# OTH 640: Level II Fieldwork

OTH 640 Level II fieldwork rotation represents the second and final full-time, long term clinical placement in the occupational therapy curriculum.

The length of this clinical rotation is twelve weeks; there is some variation as to how the 12 weeks can be structured. Instructional methods consist of demonstration and individual assignments as per the clinical fieldwork instructor.

By the end of the rotation, students should have successfully completed the clinical education goals /objectives of the program and their specific site. Clinical education goals and objectives are developed by the site or through the academic fieldwork program and carried out in collaboration with clinical site supervisors.

The clinical education process allows the students to practice and refine both professional and clinical skills. Students mentor under the supervision of a licensed occupational therapist in a qualified practice setting, which may include hospitals, home health, agencies, nursing homes, or outpatient clinics.

It is during this second Level II placement that a pediatric setting may be chosen. Pediatric settings are considered a specialty and only an option when students have completed all didactic coursework.

# **Course Information:**

Each student will be assigned to a twelve-week full time clinical rotation. All clinical rotations are conducted under the supervision of a licensed occupational therapist. This clinical experience is designed to provide the student with direct patient care opportunities. Students will perform basic examinations and interviews as well as treatment planning and intervention techniques as appropriate to each clinical /community setting and client care situation. Professional communication and documentation skill will also be incorporated into this experience.

\*\*\* Refer to the WVU OT Student Fieldwork Manual for complete details on fieldwork policies and information.

No textbooks are required for this course. However, in order to effectively prepare for this rotation students may need to refer to class notes and textbooks from prior classes.

All students must furnish proof of current health insurance coverage, a valid CPR certification and verification of required immunizations and fingerprint record (if required by site).

Students need to be aware and understand that all travel, housing, and fieldwork expenses are the responsibility of the student.

# **Grading**

OTH 640 is given a grade of Satisfactory or Unsatisfactory in accordance to University grading policy for clinical sites. The student is evaluated at mid-term and at finals. *The AOTA Fieldwork Performance Evaluation (FWPE)* is currently used to measure student's clinical performance. One FWPE is used for both mid-term and final evaluation of the student, refer to FWPE for details.

Students must obtain at least a score of '3' on Items 1, 2, and 3 on the FWPE to pass the fieldwork experience. A student that obtains a final score of 122 or above, but does not score at least a '3' on those three items will receive an 'Unsatisfactory' for the fieldwork course.

The Academic Fieldwork Coordinator monitors fieldwork performance through-out the rotation. Be advised however that on-site clinical supervisor's authority supercedes the academic coordinator in regards to all site /facility issues, policies, and procedures. Final grade assignment is determined by the WVU Academic Fieldwork Coordinator, based upon the completed FWPE and written/ verbal communication between the Fieldwork Educator and Academic Fieldwork Coordinator.

## ACOTE Standards (2011)

C.1.11 Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.	Reflection Assignment
C.1.12 Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.	Reflection Assignment
C.1.15 Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).	AOTA SEFWE
C.1.18 Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Student</i> or equivalent).	AOTA FWPE

## **Fieldwork Course Goals:**

The goal of the fieldwork process is to provide integration of classroom knowledge, attitudes, and professional development with the skills and attitudes and professionalism needed to practice occupational therapy.

Upon successful completion of the fieldwork experiences, the occupational therapy student will perform at or above the minimum entry level expected of the occupational therapy professional.

"Graduating therapists are increasingly expected to take on expanded responsibilities, assume leadership roles, and be active participants not only as service providers but as decision makers as well." (ACOTE)

The student will be able to assess client adaptive behaviors and occupational performance as they relate to the client's life expectations. The student will implement and supervise treatment programs for improving and/or maintaining occupational performance and adaptive responses throughout the life span. The student will demonstrate entry-level ability in administration, supervision, consultation and application of research to practice.

## Fieldwork Clinical Education Goals:

The Division of Occupational Therapy Goals of Clinical Education is based upon the criteria outlined in the ACOTE standards. Upon the completion of the didactic and clinical requirements of this program, the student will have met the following goals:

# Responsible Professional and Personal Learning Objectives

- **1.** The student will adhere to the Code of Ethics and Standards of Practice as established by the American Occupational Therapy Association.
- 2. The student will abide by policies and procedures of the practice setting.
- 3. The student will respect and protect the confidentiality of information obtained in the clinical setting and will follow all administrative policies and procedures set forth by the affiliating facilities.
- 4. Based upon self-assessment and the formative and summative evaluations of interpersonal and clinical skills, the student will seek learning opportunities that will improve or enhance his/her knowledge base and clinical skills.
- 5. The student will accept responsibility for direct client care and will demonstrate confidence in his/her skill level.
- 6. The student will accept responsibility for his/her own actions.
- 7. The student will demonstrate behaviors that contribute to a positive and productive work environment.
- 8. The student will maintain productive relationships with clients/client's,

families, clinical instructors, and health care team members.

