This manual is designed to provide fieldwork educators with easily accessible information about the academic and fieldwork portions of the occupational therapy program at The Ohio State University. Other than the tabs specific to The Ohio State University, this manual is applicable to all occupational therapy and occupational therapy assistant students.
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### Year One

### Summer Year I  Introduction to the Profession

<table>
<thead>
<tr>
<th>AN</th>
<th>Anatomy (4)</th>
<th>Introduction to the scope and domain of the profession, basic theoretical models of occupational performance and professional behavior.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT 6110</td>
<td>Occupational Therapy Foundations &amp; Theory (2)</td>
<td></td>
</tr>
</tbody>
</table>

### Autumn Year I  Foundations and Basic Skills

<table>
<thead>
<tr>
<th>O.T. 6120</th>
<th>Occupations in Life and Community (2)</th>
<th>Focuses on occupational science and analysis of occupation across the lifespan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.T. 6130</td>
<td>Occupational Therapy Introductory Practicum (3)</td>
<td>Students learn the scope of domain of the Occupational Therapy profession, therapeutic interaction, cultural difference, professional behaviors.</td>
</tr>
<tr>
<td>O.T. 6140</td>
<td>Occupational Therapy Process: Task &amp; Group (3)</td>
<td>Students are introduced to principles of the occupational therapy process, including evaluation, intervention, progress monitoring, outcome measurement, goal-setting, and conducting therapeutic groups.</td>
</tr>
<tr>
<td>O.T. 6150</td>
<td>Neuroscience (2)</td>
<td>Covers the fundamentals of neuroanatomy and neurophysiology to enable students to interpret, evaluate and treat clients with neurological impairments. Students demonstrate competence in the integration of neuroscience principles.</td>
</tr>
<tr>
<td>HRS 7900 (HTHRHSC)</td>
<td>Evidence Based Practice I (1)</td>
<td>Prepares students for evidence-based practice, emphasizing best practices in clinical measurements and interpretation of diagnostic reliability, validity, prediction and measures of clinically meaningful change.</td>
</tr>
</tbody>
</table>

### Spring Year I  Client Factors

<table>
<thead>
<tr>
<th>O.T. 6210</th>
<th>Neuromusculoskeletal and Sensory Function (5)</th>
<th>Students learn methods of occupational therapy assessment of and intervention to improve neuromusculoskeletal and sensory function in persons with impairment or disability.</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.T. 6220</td>
<td>Mental Health and Cognition Function (4)</td>
<td>Students define mental health and cognitive conditions, demonstrate assessment of mental health and cognitive function and apply occupational therapy interventions.</td>
</tr>
<tr>
<td>O.T. 6230</td>
<td>Orthotics &amp; Prosthetics (1) 7 weeks</td>
<td>Students apply biomechanical principle to the fabrication of basic splints and supportive devices</td>
</tr>
<tr>
<td>O.T. 6251</td>
<td>Advanced topics: PAMs (1) 7 weeks</td>
<td>Students learn to apply physical agent modalities in occupational therapy practice.</td>
</tr>
<tr>
<td>O.T. 6730</td>
<td>Research Methods(2)</td>
<td>Students analyze research reports, develop research questions, identify research methods and designs, collect, analyze and interpret data related to occupational therapy.</td>
</tr>
</tbody>
</table>

### May Year I  Fieldwork MH

| O.T. 6189 | Level I Fieldwork (Mental Health) (2) | Occupational Therapy Fieldwork I in a mental health setting. |
# Masters in Occupational Therapy Semester Courses

## Year Two

### Autumn Year II Evaluation and Practice Across the Lifespan

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.T. 6289</td>
<td>Level I Fieldwork (Physical Function) (2)</td>
<td>Fieldwork I in physical function rehabilitation.</td>
</tr>
<tr>
<td>O.T. 6510s</td>
<td>Service Learning (1)</td>
<td>Students participate in service learning opportunities.</td>
</tr>
<tr>
<td>O.T. 7231</td>
<td>Orthotics &amp; Prosthetics (2)</td>
<td>Students apply knowledge of upper extremity orthotics and prosthetics, fabricate splints and other supportive devices.</td>
</tr>
<tr>
<td>O.T. 7260</td>
<td>Occupational Therapy with Older Adults Gerontology (2) 7 wk</td>
<td>Students gain understanding of aging, interactions between the environment and occupations during aging. Effects of chronic health condition on occupational performance.</td>
</tr>
<tr>
<td>O.T. 7270</td>
<td>Occupational Performance, Environment &amp; Context (4)</td>
<td>Students learn to describe the interaction of client impairments with environmental and contextual factors and occupational performance. Students learn to adapt tasks, environments, and equipment to meet client goals.</td>
</tr>
<tr>
<td>O.T. 7310</td>
<td>Occupational Therapy with Young Children) (3)</td>
<td>Prepares students to work with infants and young children with developmental disorders. Emphasizes developmental, sensory, motor, play-based, feeding, and interactive practice models.</td>
</tr>
</tbody>
</table>

### Spring Year II Preparation for Practice

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.T. 6250</td>
<td>Advanced topics: Clinical (2)</td>
<td>Students learn evaluation and treatment of disorders related to body systems: including metabolic and endocrine disorders, cardiovascular and respiratory disorders, immunological disorders, and disorders of voice/speech and integumentary system.</td>
</tr>
<tr>
<td>O.T. 6389</td>
<td>Level I Fieldwork (Pediatrics) (2)</td>
<td>Prepares students to provide services to children with emphasis on school settings. Students assess children, develop intervention plans, participate in intervention, analyze the roles of occupational therapists in pediatric settings.</td>
</tr>
<tr>
<td>O.T. 6510s</td>
<td>Service Learning (1)</td>
<td>Students participate in service learning opportunities.</td>
</tr>
<tr>
<td>O.T. 7320</td>
<td>Occupational Therapy with School Age and Adolescents (3)</td>
<td>Prepares students to provide Occupational Therapy service to school-age children and adolescents in educational and medical settings. Emphasizes the transition from school to community, mental health and sensory-motor disorders.</td>
</tr>
<tr>
<td>O.T. 7411</td>
<td>Assistive Technology</td>
<td>Students apply principles of assistive technology to children and young adults. Emphasis on technology to promote school function and learning, augmentative communication, cognitive aids; pediatric wheelchairs; power mobility; positioning devices.</td>
</tr>
</tbody>
</table>
### Masters in Occupational Therapy Semester Courses

#### Year Two (cont.)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.T. 7420</td>
<td>Management (3)</td>
<td>Prepares students to become managers, leaders, and advocates. Emphasizes leadership theories, management skills, human resources issues, strategic planning.</td>
</tr>
<tr>
<td>O.T. 7430</td>
<td>Supervision/Consultation (2)</td>
<td>Prepares students to provide consultation and supervision in Occupational Therapy Practice. Consultation theories, models and processes are discussed. Supervision theories and principles are discussed and applied to field.</td>
</tr>
<tr>
<td>HRS 7910 (HTHRHSC)</td>
<td>Evidence Based Practice II(1)</td>
<td>Prepares students for evidence-based practice, emphasizing the processes of critical inquiry and analysis in a multidisciplinary forum. Scientific literature related to intervention research and systematic reviews will be emphasized.</td>
</tr>
</tbody>
</table>

#### Summer Year II Fieldwork Level II

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.T. 7189</td>
<td>Fieldwork II (9)</td>
<td>Fulltime fieldwork in selected occupational therapy service settings.</td>
</tr>
</tbody>
</table>

#### Autumn Year II Fieldwork Level II

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT 7289</td>
<td>Fieldwork II</td>
<td>Fulltime fieldwork in selected occupational therapy service settings.</td>
</tr>
</tbody>
</table>

### Electives

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT 7610</td>
<td>Practice Specialization (1-3 credits, repeatable)</td>
<td>Prepares students to practice in a specialty area of occupational therapy</td>
</tr>
<tr>
<td>OT 7620</td>
<td>Research Specialization (1-3 credits, repeatable)</td>
<td>Students participate in research projects, including literature review, measurement; data collection, data analysis and interpretation, and writing research reports. Students report their activities and findings in public venues.</td>
</tr>
<tr>
<td>OT 7630</td>
<td>Leadership Specialization (1-3 credits, repeatable)</td>
<td>Prepares students to enter leadership or management positions. Students are mentored in leadership and advocacy skills by administrators or leaders of the profession.</td>
</tr>
</tbody>
</table>
Occupational Therapy
Fieldwork Education: Value and Purpose

The purpose of fieldwork education is to propel each generation of occupational therapy practitioners from the role of student to that of practitioner. Through the fieldwork experience, future practitioners achieve competence in applying the occupational therapy process and using evidence-based interventions to meet the occupational needs of a diverse client population. Fieldwork assignments may occur in a variety of practice settings, including medical, educational, and community-based programs. Moreover, fieldwork placements also present the opportunity to introduce occupational therapy services to new and emerging practice environments.

Fieldwork assignments constitute an integral part of the occupational therapy and occupational therapy assistant education curricula. Through fieldwork, students learn to apply theoretical and scientific principles learned from their academic programs to address actual client needs within the context of authentic practice environments. While on fieldwork, each student develops competency to ascertain client occupational performance needs to identify supports or barriers affecting health and participation and document interventions provided. Fieldwork also provides opportunities for the student to develop advocacy, leadership, and managerial skills in a variety of practice settings. Finally, the student develops a professional identity as an occupational therapy practitioner, aligning his or her professional judgments and decisions with the American Occupational Therapy Association (AOTA) Standards of Practice (AOTA, 2005b) and the Occupational Therapy Code of Ethics (AOTA, 2005a).

As students proceed through their fieldwork assignments, performance expectations become progressively more challenging. Level I fieldwork experiences occur concurrently with academic coursework and are “designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process” (Accreditation Council for Occupational Therapy Education [ACOTE], 2007a, 2007b, 2007c). Level II fieldwork experiences occur at or near the conclusion of the didactic phase of occupational therapy curricula and are designed to develop competent, entry-level, generalist practitioners (ACOTE, 2007a, 2007b, 2007c). Level II fieldwork assignments feature in-depth experience(s) in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and evidence-based practice through exposure to a “variety of clients across the life span and to a variety of settings” (ACOTE, 2007a, 2007b, 2007c).

The value of fieldwork transcends the obvious benefits directed toward the student. Supervising students enhances fieldwork educators’ own professional development by providing exposure to current practice trends, evidence-based practice, and research. Moreover, the experience of fieldwork supervision is recognized by the National Board for Certification in Occupational Therapy (NBCOT) and many state regulatory boards as a legitimate venue for achieving continuing competency requirements for occupational therapy practitioners.

Another benefit to the fieldwork site for sponsoring a fieldwork education program is with the recruitment of qualified occupational therapy personnel. Through the responsibilities expected during Level II fieldwork, occupational therapy staff and administration are given opportunity for an in-depth view of a student’s potential as a future employee. In turn, an active fieldwork program allows the student, as a
First-Time Level II Fieldwork Supervisors: Resources, Training, and Advice  By: Sara Glassman, MS, OTR/L

As an entry-level occupational therapist completing my first year of licensure and employment, I find myself looking forward to the next progression of my professional development: supervising a Level II fieldwork occupational therapy student. This responsibility offers an exciting challenge that can affirm one's knowledge and skills while providing the opportunity to make a positive contribution to the future of occupational therapy practice. On the other hand, being a fieldwork supervisor can seem daunting due to unfamiliarity with this role and the idea of questioning one's own competency. To become more familiar with student supervision, I launched an informal investigation of the literature, interviewed seasoned colleagues, and searched Web sites. As a novice preparing for my first Level II fieldwork student, I hope to offer a unique perspective on helpful resources, training, and advice to assist other practitioners embarking on this new role.

Resources

The first step of the investigation was to search for student-related information within the occupational therapy department where I practice. I found an established student program with a formal supervisor training protocol and orientation. There is a well-written Policy and Procedures manual that outlines the entire student program and includes expectations of both the student and supervisor. If a student program has yet to be established in your facility, an invaluable resource is the American Occupational Therapy Association (AOTA).

AOTA's Web site (www.aota.org) has an Educators link that provides an abundance of information related to fieldwork education, including steps to starting a fieldwork program. It is highly recommended that one browse the resources in the Fieldwork Education link before receiving a student, to access reference materials, sample feedback and evaluation forms, and site-specific objectives. The form I found most helpful was the Self-Assessment Tool for Fieldwork Educator Competency. This tool was developed for fieldwork educators to reflect on their own knowledge and skills and measure competency in the areas of professional practice, education, supervision, evaluation, and administration. This tool is helpful for identifying areas in need of further professional development that one should focus on before attempting to teach others.

If you discover areas in need of further professional development, it is helpful to consult coworkers with Level II fieldwork supervisory experience to act as mentors and to provide you with additional training.

Training

In addition to the on-site mentoring you may receive from experienced supervisors, formal training opportunities exist that offer the extra benefit of continuing education credits. One such training tool is the AOTA online course Using the Fieldwork Performance Evaluation Forms: An Interactive Approach. This course is based on the AOTA publication Using the Fieldwork Performance Evaluation Forms: The Complete Guide and is intended to introduce future Level II fieldwork supervisors to the standard assessment tool used to rate students' entry-level competencies. The course allows occupational therapists and occupational therapy assistants to learn at their own pace by providing access to the site for up to 1 year. After successfully completing the course, .6 AOTA CEUs (6 PDUs/6 contact hours) are awarded. Further training can be obtained through regional fieldwork councils that hold conferences related directly to student issues. To find the nearest
fieldwork council, contact AOTA or go to the Fieldwork Education section of the AOTA site and click on Fieldwork Councils/Consortiums. It is also recommended that supervisors-in-training fulfill prerequisites to gain experience, such as supervising a Level I fieldwork student, or training a new employee. Teaching opportunities allow one to practice interpersonal skills, evaluate performance, and learn how to provide constructive feedback.

Advice

To prepare for a Level II fieldwork student, it is beneficial to listen to the advice of experienced supervisors who know what works and what doesn't. To gain some insight I interviewed colleagues who have had many students. Three common themes emerged.

First, practice positive communication skills. These skills include establishing good interpersonal relationships; resolving conflict quickly and fairly; and providing concise, clear explanations. Knowing how to communicate with a student allows for easier flow of information and feedback. It was suggested that one should meet with a potential student before agreeing to the supervisor role to determine compatibility. If you know from the get-go that the student is not a good fit, then it is best to request a different student.

Second, remember that each student is different and not meant to become your clone. It is important to teach policies and procedures and demonstrate your style, but it is just as important to allow students some creative freedom to establish their own techniques and therapeutic use of self. Have fun and accept that there may be times when the roles will reverse and you will learn a thing or two from the student.

Third, be organized and manage your time effectively. Know the expectations of the student's educational program, including details of assignments and due dates, requirements of direct clinical care, and documentation that needs to be completed by the end of the fieldwork. It is helpful to establish and share with the student a timeline of expected professional progression, but also remain flexible to allow for students' variable needs.

Conclusion

You do not need to know it all when it comes to fieldwork education, as long as you know how to take advantage of available resources. If you have a question about fieldwork education, refer to AOTA's many resources, seek out training opportunities, and listen to the candid advice of experienced supervisors.

References


Sara Glassman, MS, OTR/L, is a graduate of Towson University, Department of Occupational Therapy and Occupational Science, in Baltimore. She currently practices at the University of Maryland Medical Center in the Department of Psychiatry, treating children, adults, and older adults with various mental illnesses and/or addictions.

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**C.1.0: FIELDWORK EDUCATION**

Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision of a qualified occupational therapy practitioner serving as a role model. The academic fieldwork coordinator is responsible for the program’s compliance with fieldwork education requirements. The academic fieldwork coordinator will

| C.1.1 | Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education. |
| C.1.2 | Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students. |
| C.1.3 | Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork. |
| C.1.4 | Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives. |
| C.1.5 | Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program as required by Standard A.4.14. |
| C.1.6 | The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I or Level II fieldwork experience. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding. |
| C.1.7 | Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation. |

The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. The program will

| C.1.8 | Ensure that Level I fieldwork is integral to the program’s curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process. |
| C.1.9 | Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists. |
| C.1.10 | Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork. |
The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program’s curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will

| 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 |
| 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. |
| C.1.13 | Require a minimum of 24 weeks’ full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement’s usual and customary personnel policies, as long as it is at least 50% of an FTE at that site. |
| C.1.14 | Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program. |
| 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). |
| C.1.16 | Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client’s condition, and the ability of the student. |
| C.1.17 | Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years’ full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site. |
| C.1.18 | Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student or equivalent). |
| C.1.19 | Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice. |
History and Purpose:

The intent of this document is to describe the desired characteristics of a fieldwork placement for occupational therapy and occupational therapy assistant students in Level II Fieldwork Education. It is not intended to be interpreted as a standard of performance or requirement of a program, rather as a reference or as instructional materials. It is for internal use by members of the AOTA.

This document was originally prepared by the Loma Linda Fieldwork Council at the request of the Commission on Education and approved by the Commission on Education on April 15, 1985. The document was revised by the AOTA Fieldwork Issues Committee in 1992, and is now again revised by COE in June, 2000.

Definition:

The ACOTE/AOTA Standards (1998) describe Level II Fieldwork as...a crucial part of professional preparation...The goal of Level II Fieldwork is to develop competent, entry-level, generalist occupational therapists and occupational therapy assistants. The fieldwork experience is to provide students with the opportunity to integrate academic knowledge with the application of skills in a practice setting. (AOTA, 1999a & b; AOTA, 1996)

1. The fieldwork agency should have currently participated in a review process as established by the appropriate body, such as Joint Commission on Accreditation of Health Care Organizations, the Commission on Accreditation of Rehabilitation Facilities or a state regulatory board. In lieu of this review body there should be a review by the university/program which is using the center as a fieldwork site.

2. The fieldwork agency should have a stated philosophy regarding service delivery.

   A philosophy of the fieldwork agency is a statement of the foundation or principles underlying its operation. This statement should serve as a guide for the delivery of service for individuals and groups, the degree of emphasis on research, and the commitment to education.

3. There should be regular professional conferences to evaluate patient/client programming regarding intervention needs.

   In situations where there is little possibility for professional conference due to the nature of the fieldwork placement, the occupational therapist may independently establish intervention plans and goals when providing consultation, evaluation and treatment services.
4. **There should be occupational therapy representation in planning programs and formulating policies which would affect occupational therapy services or involvement.**

   Occupational therapy representation may be through participation in program-related conferences, quality review processes, or in groups in which planning and policy-making may be carried out.

5. **The administrators and staff of the fieldwork placement should understand the philosophy and principles of the occupational therapy fieldwork education program and should accept the responsibility for making it an integral part of their function.**

   Since the occupational therapy fieldwork education experience exists within the philosophy and policies of the fieldwork agency, it is essential that the administration and staff accept and support the program.

6. **The fieldwork agency recognizes that the primary objective of the fieldwork experience is to benefit the student's education.**

   The educational value of the student fieldwork experience should be of primary importance, and the placement should not be used to extend services offered by the fieldwork agency.

7. **Opportunities for continuing education and professional development of the occupational therapy staff and students should be supported.**

   A. Attendance at workshops, institutes, conferences, courses and professional meetings should be encouraged.

   B. Financial support should be given for professional development whenever feasible with the budget of the fieldwork agency.

   C. Inservice education programs should be developed and made available.

   D. Fieldwork students should be encouraged to participate in continuing education and be provided time to do so, when content is relevant to the fieldwork experience.

8. **Occupational therapy staff members should participate actively in occupational therapy associations and in occupational therapy educational programs, whenever possible.**
Occupational therapists and occupational therapy assistants as role models should be actively involved with national and state occupational therapy associations.

Occupational therapists and occupational therapy assistants should be involved with the occupational therapy educational programs from which they accept students on an ongoing basis. Such involvement may include education council meetings, on-site visits, correspondence, telephone calls, etc.

9. The fieldwork placement shall meet all existing local, state, and/or federal safety and health requirements and should provide adequate and efficient working conditions.

Space for client-related consultation, preparation, writing, in-service education and research activities by occupational therapists, practitioners and students should be provided.

10. There must be adequate financial resources to support the fieldwork placement with adequate staff, equipment, and supplies.

11. Client records should be available to the staff and students for intervention planning and practice, educational and research purposes.

12. The occupational therapy philosophy regarding practice and education programs should be stated in writing. The written objectives of the program should reflect the specific contribution occupational therapy makes to the overall agency and program.

The philosophy of the occupational therapy services should be written and should include the following: purpose; responsibility to society, profession, staff, and service recipients; degree of commitment to service recipients, education and research; and attitude toward future growth. The objectives should be based on the concepts, beliefs, and values established in the philosophy.

13. The occupational therapist and occupational therapy practitioner should comply with state regulations governing referrals from qualified physicians and from others seeking service in the medical, educational and broader human services community. Occupational therapy staff should collaborate with duly licensed physicians in those instances where medical management is active, indicated or required.

14. Fieldwork educators responsible for educating Level II Fieldwork occupational therapy students shall meet state regulations governing practice and have as a minimum 1 year of practice experience, subsequent to initial certification by NBCOT as an occupational therapist.
15. Fieldwork educators responsible for educating Level II Fieldwork occupational therapy assistant students shall meet state regulations governing practice and have as a minimum 1 year of practice experience, subsequent to initial certification by NBCOT as an occupational therapist or an occupational therapy assistant.

16. The fieldwork agency's communication system ensures accountability in service provision and documentation.

   A. There should be regular procedures for communication among all fieldwork educators and students.

   B. Adequate records and reports should be maintained in accordance with AOTA standards and legal requirements.

   C. Records should be maintained to provide sufficient data for quality improvement. Records may include administrative, service and other data. Administrative reports would include such information as numbers of persons serviced, attendance records, schedules and budgets. Service records should include such information as referral data, client assessments, intervention plan progress notes and discharge summaries.

17. The fieldwork educator and student should have access to current professional information, publications, texts, and Internet resources related to occupational therapy and pertinent topics related to populations and systems being served.

18. The fieldwork experience shall meet requirements in accordance with the Standards for an Accredited Educational Program for the Occupational Therapist and/or the Standards for an Accredited Educational Program for the Occupational Therapy Assistant."

19. The educational program and the fieldwork placement should work collaboratively to develop objectives in which the aims are compatible with those of the educational program. The objectives should be reviewed at least annually. These objectives should be clearly defined for the student and continually evaluated to determine the effectiveness of the educational experience.

   The fieldwork experience should be an extension of the educational program into the clinical or community setting. The objectives should reflect both the curriculum design of the educational program and the model of service delivery of the fieldwork setting.

20. Adequate staff to provide occupational therapy services and educational services should be maintained with supervisory and administrative responsibilities clearly defined.
A. The ratio of fieldwork educators considered adequate to carry out a fieldwork experience is dependent upon the complexity of the services and the ability to ensure proper supervision and frequent assessment in achieving fieldwork objectives.

B. Administrative and staff responsibilities should be clearly defined.

21. The fieldwork educator should carry out an organized procedure of orientation to the agency, services, and the fieldwork experience.
22. The fieldwork placements should provide the student with experience with various groups across the life span, persons with various psychosocial and physical performance challenges, and various service delivery models reflective of current practice in the profession.

Within the required total of 16 weeks for the occupational therapy assistant student and 24 weeks for the occupational therapy student, there should be exposure to a variety of traditional and emerging settings and a variety of client ages and conditions.

23. The fieldwork educator shall provide ongoing supervision of the student.

A. The student should be supervised in all aspects of his/her fieldwork experience by adequate supervisory staff who should have full knowledge of and responsibility for all aspects of the program being carried out by the student under her or his guidance and protection.

The fieldwork educator should have full knowledge of the student's assigned workload and responsibilities and how they are being handled and should be available to the setting and to the needs of the student.

B. Ongoing supervision should be provided daily and/or weekly as an essential part of the fieldwork program. It should be flexible in accordance with the interests, needs and abilities of the student. Supervision should begin with more direct supervision and gradually decrease to less direct supervision as the student demonstrates competence with respect to the setting and client's condition and needs.

C. The ratio of fieldwork educators to students shall be such as to ensure proper supervision and frequent assessment in achieving fieldwork objectives.
D. In a setting where there is no occupational therapy practitioner on site, ACOTE/AOTA Standards requires a minimum of 6 hours of supervision per week by an occupational therapy practitioner. This should include direct observation of client/student interaction, role modeling, meetings with the student, review of student paperwork, consultation and communication regarding the learning experience. The fieldwork educator may work with students in groups, but should be aware of the individual student needs and respond accordingly. In addition, a designated on-site professional person should be available for communication throughout the experience. A documented plan for provision of occupational therapy services in accordance with state regulations and in coordination with the educational program should be in place. This fieldwork shall not exceed 12 weeks for the occupational therapy student or 8 weeks for the occupational therapy assistant student.

24. **Level II fieldwork shall be required and designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable the application of ethics related to the profession, to communicate and model professionalism as a developmental process and a career responsibility, and to develop and expand a repertoire of occupational therapy assessments and interventions related to human occupation and performance.**

Level II fieldwork experience should include in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation.

25. **The student shall have the opportunity to develop increased knowledge, attitudes, and skills in administration, research and professional relationships.**

Suggested ways to implement this guideline, for example, are actual supervision of support staff, volunteers, or Level I Fieldwork students in certain tasks or work assignments; involvement in research projects; and attendance at administrative meetings.

26. **The student shall be evaluated and be kept informed on an ongoing basis of her/his performance status.**

A. The AOTA Fieldwork Evaluation (FWE) should be used as a rating tool. The student should be formally evaluated using this form when the fieldwork experience is completed. Performance should be reviewed by the fieldwork educator and the student at both midterm and end of the fieldwork experience. Other structured forms of feedback that promote educator/student communication on the student's progress may also be used on an ongoing basis.
B. The fieldwork experience should be evaluated by the student, using the AOTA Student Evaluation for Fieldwork Experience (SEFWE) form, and should be reviewed by the fieldwork educator and the student ant the conclusion of the fieldwork experience. Other structured forms of feedback that promote educator/student communication on the learning experience may also be used on an ongoing basis.

C. If the student's performance is not satisfactory at mid-term or at any point in the fieldwork experience, both the student and academic institution must be notified immediately and documentation concerning the student's progress and outcomes of interventions should be maintained.

References:


*AOTA Commission on Education and Fieldwork Issues Committee (FWIC)*  
*Amended and Approved by FWIC June 2000 and COE August 2000*  
Last Updated: 5/21/2007
How to Create a Supportive Environment

I. Before the Student Arrives

A. Write a letter of introduction; include a map, information about parking, dress code and any other information the student will need on the first day
B. Send the student notebook/manual, including fieldwork objectives
C. Send a list of recommended reading materials or send copies of specific articles, etc. the student should read prior to beginning fieldwork
D. Talk with the student on the phone
E. Assign desk space or other space for the student
F. Make a “Welcome” sign
G. Designate a mailbox for the student and identify it with the student’s name
H. Inform your colleagues, both in your immediate department and those you frequently work with in other departments, that you will have a student from (date) to (date).
I. Be sure student handbook/manual is up to date
J. Secure name tags, meal tickets, parking passes, etc.

II. During the Fieldwork Placement

A. Set aside regular supervisory time
B. Introduce the student in all new situations
C. Involve the student in department social activities
D. Use the student’s name when introducing or referring to him/her
E. Solicit help from co-workers when needed
F. Provide ongoing feedback, positive and constructive
G. Provide an organized, formal orientation to the department and facility
Role Competencies for a Fieldwork Educator

**Purpose:** These role competencies have been developed to assist educational programs in determining and/or evaluating the typical responsibilities for a fieldwork educator associated with an occupational therapy program. The competencies are based on the American Occupational Therapy Association’s *Standards for Continuing Competence*. These role competencies are statements describing the typical values, knowledge, skills, and responsibilities that are needed to be successful in the role of a fieldwork educator. The competencies are general statements, as specific competencies may not apply to all situations. Each competency may be modified and should be considered guidelines for institutions or educational settings.

