

Syllabus

OTH 387 LEVEL I FIELDWORK

Description: A ten session (traditionally attended once-a-week, two weeks, or combination of both) clinical rotation in a physical disabilities/ developmental setting. May also be completed in sites working fulltime hours over 4 days per week for a total of 8 sessions. OT staff must be present. Fieldwork meetings will be held as needed throughout the semester to discuss any relevant fieldwork situations. Instruction occurs through observation and hands on experience.

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Prerequisites: OT Students Only, must have successfully completed OTH 304 & OTH 308.

Class Meeting Times: There will be two scheduled Level I meetings in the spring semester of the junior year to prepare for traditional Level I fieldworks prior to the start of OTH 384. There will be an additional meeting at the conclusion of the OTH 384 fieldwork and prior to beginning OTH 387. There will be one final meeting in the fall semester of the senior year for students to share their fieldwork experiences and answer any questions. These meetings will occur prior to the scheduled fieldworks and students will be notified via email of the exact date, time, and location. Topics which may be included in the meeting will be discussion of the confirmation sheet (immunization records, background checks, drug screens, other clearances or special requests by the site), timeline for contacting supervisor, questions to ask supervisor, discussion of appropriate professional behaviors, review of the SOLE fieldwork site, review of the assignments, review of the evaluation form and what is needed to successfully pass the fieldwork, and to answer any questions. **I reserve the right to make changes to this schedule. Students will be notified of any changes through email and/or SOLE.**

Required Texts: use of textbooks will be determined by student's needs on individual clinical rotations depending on the OT caseload.

ACOTE Standards

B.4.1 Use standardized and non-standardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community. (Evaluation Options)

B.4.4 Evaluate client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and non-standardized assessment tools includes: (Evaluation Options)

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
- Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g. cardiovascular, digestive, nervous, genitourinary, integumentary systems).
- Performance patterns (e.g., habits, routines, rituals, roles).
- Context (e.g., cultural, personal, temporal, virtual, and environment (e.g., physical, social).
- Performance skills, including motor and praxis skills, sensory-perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.

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

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

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
- Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g. cardiovascular, digestive, nervous, genitourinary, integumentary systems).
- Performance patterns (e.g., habits, routines, roles).
- Context (e.g., culture, personal, temporal, virtual) and environment (e.g. physical, social).
- Performance skills, including motor and praxis skills, sensory-perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills (Treatment plan)

B.5.2 Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADL's, IADL's, education, work, play, rest, sleep, leisure, and social participation. (Treatment plan)

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

B.5.7 Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction. (Evaluation options, treatment plan)

B.5.20 Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner. (Progress notes, evaluation options, treatment plan)

B.5.32 Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for

occupational therapy services and must be appropriate to the context in which the service is delivered. (Progress notes)

B.8.2 Effectively locate, understand, critique, and evaluate information, including quality of service. (Treatment plan, EBP Summary)

B.8.3 Use scholarly literature to make evidence-based decisions. (Treatment plan, EBP Summary).

Course Objectives:

1. Develop clinical reasoning skills in a clinical setting, with regards to client treatment.
2. Develop an effective therapist-client rapport.
3. Demonstrate basic competence in documentation of client treatment.
4. Demonstrate professional behaviors in a community clinical setting.
5. Correlate academic knowledge regarding theory, diagnoses, and evaluation with client treatment.
6. Demonstrate basic evaluation administration skills.
7. Effectively apply clinical reasoning skills in personal reflection activities regarding experiences that occur during clinical rotation.
8. Develop assertiveness with regards to personal learning needs and progress towards achievement of personal goals.
9. Demonstrate knowledge of the use of evidence in relation to the practice of occupational therapy.

Grading: Pass or Fail.

Final grade determination is made by the course instructor. To receive a passing grade: the student must complete all sessions successfully, all assignments must be completed and handed in to the instructor and signed by the fieldwork site supervisor, and a passing grade must be achieved on the student evaluation form based on the clinical supervisor's feedback. Requirements for passing on the student evaluation tool includes: no more than one item below a "2" **OR** no more than two items below a "3".

Social Justice Statement:

West Virginia University is committed to social justice. I concur with that commitment and expect to foster a nurturing learning environment based upon open communication, mutual respect, and non-discrimination. Our University does not discriminate on the basis of race, sex, age, disability, veteran status, religion, sexual orientation, color or national origin. Any suggestions as to how to further such a positive and open environment in this class will be appreciated and given serious consideration.

If you are a person with a disability and anticipate needing any type of accommodation in order to participate in this class, please advise me and make appropriate arrangements with Disability Services (293-6700).

General Policies

A. Attendance: **You are expected to complete all sessions of the clinical rotation.** If you are unable to attend a scheduled session, you must contact your clinical supervisor before the time that you are expected to be there. You will then need to arrange a make-up day with your clinical supervisor. If the site or supervisor cancels the session, you may need to make-up that day, as all students **must complete a minimum of 70 hours (secondary to extenuating circumstances, with approval from instructor)** of Level I fieldwork.

NOTE: While you are not required to make-up days that your supervisor cancels, you must complete at least 8 sessions. No more than x2 missed sessions secondary to supervisor cancellation.

B. Dress Code: Specific settings may require a lab coat, check with your confirmed supervisor. Name tags must be worn at all times while at fieldwork site. Students are advised to follow WVU's dress code, unless otherwise notified by fieldwork supervisor.

