _____6/24/16____ will result in _1) extension of
fieldwork experience one week and if still not met by 7/1/16 may result in failure
of the clinical experience_____. .

Objective 1:

Student will demonstrate timeliness with arrival and departure from clinical
experience as agree upon with FWS.

Objective 2:

Student will demonstrate initiative and ownership

I understand that emphasis on these objectives should in no way be construed to
mean that the remainder of the goals and objectives for this experience are less
important, or that successful completion of the remaining goals is not required for
successful completion of this experience.

Student's Signature

Date

FWS's Signature

Date

AFWC's Signature

Date

HFH Student Clinical Education Checklist

Task	Expected Time Frame	Responsible Party	Complete
Get EPIC set up (see Krissy, Danielle, or Adele if needed)	1 st Week	CI/FWE and Student	
Email Barb Paul with Name, CI/FWE, End Date and Pager number.	1 st Week	Student	
Get student badge (access to the dept will be available in approx 1 week). Student to keep receipt. <ul style="list-style-type: none"> Email Supervisors (to gain access to dept) with Name, Badge # and End Date. 	1 st Week Badge Office Hours T, W, Th 7-9, 11-12, 2:30-3:30 Fri: 6-12, 1-2:30pm. (Renee or Jessica can complete with student)	Student	
CI & student complete 1 week follow-up email from coordinator	2 nd Week	CI/FWE/ Student	
Complete Lab Values Test, AFMS, Vital Signs competencies	2 nd Week (get from Supervisor)	Student	
Confirm in-service topic and reserve room if needed, make selections from student opportunities list.	Midterm	Student	
Student meets with coordinator for midterm interview (may be done via e-mail), CI/FWE and coordinator touch base.	Midterm	Student/FWE	
Return badge. Bring copy of your receipt for easy refund of money.	Last Thursday with Renee/Jessica. If student parks in Lothrop, see CCCE.	Student	
Student meets with coordinator for exit interview (may be done via e-mail or SEFWE for OT)	Last week	Student	
Return gait belt and pager to coordinator	Last day	Student	
Place copy of site eval in coordinator's mailbox	Last day	Student	
Place copy of eval form in coordinator's mailbox , If not electronic. OT's: please mail out your completed AOTA evaluation forms to the university. A delay may cause a delay in graduation.	Last day	Student/FWE/ CI	

Students with Disabilities

Disabilities can be defined as a physical and/or mental impairment that substantially limits one or more major life activities according to the American Disabilities Act. Also, in order to be defined as a disability, the individual has to have a history or record of such impairment. Disabilities and impairments can be a wide variety of different diagnosis.

Students have legal protected privacy/confidentiality rights.

The student's school has certain responsibilities and requirements to abide by when working with a student with a disability. Here is a list of requirements:

1. The school is only required to report disability issues if it is believed they will pose a safety risk to the patients or staff.
2. The school is not allowed to report without the student's consent if the only risk is that the student will fail the fieldwork placement.
3. Schools can report impairments, not diagnosis, and request reasonable accommodations.

Reasonable Accommodations is defined as any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities. Modifications to a job should not pose an "undue" hardship (financial or administrative) on the employer and does not take away the responsibility to be creative about accessing problems.

4. Schools are not required to make any accommodations that will alter the "essential nature/functions" of the curriculum.
 - Essential Functions: specific required skills, experience, education, and tasks that are fundamentally and necessary for the position. It also includes quality of performance and productivity. Quality of performance includes the safety, complexity, consistency, and efficiency of skills. Each work and clinical site should have an essential functions description for their job.
5. A student is only allowed accommodations by the clinical site if they can document disability and they need to request them. Performance standards are not allowed to be decreased.
6. You may not ask a student directly if they have a disability.
7. You may not tell a student that they will not be able to become a PT/OT because of their disability.

The goal is to level (not tilt) the playing field. It is to allow the student to perform at entry-level competence with the appropriate academic adjustments.