**Standard 1. Knowledge:** *Occupational therapy practitioners shall demonstrate understanding and comprehension of the information required for the multiple roles they assume.* In addition to the recognized competencies for occupational therapy practitioners, the fieldwork educator must be able to:

- Facilitate the development of competent entry-level occupational therapy practitioners through the provision of supervised quality fieldwork experiences
- Develop learning activities and assignments that encompass the breadth and depth of knowledge in the profession and re-enforce knowledge and skills leading to entry-level competency
- Demonstrate knowledge of effective learning processes that identify individual learning styles and use appropriate and individualized techniques for students at their fieldwork education site
- Demonstrate accurate and current knowledge of the contractual agreement between the colleges/universities and the fieldwork site
- Demonstrate the competence to develop and maintain proficiency in occupational therapy processes and supervision skills through investigation, formal education, continuing education or self-study
- Maintain current knowledge of standards, rules, and regulations regarding supervision of students set by the state, accreditation bodies, and the fieldwork institution

**Standard 2. Critical Reasoning:** *Occupational therapy practitioners shall employ reasoning processes to make sound judgments and decisions within the context of their roles.* In addition to the recognized competencies for occupational therapy practitioners, a fieldwork educator must be able to:

- Effectively evaluate and share knowledge in the form of new materials, literature, and educational materials relating to fieldwork that enhance the lifelong learning of future occupational therapy practitioners
- Critically integrate and apply theory, literature, and research into practice at the fieldwork education site
- Critically evaluate the curriculum, particularly in terms of its components and their relationship to fieldwork education, and participate in curriculum development in relation to the best practice in the fieldwork setting
- Evaluate interpersonal dynamics between occupational therapy practitioners, other clinical and non-clinical personnel, clients, students to resolve issues and determine
action plans including contacting the academic fieldwork coordinator

- Demonstrate the ability to communicate critical reasoning behind clinical practice decisions to students and encourage development of critical reasoning in the fieldwork student

**Standard 3. Interpersonal Skills:** Occupational therapy practitioners shall develop and maintain their professional relationships with others within the context of their roles. In addition to the recognized competencies for occupational therapy practitioners, a fieldwork educator must be able to:

- Project a positive image of the fieldwork program to the college or university, student, and community
- Demonstrate a competent and positive attitude towards practice and supervision that will result in effective development and mentoring of fieldwork students
- Effectively supervise and advise fieldwork students in relation to fieldwork and practice issues
- Effectively mediate interpersonal issues between students, clients, and staff
- Demonstrate positive, culturally sensitive interactions with diverse faculty, students, fieldwork coordinators, and practitioners
- Identify and clearly communicate both strengths and areas for improvement to students in a manner that encourages student growth as a practitioner

**Standard 4. Performance Skills:** Occupational therapy practitioners shall demonstrate the expertise, attitudes, proficiencies, and ability to competently fulfill their roles. In addition to the recognized competencies for occupational therapy practitioners, a fieldwork educator must be able to:

- Plan fieldwork experiences within his or her setting that will prepare ethical and competent practitioners
- Develop fieldwork course objectives, course materials, and educational activities and experiences that promote optimal learning for students
- Evaluate students' performance (i.e., learning outcomes) and learning outcomes in relation to fieldwork objectives of the program and the organization
- Design and implement a plan that develops and maintains accurate documentation of student performance, collaboration with academic curriculum, the fieldwork academic coordinator, and/or other documentation required for fieldwork experiences

**Standard 5. Ethical Reasoning:** Occupational therapy practitioners shall identify, analyze, and clarify ethical issues of dilemmas in order to make responsible decisions within the changing context of their roles. In addition to the recognized competencies for occupational therapy practitioners, a fieldwork educator must be able to:

- Act as a role model as an occupational therapy advocate and change agent in situations with professional, culturally competent, and ethical behavior
- Clarify and analyze fieldwork issues within an ethical framework for positive resolution
Prepared by
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for

The Commission on Education
Linda Fazio, PhD, OTR/L, FAOTA, Chairperson

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Supervision Competencies for Fieldwork Educators

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ABSTRACT
The Level II fieldwork experience is arguably the most influential piece of a student's preparation for practice. The role that the supervisor plays in this process and the type of relationship that develops between the supervisor and the student are critical aspects of a successful fieldwork experience. According to the Self-Assessment Tool for Fieldwork Educator Competency (American Occupational Therapy Association [AOTA], 1997), supervisors must develop competence in the areas of practice, supervision, education, evaluation, and administration as they relate to student supervision. This article focuses specifically on those competencies associated with supervision. The fieldwork supervisor is able to influence the student's experience significantly by using strategies that facilitate a collaborative relationship with the student and foster a student-centered approach that emphasizes the student's independent thinking and problem solving. The development of supervision competency is enhanced when the style of supervision selected balances the student's needs and the clinical environment. This article explores the styles outlined in the Situational Leadership model (Costa, 2007b) and discusses how they can be applied to fieldwork supervision. Finally, to use any of these supervision strategies and styles, the supervisor must learn how to give and receive feedback effectively, yet being able to do both skillfully is one of the most difficult professional behaviors to develop. Thus, the last portion of this article explores methods for developing this critical skill.

LEARNING OBJECTIVES
After reading this article, you should be able to:
1. Identify supervision skills required for competent student supervision.
2. Identify strategies to promote student-centered supervision.
3. Understand the Situational Leadership model of supervision and the four supervisor interactive styles delineated.
4. Identify effective methods for providing feedback.

A note on terminology: Much of the study of supervision in clinical education has been performed by scholars outside of occupational therapy. For purposes of this article, the terms clinical education and fieldwork education are used interchangeably, as are the terms supervisor and fieldwork educator.

INTRODUCTION
A number of recent developments are having an impact on the future of fieldwork education. The newest standards for occupational therapy education require academic programs to educate students about the "professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator" (Accreditation Council for Occupational Therapy Education, 2007, p. 36). Unlike the existing "catch-as-catch-can" approach to fieldwork educator training, this standard essentially mandates that all occupational therapy practitioners begin developing some supervisory competencies and a commitment to fieldwork education early in their careers. Further, in response to a report from the Commission on Education, the 2007 AOTA Representative Assembly initiated a process to develop a voluntary credentialing program for fieldwork educators. Such a program would both recognize individuals who have achieved a level of competence in fieldwork education and provide highly desirable resources and structure for those who are interested in developing those competencies. Finally, leaders in the profession have called on fieldwork educators to help achieve the profession's Centennial Vision (AOTA, 2005) by influencing students during their fieldwork experiences. In a recent article, Crist (2006) called on fieldwork educators to not only educate for today, but also "accept the charge to address what can be" (p. 9) by engaging in evidence- and occupation-based practice, encouraging cultural competence, and empowering students to advocate for the profession. Costa's (2007b) "vision of fieldwork excellence" envisions "fieldwork education as the primary driver in transforming practice" (p. 9) and calls for the development of a set of fieldwork educator competencies, training resources, and research on supervision and fieldwork education.

The impact supervision has on the fieldwork experience has long been recognized in the literature. In a survey of 122...
occupational therapists more than 2 decades ago (Christie, Joyce, & Moeller, 1985a), 75 respondents identified fieldwork as the most influential aspect of their professional development compared with preprofessional and academic experiences. The most frequently mentioned contributing factors were the supervisor's attitude, interpersonal skills, organization, and creative problem solving. Recent studies have shown similar themes, such as having a positive attitude, regularly engaging in self-assessment and reflection, taking a proactive approach, giving constructive and timely feedback, being consistent with expectations, taking a collaborative approach, and embracing the importance of the gatekeeper role (Banks, Bell, & Smits, 2000; Dimeo, Malta, & Bruns, 2004; Faber & Koenig, 2008; McCarron & Crist, 2000; Scheuerer, 2003).

AOTA's (1997) Self-Assessment Tool for Fieldwork Educator Competency provides a useful structure for identifying the competencies a fieldwork educator should have. This tool organizes the skills required of fieldwork educators into five areas:

1. Professional Practice: Competencies related to knowledge, skills, and judgment in occupational therapy practice
2. Education: Competencies related to teaching and learning
3. Supervision: Competencies related to communication, guidance, and the supervisory relationship
4. Evaluation: Competencies related to evaluating student performance
5. Administration: Competencies related to developing and implementing a fieldwork program with attention to legal, professional, environmental, and cultural issues

Table 1 lists the 12 supervision competencies identified in the Self-Assessment Tool for Fieldwork Educator Competency (AOTA, 1997). The majority of these competencies pertain to communication and the supervisory process as well as to the application of models of supervision that guide students' progress toward entry-level competence. (Note: To learn about competencies in the remaining areas, such as role modeling and handling particularly difficult situations, readers will need to pursue additional study.)

<table>
<thead>
<tr>
<th>Table 1: Supervision Competencies From the Self-Assessment Tool for Fieldwork Educator Competency (AOTA, 1997)</th>
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</thead>
<tbody>
<tr>
<td>1. Presents clear performance expectations initially and throughout the experience appropriate to occupational therapy practice (e.g., student occupational therapist/occupational therapy assistant role delineation, Level I or II fieldwork, practice environment).</td>
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<tr>
<td>2. Collaborates with the student in setting learning goals, objectives, and expectations, and makes modifications accordingly.</td>
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<td>3. Anticipates and prepares student for challenging situations.</td>
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<td>4. Provides activities to challenge student's optimal performance.</td>
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<td>5. Provides the student with prompt, direct, specific, and constructive feedback throughout the fieldwork experience.</td>
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<td>6. Makes specific suggestions to the student for improvement in performance.</td>
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<td>7. Uses verbal, nonverbal, and written communication effectively.</td>
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<td>8. Initiates interaction to resolve conflict and to raise issues of concern.</td>
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<tr>
<td>9. Uses a variety of supervisory approaches to facilitate student performance (e.g., written, support/confrontation, multiple supervisors).</td>
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<td>10. Elicits and responds to student's feedback and concerns.</td>
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<tr>
<td>11. Collaborates with the student and academic fieldwork coordinator to identify and modify learning situations when the student experiences difficulty.</td>
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<tr>
<td>12. Acts as a role model of professional behavior (e.g., separates personal vs. professional issues with students and staff, addresses diversity issues, uses humor appropriately).</td>
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CONTEMPORARY APPROACHES TO STUDENT SUPERVISION

Student-Centered Supervision

A student-centered approach to fieldwork supervision recognizes the student as the driver of the experience and the supervisor as the navigator who provides the resources, guidance, and support to provide the student with what is needed for a challenging, yet successful journey. Ultimately, the student must choose to use these provisions to reach the destination, hence, his or her attitudes and actions are equally important to the success of the fieldwork experience (Banks et al., 2000; Christie, Joyce, & Moeller, 1985b; Faber & Koenig, 1999; Sladyk & Sheckley, 1999) and should not be overlooked. Studies have found that students have a positive experience when they take the initiative to ask questions regarding clinical reasoning, value the process of learning, appreciate the use of theoretical constructs (Banks et al., 2000), engage in self-reflection (Sladyk & Sheckley, 1999), and initiate problem solving (Faber & Koenig, 1999; Scheck, 1999). Although the student plays an integral role in the supervisory relationship, the scope of this article focuses on the supervisor's role.

Strategies for Promoting Student-Centered Supervision

This section explores specific strategies that supervisors can use to create a positive supervisory experience for both
the students and themselves and to provide an environment where optimal learning and professional skill development in the areas of initiative taking, problem solving, decision making, and self-reflection can occur. In keeping with the competencies identified in the Self-Assessment Tool for Fieldwork Educator Competency (AOTA, 1997), these strategies support the concept of a student-centered approach to supervision that promotes collaborative problem solving and independent thinking. A review of the literature yields three broad types of strategies for promoting student success: organizational, collaborative, and adaptive.

Organizational Strategies
These strategies involve planning the learning process (Banks et al., 2000) and taking a proactive approach to structure the fieldwork experience before the student even arrives (Farber & Koenig, 1999). The following are examples of organizational strategies:

- **Provide written descriptions of student expectations.** These can be in the form of professional behavior, weekly clinical expectations (e.g., caseload requirements, assessment and treatment expectations), special projects, and assignments with due dates. Providing these expectations in writing not only will give the student an understanding of what the affiliation will be like, but also puts the onus on the student to organize time effectively and take the initiative to meet the expectations. Accordingly, one of the professional behavior expectations may be that the student is responsible for staying on task with the scheduled outline. A written record can promote consistency and direct communication for a student having difficulty.

- **Provide the student with the department’s site-specific objectives that correlate with the Fieldwork Performance Evaluation (AOTA, 2002).** This document enhances the student’s understanding of the expectations of an entry-level therapist at this specific clinical setting, as well as provides an objective tool with which both the supervisor and the student can evaluate the student’s performance.

- **Conduct formal feedback sessions weekly at a designated time mutually agreed on by the supervisor and student:** The day and time may be established during the first week of the affiliation.

- **Create special projects and assignments that require the student to demonstrate initiative:** Examples for this strategy include conducting an evidence-based literature search using a variety of scholarly resources that are not present in the department, building independent thinking by writing a case study review of a client the student has worked with that includes input from practitioners from other disciplines involved in the client’s care, and developing other professional skills such as public speaking, writing, and presenting a formal poster.

Collaborative Strategies
These strategies embrace a spirit of mutual responsibility between the supervisor and student (Farber & Koenig, 1999; McCarron & Crist, 2000) and recognize that learning is a process that requires the supervisor’s nurturing and guidance (Banks et al., 2000; Sladky & Sheckley, 1998). Supervisors who are collaborative demonstrate flexible problem solving and engage in mutual activities for self-assessment and reflection (Banks et al., 2000; Farber & Koenig, 1999, 2008; McCarron & Crist, 2000). Examples of collaborative strategies include the following:

- **Acknowledge that professional learning is an ongoing process:** The supervisor discusses and demonstrates methods for learning new information for the purpose of providing best practice in the treatment setting.

- **Engage in reflective dialogue activities regularly with students:** (Sladky & Sheckley, 1999): For example, during the first week of the affiliation, the supervisor reflects on the thought process during client sessions and the reasoning for using or modifying specific evaluation or treatment methods. When students begin working with clients, they discuss their own clinical reasoning processes. These have indicated that this back-and-forth dialogue is a powerful tool in teaching them how to think like occupational therapists (Sladky & Sheckley, 1999).

- **Give the student the responsibility to identify two or three possible ways to improve a challenging situation:** The student and supervisor then discuss these possibilities. This strategy takes the onus off the supervisor to have all the answers and forces more independent thinking on the part of the student (Farber & Koenig, 1999).

- **Expect the student to engage in a reflective activity before the weekly feedback session by identifying that week’s achievements and challenges and then establishing new learning goals:** The student also can be expected to provide formal written feedback to the supervisor, thus further emphasizing the concept of a mutual learning process. For more structured reflective activities, the Fieldwork Experience Assessment Tool (FEAT, AOTA, 2001) provides an excellent opportunity for both the supervisor and the student to participate in mutual reflection.

Adaptive Strategies
One of the keys to successful supervision is the ability to be flexible—to try different approaches to guiding the student throughout the learning process, and to address difficulties that emerge during the affiliation (Farber & Koenig, 1999; McCarron & Crist, 2000). Helpful to both the supervisor and the student is maintaining an attitude of willingness to see problems as challenges and to seek alternate solutions. Strategies that facilitate more flexible thinking include the following:
Expect the student, not the supervisor, to generate ideas for addressing challenging issues. This strategy will give the supervisor new options to consider.

Provide the student with regular, structured opportunities to give feedback to the supervisor. This strategy provides the supervisor with suggestions and opportunities to modify certain supervisory skills.

Discuss supervisory situations with colleagues for their input and support (Farber & Koenig, 1999).

Engage in continuing education for fieldwork supervision. Congratulations! You are already engaging in this one.

These strategies can be a useful start to implementing a student-centered approach to supervision. However, as with all intervention techniques, they can be ineffective if not used as part of a theoretical framework. The next section describes a model that can be used to promote effective supervision using student-centered concepts.

The Situational Leadership Model

Occupational therapy practitioners may supervise students with the best of intentions, using supervisory styles they encountered during their own work experiences or when they were students. However, according to Competencies 3, 4, and 9 of the Self-Assessment Tool for Fieldwork Educator Competency (AOTA, 1997), a fieldwork educator should demonstrate the ability to use a variety of supervisory models that will challenge the student and facilitate growth and development. Fieldwork educator competencies also include a positive attitude toward practice, supervision, and mentoring students (Dickerson, 2006). Costa (2007a) described several models of supervision appropriate to fieldwork education, particularly the Situational Leadership model, which is a student-centered approach.

The Situational Leadership model of supervision has been adapted from Hershey's work in the area of leadership (Costa, 2007a; Hershey, Blanchard, & Johnson, 1996; Meyer, 2002) because of its relevance to clinical student supervision. It focuses on the match among the supervisor's styles, the demands of the task, and the student's readiness in the areas of competence and confidence. This model describes how a supervisor progressively facilitates a student's development of professional competencies across several domains: assessment and intervention skills, interpersonal assessment, treatment planning, adherence to ethical standards, integration of theoretical frameworks, and an understanding of clients and cultural differences (Costa, 2007a).

In selecting supervisory styles, the supervisor must address the student's readiness and learning needs. The match among supervisory styles, the student's needs, and the demands of the environment starts with understanding the student's competence and confidence. Each factor varies during the student's fieldwork experience, and the supervisor must be willing to assess the student's progress and alter the supervisory style with changes in the student (Blanchard, 2007; Costa, 2007a).

Students show confidence through motivation, commitment, interest, and enthusiasm as they progress through the fieldwork placement (Meyer, 2002). Student competence is demonstrated by progress toward achieving site-specific learning objectives and weekly learning targets and objectives that match items on the Fieldwork Performance Evaluation (AOTA, 2002). Competence is achieved through a variety of instructional methods and can be measured by changes in the student's demonstrated behaviors and a gradual progression in supervision strategies from directive to coaching, supportive, and ultimately, delegation. The supervisor can have a positive impact on competence and confidence by clearly communicating the importance of each task, skill, or duty the student is responsible for (Crist, 2006).

The Situational Leadership model delineates four supervisor interaction styles, which are developmental in nature. The supervisor selects one of the following styles based on the task or activity and on the student's motivation, confidence, and competence (Costa, 2007a).

**Directive**

A directive style is applied when a student presents with a low level of competence or confidence (readiness), needing direction and guidance to complete most tasks (Meyer, 2002). The supervisor must orient the student, closely observe performance, provide feedback, and lead discussions. Additionally, the supervisor should maintain clear expectations, establish weekly goals, and provide additional reading materials. Many of the organizational strategies previously discussed are examples of a directive approach. Some activities appropriate for a student at this level may include having the student explain how to follow the facility's policies for standard precautions, complete a chart review and make a list of a client's strengths and needs, and read an occupational therapy evaluation and explain the focus of intervention.

**Coaching**

A coaching style is used with the student who demonstrates a higher level of readiness. The supervisor facilitates clinical reasoning through two-way communication and encourages the student to generate intervention ideas. The supervisor provides feedback and positive reinforcement and carefully allows increased independence with demonstrated competence through increasingly complex clinical situations (Meyer, 2002). Many of the collaborative and adaptive strategies previously discussed lend themselves well to the coaching approach. A student at this level could be asked to observe an intervention session and clearly document observations, explain why a specific intervention was appropriate to the client's occupational roles, and select several assessments based on a chart review and client interview.
Supportive
As student competence and confidence levels improve, the supervisor can move on to a supportive style of supervision. At this point, the student is treating an entry-level caseload, seeking input, demonstrating self-directed learning, and showing an ability to work independently. The supervisor acts primarily as a consultant, monitor, or overseer. Many of the collaborative and adaptive strategies discussed previously are appropriate to the supervisory process at this point. Additional strategies that could include grading interventions appropriate to the client's needs, and conducting an assessment and interpreting it based on the client's occupational roles and desired outcomes.

Delegation
When the student demonstrates sufficient competence and confidence throughout the scope of practice, the supervisor may apply a delegation style. The supervisor acts as a consultant, allowing the student to function more or less autonomously, and provides input for more complex, unfamiliar situations. Supervision at this level should encourage students to articulate their clinical reasoning process so the supervisor can ask questions and facilitate critical thinking. Students become increasingly confident in their skills and roles as occupational therapy professionals. They have reached a level of autonomy and can identify their unique strengths and weaknesses as entry-level practitioners (Costa, 2007a). Higher-level organizational, collaborative, and adaptive strategies can be applied at this level. Examples of activities that may be delegated include scheduling and carrying a full caseload, completing all documentation accurately and on time, and explaining clinical reasoning to substantiate intervention plans (Costa, 2007a; McCarron & Crist, 2000).

Students are not uniform in their progress across domains. It is not unusual for students to take detours, wavering between confidence and confusion, dependence and independence, inexperience and competence. These normal behaviors will require adaptations in supervision style to progress the student toward increasing independence (Meyer, 2002). Matching supervision styles to the student's needs is a dynamic, challenging process; however, the effective match can ultimately enhance the student's learning experience, enthusiasm, and commitment to the profession as well as provide the supervisor with the satisfaction of facilitating entry-level practice competencies in a new member of the profession.

FIELDWORK EDUCATOR COMPETENCY
It is estimated that approximately half of the supervision competencies (1.1-2.5-7.10) involve communication and feedback.

Students must be able to ask for, accept, and provide feedback. Supervisors must be able to provide feedback effectively. Evidence regarding the importance of effective communication and feedback in clinical education is abundant (Bruno, Dineo, & Malta, 2003; Gross, 1995; Falender & Shafranske, 2004; Heine & Bennett, 2003). This section provides strategies to develop feedback skills.

In a study of 207 fieldwork educators, Farber (1998) reported that feedback was a primary strategy to address problematic behaviors in students. Hughes, Mangold, Thuss, Buckley, and Lennon (1999) found that students believed that the supervisor's ability as well as their own to communicate their needs effectively was essential to their success (p. 16). Christie et al. (2006b) reported that the critical components of good fieldwork experience most frequently mentioned by students and supervisors included an individualized approach, an organized and well-structured program, effective feedback, and open communication. In addition, both student and supervisor respondents "perceived the supervisory process as the most critical element in distinguishing the good versus poor fieldwork experience" (p. 681). For many of us, the ability to give effective feedback does not come naturally. The good news is that providing feedback uses a variety of skills that can be learned.

Feedback often is used to heighten awareness of strengths and weaknesses, develop solutions to facilitate and manage change, empower students to develop new strategies, and clarify expectations and objectives. Even after reading weekly expectations and site-specific objectives, many students still do not really understand what the desired behavior should actually look like.

Feedback and Timing
Timing is an essential component of feedback. Feedback should be provided as soon as possible and often. Waiting too long to provide feedback may lead the student to see it as invalid, irrelevant, or unimportant, lessening the effect.

Formative feedback is provided to inform students about their performance. It may be formal or informal and is provided throughout the fieldwork experience, allowing change and development to occur (Moore, Hilton, Morris, Galadine, & Bristow, 1997). Summative feedback, on the other hand, occurs at the end of the fieldwork experience. Because it summarizes the student's overall performance, potential for further growth and change is limited (Moore et al., 1997). The Fieldwork Performance Evaluation (AOTA, 2002), for example, provides formative feedback at mid-term and summative feedback at the completion of the Level II experience. When formative feedback is provided effectively, there are no surprises at the final evaluation.
The FEAT (AOTA, 2001) and weekly supervision forms are two additional methods for providing formative feedback. The FEAT usually is used at midterm or earlier and provides a structured way to elicit feedback from both the student and fieldwork educator. It helps to facilitate dialogue by examining how the student, supervisor, and environment are functioning and interacting, and it examines how these interactions are affecting the student’s learning and performance. The information obtained can be used to enhance the fieldwork program for stronger students or to help weaker students verbalize their needs and identify strategies.

Many fieldwork sites have developed their own version of a weekly supervision form to review the previous week's goals, address what went well that week and which areas need improvement, and identify goals for the following week. This tool helps to ensure a balance of positive and constructive feedback and provides documentation of the student’s progress, strengths, and areas of concern over time.

Types of Feedback
A number of different types of feedback exist, and each has its role. Constructive feedback, also known as critical feedback, commonly is used to provide students with information about areas of their performance that need improvement. Providing effective constructive feedback consists of two parts: (a) identify the problem and the consequences that may result, and (b) identify possible solutions and strategies. An example of the need for constructive feedback is when a student consistently arrives 10 to 15 minutes late to fieldwork. The supervisor would explain that arriving on time is an expectation in the area of professional behavior, and that being late makes the student appear rushed and disorganized; does not allow time to set up the treatment area, and causes client intervention to run behind schedule, possibly compromising the client’s confidence and trust in the student. Consistent lateness disrupts the rest of the department, affects the quality of care the student is providing, and affects the student’s midterm evaluation score. The supervisor would follow up on this feedback by collaborating with the student to develop solutions and strategies.

Positive feedback is just as essential. It increases morale and, more importantly, reinforces performance. In the absence of positive feedback, the student may not recognize when the desired behavior has been achieved or when goals have been accomplished. The student may become frustrated or confused, or revert to previous, less successful behaviors.

Destructive, or negative, feedback often is the result of constructive feedback gone awry. Statements like, “You never remember to lock the brakes,” or “That activity will never work,” provide the student with no useful information and have no educational benefit. Negative feedback decreases student commitment and confidence, and results in conflict.

Interactive feedback is a process that allows the student to react to feedback, enables self-assessment, and helps the student to develop strategies for improvement (Holmboe, Yepes, Williams, & Huot, 2004).

The Challenge of Giving Feedback
One might ask, “Why is it so difficult to give feedback?” For those who are conflict adverse, it simply is easier not to. Many supervisors are concerned about how a student may respond, anticipating an emotional reaction or being fearful of damaging the relationship or challenging a student’s individuality. Less experienced supervisors may lack confidence in their own judgment or abilities. Still others may have a “gut” feeling but no facts to back up their concerns.

The logical next question would be, “Why do people have trouble receiving feedback?” Feedback often can elicit emotional reactions. Some individuals only hear the good parts of feedback, whereas others only hear the bad. Still others just sit there, hearing nothing and waiting for it to be over. Some recipients regard feedback as invalid because they do not respect or trust the provider. Others are overwhelmed by too much information being provided at one time.

Effective Feedback
Skilled delivery of feedback is essential to a positive outcome. The method of delivery may vary from a formal appointment to informal discussions as the supervisor and student travel from one location to another. Feedback can be provided verbally or in written form. Nonverbal communication, such as a nod, a frown, or clenched teeth, also conveys information. To ensure that feedback is effective, provide it in a prompt and timely manner; be specific and direct, with clear behavioral objectives; balance the positive and constructive by “sandwiching” a critical statement between two positive statements; remain nonjudgmental, focusing on the behavior, not the person; give constructive feedback privately; use “I” statements to lessen the chances of a defensive response; and deliver feedback that is appropriate for the student’s stage of development.

The supervisor must confirm the message by having the student reflect or restate what he or she heard. Then the student and supervisor collaborate to develop strategies to address areas of need. Some students benefit from written feedback that they can reflect on later.

CONCLUSION
Building competency as a fieldwork educator is a gradual process. The Self-Assessment Tool for Fieldwork Educator Competency (AOTA, 1997) can help both experienced and inexperienced fieldwork educators to identify areas of competence as well as areas requiring further development. When students begin to examine prospective Level I fieldwork options, many focus on the sites with the "best"
reputations. The evidence presented in this article, however, indicates that it is not necessarily the site, but the supervisor that truly makes the fieldwork experience a successful one.

REFERENCES


6. When a student is able to upgrade his or her intervention protocol in response to the client's improved status, the most appropriate supervision style is:
   A. Supportive
   B. Directive
   C. Coaching
   D. Delegation

7. A student's commitment to the fieldwork educational process can be determined by the following behavior:
   A. Enthusiastic participation in client interventions
   B. Confidence in verbal interactions with facility staff
   C. Self-directed investigation of client conditions
   D. All of the above

8. The supervision style that best matches a student who is able to review a client's referral information and explain the areas of strength and need using correct Framework terminology, but still requires close supervision in client interaction, is directive.
   A. True
   B. False

9. The delegation style allows the supervisor to act as a consultant and the student to function more or less autonomously, and provides input for more complex, unfamiliar situations.
   A. True
   B. False

10. Formative feedback is valuable because it:
    A. Provides the student with a detailed summary of his or her performance at the end of the fieldwork.
    B. Builds confidence and promotes problem-solving skills.
    C. Occurs privately, preventing embarrassment and defensive responses.
    D. Is provided throughout the fieldwork experience, allowing change and development to occur.

11. Interactive feedback is defined as a process that:
    A. Allows the student to react to feedback, engage in self-assessment, and develop strategies for improvement.
    B. Provides information about areas of performance that need improvement, and results in improved performance.
    C. Increases the student's morale and reinforces performance.
    D. Increases the student's commitment and confidence and results in conflict.

12. To ensure that a student has understood and will apply feedback, it is important to:
    A. Provide feedback in writing.
    B. Confirm the message by having the student reflect or restate what he or she heard.
    C. Reflect on the clinical reasoning process.
    D. Present clear performance expectations.
ABSTRACT
Level II fieldwork education can be one of the most influential elements of a student’s preparation for practice. The 2007 American Occupational Therapy Association’s (AOTA’s) Ad Hoc Committee to Explore and Develop Resources for Occupational Therapy Fieldwork Educators stated that “fieldwork education is a primary driver in transforming our current practice into meeting the 2017 Centennial Vision” (AOTA, 2007a, p. 14). Often, fieldwork educators taking their first student have only their own Level II fieldwork experiences to guide their teaching. Few occupational therapy practitioners have formal training in education. The purpose of this article is to provide the fieldwork educator with teaching tools and strategies that can be incorporated to enhance efficiency and effectiveness as a fieldwork educator and to maximize the student’s learning during the fieldwork experience. Being aware of teaching–learning styles will also aid in setting realistic expectations for the fieldwork experience. Although this continuing education article provides an overview of these topics, it should be noted that a more thorough presentation of this material is available through AOTA’s Fieldwork Educators Certificate Program (AOTA, 2009a) which is being offered nationwide by regional trainers.