Assignments

All assignments must be handed in to the instructor for a final grade of this course. Material may be downloaded from the website as needed. It is recommended that you purchase a binder to keep your assignments organized. This same binder will be turned in as a whole at the end of the semester for the final grade. **Please be sure that the binder is organized and sections are labeled appropriately.**

*** It is expected that all assignments will be completed on an individual basis. Whenever possible choose a different client than your partner for assignments.

All assignments must be turned in by the due date. Late assignments will only be excused, without penalty, in the case of excused absences or with prior approval from the instructor. Assignments turned in late, without arrangements with the instructor, will be subject to the following:

1. First occurrence will result in a verbal or email reminder to complete the late assignment within 24 hours.
2. Second occurrence will result in a verbal or email reminder to complete the late assignment within 24 hours and the AFC and OT Division Chair are notified.
3. Third occurrence will result in failure of the fieldwork experience.

Failure to complete any of the assignments will result in failure of the fieldwork experience.

Special circumstances: If the student is unable to complete an assignment by the due date, they must contact the AFC or level I coordinator for approval prior to the assignment due date.

Binder Contents

A few things to consider when compiling your binder: ensure **HIPAA** guidelines, overall neat in appearance, all 10 journal entries, all assignments completed, follow directions for assignments, make sure progress notes are signed, and treatment plan is written in complete sentences, include all areas, and be sure to proofread. Failure to meet these expectations will result in an "I" for a grade until the notebook is brought up to required standards.

Refer to the Content section of SOLE for details on forms

1. Personal Goals Sheet
2. 10 Student Journal Sheets
3. 3 Progress Notes
4. 2 Evaluation Options
5. Copy of Evidenced-based Practice Summary and Question
6. Treatment Plan and Intervention

I. **Personal Goals Sheet:** The goals sheet can be found on the SOLE website for OTH 387 under the Course Content. These goals must be submitted through SOLE under the assignments link prior to the start of the fieldwork rotation. The exact due date will be provided through email and during the scheduled fieldwork meeting.

II. **Student Journal:** after each day spent on your clinical rotation, answer the questions contained in the student journal, located on the website. This is an exercise in reflection. Although the journal should not take longer than 5-10 minutes, you should reflect carefully on your day and fill out the journal accordingly. If you are completing your fieldwork on Fridays in the fall, these are to be submitted on SOLE under the Assignments link each **Monday by 5pm**, following your clinical day on Friday. If you are completing your fieldwork during the week for multiple days, the journal entry is due **each night by midnight**, following your clinical day. If a scheduled fieldwork date is missed a journal entry must still be turned in- no matter what, you should have at least x10 journal entries at the end of the semester. You will receive feedback on your journals PRN if needed.

III. **Weekly Progress Notes-** select a client on your clinical rotation and write a progress note on him/her. **SOAP note format is required.** Notes may be handwritten or typed, but must be legible. Be sure to get your supervisor to sign off on the progress note, documenting that they have seen it and given feedback as necessary. All 3 notes must be completed and signed-off; **no more than 1 note per day**. You are then to choose x1 note on which your supervisor provided feedback, edit is as necessary, and then resubmit it along with the original in your fieldwork binder. Your supervisor is not required to sign the revised note.

IV. **Evaluation Options-** in order to improve your evaluation skills, reinforce what you have learned in class, and enhance your ability to work with OT clients you have 13 options to choose. **You must complete 2- one in each category.** The sheets you will need for your binder are located on the website and remember **only ONE evaluation per sheet of paper**. Your supervisor must sign the face sheet. You may choose an evaluation tool that you are not familiar with or has not been covered yet in class, but be sure to review it with your supervisor prior to working with the client. If you need more ideas for assessments under a specific category, speak with your supervisor or this course instructor. If you need to borrow an evaluation tool from WVU's OT lab, please fill out a sign-out sheet and return the tool as soon as possible. **Complete results must be attached for credit.**

You must complete 2 evaluations- one in each category must be selected:

Client Factors & Skills Participation	Occupational Performance & Participation
1. Full Body ROM	1. Occupational Profile
2. Full Body MMT	2. ADL/ IADL Evaluation

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|--|---|
| 3. Evaluation of Muscle Tone | 3. Canadian Occupational Performance Measure (COPM) |
| 4. UE Sensory Evaluation | 4. Role Checklist |
| 5. Cognitive Evaluation | 5. Assessment of Motor Performance Skills (AMPS) |
| 6. Balance Evaluation | 6. Home Management Evaluation |
| 7. Visual/ Perceptual Evaluation | 7. Worker Environment Impact Scale (WEIS) |
| 8. Developmental Evaluation | 8. Kohlman Evaluation of Living Skills (KELS) |
| 9. UE Function & Coordination Evaluation | 9. Routine Task Inventory (RTI) |
| | 10. Occupational Performance History Interview II (OPHI-II) |
| | 11. Occupational Self Assessment (OSA) |

V. **Evidenced-Based Practice Question and Summary-** See [Content](#) for details. This assignment must be signed by your supervisor.

VI. **Treatment Planning and Intervention-** plan a treatment session and fill out the form (posted in [Content](#)), have your Supervisor sign-off on the plan prior to completing the intervention session with the client. With the Supervisor's permission and guidance, treat a client for at least 20-30 min. using your treatment plan.

Option B: for students with rapid turnover at the fieldwork site, the student will still write-up the treatment plan for a selected client. If the client is not available for treatment, then the supervisor may choose a client and offer guidance on an intervention activity so that the student may still have an opportunity to treat a client with supervision for the above specified time.