Possible Classroom and/or Clinic Disabilities

1. Poor written production
2. Grammar, punctuation, spelling
3. Narrative disorganization
4. May struggle with medical terminology
5. May read slowly
6. Writing notes may take longer
7. May take longer to respond to verbal requests or questions
8. May take longer to give directions
9. May have trouble obtaining information from charts, lectures, textbooks
10. May do better with demonstration or hands on
11. May have a greater knowledge in lab/lecture but do poorly on exams or written papers
12. Often do very well with the right technology and supports

Possible Non Verbal Problems

1. Social skills: communication problems
2. Cannot put the parts together
3. Difficulty categorizing and analyzing
4. Motor planning difficulty
5. Procedural memory
6. Difficulty developing or evaluating alternative solutions

Possible Attention/Organizational Disorders

1. Unable to concentrate, focus, and pay attention
2. Overwhelmed, unable to cope
3. Sad, angry, irritable, helpless, restless, fatigue
4. Poor problem solving and making decisions
5. Lacks initiative and motivation

Possible Anxiety and Depression

1. Unable to concentrate, focus, and pay attention
2. Overwhelmed, unable to cope
3. Sad, angry, irritable, helpless, restless, fatigue
4. Poor problem solving and making decisions
5. Lacks initiative and motivation

References:

Nancy Sharby, PT, MS, DPT and Susan E. Roush, PhD, PT: *Working with Students with Disabilities Course at Oakland University 2010*

Nancy V. Milligan, PhD, OTRL, FAOTA; Andrea Weid, MPA, OTRL; and Susan Owens, MS, OTRL: *MOTEC Fieldwork Educator Day 2015 at Wayne State University*

Thomas Jefferson University
Student Learning Contract Template

Student name: _____ FW Site: _____ Date: _____
In attendance: _____

Areas in which the student is doing well: _____

Areas in which problems have been identified (relate these to site specific learning objectives): _____

1. Student behavior: _____
 - a. Why is this behavior a problem (impact on patients, supervisor, facility, student learning)? _____
 - b. Goal (what we want the new behavior to look like): _____
 - c. How will the goal be measured? _____
 - d. Identify strategies to achieve the goal:
 - i. what will student do? _____
 - ii. what will supervisor do? _____
2. Student behavior: _____
 - a. Why is this behavior a problem (impact on patients, supervisor, facility, student learning)? _____
 - b. Goal (what we want the new behavior to look like): _____
 - c. How will the goal be measured? _____
 - d. Identify strategies to achieve the goal:
 - i. what will student do? _____
 - ii. what will supervisor do? _____
3. Student behavior: _____
 - a. Why is this behavior a problem (impact on patients, supervisor, facility, student learning)? _____
 - b. Goal (what we want the new behavior to look like): _____
 - c. How will the goal be measured? _____
 - d. Identify strategies to achieve the goal:
 - i. what will student do? _____
 - ii. what will supervisor do? _____
4. Student behavior: _____
 - a. Why is this behavior a problem (impact on patients, supervisor, facility, student learning)? _____
 - b. Goal (what we want the new behavior to look like): _____
 - c. How will the goal be measured? _____
 - d. Identify strategies to achieve the goal:
 - i. what will student do? _____
 - ii. what will supervisor do? _____

Failure to achieve these goals by ____ (date) ____ may result in failure of the fieldwork experience.

Signatures and dates:

Weekly Summary Form – Week Number _____

This form is to be filled out individually by the student and by the fieldwork supervisor, and then discussed.

Strengths and Achievements This Week:

Challenges/Areas for Student Growth and Development:

Aspects of Supervision That Were Helpful This Week:

Suggestions for How the Supervisor Can Help with Growth and Development This Week:

Goals for the Next Week:

Student Name:

Student Signature: _____ Date: _____

FW Educator Name:

FW Educator Signature: _____ Date: _____