LEARNING OBJECTIVES:
After reading this article, you should be able to:
1. Identify the importance of customizing the fieldwork experience by incorporating the student’s strengths, liabilities, academic preparation, and curriculum design into the experience.
2. Identify students’ learning styles.
3. Identify teaching styles to facilitate student learning.
4. Recognize the value of developing student-specific learning objectives for fieldwork experiences.
5. Identify tools available through AOTA to maximize the fieldwork experience for the fieldwork educator and student.

INTRODUCTION
Although not often recognized as a primary job responsibility, most occupational therapy practitioners routinely incorporate “teaching” into practice. From showing a client how to use a piece of adaptive equipment, to instructing a caregiver on how to prevent injury by using appropriate body mechanics, occupational therapy practitioners teach on a daily basis. Most practitioners were not, however, formally trained as teachers. This lack of training in education techniques can result in unnecessary problems during fieldwork. The fieldwork educator who uses proper teaching tools can effectively influence the student’s experience by using strategies that facilitate learning. By understanding the student’s learning style and unique characteristics, the fieldwork educator can use the teaching style that will best facilitate the student’s thinking and problem solving. As the fieldwork educator becomes more cognizant of his or her role as teacher and more skilled at using appropriate teaching strategies, learning experiences can be sequenced to grade the student’s progression toward entry-level practice in an efficient and effective manner.

AOTA’s Self-Assessment Tool for Fieldwork Educator Competency (2009b) provides a useful structure for identifying the competencies a fieldwork educator should have. This tool organizes the skills required of fieldwork educators into five areas: professional practice, education, supervision, evaluation, and administration. The majority of these competencies pertain to understanding the student’s learning needs and designing the fieldwork experience to adapt the teaching style to guide student performance. The complete Self-Assessment Tool for Fieldwork Educator Competency listing all 14 education competencies is available on the AOTA Web site.

Becoming a Fieldwork “Educator”
Enhancing Your Teaching Skills
is encouraged to access this document in its original format and use it as a tool for self-assessment related to the skills necessary for being a fieldwork educator.

TEACHING SKILLS

Think about the interactions that occupational therapy practitioners have with clients on a daily basis. In the early stages of the practitioner–client relationship, practitioners talk with the client (or family and significant others) to gather basic information. During the initial interview and evaluation, occupational therapy practitioners gain information about the client’s strengths and problem areas; the contexts that have an impact on the client’s performance; and the client’s personal needs, wants, and expectations. Practitioners then collaborate with the client to establish goals based on that information. As a fieldwork educator, it is reasonable to use a similar process with students. In doing so, the fieldwork educator can design a teaching–learning plan that will guide the experience and best meet the student’s needs. Some basic tools and strategies can be used for soliciting student perceptions and input throughout the occupational therapy fieldwork experience.

Fieldwork Personal Data Sheet

The Personal Data Sheet for Student Fieldwork Experience (AOTA, 1999) was developed by AOTA as a method of student introduction to the Level II fieldwork site. The form is provided to the fieldwork educator by the academic institution prior to the student’s arrival at the fieldwork site to provide background information and the student’s self-appraisal of strengths and areas for growth. After reviewing the Personal Data Sheet with the student, the fieldwork educator can consider asking questions such as: “I see that you have identified ___________ as a strength. Why do you consider that to be a strength? Can you give me an example of when or how you were able to use that characteristic effectively?” or “I see that you have identified ___________ as an area for growth. Tell me what you know about ___________ and give me some specifics that you would like to learn.”

These types of questions encourage introspection by the student and enable the fieldwork educator to gain a deeper understanding of the student’s perspectives. In addition, the Personal Data Sheet asks the student to identify preferred learning and supervision styles. Insight into these preferences is useful as the fieldwork educator plans feedback strategies with the student, as will be presented later in this article.

Observe, Question, and Listen

Observing and listening to the student will provide the fieldwork educator with additional information about strengths and areas for growth that can be incorporated into the fieldwork experience. As noted above, asking the student to reflect and elaborate on the self-assessment of strengths and areas for growth is an appropriate strategy. To have a thorough understanding of the student’s background and its potential impact on the fieldwork experience, it is important for the fieldwork educator to become familiar with the student’s work, volunteer, and Level I fieldwork experiences; and the curriculum design of the student’s academic program, all of which are included on the Personal Data Sheet. As required by the Accreditation Council for Occupational Therapy Education (ACOTE, 2007a; ACOTE, 2007b), academic programs should make this information available to the fieldwork educator prior to the student’s arrival. As the student’s experience is reviewed, the fieldwork educator should consider asking questions such as, “Can you tell me about the occupational performance deficits experienced by the clients in your Level I fieldwork experience?” “What occupational therapy evaluations were used in that setting and which ones did you administer?” or “What types of occupational therapy interventions did you implement with the clients at that setting?” Asking the student to provide a thorough description of his or her experiences will enhance the fieldwork educator’s perspective on the student’s background with clients in various settings. Also, asking what the student needs, wants, and expects out of the fieldwork experience can be a useful way to gather information at the beginning of fieldwork.

Writing Learning Objectives

The concept of learning objectives is familiar to fieldwork students because they are routinely exposed to them in the academic setting. Each course they take has objectives to give them a “roadmap” of where they should be upon successful completion of the course. Similarly, having specific learning objectives during fieldwork facilitates the student’s understanding of the expected outcomes of the experience.

The student’s self-identified areas for growth are a good starting point for developing learning objectives to be addressed during fieldwork. In addition, the fieldwork educator will likely have ideas about what the student may need to be successful in the fieldwork setting. These ideas will be based on the fieldwork educator’s understanding and knowledge of the intricacies of the facility and its clients, experience with previous students, and an understanding of the curriculum design of the student’s academic institution. As fieldwork educators begin to identify learning objectives for a particular student, collaboration with the student to generate a list of learning priorities is essential so the student begins to take responsibility for his or her own education.

Practitioners develop occupational therapy goals with clients so that both parties have a common understanding of where the intervention is headed as well as the expected outcomes, so there is a mutual understanding of when the intervention has been successful. Using the same approach
When To Use Learning Objectives

The question of when to use student-specific learning objectives can be complex. Objectives are commonly developed when a student shows signs of difficulty during the fieldwork experience that, in turn, require remediation. In light of the described benefits of learning objectives, they could be valuable for all students when a learning need is identified. There is no reason why these types of learning objectives could not be used for all students, but because they are student specific, they do take time to generate and to monitor. Like client goals related to occupational therapy intervention, student learning objectives need to be specific and measurable with regard to the outcome and should have a time frame associated with them. Early identification of potential problems, along with specific and measurable learning objectives, may circumvent problems by redirecting the student onto a successful pathway early in the fieldwork.

Several models are available to assist the fieldwork educator in writing student learning objectives. The major components identified in most models include (1) outcomes (what the student will be able to do); (2) measurement method (how the student’s performance will be evaluated); (3) time frame (when the objective will be accomplished); and (4) resources (the methods, processes, procedures, and/or strategies that the student will use to facilitate success). Clear behavioral learning objectives reduce the opportunity for miscommunication and increase potential for success.

Incorporating Bloom’s Taxonomy

Learning objectives can also be used when the student is able to perform a particular skill at a basic level but is not performing consistently or is not progressing to a more advanced, professional level of performance. This is a common concern and frequent challenge for the fieldwork educator to express, as well as for the student to understand how to improve performance. One tool that can be helpful for both the fieldwork educator and student in this and other situations is Bloom’s Taxonomy (Bloom, Englehart, Furst, Hill, & Krathwohl, 1956). Widely used in education, this classification system was developed as a method of categorizing intellectual behavior that is important for learning. Bloom’s work includes six hierarchically oriented levels of cognitive thinking. The levels progress from the lowest level (knowledge), which includes basic recall and recognition, to the highest level of learning (evaluation), which includes skills such as judging, defending, and justifying. In the late 1990s, a group of cognitive psychologists updated Bloom’s original taxonomy to reflect work being done in education in the 21st century (Anderson et. al, 2001). Of significance was the change from Bloom’s use of nouns to illustrate the levels to the use of verbs. This change in and of itself is indicative of “doing” by the learner. This hierarchy helps the fieldwork educator understand and anticipate the trajectory of the student’s learning. In other words, the student must first remember the information before progressing to understanding it. In turn, the student applies information, followed by analyzing and evaluating information. Finally the student can create new information. Table 1 on page CE-4 provides a synopsis of the major categories of the two taxonomies, with examples of skills associated with each level.

If a student is having difficulty with a procedure or fieldwork item, the fieldwork educator should consider developing a learning objective that reflects a lower level of achievement as a building block. For example, if a student is having trouble demonstrating the facility’s safety procedures, that objective could be broken down in the following way:

**REMEMBER:** The student is able to (1) list fire safety procedures and (2) identify sequential steps for activating the emergency system.

**UNDERSTAND:** The student is able to (1) offer examples of potentially hazardous situations related to fire safety and (2) predict the consequences of specific client emergency situations.

The verbiage available in the taxonomy provides a way to “grade” student learning objectives. Sequencing learning experiences for a student is similar to grading the activities of a client’s occupational therapy intervention plan. Clearly, students are not expected to demonstrate all of the skills and knowledge of a practitioner on the first day of fieldwork. The goal is for the student to demonstrate the skills similar to those of an entry-level practitioner by the end of the fieldwork experience. By being engaged in a sequenced, graded approach using his or her preferred learning style, each stu-
student can become effectively integrated into the practitioner role. Although there is no “one right way,” this sequencing and graded approach doesn't just happen. Rather, it requires thought and planning on the part of the fieldwork educator.

**Grading Learning Experiences**

AOTA’s Fieldwork Experience Assessment Tool (FEAT) was designed to promote discussions between students and fieldwork educators to facilitate reflection and problem solving (AOTA, 2001). Providing graded learning experiences is identified in the FEAT as a teaching strategy for the fieldwork educator. One of the first suggested activities focuses on clinical practice through observation and modeling. By providing an opportunity for students to observe therapeutic interactions between a client and practitioner before requiring involvement in an evaluation or intervention session, students gain an appreciation for “how it’s done” without anxiety associated with having to “perform.” Fieldwork educators model appropriate behaviors to demonstrate acceptable and expected performance for the student to emulate. Some students will benefit, initially, from a more guided observation where the fieldwork educator outlines specific areas of observation and subsequent discussion. Guided observations could be built by the fieldwork educator using the Occupational Therapy Practice Framework: Domain and Process, 2nd Edition (AOTA, 2008) as an infrastructure. For example, in the first session, the student could be directed to observe and describe the client’s performance in self-feeding and eating. In a subsequent session, the student could be further challenged to identify the client factors and performance skills that are contributing to the client’s occupational performance deficits in self-feeding and eating.

After the student’s comfort and confidence levels stabilize, he or she will benefit from being challenged. Fieldwork educators can facilitate this process by asking probing questions to develop clinical reasoning skills (i.e., “Why do you think that will work?” “What might you try instead?” “How could you get that information?” “What is the evidence that this approach might be effective?”). As the student progresses, the fieldwork educator gradually reduces the amount of direction provided. This sequence can effectively help the student transition from the role of passive observer to active student-practitioner. Furthermore, the student should be guided to independently seek out additional resources to facilitate new learning and, once researched, initiate discussions with the fieldwork educator for application to clients in the fieldwork setting. These strategies can help students develop a repertoire of skills for use in future practice and contribute to their development as life-long learners.

**Reflection**

Reflection is another teaching tool fieldwork educators can use with students to critically evaluate their professional reasoning skills and, hence, promote further learning. Dewey (1933) was the first to define reflective thinking as “the active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusion to which it tends” (p. 7).

Andersen and Moyers (2002) go on to claim that reflection involves thinking both retrospectively and prospectively. Retrospective reflection facilitates processing what has already occurred and requires careful consideration and dissection of what happened, and one’s response to it. Questions such as, “What was the client’s response to that intervention?” “How could that intervention been more effective?” and “What did I learn about the client from that session?” will promote ongoing insight and growth on the part of the student.

Prospective reflection, on the other hand, promotes the student’s consideration for future planning (Andersen & Moyers, 2002). Questions may include, “What did I learn from this treatment session that can be beneficial in future sessions with clients?” “What skills do I need to develop to improve my effectiveness?” and “What characteristics of effective practitioners have I observed others using that were positive that I would like to develop in myself?”

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**Table 1: Cognitive Process Dimension of Bloom’s Taxonomy and Revisions by Anderson**

<table>
<thead>
<tr>
<th>Bloom et al., 1956</th>
<th>Anderson et al., 2001</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge:</strong> define, recall, list, repeat, recognize</td>
<td><strong>Remember:</strong> recognize, recall</td>
</tr>
<tr>
<td><strong>Comprehension:</strong> describe, explain, discuss, demonstrate</td>
<td><strong>Understand:</strong> interpret, classify, summarize, explain</td>
</tr>
<tr>
<td><strong>Application:</strong> interpret, illustrate, solve, use</td>
<td><strong>Apply:</strong> execute, implement</td>
</tr>
<tr>
<td><strong>Analysis:</strong> organize, choose, compare, contrast</td>
<td><strong>Analyze:</strong> differentiate, organize, attribute</td>
</tr>
<tr>
<td><strong>Synthesis:</strong> devise, create, support, design</td>
<td><strong>Evaluate:</strong> check, critique</td>
</tr>
<tr>
<td><strong>Evaluation:</strong> choose, judge, defend, justify</td>
<td><strong>Create:</strong> generate, plan, produce</td>
</tr>
</tbody>
</table>
To get the student started, fieldwork educators can generate an initial list of “Reflection Questions.” As the students progress, they can be encouraged to expand into questions and topics of their choice.

TEACHING AND LEARNING STYLES

The concept of teaching and learning styles is based on the premise that fieldwork education is a shared responsibility between the fieldwork educator and the student, where the educator has a wealth of information to share and the student has a deep desire to learn. It is important to keep in mind that most students have recently left the “traditional” learning environment (of classrooms and laboratories) and moved to a new “clinical or professional” setting that has very different expectations. Students may find this change to be an exciting, yet daunting, leap into the “real world.” Learning for the fieldwork student may not come as easily as it did even a few weeks or months ago due to multiple new circumstances. It is important that fieldwork educators help bridge this gap for students by customizing the fieldwork experience to meet their individual learning needs.

Literature in the education research suggests that students learn better when there is congruency between the teacher’s learning and teaching styles and the student’s learning style (Canfield & Canfield, 1988; Stitt-Gohdes, Crews, & McCannon, 1999). When students are able to learn in the way that is most natural for them, more can be retained and achieved. How, then, can fieldwork educators assist students in achieving their highest potential? The use of a learning style inventory can be an important first step in making the fieldwork experience a win-win situation for both the student and fieldwork educator.

Using a Learning Style Inventory

There are numerous learning style inventories that can be completed in 30 minutes, either online or as a “paper-and-pencil” activity. The fieldwork educator should select one and complete it before introducing it to the student. By doing so, the fieldwork educator will be familiar with the content and be prepared to answer questions that the student may have.

Most learning style inventories categorize learners into one of four distinct categories: (1) visual/verbal, (2) visual/nonverbal, (3) tactile/kinesthetic, or (4) auditory/verbal.

The visual/verbal learner will benefit from assignments or key information supplied in handouts and other written formats, videos, or DVDs. Encourage the student to take brief notes for review at a later time. For example, it might be suggested that the student review a range-of-motion video before working with a client’s upper extremity. Additionally, treatment protocols may be written as a flow chart or with diagrams for this learner. Approximately 40% of college students are visual learners (Clarke, Flaherty, & Yankey 2006).

The auditory/verbal learner will benefit from any instructions or explanations given orally. This student may wish to tape conferences or supervisory meetings for use or review at a later time. He or she will gain skills by discussions, and by talking through a new situation or circumstance. The fieldwork educator should encourage well thought out spoken questions. The tone or pitch of one’s voice or the speed with which one speaks may have an impact on this student. Fast talkers should ask the student to remind them to slow down.

The visual/nonverbal learner benefits from visual presentations. The use of flash cards, highlighters to color-code information, and diagrams or pictures assist this type of learner to grasp concepts. Introducing small amounts of information at a time is beneficial. This learner works well in learning groups where responsibilities are specific or assigned to the group members and information is verbally reinforced. This tactic may be beneficial when there are multiple fieldwork students at the fieldwork site simultaneously. Visual input is key to effective learning for this group, as is step-by-step sequencing of an activity.

The tactile/kinesthetic learner is the hands-on learner. Touching, holding, moving, or manipulating objects or materials is beneficial to this learner. Tactile learners need to actively explore the world around them. They may have difficulty sitting still for extended periods. This type of learner might be given the opportunity to practice with assistive equipment, for example, prior to introducing the device to a client. Similarly, permitting the student to actively participate in making or adjusting a client’s splint when appropriate will promote active learning.

Teaching Style

Teaching a student to be an effective occupational therapy practitioner is one of the motives for becoming a fieldwork educator. Fieldwork students typically place a great deal of faith and trust in the fieldwork educator who will guide their occupational therapy future in this new learning environment. Many occupational therapy practitioners gladly accept the opportunity to supervise or mentor a fieldwork student. As a fieldwork educator, it is important to acknowledge one’s teaching style, or the identifiable sets of behaviors that are consistent even though the content being taught may change (Conti & Weln, 1986).

Consider these questions:
1. Were my own fieldwork experiences good examples of fieldwork education? Did I do the best I could in those settings?
2. What skills does a fieldwork educator need to guide a student through the transition from student to practitioner?
3. What is my teaching style?

Similar to learning styles, there are a number of teaching styles as well as surveys used to identify these styles,
available online or via paper. Although the formal surveys are geared toward teaching in the classroom, they appear applicable to fieldwork education as well. The Grasha-Reichmann Teaching Style Inventory (Grasha & Reichmann-Hruska, 1996) is one such example. It consists of 40 questions that result in five possible teaching styles: (1) expert, (2) formal authority, (3) personal model, (4) facilitator, and (5) delegator. Figure 1 includes a description of each style. Effective teachers do not simply have one style of teaching for use in every situation. Rather, a blend of teaching styles is used depending on individual circumstances, whether one is working with clients in practice or with students during fieldwork. For fieldwork students one’s teaching style may vary as the following questions are considered: (1) Is this fieldwork experience the first or second assignment for this student? (2) Is this fieldwork environment familiar to the student? (3) How many weeks has the student completed in the fieldwork thus far, and how has he or she responded?

**Figure 1: Teaching Styles**  
(Grasha & Reichmann-Hruska, 1996)

- **Expert**: Possesses knowledge and expertise that students need; strives to maintain status as an expert among students by displaying detailed knowledge and by challenging students to enhance their competence. Concerned with transmitting information and ensuring that students are well prepared.

- **Formal Authority**: Possesses status among students because of knowledge and role as a faculty member. Concerned with providing positive and negative feedback, and establishing learning goals, expectations, and rules of conduct for students. Concerned with correct, acceptable, and standard ways to do things and with providing students with the structure they need to learn.

- **Personal Model**: Believes in “teaching by personal example” and establishes a prototype for how to think and behave. Oversees, guides, and directs by showing how to do things, and encouraging students to observe and then to emulate the instructor’s approach.

- **Facilitator**: Emphasizes the personal nature of the teacher–student interactions. Guides and directs students by asking questions, exploring options, suggesting alternatives, and encouraging them to develop criteria to make informed choices.

- **Delegator**: Concerned with developing students’ capacity to function in an autonomous fashion. Students work independently on projects as part of autonomous teams.

**CONCLUSION**

Effective fieldwork education requires understanding and implementing multiple teaching strategies to meet the student’s learning needs. The following suggestions are offered for consideration before, during, and after the student fieldwork experience.

Before the fieldwork experience, the fieldwork educator should:

1. Complete the Self-Assessment Tool for Fieldwork Educator Competency.
2. Understand the range of teaching styles and indications for their use.
3. Select a learning style inventory for completion by the fieldwork student.
4. Review the student’s Personal Data Sheet.

During the fieldwork experience, the fieldwork educator should:

1. Ask the student to complete the selected learning style inventory.
2. Customize student learning objectives for remediation and growth.
3. Determine the student’s current performance and provide graded learning opportunities to challenge and promote clinical competence.
4. Be cognizant of and modify one’s teaching style for efficacy in various student learning situations.

After the fieldwork experience, the fieldwork educator should:

1. Evaluate the student’s feedback regarding the fieldwork experience for use with future students.
2. Use the Self-Assessment Tool for Fieldwork Educator Competency to reassess competencies.
3. Design and implement a personal learning plan for mastery in the fieldwork educator role.

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American Occupational Therapy Association. (2007). *Ad hoc committee to explore and develop resources for OT fieldwork educators* [Unpublished report to the Commission on Education, Chairperson, Pat Crist].

Becoming A Fieldwork “Educator”: Enhancing Your Teaching Skills

October 26, 2009

Learning Level: Intermediate
Target Audience: Occupational therapists and occupational therapy assistants
Content Focus: Category 3: Professional Issues, Occupational Therapy Education

1. Completion of a learning style inventory by students at the beginning of fieldwork can help to:
   A. Customize and maximize learning experiences
   B. Alleviate stress and frustration often seen using a trial-and-error method of learning
   C. Clarify expectations for the student and fieldwork educator
   D. All of the above

2. Well-written learning objectives:
   A. Should only be used with students who are in jeopardy of failing
   B. Increase the student’s responsibility for learning
   C. Decrease a student’s investment in the fieldwork
   D. Allow the fieldwork educator to be in control

3. The student who has self-identified an auditory/verbal learning style will likely benefit the most from:
   A. Reading treatment protocols online
   B. Color-coding critical information in class notes for easy identification
   C. Discussing clinical observations with the fieldwork educator
   D. Videotaping a treatment session for review at a later time

Final Exam

Electronic Exam: Immediate Results and Certificate

How To Apply for Continuing Education Credit:

1. After reading the article Becoming a Fieldwork “Educator”: Enhancing Your Teaching Skills, answer the questions to the final exam that begins below by registering to take the exam online and receive your certificate immediately upon successful completion of the exam. Alternatively, you can complete the exam by using the Registration and Answer Card bound into this issue of OT Practice following the test page. In either case, each question has only one answer.

2. To register, go to www.aota.org/cea or call toll-free 877-404-2682. Once you are registered you will receive your personal access information within two business days. Then log on to www.aota-learning.org to take the exam online. If you are using the Registration and Answer Card, complete Sections A through F and return the card with the appropriate payment to the address indicated.

3. There is a nonrefundable processing fee to score the exam, and continuing education credit will be issued only for a passing score of at least 75%. Use the electronic exam and you can print off your official certificate immediately if you achieve a passing score. If you are submitting a Registration and Answer Card, you will receive a certificate within 4 to 6 weeks of receipt of the processed card.

4. The electronic exam must be completed by October 31, 2011. The Registration and Answer Card must be received by October 31, 2011, in order to receive credit for Becoming a Fieldwork “Educator”: Enhancing Your Teaching Skills.

The Delta Pi Epsilon Journal, 41(8), 20–24.

Earn .1 AOTA CEU (one NBCOT PDU/one contact hour). See below for details.
4. Which of the following teaching styles emphasizes the personal nature of the teacher–student interactions?
   A. Facilitator
   B. Delegator
   C. Formal Authority
   D. Expert

5. Using Anderson's revision of Bloom's Taxonomy, when a student can consistently “remember” a given facility policy, the fieldwork educator can next challenge the student to __________ the policy.
   A. Evaluate
   B. Analyze
   C. Understand
   D. Synthesize

6. Which of the following learners will benefit most from actively participating in a task for the purpose of learning it?
   A. Visual/Verbal
   B. Visual/Nonverbal
   C. Tactile/Kinesthetic
   D. Auditory/Visual

7. Which of the following documents, available from AOTA, can be used by occupational therapy practitioners to assess their skills (exclusively) related to serving as a fieldwork educator?
   A. Self-Assessment Tool for Fieldwork Education Competency
   B. Personal Data Sheet for Student Fieldwork Experience
   C. Fieldwork Data Form
   D. Fieldwork Experience Assessment Tool

8. Which of the following documents, available from AOTA, can be used by fieldwork educators to learn more about the student’s self-identified strengths and areas for growth?
   A. Self-Assessment Tool for Fieldwork Education Competency
   B. Personal Data Sheet for Student Fieldwork Experience
   C. Fieldwork Data Form
   D. Fieldwork Experience Assessment Tool

9. Following an unsuccessful intervention session, which of the following questions would be the most appropriate to ask to promote student reflection?
   A. “What part(s) of the session did you think went well and what part(s) of the session might you do differently the next time?”
   B. “What did you do wrong in that session?”
   C. “Do you think the client has sufficient funds to purchase the equipment you recommended?”
   D. “Did you watch the videotape that I recommended to you before the session?”

Answer questions 10–12 based on the following scenario:
Your fieldwork student earned a 3.0 grade point average (out of a 4.0) in the classroom and is now in the second week of her first Level II fieldwork experience.

10. The most appropriate learning objective for her would likely be:
   A. In 1 week, the student will list 3 standardized hand evaluations used at this site.
   B. In 1 week, the student will describe the protocol for 3 standardized hand evaluations used at this site.
   C. In 1 week, the student will accurately administer 3 standardized hand evaluations used at this site.
   D. In 1 week, the student will select the most appropriate standardized hand evaluation to be used for a client on her caseload.

11. The student’s learning inventory indicates that she is a visual/verbal learner. The fieldwork educator will likely suggest that she:
   A. Use flash cards
   B. Audiotape supervisory sessions
   C. Take notes throughout the day and review them in the evening
   D. Teach her siblings to use a sock aid before teaching the skill to a client

12. The fieldwork educator’s teaching style will likely:
   A. Be an equal combination of expert and facilitator
   B. Begin as a delegator and proceed to expert as the student gains experience
   C. Be a personal model
   D. Vary depending on the student’s current needs in different situations
Creating Congruence Between Identities as a Fieldwork Educator and a Practitioner

When we, the authors, first became fieldwork educators, we identified ourselves primarily as occupational therapy practitioners who, secondarily, “took” Level I and Level II fieldwork students. Identifying ourselves primarily as practitioners over educators shaped what we imagined we were supposed to do when we “took” students. We were supposed to share our expertise in our particular practice area; demonstrate how to perform certain procedures; and observe, assess, and give feedback as students applied the knowledge they received from their academic education. But the more students we took, the more we came to see that being practitioners did not fully prepare us for being educators. We found that we increasingly wanted to become as knowledgeable about how to design good learning experiences as we were about occupational therapy; thus, new professional identities as educators began to emerge. Assuming stronger identities as educators reshaped what we imagined we were supposed to do with students. We weren’t necessarily supposed to make students competent in our skills, but rather create learning experiences that nurtured their skills, knowledge, and expertise.

Similar to our experience, Abreu (2006) described a portion of her career development as “a tale of two loves—clinician and educator” (p. 598). She created congruence between her two loves and discovered how each informed and changed how she performed the other. Peloquin (2006) also created congruence between her identities as an occupational therapy educator and a practitioner, stating “the best of my teaching has been like occupational therapy. And the best of occupational therapy [with clients] has felt like collaborative learning” (p. 239).

Most fieldwork educators wear at least two hats—the hat of being an practitioner and the hat of being a fieldwork educator. Sometimes, however, a fieldwork educator may naturally identify himself or herself more strongly as a practitioner than as an educator. Consequently, neither students nor fieldwork educators benefit as fully as they might from the student–educator relationship in the practice environment.

In this article, we propose that assuming a stronger identity as an educator can help fieldwork educators integrate multiple dimensions of the role and more fully engage students in deep personal and professional learning.

“Supervising” the Fieldwork Student: How and Who

Fieldwork education has been described as “supervising students.” Supervising is defined as “a critical watching and directing” (Merriam-Webster Online, n.d.). In occupational therapy, supervising students has involved directing them through increasingly more responsibility for clients over time. Fieldwork supervisors observe, assess, and give feedback based on the student’s competence with clients and related duties, such as documentation, time management, and professional communication (Crist, 1986). Supervisors are also expected to understand and implement well-designed teaching and learning experiences (American Occupational Therapy Association [AOTA], 1997; American Occupational Therapy Foundation, 2001; Costa, 2004, 2007). Yet the role of “supervisor” typically is not associated with applying instructional design principles to create powerful learning experiences. Thus, framing the role as “supervisor” can occlude from view the important dimension of intentional, systematic learning design.

In addition, the key questions we ask about the role can occlude from view the importance of instructional design principles in planning the fieldwork experience. The question most commonly asked in becoming a fieldwork educator is, “How?” (Palmer, 1998). How do we effectively supervise students? What methods, techniques, and skills are considered effective in clinical supervision? (e.g., AOTA, 1997; Christie, Joyce, & Moeller, 1985; Costa, 2007; Herkt, 2005; Ilott, 1995; Johnson, Haynes, & Oppermann, 2007; Kautzmann, 1990; Quilligan, 2007). Of course, how to effectively supervise students is a very important question. But if “how” is presented as the primary question, it can overshadow the equally important, “Who?” Who is the self that supervises students? If one’s practitioner-self is the sole supervisor, then his or her knowledge and expertise in a particular practice area will be the central guiding force in the learning experience. If the educator-self and the practitioner-self are equally robust, then knowledge and expertise in instructional design will gain prominence.