#### II. Communication and Documentation

- The student will demonstrate effective written, non-verbal and verbal communication and teaching skills as demonstrated by concise, organized, and pertinent documentation; appropriate vocabulary, tone, volume, and attitude in daily communication and teaching to various audiences: client, family, caregivers, peers, other health professionals, support personnel, and the community.
- 2. The student will attempt to interpret and respond appropriately to the non-verbal communications of others.
- 3. The student will evaluate and interpret the effectiveness of his/her own communication skills and make appropriate modifications.
- 4. The student will document all aspects of occupational therapy care including screenings, examinations, evolution, plan of care, treatment, responses to treatment, discharge planning, family conferences, and communications with others involved in the delivery of client care.
- 5. Documentation will be consistent with policies and procedures of the practice setting, and with the guidelines and requirements of regulatory agencies and third parties payers.

## III. Client Evaluation

- The student will demonstrate the ability to apply basic science and clinical principles in the formulation, performance and interpretation of a client evaluation as evidenced by accurate assessment of client problems, Occupational Therapy practice guidelines, and establishment of realistic short and long-term goals.
- 2. The student will identify critical signs and symptoms signaling the need for an occupational therapy examination/evaluation.
- 3. The student will perform the practice area evaluation in a technically competent manner.
- 4. The student will select reliable and valid testing/evaluation tools relevant to the chief complaint(s), history and interview, and screening results.

#### IV. Client Treatment

- 1. Based on the results of the client evaluation, integration of clinical and basic sciences, and occupational science, the student will develop a plan of care that incorporates the parameters of physical, psychosocial, socioeconomic needs, outcomes, and limitations of the client.
- 2. The student will implement the treatment plan through preparation of the client and area; proper hand placement and positioning; utilization of a variety of

- treatment techniques; and recognition of the need to modify or discontinue treatment.
- 3. The student will establish measurable goals and desired functional outcomes that specify expected outcomes with time durations.
- 4. The student will perform occupational therapy interventions in a competent manner.
- 5. The student will perform effective, efficient, planned, and coordinated treatment providing:
  - a. Competent interventions consistent with the plan of care
  - b. Performs interventions safely, efficient, and timely
  - c. Adapts and grades interventions to meet the individual needs and responses of the client
- 6. The student will actively participate and accept responsibility for the discharge planning process.
  - a. Identify discharge goals, outcomes, and home programs in collaboration with the client, family, and caregivers.

## V. Safety

- 1. The student will ensure a safe environment for the client, her/himself, support personnel, and others.
- 2. The student will comply with all infection control procedures.

# VI. Time Management

- 1. The student will deliver all aspects of client care services in a time efficient and effective manner.
- 2. The student will demonstrate a working knowledge of the budget process; and the influence of JCAHO, CARF, PPS and other regulatory guidelines on the daily operation of Occupational Therapy Services.
- 3. The student will participate in the revenue generating aspects of care delivery, including billing and reimbursement activities.
- 4. The student will participate in the quality assurance activities of client care delivery.
- 5. The student will demonstrate a working knowledge of the effects of managed care, organizational change, and health care reform on the provision of occupational therapy services.
- 6. The student will demonstrate proper utilization of support personnel in accordance with job descriptions.

## **Course Objectives:**

1. Express attitudes, values, and professional behaviors congruent with the OT

- professional standards, ethics, and practices.
- 2. Demonstrate advocacy from within our health care systems for increased understanding of occupational engagement and participation in health, wellness, and prevention.
- 3. Demonstrate flexibility and adaptability in regards to OT's current positions and roles and to advocate within the health care system to provide services in new ways and practice areas.
- 4. Demonstrate abilities/creativity to create practice opportunities among emerging health care trends.
- 5. Adapt and characterize skills and attitudes demonstrating therapeutic use of self with a wide range of client ages and variety of physical, developmental, and mental health conditions.
- Demonstrate academically acquired knowledge, articulating theory and rationale for intervention during in-depth experience in delivering occupational therapy services.
- 7. Analyze, assess, intervene, adapt, grade, and choose purposeful and occupation-based activities as a therapeutic intervention during treatment.
- 8. Develop listening and awareness skills in regards to our clients, allowing them to control and direct their interventions.
- 9. Express knowledge about health care and community resources and how to use them in the client's best interests.
- 10. Express entry-level competence in correlating everyday activities to roles, interests, and occupational engagement in meaningful life patterns.
- 11. Intervene for the development, improvement or restoration of sensory motor, perceptual or neuromuscular functioning; or emotional, motivational, cognitive or psychosocial components of performance and engagement in clients.
- 12. Develop observation and measure skills as they pertain to variables that may impair performance (i.e., context, task, or person).
- 13. Develop knowledge and skills in new assessments that measure overall performance.
- 14. Demonstrate entry-level competence in the assessment of needs of and use of interventions such as the design/development/adaptation/application, or training in the use of assertive technology devices; the design fabrication, or application of rehabilitative technology to orthotic or prosthetic devices; the application of physical agent modalities as an adjunct to, or in preparation for purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness. (AOTA).
- 15. Demonstrate management and administrative skills (policy making, community program development, realize outcomes research, and use of the team approach).