Asking the “who” question (i.e., Who is the self that supervises students?) could help to address the disconnect that some supervisors experience between being a practitioner and being a fieldwork educator. Practitioners sometimes experience a disassociation between the roles, not because they lack skills in how to be a supervisor, but because they have not formed a sense of self as an educator who is fully integrated with a sense of self as a practitioner (Costa, 2007; Higgs & McAllister, 2005). Consequently, they may not have integrated strong instructional design into their role as much as they have integrated strong supervision skills.
A practitioner can keep the supervisor from seeing and attending the student (Fink, 2003). In such a scenario, a focused identity as sentence and has been able to communicate that competence well to considered positive if the practitioner has a high degree of cooperating, and management/administration skills (e.g. completing light of that knowledge and expertise), interaction with students in view the element of designing intentional learning experiences. whose primary identity rests in being a practitioner may not have in view the element of designing intentional learning experiences. They may have in view knowledge of the subject matter (e.g. passing on knowledge and expertise, assessing student performance in light of that knowledge and expertise), interaction with students (e.g. communicating clearly, giving feedback, observing, supporting), and management/administration skills (e.g. completing the fieldwork performance evaluation). From this view, which is focused on three of Fink’s four elements, a learning experience is on the fieldwork performance evaluation). From this view, which is focused on three of Fink’s four elements, a learning experience is considered positive if the practitioner has a high degree of competence and has been able to communicate that competence well to the student (Fink, 2003). In such a scenario, a focused identity as a practitioner can keep the supervisor from seeing and attending carefully to the fourth element of quality learning: designing learning experiences.

When an identity as educator emerges, it provides “an important central figure in a self-narrative or life story that provides coherence and meaning for everyday events” (Christiansen, 1999, p. 550). In addition to being a practitioner, an educator begins to see more clearly and adopts more consciously the previously under-regarded element of designing learning experiences.

### Applying Instructional Design Principles to Fieldwork Education

As an identity as educator emerges, the supervisor may reinterpret the fieldwork placement as a “course” taught in the context of the practice setting and apply course design principles when anticipating a student. The steps of good course design include many components typically found in a fieldwork experience; however, one key difference is the upfront, intentional deliberation and design of the learning goals, the learning activities to meet the learning goals, and the plan for assessment and feedback.

Student learning goals go beyond the goals received from the academic program. The learning goals are site specific, building on the fieldwork educator’s dreams for where this particular student will be at the end of this particular placement, given all the opportunities the setting offers, and the student’s own dreams and learning styles. Table 1 on page 3 presents six areas of learning from which goals can be crafted. Deeper learning occurs when all six areas are covered (Fink, 2003). For example, a goal reflecting the human dimension in Table 1 might be as follows: “Student will demonstrate effective interview skills in order to establish the client’s and family’s occupational interests and priorities.” A goal reflecting the Integration dimension in Table 1 might be as follows: “Student will demonstrate narrative, procedural, and pragmatic reasoning while performing assessment and interventions and concurrently interacting with clients and families.”

The next step of selecting learning activities may seem redundant. Aren’t the learning activities built into the everyday activities of the setting and based on the role of occupational therapy at the site? Yes, the setting provides opportunities for direct observation and real doing in an authentic practice context. A practitioner identity may lead one to focus on the current caseload and to assigning clients to the student that are believed to produce optimum learning. However, an educator identity expands that perspective somewhat. Educators intentionally will augment students’ experiences with clients by asking them:

1. What information and data will you need to prepare for, or to process what happened in, experience X? The student decides and obtains the information through readings, talking to people, searching the Internet, and reviewing course materials.
2. What indirect experiences will help you to prepare for the real experience of X? The student may verbally process anticipations or what happened. He or she also may write a 1-minute response on his or her anticipation or perception of the experience.
3. What do you anticipate will happen, or what do you think happened, during experience X? The student may verbally process anticipations or what happened. He or she also may write a 1-minute response on his or her anticipation or perception of the experience.
4. As a follow-up, what did you learn from experience X? How did the experience change what the student knows, how the student feels, what the student cares about, and the student’s self-perception as an emerging occupational therapy practitioner?

The selected learning activities should be sequenced carefully and plugged into a weekly schedule (Fink, 2003). With time, the plan is personalized to the student’s needs.

Fieldwork assessment strategies often include observing the student’s performance, having the student complete a weekly
Learning to learn
Insights and skills that will enable the student to keep learning over the course of his or her career.

Foundational knowledge
Caring

Uniquely for that world results in self-knowledge that can create an astonishing world and the way each of us is made differently and

Emerging identities also can be detected by paying careful attention to

Attend to Emotional Responses

Attendance, peer support can help to strengthen one's identity as educator.

Integration

Stories of mentors and symbolic others. Sharing educational stories, educators regularly come together to share educational stories, including

Teachers, clients, and authors who write about fieldwork education

We all remember the “symbolic others” (p. 596). Mentors are those groups and individuals, and the second is through those whom we consider to be

Identify is not a fixed state. Rather, individuals possess multiple identities that change over time through experiences and by how we ascribe meaning to those experiences. Identities can be developed through social engagement, emotional awareness, and a process of “selling” to actively tie together the roles of practitioner and educator (Christiansen, 1999; McAdams, 1996; Peloquin, 2006).

Get Involved With a Supportive Group

According to Christiansen (1999), “identity is an overarching concept that shapes and is shaped by our relationship with others” (p. 548). Thus, we gain an identity through identification with others in a social group. However, Abreu (2006) noted that there are at least two modes by which our social engagements can shape our identities. One mode is through those whom we consider to be mentors, and the second is through those whom we consider to be our “symbolic others” (p. 596). Mentors are those groups and individuals who reflect to us who we hope to become. We all remember the exceptional educator to whom we listened with captivated attention to every word, and followed every therapeutic footstep awe-inspired by his or her magical way and eloquence. Symbolic others are groups or individuals with whom we do not identify (Abreu, 2006). They teach us through negative example how we do not want to be. We remember acutely the fieldwork educator intent on intimidation over collaboration. Mentors and symbolic others for fieldwork educators can be found among students, other fieldwork educators, past teachers, clients, and authors who write about fieldwork education and learning. Higgs and McAllister (2005) suggested that clinical educators regularly come together to share educational stories, including stories of mentors and symbolic others. Sharing educational stories and peer support can help to strengthen one's identity as educator.

Table 1. Taxonomy of Goal Areas To Promote Significant Learning

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
<td>Clinical reasoning, assessment, intervention, communication, use of self, and management skills that need to be applied.</td>
</tr>
<tr>
<td>Caring</td>
<td>Developing new feelings, interests, and values that support client-centered, evidence-based, and occupation-centered practice.</td>
</tr>
<tr>
<td>Foundational knowledge</td>
<td>Information and ideas that need to be remembered and understood.</td>
</tr>
<tr>
<td>Human dimension</td>
<td>Learning about self and others that enable the student to be more effective (abilities, limits, potentials, assumptions, feelings, responses, etc.)</td>
</tr>
<tr>
<td>Integration</td>
<td>Ideas, perspectives, people, resources, and skills that need to be combined to do a task well.</td>
</tr>
<tr>
<td>Learning to learn</td>
<td>Insights and skills that will enable the student to keep learning over the course of his or her career.</td>
</tr>
</tbody>
</table>

Self-assessment on his or her progress, and conducting a weekly review of learning goals. The educator assesses learning by how the depth and breadth of the student's approach to clients grows with time. The educator's criteria for critical appraisal are based on how closely the student's performance resembles client-centered, evidenced-based, and occupation-centered practice rooted in current discourse in the profession.

Strengthening an Educator Identity

Identity is not a fixed state. Rather, individuals possess multiple identities that change over time through experiences and by how we ascribe meaning to those experiences. Identities can be developed through social engagement, emotional awareness, and a process of “selling” to actively tie together the roles of practitioner and educator (Christiansen, 1999; McAdams, 1996; Peloquin, 2006).

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Tie the Roles Together

"Selfing" is a process by which we unify, integrate, and synthesize the various strands of our lives, such as the strand of educator and the strand of practitioner (Peloquin, 2006). Peloquin recommended tracing each strand backward in time, exploring how it emerged, became expressed over time, and still calls today. Selfing is similar to what Higgs and McAllister (2005) described as the process of creating “dynamic self-congruence” (p. 164) or living out who we are through what we do. Self-congruence, or a sense of self as educator, can be created by shared discussions, role playing, journaling, and videotaping experiences with students.

Opportunities To Develop a Stronger Identity as Educator

Academic programs, fieldwork education consortia, and fieldwork sites where there is a cluster of fieldwork educators can support the building of social networks. Also, for the first time in the history of occupational therapy, there is a voluntary, nationwide training program promoting the role of fieldwork educators. Regional trainers for the Fieldwork Educators Credentialing Program will offer workshops across the country and provide opportunities for educator communities to network and share their wisdom and experience. Watch for details about upcoming workshops in OT Practice. The new OT Connections Web site (www.otconnections.org) is another resource for networking.

Summary

This article explored how an identity as educator can help fieldwork educators integrate multiple dimensions of their role and more fully engage students in deep personal and professional learning. Overall, an identity as educator expands the clinical supervisor role to include designing learning experiences through which the student learns to care deeply about clients, be more aware of self, use evidence, stay tightly honed on the occupational needs of clients, engage in lifelong learning, and become an active member of the larger professional society.

The 2007 AOTA Ad Hoc Committee to Explore and Develop Resources for OT Fieldwork Educators concluded that “fieldwork education is a primary driver in transforming our current practice into meeting the 2017 Centennial Vision” (Commission on Education, p. 14). The committee named 2007 to 2017 as the “Decade of Fieldwork.” We will shape identities as fieldwork educators through the meaning we ascribe to nurturing future occupational therapy practitioners.

References


Commission on Education. (2007). Ad hoc committee to explore and develop resources for OT fieldwork educators [Unpublished report to the Commission on Education, Chairperson, Pat Cris].

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Fieldwork Level II and Occupational Therapy Students: A Position Paper

The purpose of this paper is to define the Level II fieldwork experience and to clarify the appropriate conditions and principles that must exist to ensure that interventions completed by Level II fieldwork students are of the quality and sophistication necessary to be clinically beneficial to the client. When appropriately supervised, adhering to professional and practice principles, and in conjunction with other regulatory and payer requirements, the American Occupational Therapy Association (AOTA) considers that students at this level of education are providing occupational therapy interventions that are skilled according to their professional education level of practice.

AOTA asserts that Level II occupational therapy fieldwork students may provide occupational therapy services under the supervision of a qualified occupational therapist in compliance with state and federal regulations. Occupational therapy assistant fieldwork students may provide occupational therapy services under the supervision of a qualified occupational therapist or occupational therapy assistant under the supervision of an occupational therapist in compliance with state and federal regulations.

Occupational therapy Level II fieldwork students are those individuals who are currently enrolled in an occupational therapy or occupational therapy assistant program accredited, approved, or pending accreditation by the Accreditation Council for Occupational Therapy Education (ACOTE; 2012a, 2012b, 2012c). At this point in their professional education, students have completed necessary and relevant didactic coursework that has prepared them for the field experience.

The fieldwork Level II experience is an integral and crucial part of the overall educational experience that allows the student an opportunity to apply theory and techniques acquired through the classroom and Level I fieldwork learning. Level II fieldwork provides an in-depth experience in delivering occupational therapy services to clients, focusing on the application of evidence based purposeful and meaningful occupations, administration, and management of occupational therapy services. The experience provides the student with the opportunity to carry out professional responsibilities under supervision and to observe professional role models in the field (ACOTE, 2012a, 2012b, 2012c).

The academic program and the supervising OT practitioner are responsible for ensuring that the type and amount of supervision meets the needs of the student and ensures the safety of all stakeholders. The following General Principles represent the minimum criteria that must be present during a Level II fieldwork experience to ensure the quality of services being provided by the Level II student practitioner:

1. The student is supervised by a currently licensed or credentialed occupational therapy practitioner who has a minimum of 1 year of practice experience subsequent to initial certification and is adequately prepared to serve as a fieldwork educator.

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1When the term occupational therapy practitioner is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2006).
b. Occupational therapy students will be supervised by an occupational therapist. Occupational therapy assistant students will be supervised by an occupational therapist or an occupational therapy assistant in partnership with the occupational therapist who is supervising the occupational therapy assistant (AOTA, 2009).

c. Occupational therapy services provided by students under the supervision of a qualified practitioner will be billed as services provided by the supervising licensed occupational therapy practitioner.

d. Supervision of occupational therapy and occupational therapy assistant students in fieldwork Level II settings will be of the quality and scope to ensure protection of consumers and provide opportunities for appropriate role modeling of occupational therapy practice.

e. The supervising occupational therapist and/or occupational therapy assistant must recognize when direct versus indirect supervision is needed and ensure that supervision supports the student’s current and developing levels of competence with the occupational therapy process.

f. Supervision should initially be direct and in line of sight and gradually decrease to less direct supervision as is appropriate depending on the

• 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. (ACOTE, 2012a, 2012b, 2012c)

g. In all cases, the occupational therapist assumes ultimate responsibility for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process involving the student. This also includes provision of services provided by an occupational therapy assistant student under the supervision of an occupational therapy assistant (AOTA, 2009).

h. In settings where occupational therapy practitioners are not employed,

1. Students should be supervised daily on site by another professional familiar with the role of occupational therapy in collaboration with an occupational therapy practitioner (see b above).

2. Occupational therapy practitioners must provide direct supervision for a minimum of 8 hours per week and be available through a variety of other contact measures throughout the workday. The occupational therapist or occupational therapy assistant (under the supervision of an occupational therapist) must have three years of practice experience to provide this type of supervision (ACOTE, 2012a, 2012b, 2012c).
i. All state licensure policies and regulations regarding student supervision will be followed including the ability of the occupational therapy assistant to serve as fieldwork educator.

j. Student supervision and reimbursement policies and regulations set forth by third-party payers will be followed.

It is the professional and ethical responsibility of occupational therapy practitioners to be knowledgeable of and adhere to applicable state and federal laws, and payer rules and regulations related to fieldwork education.

References


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Adopted by the Representative Assembly Coordinating Council (RACC) for the Representative Assembly, 2012 in response to RA Charge # 2011AprC26.

Note. This document is based on a 2010 Practice Advisory, “Services Provided by Students in Fieldwork Level II Settings.” Prepared by a Commission on Practice and Commission on Education Joint Task Force:
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What do fieldwork educators expect of students during Level II fieldwork? Vogel, Grice, Hill and Maddy surveyed 81 fieldwork educators and 29 students during second Level II fieldwork rotations.¹ They found that fieldwork educators had higher expectations of students compared with 5 years previously, and that expectations were higher for students beginning their second Level II fieldwork rotation. Both students and fieldwork educators rated a list of 20 randomly selected skills and tasks in regard to their expectations of the students' abilities to perform the tasks. Frequency counts demonstrated a general trend of agreement that students should have a general idea of how to perform most skills with some level of proficiency. Fifty-three percent of fieldwork educators reported spending the same amount of time directly teaching students compared with 5 years previously, whereas 28.4% reported spending more time currently, and 18.5% reported spending less time compared with 5 years ago. More than 55.6% of practitioners reported having greater expectations of student independent learning, with 44.4% reporting that their expectations were about the same. Practitioners commonly reported using traditional teaching techniques associated with an apprenticeship model when supervising students. Techniques used included students trying hands-on approaches with parts of the procedure under direct supervision (100%), students receiving positive and negative feedback from supervisors (98.8%), students challenged to verbally justify the critical thinking process (95.1%), students demonstrating their skill levels through competency testing (48.1%), and supervisors withdrawing direct in-sight supervision as students demonstrated increased competency (91.4%). Ninety-one percent of the respondents indicated that their job responsibilities had increased over the previous 2 years in the areas of administrative duties (77%), client care and documentation responsibilities (61%), and additional students to supervise (40%). As a result, 60% believed they would have more experiences to share with students, 54% believed their expectations of students would be greater, and 37% believed they would have less time to spend teaching and supervising students.

Do the above findings hold true today? It seems relatively safe to speculate that the job responsibilities of fieldwork educators have continued to increase, resulting in less time available to work with students. It remains unclear how escalating job responsibilities for fieldwork educators might affect their expectations of students.

**Comprehensive student orientation**
**Measurable site learning objectives**
**Conscious use of collaborative learning methods**
**Interactions among students**
**Collaboration among students and other health care professionals**
**Use of multiple mentors**

**STUDENT INSIGHT**
Student perspectives provide valuable insights on the learning process. Foley interviewed 12 students from a total of five occupational therapy professional programs.² Participants were asked to describe and reflect on their learning experiences during Level II fieldwork and their impact on attaining entry-level competency. Themes identified from the data included (1) expectations, (2) roles, (3) evolution of confidence, and (4) identities.

Most students were concerned about understanding the fieldwork expectations and emphasized the importance of a comprehensive orientation to the fieldwork site as well as measurable fieldwork objectives. Four of the participants did not receive a comprehensive orientation and were less confident in their occupational therapy role throughout the fieldwork experience. Although 11 of the 12 participants described their fieldwork as organized by learning objectives, the complexity of the weekly learning objectives varied greatly among sites. Some placements provided only general objectives outlining workload expectations and assignments.
The number, types, and combinations of outside assignments required for the occupational therapy student role were also diverse. Five sites required an activity analysis; four required a case study. Participants found completing a case study and a final project based on a departmental needs evaluation to be helpful to their learning, but they identified a high volume of assignments required by academic programs, such as treatment plans, research papers, and assigned reading material, as interfering with their focus on their performance with clients and detrimental to personal stress levels. All of the respondents interacted with other students at their fieldwork sites. They were encouraged by these interactions and reported less reliance on their fieldwork educators as a result. Three of the participants worked with more than one fieldwork educator and reported the diverse expectations as helpful to their professional development.

Study results revealed a predominant use of the traditional apprenticeship supervision model. Students typically began their fieldwork by observing their fieldwork educator and assisting in client treatment, gradually assuming more responsibilities for client evaluations and treatment. They were assigned a workload as skills increased. Observation time periods varied from 2 days to 2 weeks, and they focused on understanding the fieldwork educator’s style of client interaction and clinical reasoning process. Students found it helpful to review and practice specific skills prior to client interaction and to get specific feedback at regular intervals regarding the quality of their performance. Students reported significant variance in the skills of fieldwork educators to support student learning; some had little knowledge or skill, whereas others were comfortable and competent in their educator role.

All students reported gaining more confidence as supervision moved from direct to indirect; those who took the opportunity to be creative in their interventions gained additional confidence in their abilities.

**INCREASED CONFIDENCE**

All of the participants reported learning from interactions with other professionals at their sites. Gaining respect and confidence from the interdisciplinary team positively impacted student professional role identity. Opportunities to work with clients from diverse cultural backgrounds, although initially overwhelming, boosted student confidence. Those who were able to point to a positive difference they made in the life of a specific client also reported increased confidence in their abilities. At the conclusion of the experience, all of the participants perceived themselves as competent to practice at entry level, but those with less defined learning objectives specified only “in that facility or setting.” Only one participant expressed the need for supervision to work as an entry-level practitioner.

These findings support the value of a comprehensive student orientation to set the stage for a positive learning experience. Similarly, measurable rather than general Level II fieldwork site learning objectives help students to express confidence in their abilities earlier in their fieldwork and to generalize their competence beyond skills required in a specific facility. Although assignments from the academic program during fieldwork may be helpful to student learning, a high number of academic-type assignments appears to turn the focus of student learning away from clients and results in increased student stress. Conscious use of collaborative learning methods, although not common, may yield significant benefits to student learning. Learning experiences designed to promote interactions among students, collaboration among students and other health care professionals, or the use of multiple mentors, may be particularly helpful in view of the decreased time available for fieldwork educators to work with students following a traditional apprenticeship approach.

**References**


**Debra Hanson, OTR/L, had an associate professor and the academic fieldwork coordinator for the Department of Occupational Therapy at the University of North Dakota in Grand Forks. Hanson has more than 20 years of experience working with fieldwork educators and students.**

**EVIDENCE PERKS**

**Newly Published AOTA Evidence-Based Practice Guidelines**

programs and play and music improve social skills and reduce problem behaviors in a variety of populations (e.g., disliked or rejected children, at-risk children, children with intellectual and language impairments).

At the intensive level of service, the evidence indicates that social skills training improves social behavior in children and adolescents with autism as well as for those with diagnosed mental illness and/or serious behavior disorders. Additional recommendations along with the strength of those recommendations can be found in the full version of all the practice guidelines.

AOTA is committed to developing new practice guidelines and revising those already published on a regular basis to ensure that occupational therapy practitioners and external audiences have the best available scientific evidence and recommendations from clinical experts. All practice guidelines are available at the AOTA online store, at http://store.aota.org.

**References**


**Deborah Lieberman, OTR/L, is the program director of AOTA’s Evidence-Based Practice Project and staff liaison to the Commission on Practice. She can be reached at dlieberman@aota.org.**
The Multiple Mentoring Model of Student Supervision

A Fit for Contemporary Practice

With health care advances and changing work patterns, more practicing occupational therapy practitioners are working within specialty areas and working part time. Traditional one-to-one supervision models do not work well within these practice perimeters, leading to decreased availability of Level II fieldwork placements for a growing number of occupational therapy academic programs. The multiple mentoring supervision model offers a solution to not only increase the pool of potential fieldwork educators, but also to give novice fieldwork educators the opportunity to learn from those with more experience, and to give fieldwork students the opportunity to experience specialty practice areas.

What is the multiple mentorship supervision model and what are the benefits?

Multiple mentoring is not new to occupational therapy practice; it was first described by Nolinske in 1995 in an article in the American Journal of Occupational Therapy. It is characterized by a team of two or more fieldwork educators supervising a single student or a team of two or more students. Supporting the concept that fieldwork education is the responsibility of all occupational therapy practitioners, the model provides the opportunity to shift the responsibility for fieldwork supervision from one designated occupational therapy practitioner to any occupational therapy practitioner within an area facility who has knowledge and experience that can benefit students. Besides reducing the time spent by each individual fieldwork educator in directly supervising students, the model opens up the opportunity to supervise students for occupational therapy practitioners who work in part-time positions or in facilities with newly developing occupational therapy programs. Less experienced practitioners sharing the supervision of a student may also increase their confidence and comfort with student supervision, as reported by Copley and Nelson (2012) in the American Journal of Occupational Therapy.

The multiple mentoring model can expose students to multiple areas of practice as well as multiple practitioners. Because fieldwork educators who are sharing supervision responsibilities may have a different practice focus or come from different workplace environments, they learn from one another even as the student learns from them. For example, the Queensland Occupational Therapy Fieldwork Collaborative found that a shared supervision model can serve to facilitate the clinical reasoning skills of fieldwork educators, who develop common expectations for student performance by explaining to one another what they do. Students are able to draw on the expertise of a variety of practitioners, and they have reported this to be helpful in cultivating and developing their own unique approach to therapy. Having exposure to a variety of supervision styles also helps the student identify his or her own preferred learning style.

Fieldwork sites using shared supervision models are able to offer more student placements and therefore have increased opportunity for staff recruitment due to the increased number of students who have direct experience at the site. Shared supervision may also create a more positive experience for the fieldwork educator. There is less likelihood of communic-
Strategies for Success in Using the Multiple Mentorship Supervision Model

- Orient students to facility resources and fieldwork educator teaching styles.
- Communicate fieldwork educator schedules and preferred communication structures.
- Set overall learning objectives and graded expectations for performance.
- Hold weekly group supervision meeting with all supervisors present or at least providing shared documentation.
- Identify clinical reasoning differences prior to supervision implementation.
- Establish structures to support regular communication between fieldwork educators and students.
- Develop forms to track student caseload and progress.
- Use learning contracts to foster student ownership of fieldwork assignment.

The drawbacks to multiple mentorship:

As with any model of student supervision, there are some challenges. Fieldwork educators and students have shared their perception that it can be difficult for students to manage the expectations and potential inconsistency of multiple supervisors. There is also a perception by fieldwork educators that more effort and time is required for supervising practitioners to work together. The need for organizing the placement prior to the arrival of students has been clearly identified and may offset the common perception that more time and effort are required when supervision is shared.

What structures support multiple mentoring processes?

A clear orientation to the expectations of the fieldwork site and the learning model are essential to the success of multiple mentorship. To get started, it is helpful for collaborating supervisors to identify the learning opportunities available in their respective practices, including such factors as diversity of clientele, assessment procedures, intervention opportunities, and documentation requirements. This information is essential to developing site-specific learning objectives that correspond to the AOTA Fieldwork Performance Evaluation and to developing a schedule of expectations over the length of the fieldwork. A written manual that orients the student to the resources and policies of the facility, therapy expertise, teaching philosophy, and scheduling preferences of each fieldwork educator as well as the site-specific learning objectives and weekly schedule will help the student to situate him- or herself in the learning experience. Diligent and regular communication among educators regarding their observations and evaluation of student performance throughout the placement is critical to success, according to the Queensland Occupational Therapy Fieldwork Collaborative. Tracking forms and secure electronic communication venues can be helpful for fieldwork educators reviewing and discussing student work and grading expectations. Such systems can also help students and fieldwork educators communicate with one another, particularly because they may not share physical space every day.

Supervisors who openly discuss and identify clinical reasoning differences prior to student placement will find it easier to reconcile divergent expectations once a student arrives. Although individual meetings are helpful, a supervision meeting at least once a week with all supervisors present will help to ensure that expectations are clear and information is not lost. If this is not possible, other communication structures in which all supervisors contribute to identifying student strengths and weaknesses is helpful. For example, students posting questions or assignments in a shared electronic workspace, such as Google Documents, in advance of supervision meetings can help keep all supervisors apprised and ready to contribute to feedback and appropriate remediation of identified problem areas. Student learning contracts are another way for students to identify areas of concern and potential resources to address problem areas in advance of supervision meetings. Because the scheduling needs of each supervisor will vary, it is essential that a student be sensitive to supervisor schedule needs and be flexible in how he or she accesses time for each educator.

The multiple mentoring model, although it does require some upfront work, is a practical strategy for student supervision that fits the contemporary occupational therapy practice environment and provides students with new opportunities to develop and refine their practice and communication skills.

Resources


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Reasonable Accommodations and Essential Job Functions in Academic and Practice Settings

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ABSTRACT
Occupational therapists and occupational therapy assistants are expert at adapting and modifying the performance of meaningful occupations and activities for their clients. For many, the chosen meaningful occupation is occupational therapy itself. According to the American Occupational Therapy Association (AOTA) the values of occupational therapy based on inclusion and nondiscrimination also extend to practicing therapists and assistants (AOTA, 1999a). The education programs have to strive to meet the special needs of their students while balancing their obligations to accreditation standards, certification, licensure, fieldwork sites, and future potential employers and clients. A clear understanding of what constitutes essential job functions for a therapist or assistant in practice is critical to effectively and justly serving the individual with a disability as well as all stakeholders. This article will help the reader gain a better understanding of relevant disability legislation and its application to occupational therapy education and employment. In particular, the adoption of universal design for instruction across the continuum of academic, fieldwork, and entry-level practice, and applications for lifelong learning, will provide readers with an innovative framework for appreciating diverse needs and building inclusiveness in our professional community.

LEARNING OBJECTIVES
After reading this article, you should be able to:
1. Identify federal legislation impacting the provision and determination of reasonable accommodations for students from kindergarten through high school and in higher education, and for employees in the workplace.
2. Recognize essential job functions to be addressed within academic curricula and required of occupational therapists and occupational therapy assistants in practice settings.
3. Identify possible application of principles of universal design (UD) to teaching and assessment practices in higher education.
4. Recognize how UD may influence the teaching and learning of occupational therapy skill competencies in the classroom, during fieldwork, and throughout lifelong professional development.

INTRODUCTION
Hearing the claim from a potential student that "I want to be an occupational therapist" or "I want to be an occupational therapy assistant" typically elicits great joy from faculty members and therapists. It also brings to mind specific expectations for preparing someone to enter a health profession that requires accreditation for its education programs and initial national certification and state registration or licensure for its providers. To continue as a provider of services as an occupational therapist or occupational therapy assistant, ongoing professional development is the expectation and is commonly monitored at the state level, whereas seeking recertification at the national level is a personal choice or the preference of an employer.

The Accreditation Council for Occupational Therapy Education's (ACOTE's) Standards for an Accredited Educational Program for the Occupational Therapist (ACOTE, 1999a) and Standards for an Accredited Educational Program for the Occupational Therapy Assistant (ACOTE, 1999b) specify required curriculum content, including fieldwork experience in practice settings, for preparing an individual for entry-level practice. Other agencies involved in setting standards are the National Board for Certification in Occupational Therapy (NBCOT) and the American Occupational Therapy Association (AOTA). Criteria for passing performance on fieldwork across practice settings, as a component of the education programs, are specified by AOTA (2002a, 2002b).

In this article, practice standards and reasonable accommodations for demonstrating professional competence while enrolled in entry-level educational programs and/or employed as therapist and assistant will be considered. In addition, the application of universal design (UD) principles to enhance entry-level and postprofessional learning experiences will be explored.

LEGISLATION FOR EDUCATION AND EMPLOYMENT
When a child begins formal education, the curriculum for public education from kindergarten through high school (K–12) is determined by federal and state standards and interpreted and implemented by local education agencies (LEAs) or school districts. For students with documented disabilities, eligibility for and assurance of appropriate educational resources without discrimination is mandated by the Individuals with Disabilities Education Act of 1997, Section
504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) (Henderson, 2001). The intent of this legislation is to ensure a free and appropriate public education with special education services as needed, and reasonable accommodations specific to the documented needs of a student. Such educational supports must be available to a student with disabilities without discrimination, up to 21 years of age or graduation from high school.

Discrimination against students with disabilities in higher education is protected by Section 504 of the Rehabilitation Act of 1973 and the ADA (Kentucky Community and Technical College Systems, 2002). The intent of legislation is to ensure that no otherwise qualified individual with a disability is denied access to, benefits of, or subject to discrimination solely on the basis of disability (WNY Collegiate Consortium of Disability Advocates, n.d.).

Section 504 of the Rehabilitation Act of 1973 and the ADA are civil rights laws that prohibit discrimination against persons with disabilities in programs that receive federal financial assistance. As indicated by the ADA, reasonable accommodations are modifications at school or on the job that make it possible for an otherwise qualified employee or student with a disability to perform the required duties. Parents or guardians and the student may advocate for special education services and reasonable accommodations from grades K–12. In higher education, the student is responsible for identifying any documented disabilities and initiating a request for reasonable accommodatons (not special education) that will ensure equal access to available programs and activities. Confidentiality of information disclosed by the student is protected by the Family Educational Rights and Privacy Act (1974). A specific reasonable accommodation requested by a particular student is indicated to educators by a designated coordinator of such services as required by Section 504 of the Rehabilitation Act of 1973 and the ADA.

LEGISLATION AND OCCUPATIONAL THERAPY EDUCATION AND PRACTICE
The official documents Core Values and Attitudes of Occupational Therapy Practice (AOTA, 1993), The Philosophical Base of Occupational Therapy (AOTA, 1995b), and the recently rescinded Occupational Therapy's Commitment to Non-discrimination and Inclusion (AOTA, 2004a) articulate the values and beliefs of the profession. Inclusion is made possible when all individuals are treated fairly and equitably, regardless of their race, age, gender, class, ethnicity, disability, or sexual orientation. In addition to fair treatment, all individuals need equal opportunities to participate in meaningful occupations that are requisite to societal membership. The profession's commitment extends not only to those who receive occupational therapy services, but also to the providers of such services (AOTA, 2004a).

The congruence of the ADA with the profession's history and stance on individuals with disabilities is evident (AOTA, 1993). As a profession that values and promotes participation in meaningful occupations to fulfill societal roles of all individuals, the ADA supports the very premise of occupational therapy. As a profession, occupational therapy has been involved in integrating individuals with disabilities into the workforce. The unique knowledge and skills of occupational therapists make them most qualified to ensure implementation of the ADA by performing job-site analyses, identifying appropriate environmental modifications, and identifying alternate ways to meet the demands of a job (AOTA, 2003a).

The ADA requires employers to be inclusive of an individual who "satisfies the requisite skill, experience, education and other job-related requirements of the employment position such individual holds or desires, and who, with or without reasonable accommodation, can perform the essential functions of such position" (Disability and Communication Access Board, n.d.). To be protected by the ADA Title I, a person must not only have a disability, but must be qualified for the position. The employer is therefore not required to accommodate an individual with a disability if the individual is not qualified for the job. Factors that help determine whether an individual is qualified to be a therapist or assistant are his or her education, work experience, training, skills, licenses, certificates, and other job-related requirements, such as good judgment and the ability to work with other people. If the individual with a disability meets the necessary job prerequisites, the next step is to determine whether he or she can perform the essential job functions with or without reasonable accommodation.

Two aspects of the ADA that have been problematic since its inception are the terms essential functions of the job and reasonable accommodation. Both are subject to interpretation and are often the basis for dispute. The ADA does not stipulate that employers have a job description on hand, but according to the Equal Employment Opportunity Commission (EEOC, 2002), in instances of a complaint or a lawsuit, the job description, along with other factors, is used as evidence to make a case. It is therefore imperative that the job description be specific, accurate, and truly represent all aspects of the job. An organizing framework that may help both employers and employees is to differentiate the essential and nonessential job tasks. Knowing upfront what the essential job functions are will clarify whether there is a match between the job applicant and the job.

Essential Job Functions
What constitutes essential job functions for an occupational therapist and an occupational therapy assistant? Tasks that are fundamental and distinguish a job to the extent that their absence alters the nature of the job can be deemed essential. Tasks that cannot be delegated are also essential functions. For example, clinical reasoning is not only a requisite for therapists, but an aspect of the job that cannot be delegated. However, what is considered an essential job function in one
setting may not be considered essential in another. According to the ADA, a function could be considered essential if (1) the position exists to perform the function, (2) there are a limited number of other employees available to perform or share the function, and (3) a function is highly specialized, and the person in the position is hired for special expertise or ability to perform it (Disability and Communication Access Board, n.d.). The regulation also lists several types of evidence to be considered in determining whether a function is essential. Evidence to be considered includes the employer’s judgment; written job description; amount of time spent performing the function; consequences of not requiring a person in this job to perform a function; terms of a collective bargaining agreement, where applicable; work experience of people who have performed the job previously or who currently perform similar jobs; and other relevant factors.

For this article we will consider essential functions and accommodations for students in occupational therapy and occupational therapy assistant programs, in the classroom and during fieldwork in preparation for entry-level practice. Essential functions and skills of occupational therapy practice addressed in this article will focus on application of knowledge and basic performance skills rather than on specific knowledge or content areas. The rationale is that the knowledge required of a therapist or assistant is a prerequisite to practice, and a deficiency in knowledge is not grounds for accommodation, regardless of ability. Competence in knowledge areas is evaluated in the academic and fieldwork settings. An individual who does not demonstrate that he or she has mastered the knowledge components set forth by AOTA should neither pass the academic portion of preparation nor enter into practice. However, accommodations for various learning issues, secondary to a documented disability, are provided for by the academic institution. It is the responsibility of the program staff to ensure that they are preparing students for entry-level practice; therefore, when accommodations are made during the student’s tenure in the program, consideration should always be given to whether such accommodations would also be deemed reasonable in the practice environment.

One way to systematically determine essential functions is to perform a job analysis wherein information about the position is gathered and analyzed. A detailed, specific description of the job may help clarify essential job functions, and thereby identify reasonable ways to accommodate a person with a disability. The essential functions of an entry-level therapist, derived from such analysis, are to (1) engage in clinical reasoning and problem solving, (2) understand measurement and calculation, (3) select appropriate evaluations, (4) perform evaluations and interpret their results, (5) formulate and implement an intervention plan, (6) communicate with the client appropriately to establish rapport and provide instructions and information, (7) conduct interviews, (8) interact as a member of an interdisciplinary team, (9) interpret verbal

and nonverbal communication, (10) assimilate and integrate information from multiple sources, (11) produce documentation, and (12) adhere to precautions to ensure client safety (Wells & Hannebrink, 1998). It must be noted that, depending on the area of practice, a therapist may require additional skills. The essential job functions for an assistant include teaching clients, collaboratively developing a treatment plan with the supervising therapist, monitoring the client’s activities, recording progress, and documenting services. The assistant also needs to have a moderate degree of strength due to the physical exertion required to assist clients with treatment and during transfers. According to AOTA’s Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services, the key difference is that the assistant collaborates with, and works under the supervision of, the therapist and is not responsible for interpreting and integrating information and formulating the intervention plan (AOTA, 2004b).

Regardless of the context, the common essential tasks identified above place certain physical, cognitive, and psychological or affective demands on the therapist and assistant. Their individual abilities will determine whether they can meet the demands of the job, and because these demands are essential (cannot be delegated) they also represent the job requisites of a therapist and assistant. For example, in the context of physical disabilities rehabilitation, a full-time therapist must be able to demonstrate endurance to work with clients for up to 5 hours, agility and movement flexibility when working with clients, and the ability to perform or direct treatment. The cognitive demands of the job are to determine the course of action given a particular client situation, integrate information from multiple sources, make clinical decisions based on evaluations, and so forth. Some of the affective demands are building rapport with clients to establish a therapeutic relationship, and interacting with family members and other professionals on the team.

Nonessential tasks are those that may be delegated to another therapist (or assistant, depending on the task) and generally include administering certain evaluations, transferring clients, fabricating orthoses, and conducting interviews. The designation of nonessential tasks depends on staffing at the facility; however, according to the ADA and EEOC (2002), delegating and providing assistance with certain nonessential tasks qualifies as a reasonable accommodation.

Table 1 (see p. CE-4) compares essential job functions that are addressed in the academic preparation and practice application of a therapist and assistant, as specified by the Standards for an Accredited Educational Program for the Occupational Therapist and Occupational Therapy Assistant (ACOTE, 1999a, 1999b); the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student and the Occupational Therapy Assistant Student (AOTA, 2002a, 2002b); NBCOT test specifications outlining validated domains, tasks, and knowledge for occupational
### Table 1: Comparison of Occupational Therapy Essential Tasks Across Curriculum and Practice

<table>
<thead>
<tr>
<th>Core Performance Areas</th>
<th>Standards ACOTE</th>
<th>State Level II FW</th>
<th>OT NBCOT</th>
<th>Of Practice</th>
<th>Licensure Laws</th>
<th>Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fundamentals of Practice</strong></td>
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<tr>
<td>Adheres to ethics</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Adheres to safety regulations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Uses judgment in safety</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td><strong>Evaluation and Screening</strong></td>
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<tr>
<td>Selects relevant methods**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assesses clients and the environment**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Modifies assessment procedures as needed**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Interprets evaluation results**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Demonstrates ability to use statistics, tests, measurements, and research**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Administers delegated assessments**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Assists with interpretation of data and goal setting**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td><strong>Intervention</strong></td>
<td></td>
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<tr>
<td>Develops and implements intervention plan**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Updates, modifies, and terminates intervention**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Determines service scope, frequency, and duration**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Assists with development and implementation of intervention plan**</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td><strong>Management of OT Services</strong></td>
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<tr>
<td>Demonstrates ability to collaborate**</td>
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<tr>
<td>Supervises and collaborates with the OTA**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Selects and delegates appropriate tasks to the OTA**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Refers clients to other professional services as needed**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Provides consultative services**</td>
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<tr>
<td>Budgetary responsibilities**</td>
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<tr>
<td>Case management**</td>
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<tr>
<td><strong>Communication</strong></td>
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<tr>
<td>Communicates with client to build rapport and elicit information</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Interprets verbal and nonverbal communication</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Produces clear documentation</td>
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<tr>
<td>Maintains records for third party payers, regulatory agencies**</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td><strong>Professional Behaviors</strong></td>
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<tr>
<td>Takes responsibility for professional competence</td>
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<td>Demonstrates consistent work behaviors</td>
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Note: All items performed by the assistant are in collaboration with and under the supervision of the therapist. Most state licensure laws require the therapist to accept professional responsibility for the assistant’s performance. Items in italics are common essential job functions to both therapists and assistants. **Essential job function for a therapist only. **Bolded items are deemed an essential job function for an assistant.

Therapy (NBCOT, 2004); AOTA Standards of Practice for Occupational Therapy (AOTA, in press) and the Occupational Therapy Code of Ethics (AOTA, in press); state licensure laws; state practice acts; and the Occupational Therapy Practice Framework: Domain and Process (AOTA, 2002c).

All of the above sources have their own target audience and unique mission, goals, and objectives. Occupational therapy educational programs are required to meet the ACOTE Standards to maintain accreditation. The primary purpose of the AOTA Fieldwork Evaluation is to measure occupational therapy student entry-level competence at the end of academic preparation. The nationwide practice analysis is undertaken by NBCOT to create blueprints for occupational therapy and occupational therapy assistant certification exams to assess graduates’ abilities prior to entry into practice. State licensure practice acts defining scope of practice are legal documents that govern the practice of occupational therapy. The main goals of state licensure boards include protecting the public by licensing various professionals, and ensuring that one profession does not encroach on the core responsibilities of another. State laws monitor competence and ethical and professional behaviors of practitioners. The Framework describes both the “domain that centers and grounds the profession’s focus and actions and…the process of occupational therapy evaluation and intervention” (AOTA, 2002c, p. 609).
Reasonable Accommodations

Occupational Therapy Education

Reasonable accommodations in higher education, if requested by a student accepted into an occupational therapy or occupational therapy assistant program, should be made available to that student with a disclosed disability as prescribed by Section 504 of the Rehabilitation Act of 1973 and the ADA. As indicated by Southeastern Community College v. Davis (1979), however, reasonable accommodations that may fundamentally or substantially modify educational expectations for occupational therapy students or occupational therapy assistant students in the academic or practice setting, are not required. Adherence to the ACOTE standards for accredited education programs must be maintained with or without reasonable accommodations in order for continued accreditation of programs, and to prepare graduates to successfully complete the national certification exam and to qualify for professional licensure or certification in the state of their choice (see Table 1 on p. CE-4). The most frequent limitations in ability seen in college-age and other adults are specific learning disabilities, attention deficits, mobility issues, and emotional disturbance or mental illness (Bowe, 2000). However, not all individuals with disabilities request or require accommodations.

In the academic environment, Section 504 of the Rehabilitation Act of 1973 and the ADA have had a tremendous impact on the learning experiences of students with disabilities. On campuses, students often provide documentation of their disability to the disability services office, and academic accommodations are given on an individual basis. Although this is a legitimate way to ensure legally mandated access, students with disabilities may be stigmatized and perceived as "special admits" (McCune, 2001). In programs such as occupational therapy, which prepare students for entry-level professional practice, students may need accommodation in the classroom and labs, and at fieldwork sites. Classroom and lab accommodations that are commonly recommended include lifting restrictions; adapted transfer techniques; and tape-recording lectures or providing notetakers, materials on tape or in braille, and so forth.

Accommodating students with disabilities at fieldwork sites may pose a sensitive issue because the sites play a dual role of educator and potential employer (Wells & Hannebrink, 1998). The sites are subject to ADA and Section 504 of the Rehabilitation Act of 1973 regulations. The formula is much the same as workplace accommodation. The site determines the essential functions for its setting, and in collaboration with the student determines reasonable accommodation to ensure successful completion of student placement. However, if a student were unable to perform bilateral activities, for instance, due to congenital absence of the distal right forearm, and the fieldwork site considered splinting an essential task, then this particular site would not be a good match for this student.

Professional Certification and Licensure

Students who have met all graduation requirements at an ACOTE accredited education program are eligible to take the NBCOT certification exam. The exam is currently administered and completed using a computer within a proctored testing facility. Persons with disabilities who have submitted appropriate documentation are eligible for reasonable accommodations, such as extended test time, a paper-and-pencil exam, frequent breaks, use of medication during the exam, or the use of assistive devices while taking the exam. Although not required by the ADA, NBCOT also considers temporary conditions, such as fractures, medical emergencies, and so forth, on a case-by-case basis (NBCOT, 2005).

Employment

The ADA ensures the provision of reasonable accommodations in the workplace, as needed and indicated by appropriate documentation, to qualified employees with a disability. Specific to employment, three categories of reasonable accommodations include (a) modifications or adjustments to the job application process, (b) the performance of the essential job functions, and (c) the opportunity to access equal benefits and privileges of employment (EEOC, 2002). An employer who fails to provide reasonable accommodations to an individual with either a physical or a mental disability violates the ADA, unless providing the needed accommodations cause undue hardship to the employer.

Examples of reasonable accommodations at the workplace include job restructuring; providing equipment or devices; modifying work schedules, including going to part-time; providing readers and interpreters; making the workplace accessible; and providing an assistant or delegating physical tasks to another staff. Undue hardship to the employer may include excessive cost, disruption, or alteration to the business (EEOC, 2002).

Professional Development

Indication of the ongoing professional development of an occupational therapist or occupational therapy assistant is mandated by state licensure or registration requirements, but these vary across states. For example, Florida requires 24 contact hours of continuing education plus 2 contact hours of HIV/AIDS education every 2 years for an occupational therapist and occupational therapy assistant (Florida Board of Occupational Therapy Practice, n.d.). If practicing in Minnesota, occupational therapists are required to complete 24 contact hours of continuing education every 2 years, whereas occupational therapy assistants need 18 contact hours during a 2-year licensure period (Minnesota Department of Health, 2003). In Tennessee, a bill was signed by the governor in May 2003 to authorize the establishment of requirements for "assessing continued competence of licensees for occupational therapists and occupational therapy assistants" (Tennessee Department of Health, 2003).
Table 2. Strategies That Promote Application of UD Principles for Instruction

1. Use technology, such as distance-learning or Web-based course materials to facilitate
   - the use of diverse assistive technology (e.g., screen reader, text enlarger, voice amplifier) to meet individual students’ needs;
   - a variety of lecture formats, such as PowerPoint, visual lecture outline, and so forth;
   - online discussions and chat rooms for group work; and
   - editing of materials and rewrites with reduced physical exertion.

2. Provide lectures in digital or audio format, or braille.

3. Use a variety of teaching and evaluation methods such as experiential learning, storytelling, and case-based tutorials.

4. Provide regular constructive feedback so students can demonstrate improved learning. Allow students to turn in drafts for writing-intensive assignments so they can integrate feedback into the final paper.

5. Provide a detailed syllabus that lays out learning objectives.

6. Provide a grading rubric that spells out expectations for assignments.

7. Keep all materials simple and uncluttered.

8. Arrange class seating in a circle to allow students to see one another as well as the speaker.

learners (Asselin, 2005). The UDI has two additional principles for instruction: a community of learners and instructional climate (McGuire & Scott, 2002). Both models are philosophically aligned, and they share the common outcome of enhancing learning for students with diverse needs and abilities in an inclusive and supportive environment. Teaching from a UD perspective could alleviate the stigmatization of individuals who, in a traditional teaching environment, would need accommodation. The best benefit is that UD allows us to get away from the notion of “separate but equal” by being truly inclusive, which is a better fit with the values of the profession. An additional benefit of both UDL and UDI is that it allows students to choose the method that best suits their learning style, and an alternate means of communicating their grasp of the material. However, implementing UDL/UDI in the classroom has its challenges, mainly faculty time. It requires faculty members to consider new ways of content delivery and student evaluation, which means they may have to redesign their courses and possibly change their style of lecture delivery (e.g., from brief notes to lecture outlines, PowerPoint presentation etc.). Table 2 shows a few examples of teaching methods that apply UD principles.

Distance learning is being used across the teaching spectrum, from additions to classroom instruction to entire curriculum offerings. Having course materials on the Web allows students with visual impairment to use appropriate screen-reader software or synthesizers. It should be noted that only text materials (not diagrams) are accessible in this format.
CONCLUSION
A core belief and philosophical principle of occupational therapy is that each individual has the right to fully pursue his or her occupation of choice. Although there are laws and professional guidelines that delineate what constitutes a disability, an essential job function, and reasonable accommodations, it is evident that occupational therapy can make a significant contribution to the manner in which these laws are implemented. As a profession, if we are to remain adaptable and responsive to change, it is imperative to look more closely at using the principles of UD in academia, the workplace, and lifelong learning pursuits. UD was created with the intent that special accommodations are not required because the environment has become accessible by all. This principle of universality fits well with the profession’s commitment to nondiscrimination and inclusion.

REFERENCES
How To Apply for Continuing Education Credit
1. After reading the article Reasonable Accommodations and Essential Job Functions in Academics and Practice Settings, answer the questions to the final exam found on p. CE-8 by earmarking the appropriate box in Section B of the Registration and Answer Card, which is bound into this issue of OT Practice following the test page. Each question has only one answer.
2. Complete Sections A through D of the Registration and Answer Card. If the Answer Card is missing from your issue, you must obtain a form online at www.aota.org under Continuing Education, Continuing Education Articles.
3. There is a nonrefundable processing fee to score the exam, and continuing education credit will only be issued for a passing score of at least 75%. 
4. Send the card with a check for the appropriate amount (payable to AOTA) or credit card information to: American Occupational Therapy Association (CE)
PO Box 64080
Baltimore, MD 21208-4080
5. Registration and Answer Cards for Reasonable Accommodations and Essential Job Functions in Academics and Practice Settings must be received on or before August 31, 2007.


AUGUST 2005 • OT PRACTICE, 10(15)
Final Exam
Reasonable Accommodations and Essential Job Functions in Academic and Practice Settings • August 22, 2005

Learning Level: Intermediate
Target Audience: Occupational therapists, occupational therapy assistants
Content Focus: Category 2: Professional issues, OT Education and Administration & Management

The answer card can be found bound into this issue of OT Practice following the test page or on our Web site at www.aota.org under Continuing Ed.

1. Which of the following legislation mandates reasonable accommodations for persons with disabilities in higher education and the workplace?
   A. Individuals with Disabilities Education Act (IDEA)
   B. Section 504 of the Rehabilitation Act of 1973
   C. Americans with Disabilities Act of 1990 (ADA)
   D. B and C

2. When academic institutions provide accommodations for students, they must also consider whether an accommodation will be considered reasonable:
   A. By all instructors with the same education program
   B. By the Accreditation Council for Occupational Therapy Education
   C. For all students with similar disabilities
   D. In the occupational therapy practice environment

3. A person with a disability must self-disclose his or her disability information to receive accommodations in all of the following settings except:
   A. K–12 education programs
   B. Occupational therapy or occupational therapy assistant education programs
   C. Level I and II fieldwork placements
   D. Occupational therapy practice environments

4. Official documents of the American Occupational Therapy Association philosophically support the following legislation:
   A. IDEA
   B. ADA
   C. A and B
   D. None of the above

5. It is important to write specific, task-oriented job descriptions in order to:
   A. Allow the person with a disability to determine qualifications for employment
   B. Meet workplace requirements set forth in ADA Title I
   C. Allow the employer to discourage persons with disabilities from applying
   D. Distinguish between the roles and responsibilities of an OT and an OTA

6. A essential job skill for both the OT and OTA that cannot be accommodated for or delegated to another employee is:
   A. Transferring clients between seating surfaces
   B. Documenting therapy services
   C. Interpreting evaluation results
   D. Fabricating splints or adaptive equipment

7. Systematic job analysis helps clarify essential job functions and identify reasonable accommodation.
   A. True
   B. False

8. To be protected under ADA Title I, an individual must:
   A. Have a disability and graduate from an accredited education program
   B. Be qualified and nationally certified as a health care provider
   C. Be state licensed and have had a disability for at least 1 year
   D. Have a disability and be qualified for the particular employment position

9. Which of the following is not a potential benefit for applying universal design principles in the academic setting?
   A. The student with a disability is allowed to "self-accommodate"
   B. Access is made easier for everyone, regardless of whether they have a disability
   C. The stigma for a student identified as having a disability is minimized
   D. None of the above

10. When modifying the learning environment to use universal instructional design, one must focus on:
    A. The use of the product
    B. A variety of disabilities
    C. A variety of learning styles
    D. The learning challenge

11. It is unreasonable to expect application of principles of universal design in instruction to professional development activities.
    A. True
    B. False

12. Principles of universal design can be best applied in:
    A. Classroom education
    B. Fieldwork
    C. Workplaces
    D. All of the above
B
<table>
<thead>
<tr>
<th>Activity</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Tour of the facility</td>
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<tr>
<td>• Become familiar with location of patient charts and scheduling</td>
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<tr>
<td>• Become familiar with phone and paging system</td>
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<tr>
<td>• Learn about various pertinent equipment</td>
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<tr>
<td>• Orient to computer system*</td>
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<tr>
<td>• Learn facility-specific abbreviations</td>
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<tr>
<td>Meet and spend time with various specialized professionals at facility</td>
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<tr>
<td>Issue keys, receive badge, computer access, etc.</td>
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<tr>
<td>Review pertinent information from New Employee Materials*</td>
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<tr>
<td>Review of Safety Procedures/Codes and safety of self and students</td>
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<tr>
<td>HIPAA Policy/Agreement</td>
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<tr>
<td>Documentation training: daily notes, billing appropriate codes, etc.</td>
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<tr>
<td>Documentation of Student competencies (if applicable)</td>
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<tr>
<td>Discuss student and school goals, personal learning style, etc.</td>
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<tr>
<td>Discuss role of FW Educator, Supervisors, etc. as applicable</td>
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<tr>
<td>Discuss OT/OTA relationship*</td>
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<tr>
<td>Clarification of professional behavior expectations/dress code</td>
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<td>Observation of patient evaluation</td>
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<td>Observation of patients during treatment session</td>
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<tr>
<td>Understand OT’s role in the treatment team.</td>
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<tr>
<td>Demonstrate working knowledge of OT techniques</td>
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<tr>
<td>Schedule day and time for weekly review meeting</td>
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<tr>
<td>Schedule day and time for student presentation/s</td>
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</table>

*If applicable.
C
<table>
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<tr>
<th>Notes/Comments</th>
<th>Occupation-Based Learning Activity</th>
<th>Purposeful</th>
<th>Preparatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area of Occupation</td>
<td>Managing Footwear</td>
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</table>

Intervention Category:

Identify an area of occupation and consider the treatment options for addressing that area. Categorize them by:

- Education Module: Occ. Based Other Programs
<table>
<thead>
<tr>
<th>Notes/Comments</th>
<th>Occupation-Based</th>
<th>Purposeful</th>
<th>Preparatory</th>
<th>Performance Skills</th>
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<tbody>
<tr>
<td><strong>Force</strong></td>
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<tr>
<td>Grip/Postural</td>
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<tr>
<td>Reaching Forward</td>
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<tr>
<td>Building Strength</td>
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<tr>
<td><strong>Skills</strong></td>
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<tr>
<td>Bag to floor</td>
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<tr>
<td>Transferring</td>
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<td>Various weights</td>
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<tr>
<td>Mass lifting</td>
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<td></td>
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<tr>
<td><strong>Program with therapy</strong></td>
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<tr>
<td>Hand exercise</td>
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Identify a performance skill and consider the treatment options for addressing that area. Categorize them by...
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<tr>
<th>Notes/Comments</th>
<th>Occupation-Based</th>
<th>Purposely</th>
<th>Preparatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily routines/activities</td>
<td>Promoting hand hygiene strategies for clients</td>
<td>Demonstrating options for electric wheelchair positioning</td>
<td>Postural positioning in proper hand position</td>
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</table>

Identity a client factor and consider the treatment options for addressing that area. Categorize them by intervention.
Site Specific FWPE Objectives for SNF

OCCUPATIONAL THERAPY FIELDWORK LEVEL II SITE SPECIFIC OBJECTIVES

I. FUNDAMENTALS OF PRACTICE

1. Adheres to ethics: Adheres consistently to the American Occupational Therapy Association Code of Ethics and site's policies and procedures including when relevant, those related to human subject research.

Students will:
- Demonstrate work behaviors that reflect an understanding of professional standards and code of ethics appropriate to the practice environment.
- Maintains appropriate boundaries.
- Observes federal and state regulations relating to confidentiality.
- Identify and address ethical concerns in the context of clinical supervision.
- Demonstrate consistent adherence to professional ethics, codes and adherence to HIPAA regulations for patient confidentiality at all times, including in and out of the skilled nursing facility (SNF) setting.
- Maintain all patient related information in compliance with SNF policy on confidentiality.
- Consistently demonstrate respect for client confidentiality by protecting written documentation from other people’s view and select private spaces to discuss client information with supervisor or other team members.
- Consistently display sensitivity to client’s values (cultural, religious, social) and ask patients if there are any issues that may conflict with treatment procedures.
- Respect individual goals, wishes, and expectations of patient.
- Immediately report any abusive behavior toward a patient to the immediate supervisor and follow appropriate reporting procedures.
- Demonstrate honesty in billing for time/interventions.
- Demonstrate awareness of the need for assistance and/or seek assistance for supervision.
- Create and maintain a safe environment.
- Demonstrate professional behavior.
- Obtain consent prior to treatment.
- Maximize quality of life and respect privacy and will not mishandle clients’ belongings.
- Demonstrate proper safety techniques during functional transfers and ROM testing. All equipment should be checked prior to transfer and set up according to the patients needs. During ROM, skin integrity, joint mechanics/integrity should be assessed prior to ROM testing.
- Adhere to the AOTA Code of Ethics.
- Adhere to all departmental policies and procedures related to ethical practice, with attention to policies related to the treatment area.
- Adhere to licensure requirements.
- Recognize personal strengths and limitations and use treatment modalities that are within level of ability and experience.
- Interact professionally and respectfully with patients, families, and staff.
- Establish and maintain a therapeutic relationship with the patient
- Maintain quality patient care and patient satisfaction as guidelines for professional behavior

2. Adheres to safety regulations: Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.

Students will:
- Review chart and/or seeks to understand information from appropriate sources; asks questions when in doubt of appropriate staff members.
- Maintain an awareness of and adheres to all pertinent SNF safety policies and procedures.
- Utilize infection control precautions and procedures
- Maintain clear and orderly work area by returning equipment and supplies
Follow facility policies in response to emergency code or drill situations

3. Uses judgment in safety: Uses sound judgment in regard to safety of self and others during all fieldwork-related activities.

Students will:

- Demonstrate the ability to recognize changes in client's physical and psychological status; informs staff of such changes.
- Utilize appropriate body mechanics in working with patients.
- Identify and report safety concerns to supervisor and/or appropriate clinical staff.
- Assess own ability to provide safe treatment and identifies situations that require further knowledge and/or assistance.
- Provide safe supervision of patients during high-risk activities
- Refrain from use of equipment or procedures unless trained
- Seek and be receptive to supervision to ensure patient safety
- Demonstrate willingness to function within constraints of center policies and procedures
- Demonstrate an understanding of environmental factors affecting clients' safety at all times by:
  - Analyze evaluation/treatment space for potential safety hazards prior to bringing the client into the environment.
    - Equipment is set-up beforehand.
    - All nonessential items are put way.
    - Treatment area is scanned for slip and fall prevention.
    - Is aware of potential hazards of equipment being used.
    - Aware of sharps at all times.
  - Adhere to facility policy regarding use of modalities, use of sharps, and operating equipment in the OT clinic.
  - Consistently set-up and clean-up of work environment in a manner that prevents injury.
  - Choose activities that are safe, age appropriate, and appropriate for cognitive/emotional/physical capabilities of clientele.
  - Consistently follow equipment safety protocols.
  - Anticipate and prepare for potential difficulties in the community (if applicable) as demonstrated by:
    - Selecting offsite/community activity that demonstrates sound judgment.
    - States agencies off-premises safety/emergency protocol prior to engaging in community activities and/or home visits.
    - Anticipates problems/possible solutions prior to and during home visit and/or community outings.
  - State universal precautions and will adhere to guidelines at all times.
  - Adhere to facility policies and regulations and OSHA precautions.
  - Articulate facilities HIPAA regulations and will abide by them by end of first week.
  - Seek out assistance whenever in doubt
  - Demonstrate safe set-up of transfer to all surfaces.
  - Continuously monitor patient's response to treatment (i.e. pain).
  - Discusses strategies to be used to achieve established goals.
  - Ensures a therapeutic environment with adequate lighting and air appropriate for the patients needs and safety.
  - Identifies and adheres to precautions applicable to patient and staff.
  - Identifies dangers inherent in the use of modalities and adheres to safety precautions.
  - Demonstrates awareness of positioning techniques to prevent deformity and skin breakdown during patient care.
  - Demonstrates safe performance during all treatment endeavors.
  - Incorporate fall prevention program into all patient treatment plans.
  - Seek assistance during unsafe transfer to any functional surface.
  - Adhere to safety precautions regarding medical equipment (pulse O2, IV, foley catheter, etc.)
  - Monitor vital signs.
  - Demonstrate sound safety and judgment consistent with all patient contact (i.e. transfers to secure surfaces, ROM treatment, activities, obstacles in environment, physical barriers IV poles,
catheters, IV's, monitoring devices, adherence to MD orders regarding WB status, OOB, ROM, NPO, dressing change and splints).
- Ensure client’s safety and comfort at all times especially when specialized equipment is involved (i.e., wheelchairs, computers, walkers).

II. BASICS TENETS

4. Clearly and confidently articulates the values and beliefs of the occupational therapy profession to clients, families, significant others, colleagues, service providers, and the public.

Students will:
- Demonstrate the ability to effectively articulate and translate the importance, values, and beliefs of occupational therapy in the client's overall treatment plan at a level that client, family, significant other, colleagues, service providers, and the public are able to understand.
- Selects activities that reflect an understanding of the patient's interests and occupational values.

5. Clearly, confidently, and accurately articulates the value of occupation as a method and desired outcome of occupational therapy to clients, families, significant others, colleagues, service providers, and the public.

Students will:
- Demonstrates the ability to effectively articulate, translate, and use occupation as a primary method in the person's overall intervention plan.
- Able to articulate to patients and staff the rationale behind a selected activity.
- Explains how and why occupation is used as a means to an end
- Explains how and why occupational therapy practitioners are client-centered
- Thoroughly instructs other disciplines in carrying out treatment procedures initiated by OT
- Explain the value of activity chosen with respect to clients own life activities/occupations.
- Explain to client and family, value of returning to prior roles, responsibilities to a level of audience understanding.

6. Clearly, confidently, and accurately communicates the roles of the occupational therapist and occupational therapy assistant to clients, families, significant others, colleagues, service providers, and the public.

Students will:
- Verbalizes the differences in role delineation for an OT, OTA, and Restorative Nursing within the practice setting.
- Communicates effectively to patients and caregivers the role of the occupational therapist and the occupational therapy assistant as it affects patient treatment.
- Communicates effectively to colleagues and service providers the roles of the occupational therapist and the occupational therapy assistant in the treatment setting.

7. Collaborates with client, family, and significant others throughout the occupational therapy process.

Students will:
- Discuss and set goals with patients that reflect a logical sequence of goal attainment in collaboration with the client, family and significant other.
- Explain the importance of involving the patient/family/team members/significant others in goal setting and intervention process.
- Follows through with plans made with the patient/family/significant others by ordering or providing equipment and/or making recommendations for other necessary/appropriate services.
- Establish treatment priorities after discussing goals with all concerned parties
- Reviews progress with client, family, and significant others at regular intervals
- Define the OT process in an effective manner that is understandable to clients, etc.
III. EVALUATION AND SCREENING

8. Articulates a clear and logical rationale for the evaluation process.
   
   **Students will:**
   - Demonstrates the ability to effectively articulate a logical rationale for evaluation to the patient/family/significant other/staff.
   - States how and why a specific approach to the evaluation process is being used
   - Be able to understand and utilize the eclectic approach to assess patient function during treatment.

9. Selects relevant screening and assessment methods while considering such factors as client's priorities, context(s), theories, and evidence-based practice.
   
   **Students will:**
   - Understand the use of a specific tool in relationship to identified patient's condition.
   - Select standardized and/or nonstandardized procedures relevant to patient's deficits.
   - Sets priorities of sequence of evaluation procedures to be administered.
   - Select appropriate evaluation report forms and evaluation tools available.
   - Identify/adhere to precautions applicable to patient and diagnosis.
   - Explain rationale for choice of evaluation procedure(s).
   - Demonstrate ability to adapt/modify different techniques and evaluation tools in accordance with patient' deficits.
   - Identifies conditions and precautions associated with apparent deficits of assigned patients.
   - Selects appropriate component areas to assess, based on the center's practices and the patient’s level of apparent deficits and secondary diagnoses and complications

10. Determines client's occupational profile and performance through appropriate assessment methods.
    
    **Students will:**
    - Demonstrates familiarity with and comfort when interviewing patients.
    - Identify patient's roles through interview with client family.
    - Identify cultural/religious factors through interview.
    - Interview patient, family to gather information of client’s history of occupation, lifestyle and also should read medical charts for medical history and information.
    - Utilize assessment process that respects clients/patients cultural values/physical abilities/interests.
    - Reads the client's clinical evaluation prior to initiating evaluation, and verbalizes an understanding of the client’s premorbid occupational performance.
    - Obtain clients role in society.
    - Students will ask client what areas are important to them.
    - Interview family when unable to directly interview client about his/her occupational profile.
    - Initiate and integrate patient's occupational profile into patient treatment focus.
    - Investigate client’s goals for self and assess relevant areas to help client achieve those goals.
    - Demonstrate knowledge of age-specific and/or functional level performance/roles in maintaining and implementation of treatment program

11. Assess client factors and context(s) that support or hinder occupational performance.
    
    **Students will:**
    - Assess through interview and observation; discuss with team.
    - Utilizes correct procedures for assessing individual performance areas
    - Selects appropriate areas for further assessment

12. Obtains sufficient and necessary information from relevant resources such as client, families, significant others, service providers, and records prior to and during the evaluation process.
    
    **Students will:**
• Accepts responsibility and be aware of the importance of thorough data gathering.
• Demonstrates an understanding of psychiatric diagnosis and its impact on occupational performance.
• Selects and filters relevant and important information from all data collected.
• Interviews patient or caregiver to obtain relevant information.
• Listens to input from other team members.
• Utilizes resources to find information.
• Performs chart review prior to evaluation and treatment planning.
• Be able to determine what extra information will be necessary.
• Demonstrates ability to gather information from appropriate resources by utilizing patient, record, other professionals, and the patient and family.
• Identifies the need for obtaining additional research or references.
• Determines the priorities of information to be elicited by evaluation procedures.
• Demonstrates knowledge of assessments to be performed for specific patients.

13. Administers assessments in a uniform manner to ensure findings are valid and reliable.  
**Students will:**
- Accepts responsibility and be aware of the importance of accurate assessment.
- Observes standardized techniques in using standardized assessment tools.
- Able to articulate the value of selected standard assessment tools and able to describe the relationship between methodology and data gathering.
- Maintains objectivity in observing and assessing areas where standardization is not an option.
- Demonstrates an understanding of terminology to assess areas of self-care.
- Consults institution manuals and supervisor prior to the administration of standardized tests.
- Understands rationale for performing standardized tests.
- Choose appropriate standardized assessment for patient.

14. Adjusts/Modifies the assessment procedures based on client's needs, behaviors, and culture.  
**Students will:**
- Able to adapt the assessment process according to patient's individual needs.
- Utilizes patient information as a basis for possible adaptation of assessment procedure.
- Considers patient status changes and adapts assessment procedure as necessary.
- Identifies/explains the effect patient's mental and/or physical changes on outcome of an assessment.
- Demonstrates ability to adjust/adapt methods based on the patient's response.
- Alters methods of instructing the patient to accommodate limitations in cognition/communication as needed.
- Alters methods of assessing performance areas where medical complications or restrictions exist.
- Notice and respond to client feedback to accommodate assessment as needed.

15. Interprets evaluation results to determine client's occupational performance strengths and challenges.  
**Students will:**
- Able to objectively analyze and select pertinent data from assessment to develop an accurate profile of the patient's strengths and weaknesses.
- Interprets data objectively and according to standardized or non-standardized method.
- Uses sound clinical reasoning.
- Determines correct neurological and functional levels based on evaluation results.
- Determines correct self-care levels of functioning.
- Determines correct levels of functioning at admission and discharge.
- Determines correct ASIA levels on the initial assessment.

16. Establishes an accurate and appropriate plan based on the evaluation results, through integrating multiple factors such as client's priorities, context(s), theories, and evidence-based practice.
Students will:

- Able to utilize the evaluation process to determine what the patient's needs will be as they progress to a lower level of care.
- Able to identify continued treatment needs and compensatory strategies for the patient to be successfully discharged.
- Identifies functional limitations affecting self-care performance
- Sets long-term goals that are attainable for the patient, based on diagnosis and realistic assessment of the client’s strengths and limitations
- Sets short-term goals in specific, objective, and measurable terms
- Is able to prioritize interdisciplinary team goals
- Incorporates patient goals and priorities into the plan of care.

17. Documents the results of the evaluation process that demonstrates objective measurements of client's occupational performance.

Students will:

- Documents results of the assessment and reassessment following department policies and procedures.
- Reports verbally and/or in writing unusual or critical information gathered during the assessment to the appropriate staff members.
- Reports performance data objectively.
- Contributes to the discharge plan in a manner that reflects an understanding of functional level at the time of the patient's discharge.
- Documentation and reporting of the treatment plan is complete according to institution requirements and clinical setting.
- Documentation is concise and accurate and correlates with results of evaluation process.
- Documentation is recorded within the time frames of the clinical setting.
- Documentation is written in terms understandable to other disciplines using the data.
- Follows correct procedures for documenting evaluations accurately
- Thoroughly addresses all problem areas
- Summarizes evaluations clearly and concisely in note
- Follows correct processes for recording goniometry, manual muscle testing, and ASIA results

IV. INTERVENTION

18. Articulates a clear and logical rationale for the intervention process.

Students will:

- Uses sound clinical reasoning in discussing the intervention plan with the supervisor/patient/family/staff.
- Communicates clearly and concisely.
- Varies language depending on audience.
- Demonstrates flexibility in utilizing alternative educational methods when standard methods are ineffective.
- Demonstrate recognition of responses from clients and adapt to changes.
- States rationale for selected activities to be utilized in addressing patient’s goals and needs.
- State understanding of concepts of “graded” activity and the rationale for sequencing a series of activities to meet patients’ goals and needs within a reasonable time frame.
- Completes thorough treatment plans for clients
- Prioritizes problem areas and addresses foundation skills needed for treatment progressions
- Describe to the client the reason why the task is being performed in a manner that the client understands.
- Communicate the use of graded occupation as a means to support participation in BADL/IADL.
- Describe purpose of intervention at the client’s level of understanding.
- Demonstrate purpose and goals to implement treatment plan and to carry out.
19. Utilizes evidence from published research and relevant resources to make informed intervention decisions.

Students will:
- Uses sound clinical reasoning backed by published research and/or relevant resources to make informed intervention decisions.
- Reviews assigned articles during supervision.
- Identifies material relative to treatment by stating references.

20. Chooses occupations that motivate and challenge clients.

Students will:
- Uses occupations and/or activities based on the appropriate theoretical model that will be most effective in maximizing the patient's occupational performance and achieving established goals.
- Uses preparatory activities that support occupation-based performance.
- Uses goal-oriented occupations and/or activities that are meaningful to the patient.
- Facilitates self-care activities for eating, grooming, bathing, dressing, and toileting skills
- Directs patient performance in areas of IADLs as the functional level allows

21. Selects relevant occupations to facilitate clients meeting established goals.

Students will:
- Chooses graded activities and/or preparatory activities that will be most effective in maximizing the patient's occupational performance and allows for ongoing assessment of the patient's functional capacity and readiness for discharge.
- Directs patient performance in areas of IADLs as functional level allows.
- Participates in community re-entry outings (if applicable).
- Refers and implements group-based participation to address problem areas.

22. Implements intervention plans that are client-centered.

Students will:
- Recognizes importance of client-centered practice and involvement of family and caregivers in the treatment process.
- Incorporates patient priorities into established goals
- Schedules and performs ADLs/AM programs appropriate to the patient’s level of participation
- Considers age level when directing all patient care activities

23. Implements intervention plans that are occupation-based.

Students will:
- Offers occupations (occupation-based activity, purposeful activity, preparatory methods) that match the patient's performance skills, patterns, context, activity demands, and patient factors.
- Recognizes the value in using the most effective strategy to achieve individual goals and maximizes the patient's interest in the treatment program.
- Directs self-care remediation.
- Demonstrates awareness of the patient's various life roles in selecting activities.


Students will:
- Demonstrates the ability to identify more than one appropriate strategy for a given problem area.
- Appropriately revises and adjusts selected activities to adapt to a change in the patient's condition.
- Identifies and addresses underlying problems and prerequisite skills to promote gains in higher-level functional skills
- Grades and modifies treatment activities to provide effective treatment for the patient's current status
• Selects activities considering patient abilities to promote progress without undue frustration
• Selects activities by taking into account patient preferences, values, and age

25. Updates, modifies, or terminates the intervention plan based upon careful monitoring of the client's status.

Students will:
• Demonstrates clinical reasoning skills to identify steps to solve problems in patient treatment and establish goals.
• Selects and synthesizes available data when making decisions about treatment.
• Grades and/or changes activity or method to achieve treatment goals.
• Identify appropriate goals to address underlying factors that impede functional progress
• Recognizes changes in the patient’s physical, emotional, or cognitive status and adjusts the program to promote optimal progress

26. Documents client's response to services in a manner that demonstrates the efficacy of interventions.

Students will:
• Writes progress notes to clearly indicate measurable behavioral response to treatment.
• Uses correct grammar and spelling and follows facility format for documentation to assure reimbursement.
• Discriminates between relevant and irrelevant material.
• Accepts responsibility for timely written documentation and initiates oral reports independently.
• Accurately documents patient outcomes for self-care.
• Updates status of goals; short term goals do not continue for more than two reporting periods if not met.
• Problem-solves with patient and team members to establish goals that are realistic and incorporate the potential discharge situation.
• Uses correct terminology to describe treatments and interventions.

V. MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES

27. Demonstrates through practice or discussion the ability to assign appropriate responsibilities to the occupational therapy assistant and occupational therapy aide.

Students will:
• Able to articulate an understanding of the role delineation between the various levels of professional and paraprofessional staff, including COTAs and activity therapists.
• Works collaboratively with Psychologists, Physical Therapists, Physical Therapy Assistant, Occupational Therapy Assistant, Doctors, Nurse Practitioner, and nursing staff to plan successful treatment and milieu management strategies.
• Utilizes occupational therapy assistant with respect to standards of practice and supervisory guidelines.
• Directs therapy technicians in performing patient care activities within the scope of SC practice standards

28. Demonstrates through practice or discussion the ability to actively collaborate with the occupational therapy assistant.

Students will:
• Articulates an understanding of the role of the OTA in the SNF setting in a manner that reflects a value and appreciation for the contribution of the OTA.
• Collaborates with the OTA or other relevant personnel to plan strategies based on accurate analyses of the activity demands and context of the intervention.
• Verbalizes process for collaboration with the OTA within the specific practice setting

29. Demonstrates understanding of the costs and funding related to occupational therapy services at this site.

Students will:
• Monitors the use of supplies on the unit.
• Follows department policy when requesting supplies from dietary services.
• Demonstrates flexibility in adjusting priorities to meet the established goals of the department.
• Able to adjust pace and prioritize daily responsibilities.
• Ensures that patient care time is used productively
• Notifies supervisor of charges for supplies, equipment, and time
• Verbalizes an understanding of costs for purchasing adaptive equipment or devices, or DME within the practice setting

30. Accomplishes organizational goals by establishing priorities, developing strategies, and meeting deadlines.

**Students will:**
- Arrive promptly to scheduled meetings and treatment sessions.
- Completes assignments by scheduled deadlines
- Schedules patient treatments to make optimal use of treatment time given current assignment and caseload
- Utilizes unscheduled time to increase learning
- Maintains personal schedules and lists to ensure timely completion of responsibilities
- Prepares in advance for meetings and treatments
- Notifies supervisor and OT educator when problems arise

31. Produces the volume of work required in the expected time frame.

**Students will:**
- Organizes treatment and nontreatment responsibilities in order to ensure that responsibilities are completed in a timely and professional manner.
- Calculates the amount of time needed to complete a task and, if necessary, uses time outside of the clinic for task completion.
- Differentiates the importance of each task and prioritizes tasks so that they are completed in a timely and professional manner.
- Adjusts work pace to accommodate increased workload
- Provides assistance to other staff members when able
- Recognizes when current workload prohibits helping others

VI. COMMUNICATION

32. Clearly and effectively communicates verbally and nonverbally with clients, families, significant others, colleagues, service providers, and the public.

**Students will:**
- Develops and maintains rapport with patients, families, and significant others that enhances the therapeutic relationship.
- Interact, communicate, and share relevant information with all caretakers, families, and health care professionals.
- Clearly and effectively communicate verbally by stating clear goals and rationale of treatment to patients, family, and colleagues.
- Clearly and effectively communicate with patients, families, and team members to explain possible outcomes of OT.
- Give instructions for the treatment process that are effective, clear, concise, and understandable for each patient’s developmental level and learning style.
- Respond appropriately to behaviors and questions, give feedback, appropriate cues, and the appropriate amount of assistance to enable patient to participate in activity.
- Take into account cultural differences and language barriers (providing handout and information in first language).
- Communicate/demonstrate effective communication skills to meet the needs of each patient.
- Demonstrate good observational skills when communicating with patients, adjusting instructions based on patient’s reactions.
- Be aware of nonverbal communication and body language of patients, families, and colleagues.
• Learn to use and develop therapeutic use of self and maintain rapport with patient.
• Develop boundaries/ability to set appropriate limits with patients.
• Provide appropriate validation, support, and feedback to patients as needed.
• Accept constructive feedback and provide input as part of interpersonal communication.
• Contribute clear, accurate, and concise reports/feedback in team meetings regarding each patient’s progress.
• Clearly and effectively write progress reports based upon and related to changes in a patient’s progress and needs.
• Communicates to colleagues and service providers the treatment activities and their rationale.
• Uses clear and accurate language to explain assessment, treatment, and goals to patients and caregivers.
• Understands and recognizes families’ need for reinforcement and additional instruction or demonstration and provide as needed.
• Demonstrates genuine interest in patient and caregiver understanding of instructions

33. Produces clear and accurate documentation according to site requirements.
   **Students will:**
   • Write progress notes that are concise and reflect information on occupational performance.
   • Reports unusual and/or critical information in writing.
   • Completes written treatment or care plans as assigned by supervisor for review
   • Complies with SC policy for approved abbreviations
   • Follows SC policies and procedures for documentation

34. All written communication is legible, using proper spelling, punctuation, and grammar.
   **Students will:**
   • Complies with SC policy for approved abbreviations

35. Uses language appropriate to the recipient of the information, including but not limited to funding agencies and regulatory agencies.
   **Students will:**
   • Able to use non-technical terms to identify deficit areas and communicate treatment recommendations.
   • Adheres to facilities’ policy regarding acceptable abbreviations.

VII. PROFESSIONAL BEHAVIORS

36. Collaborates with supervisor(s) to maximize the learning experience.
   **Students will:**
   • Accepts responsibility for initiating professional learning experiences.
   • Self-directed in determining learning strengths and challenges.
   • Collaborates with supervisor to structure optimal learning opportunities.
   • Be an active part of supervision and feedback.
   • Take initiative to identify difficulties experienced during evaluation/treatment.
   • Take initiative to present plan of action to improve performance.
   • Use feedback provided to come up with strategies/plans for improvement.
   • Incorporate feedback from supervisor into treatment planning and intervention and discuss outcome.
   • Performs required tasks as identified in supervisory sessions.
   • Discusses need for changes and modifies behaviors as identified in supervisory sessions.
   • Discriminates between supervisor’s suggestions and expectations for change.
   • Recognizes need for and seeks appropriate supervision.
   • Assumes a cooperative role in the supervisory relationship.
   • Asks questions when uncertain
   • Notifies supervisor of unusual occurrences or circumstances
   • Identifies, communicates, and uses own optimal learning methods and styles
Recognizes communication styles of self and supervisor; adjusts style as needed to promote optimal communication with supervisor
Uses discretion in wording and timing of questions asked of supervisor
Demonstrates receptiveness to feedback and input from supervisors
Actively seeks feedback on performance
Be an active part of supervision and feedback.

37. Takes responsibility for attaining professional competence by seeking out learning opportunities and interactions with supervisor(s) and others.

**Students will:**
- Defines personal expectations and goals for the affiliation including the desired amount of supervision and style of supervision that would enhance attainment of goals and would be conducive to individual learning styles.
- Independently seeks and participates in opportunities for improving skills.
- Attends regularly scheduled staff meetings and in-service opportunities in practice area.
- Collaborates with OT educator to participate in additional learning opportunities and observations center-wide.

38. Responds constructively to feedback.

**Students will:**
- Adjusts behavior in response to cues and direction from supervisor, staff, and the environment.
- Notice and respond to feedback in a way that would encourage an open exchange of ideas and develop entry-level skills in an effective way.
- “Hear” and act upon constructive feedback from supervisor by making suggestions as to what could have been or needs to be changed.
- Demonstrate an active and positive attitude evidenced by body language and use of voice.
- Verbalize understanding of feedback and develop effective and measurable goals for improvement as needed.
- Give ideas and respond to feedback on ways to improve by giving examples of what they would do in future situations.
- Demonstrate change in behavior that shows an understanding of feedback and a movement towards acquiring professional behaviors.
- Articulate positive feedback and strengths pointed out by supervisor.

39. Demonstrates consistent work behaviors including initiative, preparedness, dependability, and work site maintenance.

**Students will:**
- Consistently maintains professional behaviors in the workplace. This includes, but is not limited to, taking initiative, being prepared and dependable, and assuming a professional demeanor.
- Arrives on time and consistently completes work assignments on time.

40. Demonstrates effective time management.

**Students will:**
- Organizes treatment and non-treatment responsibilities in order to ensure that responsibilities are completed in a timely and professional manner.

41. Demonstrates positive interpersonal skills including but not limited to cooperation, flexibility, tact, and empathy.

**Students will:**
- Consistently maintains professional behaviors in the workplace, including, but is not limited to, professional appearance, showing respect for other professionals, and presenting in a professional and confident manner.
- Develops and maintains rapport with patients that enhances the therapeutic relationship.

42. Demonstrates respect for diversity factors of others including but not limited to socio-cultural, socioeconomic, spiritual, and lifestyle choices.
Students will:

- Be respectful and open to diverse backgrounds and ideas in the treatment setting. Seeks to understand the patient's perspective and context when collaborating in treatment. Careful to not impose one's own beliefs and values on clients.
- Able to access translation services as needed.
- Demonstrates professional behavior respecting diversity of sociocultural, socioeconomic, spiritual, and lifestyle choices of patients.

References:

- Fieldwork Performance Evaluation For the Occupational Therapy Student –©AOTA 2002
- Metropolitan Occupational Therapy Education Council of NY/NJ
- Sample Behavioral Objectives written by Practitioners at the Joint Clinical Council Day
- December 3, 2003 Revised 4/12/04
- Specific Behavioral Objectives for Adult Acute Care, University of Texas Medical Branch, Galveston, Texas. Contact: T. Jackson. Email: tljackson@utmb.
- Shepherd Center Atlanta, Georgia Occupational Therapy Student Program Fieldwork Objectives
E
# Weekly Meeting

**Week of:** ____________________________________________

<table>
<thead>
<tr>
<th>Date and Time of Meeting</th>
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Goals from last week and subsequent progress:

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<th>Strengths this week:</th>
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<td>Areas for improvement:</td>
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<td>Supports needed:</td>
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*Level of supervision:* (More, Less, Just right)

Goals of next week:

Assignments/Activities for next week:

*This form is due to the Fieldwork Educator by: ____________________________

__________________________  ____________________________
Signature of Student       Signature of Fieldwork Educator
Example of Weekly Objectives for Level II Fieldwork Experience

Week 1
- Complete orientation to the center and to the rehab department
- Review the student manual
- Review policies and procedures of facility’s Rehabilitation Services
- Review medical records and the rehabilitation documentation
- Assist with three to four patient treatments daily and review relevant documentation

Week 2
- Review and demonstrate evaluation methods
- Assist the Clinical Instructor (CI) in identified portions of evaluations, treatment plans, and goal setting
- Assist with three to four treatments daily and practice relevant documentation
- Attend clinical meetings for observation

Week 3
- Assist the clinical instructor in identified portions of evaluations, treatment plans, and goal setting
- Observe patient sessions in PT/OT/SLP
- Assist with three to four patient treatments daily and begin completing relevant documentation

Week 4
- Complete evaluation, treatment plan, and goal setting for one patient daily, with close supervision form the CI
- Participate in three to four patient treatments daily and complete relevant documentation
- Attend clinical meetings for observation

Week 5
- Continue daily patient evaluations under close supervision of the CI
- Perform an average of four patient treatments daily and include relevant documentation
- Attend clinical meetings and initiate participation for active patients

Week 6
- Complete a mid-term evaluation
- Perform five to six patients treatments daily and include relevant documentation
- Participate with the CI in relevant clinical meetings
- Complete and present a Clinical inservice (Assignment)

Week 7
- Complete evaluations and documentation for patients identified by the CI
- Complete five to six patient treatments daily and include relevant documentation
- Participate in patient-centered clinical rounds

Week 8
- Complete evaluations and documentation for patients identified by the CI
- Complete six to eight patient treatments daily and include relevant documentation
- Participate with the CI in relevant clinical meetings (as above)
- Assume responsibility for own scheduling of patients and for documentation

Week 9
- Same as week 8
- Complete a case study (Assignment)

Week 10
- Complete evaluations and meetings (as above)
- Complete eight to ten patient treatments daily and include relevant documentation

Week 11
- Same as week 10

Week 12
- Complete the final evaluation
- Complete evaluations, treatments, meetings, and documentation (as above)
- Complete a journal review (Assignment)
Occupational Therapy Program

Student/Fieldwork Educator Weekly Review

Week #: _____  Student: _______________  Fieldwork Educator: _______________

Strengths:

Growth Areas:

Goals for Next Week:

Meetings, Assignments Due, Etc:
Weekly Student Progress Note: SOAP format

To facilitate communication between student and clinical educator during fieldwork, a weekly student progress assessment is recommended. Completing the review in the form of a SOAP note will reinforce the student’s skill with this documentation format. In addition to the written communication, a weekly discussion should be scheduled in which progress is reviewed and goals for the next week are determined.

Below are guidelines for comments that may be included in the weekly student documentation:

**SUBJECTIVE:** The student comments on subjective reactions to the past week. How did you feel in specific situation? Do you feel comfortable or confident with a specific patient type? Is there something that you feel unprepared about? Do you need more/less supervision or assistance? Any comments are welcome.

**OBJECTIVE:** The student comments on the past week’s events and clinical experiences. Make note of any new skills attempted or achieved. List any new diagnosis types encountered during the week.

**ASSESSMENT:** The student self-evaluates performance and comments on abilities (recommended categories: professional behaviors, skill competency, safety, communication, documentation). Also comment on strengths and areas for improvement.

**PLAN:** The student writes goals for next week, including listing activities or observations desired for the upcoming week.
FIRST WEEK

CASELOAD

____ Observation of clients.
____ Co-treat with Fieldwork Educator’s caseload as indicated.

ORIENTATION

____ Complete department and facility orientation.
____ Review department/facility policy/procedures.
____ Review orientation packet and Fieldwork Manual
____ Become familiar with resource materials and equipment available for client intervention.
____ Review documentation style and specific requirements of the facility.

ASSIGNMENTS/RESPONSIBILITIES

____ Review student notebook materials and go over calendar/assignments with Fieldwork Educator (due by the end of this first week).
____ Observe client interventions and evaluations.
____ Schedule training sessions with various staff members regarding particular areas of expertise.
____ Establish weekly scheduled meetings(s) with Fieldwork Educator for discussion of observations, ideas, interventions, procedures, etc.
____ Initiate use of weekly journal to use in weekly meetings with Fieldwork Educator. Be sure to document observations and thoughts of the first week.
____ Choose one to two clients for the caseload for week 2 with assistance from your Fieldwork Educator. Be thinking of ideas for an intervention plan for these client’s which will be due on Monday.
____ Check in with Carmen course and complete required posts.
SECOND WEEK

CASELOAD

____ Co-treat with Fieldwork Educator’s caseload as indicated.

____ Individual caseload of 1-2 clients.

ASSIGNMENTS/RESPONSIBILITIES

____ Continue observations of interventions and evaluations of clients in clinic/program.

____ Continue training sessions with Fieldwork Educator and/or other staff.

____ Review chart, intervention plan, progress notes, etc. of Fieldwork Educator’s caseload.

____ Familiarize self with standardized assessments in the department.

____ Choose an additional client for week 3 caseload with assistance from Fieldwork Educator.

____ Document observations, thoughts, and questions in weekly journal. Consider discussing how you learn best.

____ Attend staff meetings and/or team conferences.

____ Complete daily progress notes after each day’s sessions for the clients on your caseload. These notes need to be co-signed by your Fieldwork Educator before they are copied and put in the client’s files.

____ Mini-intervention plan on any new client on your caseload. These should include the client’s name, diagnosis, and date of birth. This should include your observations of the client, and a list of noted assets and limitations. List 1-2 long term goals, and for each long term goal, list 2-3 short term objectives. For each objective, list one or more methods/media you might use. Try to select clients with differing diagnoses each week.

____ Set up times to observe in other areas of practice or with other disciplines.

____ Check in with Carmen course and complete required post.

THIRD WEEK

CASELOAD

____ Co-treat with Fieldwork Educator’s caseload as indicated.

____ Individual caseload of 2-3 clients.
ASSIGNMENTS/RESPONSIBILITIES

___ Continue observations of interventions and evaluations of clients in clinic/program.

___ Choose an additional client for week 4 caseload with assistance from Fieldwork Educator.

___ Document observations, thoughts, and questions in weekly journal. Discuss major issues of the week.

___ Complete daily progress notes after each day’s sessions for the clients on your caseload.

___ Check in with Carmen course and complete required post.

FOURTH WEEK

CASELOAD

___ Co-treat with Fieldwork Educator’s caseload as indicated.

___ Individual caseload of 3-4 clients.

ASSIGNMENTS/RESPONSIBILITIES

___ Continue observations of interventions and evaluations of clients in clinic/program.

___ Choose additional clients for week 5 caseload (targeted to be at 50% of a full caseload) with assistance from Fieldwork Educator.

___ Document observations, thoughts, and questions in weekly journal. Consider discussing strategies for areas that need improvement.

___ Complete daily progress notes after each day’s sessions for the clients on your caseload.

___ Mini-intervention plans for all new clients.

___ Check in with Carmen course and complete required post.

FIFTH WEEK

CASELOAD

___ Co-treat with Fieldwork Educator’s caseload as indicated.

___ Individual caseload at 25% of a full caseload.
ASSIGNMENTS/RESPONSIBILITIES

____ Continue observations of interventions and evaluations of clients in clinic/program.

____ Choose additional clients for week 6 caseload (targeted to be at 50% of a full caseload) with assistance from Fieldwork Educator.

____ Document observations, thoughts, and questions in weekly journal. Discuss major issues of the week.

____ Complete daily progress notes after each day’s sessions for the clients on your caseload.

____ Mini-intervention plans are due for all new clients.

____ Check in with Carmen course and complete required post.

SIXTH WEEK

CASELOAD

____ Co-treat with FW Educator’s caseload as indicated.

____ Individual caseload at 50% of a full caseload.

ASSIGNMENTS/RESPONSIBILITIES

____ Continue observations of interventions and evaluations of clients in clinic/program.

____ Choose additional clients for week 7 caseload (targeted to be at 75% of a full caseload) with assistance from FW Educator.

____ Document observations, thoughts, and questions in weekly journal. Discuss major issues of the week.

____ Complete daily progress notes after each day’s sessions for the clients on your caseload.

____ Mini-treatment plans are due for all new clients on Monday.

____ Complete and review student midterm evaluation with fieldwork supervisor.

____ Review midterm Fieldwork Performance Evaluation (FWPE) with Fieldwork Educator (completed by Fieldwork Educator and signed by both the Fieldwork Educator and the student.).

____ Review Level II Fieldwork Mid-Term Feedback Form with Fieldwork Educator (Fieldwork Educator must sign).
Send all necessary paperwork to the Coordinator of Fieldwork Education and Professional Development. Documents to be sent include the following: A copy of the Fieldwork Performance Evaluation not the original and the Level II Fieldwork Mid-Term Feedback Form.

Check in with Carmen course and complete required post.

SEVENTH WEEK

CASELOAD

Individual caseload at 75% of a full caseload.

ASSIGNMENTS/RESPONSIBILITIES

Document observations, thoughts, and questions in weekly journal.

Complete daily progress notes after each day’s sessions for the clients on your caseload.

Mini-intervention plans are due for all new clients.

Check in with Carmen course and complete required post.

EIGHTH WEEK

CASELOAD

Individual caseload at 100% of a full caseload.

ASSIGNMENTS/RESPONSIBILITIES

Document observations, thoughts, and questions in weekly journal. Discuss major issues of the week.

Complete daily progress notes after each day’s sessions for the clients on your caseload.

Handle ALL responsibilities equivalent to an entry level Occupational Therapist.

Check in with Carmen course and complete required post.

NINTH WEEK

CASELOAD

Individual caseload at 100% of a full caseload.
ASSIGNMENTS/RESPONSIBILITIES

____ Document observations, thoughts, and questions in weekly journal. Discuss major issues of the week.

____ Complete daily progress notes after each day’s sessions for the clients on your caseload.

____ Handle ALL responsibilities equivalent to an entry level Occupational Therapist.

____ Check in with Carmen course and complete required post.

TENTH WEEK

CASELOAD

____ Individual caseload at 100% of a full caseload.

ASSIGNMENTS/RESPONSIBILITIES

____ Document observations, thoughts, and questions in weekly journal. Discuss major issues of the week.

____ Complete daily progress notes after each day’s sessions for the clients on your caseload.

____ Handle ALL responsibilities equivalent to an entry level Occupational Therapist.

____ Check in with Carmen course and complete required post.

ELEVENTH WEEK

CASELOAD

____ Individual caseload at 100% of a full caseload.

ASSIGNMENTS/RESPONSIBILITIES

____ Document observations, thoughts, and questions in weekly journal. Discuss major issues of the week.

____ Complete daily progress notes after each day’s sessions for the clients on your caseload.

____ Handle ALL responsibilities equivalent to an entry level Occupational Therapist.

____ Check in with Carmen course and complete required post.
TWELFTH WEEK

___ Individual caseload at 100% of a full caseload.

ASSIGNMENTS/RESPONSIBILITIES

___ Document observations, thoughts, and questions in weekly journal. Discuss major issues of the week.

___ Complete daily progress notes after each day’s sessions for the clients on your caseload.

___ Handle ALL responsibilities equivalent to an entry level Occupational Therapist.

___ Review final Fieldwork Performance Evaluation (FWPE) with Fieldwork Educator (completed by Fieldwork Educator and signed by both the Fieldwork Educator and the student.).

___ Review Student Evaluation of Fieldwork Experience with Fieldwork Educator (Fieldwork Educator must sign).

___ Send all necessary paperwork to the Coordinator of Fieldwork Education and Professional Development. Documents to be sent include the following: Original copy of the Fieldwork Performance Evaluation, the Student Evaluation of Fieldwork Experience, and a signed copy (by student and Fieldwork Educator) of your final log of fieldwork hours. Students will not receive a final grade until all necessary paperwork is received by the Coordinator of Fieldwork Education and Professional Development.

___ Check in with Carmen course and complete required post.
Weekly objectives of supervisory sessions may include:

1. Discuss student observation of intervention programs and evaluations.
2. Review intervention plans.
3. Discuss major issues of the week.
4. Establish weekly learning objectives for the student. Feel free to consult with the Coordinator of Fieldwork Education and Professional Development with help on establishing weekly behavioral objectives.
5. Review the weekly checklist to be sure that assignments are being met in a timely manner.
7. Review documentation issues.
8. Answer any questions the student may have.

NOTE: This form is to serve as a suggested guide only. You should feel free to adapt it as necessary to meet the needs of the Fieldwork Educator, the facility and the OT student. It is to be utilized as appropriate in a way that would facilitate the student fieldwork experience and growth.
HIPAA Guidelines for Fieldwork

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

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

For written reports, the following information can be shared:

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

Students, as well as therapists, often keep "working files" in their desk. This is still allowed under HIPAA guidelines, however this information must be locked in a file cabinet when not in use, and must be shredded when no longer needed.
Using Facebook, Twitter, or a blog to vent or perhaps share interesting stories about your day at work might be okay for most people in this day and age of constant connectedness, but for medical providers, it could pose some unique risks. Because emergency medicine providers do not have the same kind of ongoing patient relationships as other specialties, there could also be the natural temptation to assume a greater anonymity than actually exists. While social networking has huge potential for healthcare with respect to the sharing of ideas and information, there are even bigger issues with confidentiality, security, and boundaries. Never forget that the sacred nature of the doctor-patient relationship still rules.

"Never forget that the sacred nature of the doctor-patient relationship still rules."

Many hospitals around the country have developed no-tolerance policies with respect to the use of Facebook and similar websites at work as they struggle with how to manage the various forms of "professional social networking." Below are examples of the reality of the issue:

- June 2010, five nurses who worked at Tri-City Medical Center in Oceanside, California were fired after discussing patients on Facebook. While no patient names, photos, or identifying information were included in the posts, the California Department of Public Health is investigating;
- In 2009, two Wisconsin nurses were fired after taking photos of a patient’s x-ray (which was distinctive and embarrassing) and posting it on Facebook. In addition, photos of nurses having a food fight at the same hospital caused an uproar because the incident took place after a heavily publicized report that linked patient deaths to staff shortages and poor nursing care;
- February 2010, Martin Memorial Medical Center in Stuart, Florida disciplined several emergency department (ED) employees for taking cell phone pictures of a shark attack victim who later died. The pictures were never posted, but the hospital was concerned about HIPAA violations. The investigation concluded that the actions were inappropriate and poor judgment was exercised;

(continued on p. 6)
April 2010, the ED staff at St. Mary Medical Center in Long Beach, California snapped pictures of a 60-year-old nursing home patient who arrived in the ED after being stabbed more than a dozen times by a fellow resident, his throat slashed so savagely that he was almost decapitated. The pictures were posted on Facebook. The patient died, and the allegations are that the staff was more focused on the photo op than on treatment.

As a result, the American Medical Association issued national guidelines for social media use in November 2010. While the guidelines are directed toward physicians, the same principles clearly apply to all providers. Below are recommendations to consider when building or maintaining a presence online:

- Refrain from posting any kind of identifiable patient information online. This is much broader than names and social security numbers. Images such as photographs taken from cell phones, radiology studies with descriptive references, and other case study materials have all been found to be a breach of patient confidentiality;
- Use privacy settings to safeguard personal information to the extent possible, but understand that privacy settings are not absolute, and once information makes it to the internet—it is likely there permanently;
- Routinely monitor your own internet presence to ensure that personal and professional information as well as content posted by others is accurate and appropriate;
- Separate personal and professional content online. As a general rule, do not accept "friend" requests from patients, especially if your only relationship with them is as a patient;
- Recognize that online content and activity can negatively affect your reputation among patients and colleagues and may have consequences for your medical career.

Finally, never blog about any legal action in which you may be involved. As tempting as it may be to vent to the masses under an assumed name, it is quite possible that the plaintiff, their attorney and/or staff visit the same sites and will read your blogs—only to bring those into your case to use against you. I'm not making this up—it has actually happened, and the blogs were brought into the courtroom and read to the jury. The case was immediately settled as a result.

Sometimes, it's a small world after all.

This update is for information purposes only and does not constitute legal advice. EPMG recommends consultation with appropriate legal counsel should you require specific legal advice.
Sample Policy for Personal Student Use of Social Networking Sites

The (name of facility) program recognizes that social networking websites and applications, including but not limited to Facebook, MySpace, Twitter and blogs, are an important and timely means of communication. Because you are in the process of assuming a professional identity as an occupational therapist, you must recognize that you will be held to a higher standard of personal conduct than members of the general public. In addition, because of the public nature of social networking, special care needs to be taken to prevent inappropriate information from being posted. The following guidelines will inform you as you use social networking sites while you are a student in the occupational therapy doctorate program. It is your responsibility to be aware of these guidelines and follow them.

Students are reminded that they should have no expectation of privacy on social networking sites. Students must also be aware that posting certain information is illegal. Violation may result in immediate removal from a fieldwork site and may expose the offender to criminal and civil liability.

The following actions are strictly forbidden:

- In your role as fieldwork student, you may not present the personal health information of other individuals. Removal of an individual’s name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, type of treatment or posting of patient stories and/or pictures (such as a before/after photograph of a patient having surgery, a photograph of a patient engaging in occupation, or a photograph of the contents of a patient’s room) may still allow the reader to recognize the identity of a specific individual.
- In posting information on social networking sites, you may not present yourself as an official representative or spokesperson for (name of facility) occupational therapy program.
- You may not represent yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent the forbidden actions above.

When using social networking websites/applications, students are strongly encouraged to use a personal e-mail address, rather than their (name of facility) email address, as their primary means of identification. Individuals also should make every effort to present themselves in a mature, responsible, and professional manner. Social networking discussions should always be civil and respectful.
The Occupational Therapy Practice Framework: Domain and Process, 3rd edition (hereinafter referred to as “the Framework”), is an official document of the American Occupational Therapy Association (AOTA). Intended for occupational therapy practitioners and students, other health care professionals, educators, researchers, payers, and consumers, the Framework presents a summary of interrelated constructs that describe occupational therapy practice.

Definitions

Within the Framework, occupational therapy is defined as the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community, and other settings. Occupational therapy practitioners use their knowledge of the transactional relationship among the person, his or her engagement in valuable occupations, and the context to design occupation-based intervention plans that facilitate change or growth in client factors (body functions, body structures, values, beliefs, and spirituality) and skills (motor, process, and social interaction) needed for successful participation. Occupational therapy practitioners are concerned with the end result of participation and thus enable engagement through adaptations and modifications to the environment or objects within the environment when needed. Occupational therapy services are provided for habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non–disability-related needs. These services include acquisition and preservation of occupational identity for those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. (adapted from AOTA, 2011; see Appendix A for additional definitions in a glossary)

When the term occupational therapy practitioner is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2006). Occupational therapists are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process. Occupational therapy assistants deliver occupational therapy services under the supervision of and in partnership with an occupational therapist (AOTA, 2009). Additional information about the preparation and qualifications of occupational therapists and occupational therapy assistants can be found in Appendix B.
Evolution of This Document

The Framework was originally developed to articulate occupational therapy’s distinct perspective and contribution to promoting the health and participation of persons, groups, and populations through engagement in occupation. The first edition of the Framework emerged from an examination of documents related to the Occupational Therapy Product Output Reporting System and Uniform Terminology for Reporting Occupational Therapy Services (AOTA, 1979). Originally a document that responded to a federal requirement to develop a uniform reporting system, the text gradually shifted to describing and outlining the domains of concern of occupational therapy.

The second edition of Uniform Terminology for Occupational Therapy (AOTA, 1989) was adopted by the AOTA Representative Assembly (RA) and published in 1989. The document focused on delineating and defining only the occupational performance areas and occupational performance components that are addressed in occupational therapy direct services. The third and final revision of Uniform Terminology for Occupational Therapy (AOTA, 1994) was adopted by the RA in 1994 and was “expanded to reflect current practice and to incorporate contextual aspects of performance” (p. 1047). Each revision reflected changes in practice and provided consistent terminology for use by the profession.

In Fall 1998, the AOTA Commission on Practice (COP) embarked on the journey that culminated in the Occupational Therapy Practice Framework: Domain and Process (AOTA, 2002b). At that time, AOTA also published The Guide to Occupational Therapy Practice (Moyers, 1999), which outlined contemporary practice for the profession. Using this document and the feedback received during the review process for the third edition of Uniform Terminology for Occupational Therapy, the COP proceeded to develop a document that more fully articulated occupational therapy.

The Framework is an ever-evolving document. As an official AOTA document, it is reviewed on a 5-year cycle for usefulness and the potential need for further refinements or changes. During the review period, the COP collects feedback from members, scholars, authors, practitioners, and other stakeholders. The revision process ensures that the Framework maintains its integrity while responding to internal and external influences that should be reflected in emerging concepts and advances in occupational therapy.

The Framework was first revised and approved by the RA in 2008. Changes to the document included refinement of the writing and the addition of emerging concepts and changes in occupational therapy. The rationale for specific changes can be found in Table 11 of the second edition of the Framework (AOTA, 2008, pp. 665–667).

In 2012, the process of review and revision of the Framework was initiated again. Following member review and feedback, several modifications were made to improve flow, usability, and parallelism of concepts within the document. The following major revisions were made and approved by the RA in the Fall 2013 meeting:

- The overarching statement describing occupational therapy’s domain is now stated as “achieving health, well-being, and participation in life through engagement in occupation” to encompass both domain and process.
- Clients are now defined as persons, groups, and populations.
- The relationship of occupational therapy to organizations has been further defined.
- Activity demands has been removed from the domain and placed in the overview of the process to augment the discussion of the occupational therapy practitioner’s basic skill of activity analysis.
- Areas of occupation are now called occupations.
- Performance skills have been redefined, and Table 3 has been revised accordingly.
- The following changes have been made to the interventions table (Table 6):
  - Consultation has been removed and has been infused throughout the document as a method of service delivery.
  - Additional intervention methods used in practice have been added, and a clearer distinction is made among the interventions of occupations, activities, and preparatory methods and tasks.
  - Self-advocacy and group interventions have been added.
  - Therapeutic use of self has been moved to the process overview to ensure the understanding that use of the self as a therapeutic agent is integral to the practice of occupational therapy and is used in all interactions with all clients.
- Several additional, yet minor, changes have been made, including the creation of a preface, reorganization for flow of content, and modifications to several definitions. These changes reflect feedback received from AOTA members, educators, and other stakeholders.
Vision for This Work
Although this revision of the Framework represents the latest in the profession’s efforts to clearly articulate the occupational therapy domain and process, it builds on a set of values that the profession has held since its founding in 1917. This founding vision had at its center a profound belief in the value of therapeutic occupations as a way to remediate illness and maintain health (Slagle, 1924). The founders emphasized the importance of establishing a therapeutic relationship with each client and designing a treatment plan based on knowledge about the client’s environment, values, goals, and desires (Meyer, 1922). They advocated for scientific practice based on systematic observation and treatment (Dunton, 1934). Paraphrased using today’s lexicon, the founders proposed a vision that was occupation based, client centered, contextual, and evidence based—the vision articulated in the Framework.

INTRODUCTION
The purpose of a framework is to provide a structure or base on which to build a system or a concept (American Heritage Dictionary of the English Language, 2003). The Occupational Therapy Practice Framework: Domain and Process describes the central concepts that ground occupational therapy practice and builds a common understanding of the basic tenets and vision of the profession. The Framework does not serve as a taxonomy, theory, or model of occupational therapy.

By design, the Framework must be used to guide occupational therapy practice in conjunction with the knowledge and evidence relevant to occupation and occupational therapy within the identified areas of practice and with the appropriate clients. Embedded in this document is the profession’s core belief in the positive relationship between occupation and health and its view of people as occupational beings. Occupational therapy practice emphasizes the occupational nature of humans and the importance of occupational identity (Unruh, 2004) to healthful, productive, and satisfying living. As Hooper and Wood (2014) stated:

A core philosophical assumption of the profession, therefore, is that by virtue of our biological endowment, people of all ages and abilities require occupation to grow and thrive; in pursuing occupation, humans express the totality of their being, a mind–body–spirit union. Because human existence could not otherwise be, humankind is, in essence, occupational by nature. (p. 38)

The clients of occupational therapy are typically classified as persons (including those involved in care of a client), groups (collectives of individuals, e.g., families, workers, students, communities), and populations (collectives of groups of individuals living in a similar locale—e.g., city, state, or country—or sharing the same or like characteristics or concerns). Services are provided directly to clients using a collaborative approach or indirectly on behalf of clients through advocacy or consultation processes.

Organization- or systems-level practice is a valid and important part of occupational therapy for several reasons. First, organizations serve as a mechanism through which occupational therapy practitioners provide interventions to support participation of those who are members of or served by the organization (e.g., falls prevention programming in a skilled nursing facility, ergonomic changes to an assembly line to reduce cumulative trauma disorders). Second, organizations support occupational therapy practice and occupational therapy practitioners as stakeholders in carrying out the mission of the organization. It is the fiduciary responsibility of practitioners to ensure that services provided to organizational stakeholders (e.g., third-party payers, employers) are of high quality and delivered in an efficient and efficacious manner. Finally, organizations employ occupational therapy practitioners in roles in which they use their knowledge of occupation and the profession of occupational therapy indirectly. For example, practitioners can serve in positions such as dean, administrator, and corporate leader; in these positions, practitioners support and enhance the organization but do not provide client care in the traditional sense.

The Framework is divided into two major sections: (1) the domain, which outlines the profession’s purview and the areas in which its members have an established body of knowledge and expertise, and (2) the process, which describes the actions practitioners take when providing services that are client centered and focused on engagement in occupations. The profession’s understanding of the domain and process of occupational therapy guides practitioners as they seek to support clients’ participation in daily living that results from the dynamic intersection of clients, their desired engagements, and the context and environment (Christiansen...
Although the domain and process are described separately, in actuality they are linked inextricably in a transactional relationship. The aspects that constitute the domain and those that constitute the process exist in constant interaction with one another during the delivery of occupational therapy services. In other words, it is through simultaneous attention to the client's body functions and structures, skills, roles, habits, routines, and context—combined with a focus on the client as an occupational being and the practitioner's knowledge of the health- and performance-enhancing effects of occupational engagements—that outcomes such as occupational performance, role competence, and participation in daily life are produced.

**Achieving health, well-being, and participation in life through engagement in occupation** is the overarching statement that describes the domain and process of occupational therapy in its fullest sense. This statement acknowledges the profession's belief that active engagement in occupation promotes, facilitates, supports, and maintains health and participation. These interrelated concepts include:

- **Health**—“a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity” (World Health Organization [WHO], 2006, p. 1).
- **Well-being**—“a general term encompassing the total universe of human life domains, including physical, mental, and social aspects” (WHO, 2006, p. 211).
- **Participation**—“involvement in a life situation” (WHO, 2001, p. 10). Participation naturally occurs when clients are actively involved in carrying out occupations or daily life activities they find purposeful and meaningful. More specific outcomes of occupational therapy intervention are multidimensional and support the end result of participation.

- **Engagement in occupation**—performance of occupations as the result of choice, motivation, and meaning within a supportive context and environment. Engagement includes objective and subjective aspects of clients' experiences and involves the transactional interaction of the mind, body, and spirit. Occupational therapy intervention focuses on creating or facilitating opportunities to engage in occupations that lead to participation in desired life situations (AOTA, 2008).

### Domain

Exhibit 1 identifies the aspects of the domain, and Figure 1 illustrates the dynamic interrelatedness among them. All aspects of the domain, including occupations, client factors, performance skills, performance patterns, and context and environment, are of equal value, and together they interact to affect the client's occupational identity, health, well-being, and participation in life.

Occupational therapists are skilled in evaluating all aspects of the domain, their interrelationships, and the client within his or her contexts and environments. In addition, occupational therapy practitioners recognize the importance and impact of the mind–body–spirit connection as the client participates in daily life. Knowledge of the transactional relationship and the significance of meaningful and productive occupations form the basis for the use of occupations as both the means and the ends of interventions (Trombly, 1995). This knowledge sets occupational therapy apart as a distinct and valuable service (Hildenbrand & Lamb, 2013) for which a focus on the whole is considered stronger than a focus on isolated aspects of human function.

### Exhibit 1. Aspects of the domain of occupational therapy

<table>
<thead>
<tr>
<th>OCCUPATIONS</th>
<th>CLIENT FACTORS</th>
<th>PERFORMANCE SKILLS</th>
<th>PERFORMANCE PATTERNS</th>
<th>CONTEXTS AND ENVIRONMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities of daily living</td>
<td>Values, beliefs, and spirituality</td>
<td>Motor skills</td>
<td>Habits</td>
<td>Cultural</td>
</tr>
<tr>
<td>(ADLs)*</td>
<td>Body functions</td>
<td>Process skills</td>
<td>Routines</td>
<td>Personal</td>
</tr>
<tr>
<td>Instrumental activities</td>
<td>Body structures</td>
<td>Social interaction skills</td>
<td>Rituals</td>
<td>Physical</td>
</tr>
<tr>
<td>of daily living (IADLs)</td>
<td></td>
<td></td>
<td>Roles</td>
<td>Social</td>
</tr>
<tr>
<td>Rest and sleep</td>
<td></td>
<td></td>
<td></td>
<td>Temporal</td>
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<tr>
<td>Education</td>
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<td>Virtual</td>
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<td>Work</td>
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<tr>
<td>Play</td>
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<tr>
<td>Leisure</td>
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<tr>
<td>Social participation</td>
<td></td>
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</tr>
</tbody>
</table>

*Also referred to as basic activities of daily living (BADLs) or personal activities of daily living (PADLs).
The discussion that follows provides a brief explanation of each aspect of the domain. Tables included at the end of the document provide full descriptions and definitions of terms.

**Occupations**

Occupations are central to a client's (person's, group's, or population's) identity and sense of competence and have particular meaning and value to that client. Several definitions of occupation are described in the literature and can add to an understanding of this core concept:

- “Goal-directed pursuits that typically extend over time, have meaning to the performance, and involve multiple tasks” (Christiansen et al., 2005, p. 548).
- “The things that people do that occupy their time and attention; meaningful, purposeful activity; the personal activities that individuals choose or need to engage in and the ways in which each individual actually experiences them” (Boyt Schell, Gillen, & Scaffa, 2014a, p. 1237).
- “When a person engages in purposeful activities out of personal choice and they are valued, these clusters of purposeful activities form occupations (Hinojosa, Kramer, Royeen, & Luebben, 2003). Thus, occupations are unique to each individual and provide personal satisfaction and fulfillment as a result of engaging in them (AOTA, 2002b; Pierce, 2001)” (Hinojosa & Blount, 2009, pp. 1–2).
- “In occupational therapy, occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do” (World Federation of Occupational Therapists, 2012).
- “Activities . . . of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves . . . enjoying life . . . and contributing to the social and economic fabric of their communities” (Law, Polatajko, Baptiste, & Townsend, 1997, p. 32).
- “A dynamic relationship among an occupational form, a person with a unique developmental structure, subjective meanings and purpose, and the

• “Occupation is used to mean all the things people want, need, or have to do, whether of physical, mental, social, sexual, political, or spiritual nature and is inclusive of sleep and rest. It refers to all aspects of actual human doing, being, becoming, and belonging. The practical, everyday medium of self-expression or of making or experiencing meaning, occupation is the activist element of human existence whether occupations are contemplative, reflective, and meditative or action based” (Wilcock & Townsend, 2014, p. 542).

The term occupation, as it is used in the Framework, refers to the daily life activities in which people engage. Occupations occur in context and are influenced by the interplay among client factors, performance skills, and performance patterns. Occupations occur over time; have purpose, meaning, and perceived utility to the client; and can be observed by others (e.g., preparing a meal) or be known only to the person involved (e.g., learning through reading a textbook). Occupations can involve the execution of multiple activities for completion and can result in various outcomes. The Framework identifies a broad range of occupations categorized as activities of daily living (ADLs), instrumental activities of daily living (IADLs), rest and sleep, education, work, play, leisure, and social participation (Table 1).

When occupational therapy practitioners work with clients, they identify the many types of occupations clients engage in while alone or with others. Differences among persons and the occupations they engage in are complex and multidimensional. The client’s perspective on how an occupation is categorized varies depending on that client’s needs and interests as well as the context. For example, one person may perceive doing laundry as work, whereas another may consider it an IADL. One group may engage in a quiz game and view their participation as play, but another group may engage in the same quiz game and view it as education.

The ways in which clients prioritize engagement in selected occupations may vary at different times. For example, clients in a community psychiatric rehabilitation setting may prioritize registering to vote during an election season and food preparation during holidays. The unique features of occupations are noted and analyzed by occupational therapy practitioners, who consider all components of the engagement and use them effectively as both a therapeutic tool and a way to achieve the targeted outcomes of intervention.

The extent to which a person is involved in a particular occupational engagement is also important. Occupations can contribute to a well-balanced and fully functional lifestyle or to a lifestyle that is out of balance and characterized by occupational dysfunction. For example, excessive work without sufficient regard for other aspects of life, such as sleep or relationships, places clients at risk for health problems (Hakansson, Dahlin-Ivanoff, & Sonn, 2006).

Sometimes occupational therapy practitioners use the terms occupation and activity interchangeably to describe participation in daily life pursuits. Some scholars have proposed that the two terms are different (Christiansen & Townsend, 2010; Pierce, 2001; Reed, 2005). In the Framework, the term occupation denotes life engagements that are constructed of multiple activities. Both occupations and activities are used as interventions by practitioners. Participation in occupations is considered the end result of interventions, and practitioners use occupations during the intervention process as the means to the end.

Occupations often are shared and done with others. Those that implicitly involve two or more individuals may be termed co-occupations (Zemke & Clark, 1996). Caregiving is a co-occupation that involves active participation on the part of both the caregiver and the recipient of care. For example, the co-occupations required during parenting, such as the socially interactive routines of eating, feeding, and comforting, may involve the parent, a partner, the child, and significant others (Olson, 2004); the activities inherent in this social interaction are reciprocal, interactive, and nested co-occupations (Dunlea, 1996; Esdaile & Olson, 2004). Consideration of co-occupations supports an integrated view of the client’s engagement in context in relationship to significant others.

Occupational participation occurs individually or with others. It is important to acknowledge that clients can be independent in living regardless of the amount of assistance they receive while completing activities. Clients may be considered independent when they perform or direct the actions necessary to participate, regardless of the amount or kind of assistance required, if they are satisfied with their performance. In contrast with definitions of independence that imply a level of physical interaction with the environment or objects within the environment, occupational therapy practitioners consider clients to be independent whether they perform the component activities by themselves, perform the occupation in an adapted or modified environment, use various devices or alternative strategies, or oversee activity completion by others (AOTA, 2002a). For example, people with a spinal cord injury who direct a personal care assistant to assist them with their ADLs are demonstrating independence in this essential aspect of their lives.
Occupational therapy practitioners recognize that health is supported and maintained when clients are able to engage in home, school, workplace, and community life. Thus, practitioners are concerned not only with occupations but also with the variety of factors that empower and make possible clients’ engagement and participation in positive health-promoting occupations (Wilcock & Townsend, 2014).

**Client Factors**

Client factors are specific capacities, characteristics, or beliefs that reside within the person and that influence performance in occupations (Table 2). Client factors are affected by the presence or absence of illness, disease, deprivation, disability, and life experiences. Although client factors are not to be confused with performance skills, client factors can affect performance skills. Thus, client factors may need to be present in whole or in part for a person to complete an action (skill) used in the execution of an occupation. In addition, client factors are affected by performance skills, performance patterns, contexts and environments, and performance and participation in activities and occupations. It is through this cyclical relationship that preparatory methods, activities, and occupations can be used to affect client factors and vice versa.

Values, beliefs, and spirituality influence a person’s motivation to engage in occupations and give his or her life meaning. Values are principles, standards, or qualities considered worthwhile by the client who holds them. Beliefs are cognitive content held as true (Moyers & Dale, 2007). Spirituality is “the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred” (Puchalski et al., 2009, p. 887).

**Body functions and body structures** refer to the “physiological function of body systems (including psychological functions) and anatomical parts of the body such as organs, limbs, and their components,” respectively (WHO, 2001, p. 10). Examples of body functions include sensory, musculoskeletal, mental (affective, cognitive, perceptual), cardiovascular, respiratory, and endocrine functions. Examples of body structures include the heart and blood vessels that support cardiovascular function (for additional examples, see Table 2). Body structures and body functions are interrelated, and occupational therapy practitioners must consider them when seeking to promote clients’ ability to engage in desired occupations.

Moreover, occupational therapy practitioners understand that, despite their importance, the presence, absence, or limitation of specific body functions and body structures does not necessarily ensure a client’s success or difficulty with daily life occupations. Occupational performance and various types of client factors may benefit from supports in the physical or social environment that enhance or allow participation. It is through the process of observing clients engaging in occupations and activities that occupational therapy practitioners are able to determine the transaction between client factors and performance and to then create adaptations and modifications and select activities that best promote enhanced participation.

Client factors can also be understood as pertaining to individuals at the group and population level. Although client factors may be described differently when applied to a group or population, the underlying tenets do not change substantively.

**Performance Skills**

Various approaches have been used to describe and categorize performance skills. The occupational therapy literature from research and practice offers multiple perspectives on the complexity and types of skills used during performance.

**Performance skills** are goal-directed actions that are observable as small units of engagement in daily life occupations. They are learned and developed over time and are situated in specific contexts and environments (Fisher & Griswold, 2014). Fisher and Griswold (2014) categorized performance skills as motor skills, process skills, and social interaction skills (Table 3). Various body structures, as well as personal and environmental contexts, converge and emerge as occupational performance skills. In addition, body functions, such as mental, sensory, neuromuscular, and movement-related functions, are identified as the capacities that reside within the person and also converge with structures and environmental contexts to emerge as performance skills. This description is consistent with WHO’s (2001) _International Classification of Functioning, Disability and Health_.

Performance skills are the client’s demonstrated abilities. For example, praxis capacities, such as imitating, sequencing, and constructing, affect a client’s motor performance skills. Cognitive capacities, such as perception, affect a client’s process performance skills and ability to organize actions in a timely and safe manner. Emotional regulation capacities can affect a client’s ability to effectively respond to the demands of occupation with a range of emotions. It is important to remember that many body functions underlie each performance skill.
Performance skills are also closely linked and are used in combination with one another as a client engages in an occupation. A change in one performance skill can affect other performance skills. Occupational therapy practitioners observe and analyze performance skills to understand the transactions among client factors, context and environment, and activity or occupational demands, which support or hinder performance skills and occupational performance (Chisholm & Boyt Schell, 2014; Hagedorn, 2000).

In practice and in some literature, underlying body functions are labeled as performance skills and are seen in various combinations such as perceptual–motor skills and social–emotional skills. Although practitioners may focus on underlying capacities such as cognition, body structures, and emotional regulation, the Framework defines performance skills as those that are observable and that are key aspects of successful occupational participation. Table 3 provides definitions of the various skills in each category.

Resources informing occupational therapy practice related to performance skills include Fisher (2006); Polatajko, Mandich, and Martini (2000); and Fisher and Griswold (2014). Detailed information about the ways performance skills are used in occupational therapy practice may be found in the literature on specific theories and models such as the Model of Human Occupation (Kielhofner, 2008), the Cognitive Orientation to Daily Occupational Performance (Polatajko & Mandich, 2004), the Occupational Therapy Intervention Process Model (Fisher, 2009), sensory integration theory (Ayres, 1972, 2005), and motor learning and motor control theory (Shumway-Cook & Woollacott, 2007).

Performance Patterns

Performance patterns are the habits, routines, roles, and rituals used in the process of engaging in occupations or activities that can support or hinder occupational performance. Habits refer to specific, automatic behaviors; they may be useful, dominating, or impoverished (Boyt Schell, Gillen, & Scaffa, 2014b; Clark, 2000; Dunn, 2000). Routines are established sequences of occupations or activities that provide a structure for daily life; routines also can promote or damage health (Fiese, 2007; Koome, Hocking, & Sutton, 2012; Segal, 2004).

Roles are sets of behaviors expected by society and shaped by culture and context; they may be further conceptualized and defined by a client (person, group, or population). Roles can provide guidance in selecting occupations or can be used to identify activities connected with certain occupations in which a client engages.

When considering roles, occupational therapy practitioners are concerned with how clients construct their occupations to fulfill their perceived roles and identity and whether their roles reinforce their values and beliefs. Some roles lead to stereotyping and restricted engagement patterns. Jackson (1998a, 1998b) cautioned that describing people by their roles can be limiting and can promote segmented rather than enfolded occupations.

Rituals are symbolic actions with spiritual, cultural, or social meaning. Rituals contribute to a client’s identity and reinforce the client’s values and beliefs (Fiese, 2007; Segal, 2004).

Performance patterns develop over time and are influenced by all other aspects of the occupational therapy domain. Practitioners who consider clients’ performance patterns are better able to understand the frequency and manner in which performance skills and occupations are integrated into clients’ lives. Although clients may have the ability to engage in skilled performance, if they do not embed essential skills in a productive set of engagement patterns, their health, well-being, and participation may be negatively affected. For example, a client who has the skills and resources to engage in appropriate grooming, bathing, and meal preparation but does not embed them into a consistent routine may struggle with poor nutrition and social isolation. Table 4 provides examples of performance patterns for persons and groups or populations.

Context and Environment

Engagement and participation in occupation take place within the social and physical environment situated within context. In the literature, the terms environment and context often are used interchangeably. In the Framework, both terms are used to reflect the importance of considering the wide array of interrelated variables that influence performance. Understanding the environments and contexts in which occupations can and do occur provides practitioners with insights into their overarching, underlying, and embedded influences on engagement.

The physical environment refers to the natural (e.g., geographic terrain, plants) and built (e.g., buildings, furniture) surroundings in which daily life occupations occur. Physical environments can either support or present barriers to participation in meaningful occupations. Examples of barriers include doorway widths that do not allow for wheelchair passage or absence of healthy social opportunities for people abstaining from alcohol use. Conversely, environments can provide supports and resources for service delivery
(e.g., community, health care facility, home). The social environment consists of the presence of relationships with, and expectations of persons, groups, and populations with whom clients have contact (e.g., availability and expectations of significant individuals, such as spouse, friends, and caregivers).

The term context refers to elements within and surrounding a client that are often less tangible than physical and social environments but nonetheless exert a strong influence on performance. Contexts, as described in the Framework, are cultural, personal, temporal, and virtual.

The cultural context includes customs, beliefs, activity patterns, behavioral standards, and expectations accepted by the society of which a client is a member. The cultural context influences the client’s identity and activity choices, and practitioners must be aware, for example, of norms related to eating or deference to medical professionals when working with someone from another culture and of socioeconomic status when providing a discharge plan for a young child and family. Personal context refers to demographic features of the individual, such as age, gender, socioeconomic status, and educational level, that are not part of a health condition (WHO, 2001). Temporal context includes stage of life, time of day or year, duration or rhythm of activity, and history.

Finally, virtual context refers to interactions that occur in simulated, real-time, or near-time situations absent of physical contact. The virtual context is becoming increasingly important for clients as well as occupational therapy practitioners and other health care providers. Clients may require access to and the ability to use technology such as cell or smartphones, computers or tablets, and videogame consoles to carry out their daily routines and occupations.

Contexts and environments affect a client’s access to occupations and influence the quality of and satisfaction with performance. A client who has difficulty performing effectively in one environment or context may be successful when the environment or context is changed. The context within which the engagement in occupations occurs is specific for each client. Some contexts are external to clients (e.g., virtual), some are internal to clients (e.g., personal), and some have both external features and internalized beliefs and values (e.g., cultural).

Occupational therapy practitioners recognize that for clients to truly achieve an existence of full participation, meaning, and purpose, clients must not only function but also engage comfortably with their world, which consists of a unique combination of contexts and environments (Table 5).

Interwoven throughout all contexts and environments is the concept of occupational justice, defined as “a justice that recognizes occupational rights to inclusive participation in everyday occupations for all persons in society, regardless of age, ability, gender, social class, or other differences” (Nilsson & Townsend, 2010, p. 58). Occupational justice describes the concern that occupational therapy practitioners have with the ethical, moral, and civic aspects of clients’ environments and contexts. As part of the occupational therapy domain, practitioners consider how these aspects can affect the implementation of occupational therapy and the target outcome of participation.

Several environments and contexts can present occupational justice issues. For example, an alternative school placement for children with psychiatric disabilities could provide academic support and counseling but limit opportunity for participation in sports, music programs, and organized social activities. A residential facility could offer safety and medical support but provide little opportunity for engagement in the role-related activities that were once a source of meaning for residents. Poor communities that lack accessibility and resources make participation especially difficult and dangerous for people with disabilities. Occupational therapy practitioners may recognize areas of occupational injustice and work to support policies, actions, and laws that allow people to engage in occupations that provide purpose and meaning in their lives.

By understanding and addressing the specific justice issues within a client’s discharge environment, occupational therapy practitioners promote therapy outcomes that address empowerment and self-advocacy. Occupational therapy’s focus on engagement in occupations and occupational justice complements WHO’s (2001) perspective on health. In an effort to broaden the understanding of the effects of disease and disability on health, WHO recognized that health can be affected by the inability to carry out activities and participate in life situations caused both by environmental barriers and by problems that exist in body structures and body functions. The Framework identifies occupational justice as both an aspect of contexts and environments and an outcome of intervention.

Process

This section operationalizes the process undertaken by occupational therapy practitioners when providing services to clients. Exhibit 2 identifies the aspects of the process, and Figure 2 illustrates the dynamic interrelatedness among them. The occupational therapy process is
the client-centered delivery of occupational therapy services. The process includes evaluation and intervention to achieve targeted outcomes, occurs within the purview of the occupational therapy domain, and is facilitated by the distinct perspective of occupational therapy practitioners when engaging in clinical reasoning, analyzing activities and occupations, and collaborating with clients. This section is organized into four broad areas: (1) an overview of the process as it is applied within the profession’s domain, (2) the evaluation process, (3) the intervention process, and (4) the process of targeting outcomes.

### Overview of the Occupational Therapy Process

Many professions use a similar process of evaluating, intervening, and targeting intervention outcomes. However,
only occupational therapy practitioners focus on the use of occupations to promote health, well-being, and participation in life. Occupational therapy practitioners use therapeutically selected occupations and activities as primary methods of intervention throughout the process (Table 6).

To help clients achieve desired outcomes, occupational therapy practitioners facilitate interactions among the client, his or her environments and contexts, and the occupations in which he or she engages. This perspective is based on the theories, knowledge, and skills generated and used by the profession and informed by available evidence (Clark et al., 2012; Davidson, Shahar, Lawless, Sells, & Tondora, 2006; Glass, de Leon, Marottoli, & Berkman, 1999; Jackson, Carlson, Mandel, Zemke, & Clark, 1998; Sandqvist, Akeson, & Eklund, 2005).

Analyzing occupational performance requires an understanding of the complex and dynamic interaction among client factors, performance skills, performance patterns, and contexts and environments, along with the activity demands of the occupation being performed. Occupational therapy practitioners attend to each aspect and gauge the influence of each on the others, individually and collectively. By understanding how these aspects influence each other, practitioners can better evaluate how each aspect contributes to clients’ performance-related concerns and potentially contributes to interventions that support occupational performance.

For ease of explanation, the Framework describes the occupational therapy process as being linear. In reality, the process does not occur in a sequenced, step-by-step fashion. Rather, it is fluid and dynamic, allowing occupational therapy practitioners and clients to maintain their focus on the identified outcomes while continually reflecting on and changing the overall plan to accommodate new developments and insights along the way.

The broader definition of client included in this document is indicative of the profession’s increasing involvement in providing services not only to a person but also to groups and populations. When working with a group or population, occupational therapy practitioners consider the collective occupational performance abilities of the members. Whether the client is a person, group, or population, information about the client’s wants, needs, strengths, limitations, and occupational risks is gathered, synthesized, and framed from an occupational perspective.

Service Delivery Models

Occupational therapy practitioners provide services to clients directly, in settings such as hospitals, clinics, industry, schools, homes, and communities, and indirectly on behalf of clients through consultation. Direct services include interventions completed when in direct contact with the individual or group of clients. These interventions are completed through various mechanisms such as meeting in person with a client, leading a group session, or interacting with clients and families through telehealth systems (AOTA, 2013c).

When providing services to clients indirectly on their behalf, practitioners provide consultation to entities such as teachers, multidisciplinary teams, and community planning agencies. Occupational therapy practitioners also provide consultation to community organizations such as park districts and civic organizations that may or may not include people with disabilities. In addition, practitioners consult with businesses regarding the work environment, ergonomic modifications, and compliance with the Americans With Disabilities Act of 1990 (Pub. L. 101–336).

Occupational therapy practitioners can indirectly affect the lives of clients through advocacy. Common examples of advocacy include talking to legislators about improving transportation for older adults or improving services for people with mental or physical disabilities to support their living and working in the community of their choice.

Regardless of the service delivery model, the individual client may not be the exclusive focus of the intervention. For example, the needs of an at-risk infant may be the initial impetus for intervention, but the concerns and priorities of the parents, extended family, and funding agencies are also considered. Occupational therapy practitioners understand and focus intervention to include the issues and concerns surrounding the complex dynamics among the client, caregiver, and family. Similarly, services addressing independent living skills for adults coping with serious and persistent mental illness may also address the needs and expectations of state and local services agencies and of potential employers.

Clinical Reasoning

Throughout the process, occupational therapy practitioners are continually engaged in clinical reasoning about a client’s occupational performance. Clinical reasoning enables practitioners to:

• Identify the multiple demands, required skills, and potential meanings of the activities and occupations and
• Gain a deeper understanding of the interrelationships between aspects of the domain that affect performance and that support client-centered interventions and outcomes.
Occupational therapy practitioners use theoretical principles and models, knowledge about the effects of conditions on participation, and available evidence of the effectiveness of intervention to guide their reasoning. Clinical reasoning ensures the accurate selection and application of evaluations, interventions, and client-centered outcome measures. Practitioners also apply their knowledge and skills to enhance clients’ participation in occupations and promote their health and well-being regardless of the effects of disease, disability, and occupational disruption or deprivation.

**Therapeutic Use of Self**

An integral part of the occupational therapy process is therapeutic use of self, which allows occupational therapy practitioners to develop and manage their therapeutic relationship with clients by using narrative and clinical reasoning; empathy; and a client-centered, collaborative approach to service delivery (Taylor & Van Puymbroeck, 2013). Empathy is the emotional exchange between occupational therapy practitioners and clients that allows more open communication, ensuring that practitioners connect with clients at an emotional level to assist them with their current life situation.

Occupational therapy practitioners use narrative and clinical reasoning to help clients make sense of the information they are receiving in the intervention process, to discover meaning, and to build hope (Peloquin, 2003; Taylor & Van Puymbroeck, 2013). Clients have identified the therapeutic relationship as critical to the outcome of occupational therapy intervention (Cole & McLean, 2003).

Occupational therapy practitioners develop a collaborative relationship with clients to understand their experiences and desires for intervention. The collaborative approach used throughout the process honors the contributions of clients along with practitioners. Through the use of interpersonal communication skills, occupational therapy practitioners shift the power of the relationship to allow clients more control in decision making and problem solving, which is essential to effective intervention.

Clients bring to the occupational therapy process their knowledge about their life experiences and their hopes and dreams for the future. They identify and share their needs and priorities. Occupational therapy practitioners bring their knowledge about how engagement in occupation affects health, well-being, and participation; they use this information, coupled with theoretical perspectives and clinical reasoning, to critically observe, analyze, describe, and interpret human performance. Practitioners and clients, together with caregivers, family members, community members, and other stakeholders (as appropriate), identify and prioritize the focus of the intervention plan.

**Activity Analysis**

Activity analysis is an important process occupational therapy practitioners use to understand the demands a specific activity places on a client:

**Activity analysis** addresses the typical demands of an activity, the range of skills involved in its performance, and the various cultural meanings that might be ascribed to it. . . . Occupation-based activity analysis places the person in the foreground. It takes into account the particular person’s interests, goals, abilities, and contexts, as well as the demands of the activity itself. These considerations shape the practitioner’s efforts to help the . . . person reach his/her goals through carefully designed evaluation and intervention. (Crepeau, 2003, pp. 192–193)

Occupational therapy practitioners analyze the demands of an activity or occupation to understand the specific body structures, body functions, performance skills, and performance patterns that are required and to determine the generic demands the activity or occupation makes on the client. Activity and occupational demands are the specific features of an activity and occupation that influence its meaning for the client and the type and amount of effort required to engage in it. Activity and occupational demands include the following (see Table 7 for definitions and examples):

- **The tools and resources needed to engage in the activity**—What specific objects are used in the activity? What are their properties, and what transportation, money, or other resources are needed to participate in the activity?
- **Where and with whom the activity takes place**—What are the physical space requirements of the activity, and what are the social interaction demands?
- **How the activity is accomplished**—What process is used in carrying out the activity, including the sequence and timing of the steps and necessary procedures and rules?
- **How the activity challenges the client’s capacities**—What actions, performance skills, body functions, and body structures are the individual, group, or population required to use during the performance of the activity?
- **The meaning the client derives from the activity**—What potential symbolic, unconscious, and metaphorical meanings does the individual attach to the activity (e.g., driving a car equates with independence, preparing a holiday meal connects with family tradition, voting is a rite of passage to adulthood)?
Activity and occupational demands are specific to each activity. A change in one feature of an activity may change the extent of the demand in another feature. For example, an increase in the number or sequence of steps in an activity increases the demand on attention skills.

**Evaluation Process**

The evaluation process is focused on finding out what a client wants and needs to do; determining what a client can do and has done; and identifying supports and barriers to health, well-being, and participation. Evaluation occurs during the initial and all subsequent interactions with a client. The type and focus of the evaluation differ depending on the practice setting.

The evaluation consists of the occupational profile and an analysis of occupational performance. The occupational profile includes information about the client’s needs, problems, and concerns about performance in occupations. The analysis of occupational performance focuses on collecting and interpreting information to more specifically identify supports and barriers related to occupational performance and identify targeted outcomes.

Although the Framework describes the components of the evaluation process separately and sequentially, the exact manner in which occupational therapists collect client information is influenced by client needs, practice settings, and therapists’ frames of reference or practice models. Information related to the occupational profile is gathered throughout the occupational therapy process.

**Occupational Profile**

The **occupational profile** is a summary of a client’s occupational history and experiences, patterns of daily living, interests, values, and needs. Developing the occupational profile provides the occupational therapy practitioner with an understanding of a client’s perspective and background.

Using a client-centered approach, the practitioner gathers information to understand what is currently important and meaningful to the client (i.e., what he or she wants and needs to do) and to identify past experiences and interests that may assist in the understanding of current issues and problems. During the process of collecting this information, the client, with the assistance of the occupational therapy practitioner, identifies priorities and desired targeted outcomes that will lead to the client’s engagement in occupations that support participation in life. Only clients can identify the occupations that give meaning to their lives and select the goals and priorities that are important to them. By valuing and respecting clients’ input, practitioners help foster their involvement and can more efficiently guide interventions.

Occupational therapy practitioners collect information for the occupational profile at the beginning of contact with clients to establish client-centered outcomes. Over time, practitioners collect additional information, refine the profile, and ensure that the additional information is reflected in changes subsequently made to targeted outcomes. The process of completing and refining the occupational profile varies by setting and client. The information gathered in the profile may be completed in one session or over a longer period while working with a client. For clients who are unable to participate in this process, their profiles may be compiled through interaction with family members or other significant people in their lives.

Obtaining information for the occupational profile through both formal interview techniques and casual conversation is a way to establish a therapeutic relationship with clients and their support network. The information obtained through the occupational profile leads to an individualized approach in the evaluation, intervention planning, and intervention implementation stages. Information is collected in the following areas:

- Why is the client seeking service, and what are the client’s current concerns relative to engaging in occupations and in daily life activities?
- In what occupations does the client feel successful, and what barriers are affecting his or her success?
- What aspects of his or her environments or contexts does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement?
- What is the client’s occupational history (i.e., life experiences)?
- What are the client’s values and interests?
- What are the client’s daily life roles?
- What are the client’s patterns of engagement in occupations, and how have they changed over time?
- What are the client’s priorities and desired targeted outcomes related to occupational performance, prevention, participation, role competence, health and wellness, quality of life, well-being, and occupational justice?

After collecting profile data, occupational therapists view the information and develop a working hypothesis regarding possible reasons for the identified problems and concerns. Reasons could include impairments in client factors, performance skills, and performance patterns or barriers within the context and environment. Therapists then work with clients to establish preliminary goals and outcome measures. In addition,
therapists note strengths and supports within all areas because these can inform the intervention plan and affect future outcomes.

**Analysis of Occupational Performance**

*Occupational performance* is the accomplishment of the selected occupation resulting from the dynamic transaction among the client, the context and environment, and the activity or occupation. In the *analysis of occupational performance*, the client’s assets and problems or potential problems are more specifically identified through assessment tools designed to observe, measure, and inquire about factors that support or hinder occupational performance. Targeted outcomes also are identified. The analysis of occupational performance involves one or more of the following activities:

- Synthesizing information from the occupational profile to focus on specific occupations and contexts that need to be addressed
- Observing a client’s performance during activities relevant to desired occupations, noting effectiveness of performance skills and performance patterns
- Selecting and using specific assessments to measure performance skills and performance patterns, as appropriate
- Selecting and administering assessments, as needed, to identify and measure more specifically the contexts or environments, activity demands, and client factors that influence performance skills and performance patterns
- Selecting and using specific assessments to measure performance skills and performance patterns
- Interpreting the assessment data to identify supports and hindrances to performance
- Developing and refining hypotheses about the client’s occupational performance strengths and limitations
- Creating goals in collaboration with the client that address the desired outcomes
- Determining procedures to measure the outcomes of intervention
- Delineating a potential intervention approach or approaches based on best practices and available evidence.

Multiple methods often are used during the evaluation process to assess client, environment or context, occupation or activity, and occupational performance. Methods may include an interview with the client and significant others, observation of performance and context, record review, and direct assessment of specific aspects of performance. Formal and informal, structured and unstructured, and standardized criterion- or norm-referenced assessment tools can be used. Standardized assessments are preferred, when available, to provide objective data about various aspects of the domain influencing engagement and performance. The use of valid and reliable assessments for obtaining trustworthy information can also help support and justify the need for occupational therapy services (Doucet & Gutman, 2013; Gutman, Mortera, Hinojosa, & Kramer, 2007).

Implicit in any outcome assessment used by occupational therapy practitioners are clients’ belief systems and underlying assumptions regarding their desired occupational performance. Occupational therapists select outcome assessments pertinent to clients’ needs and goals, congruent with the practitioner’s theoretical model of practice and based on knowledge of the psychometric properties of standardized measures or the rationale and protocols of nonstandardized yet structured measures and the available evidence. In addition, clients’ perception of success in engaging in desired occupations is vital to any outcomes assessment (Bandura, 1986).

**Intervention Process**

The intervention process consists of the skilled services provided by occupational therapy practitioners in collaboration with clients to facilitate engagement in occupation related to health, well-being, and participation. Practitioners use the information about clients gathered during the evaluation and theoretical principles to direct occupation-centered interventions. Intervention is then provided to assist clients in reaching a state of physical, mental, and social well-being; identifying and realizing aspirations; satisfying needs; and changing or coping with the environment. Types of occupational therapy interventions are discussed in Table 6.

Intervention is intended to promote health, well-being, and participation. *Health promotion* is “the process of enabling people to increase control over, and to improve, their health” (WHO, 1986). Wilcock (2006) stated,

> Following an occupation-focused health promotion approach to well-being embraces a belief that the potential range of what people can do, be, and strive to become is the primary concern, and that health is a by-product. A varied and full occupational lifestyle will coincidentally maintain and improve health and well-being if it enables people to be creative and adventurous physically, mentally, and socially. (p. 315)

Interventions vary depending on the client—person, group, or population—and the context of service deliv-
Intervention Implementation

Intervention implementation is the process of putting the intervention plan into action. Interventions may focus on a single aspect of the domain, such as a specific occupation, or on several aspects of the domain, such as context and environment, performance patterns, and performance skills.

Given that aspects of the domain are interrelated and influence one another in a continuous, dynamic process, occupational therapy practitioners expect that a client’s ability to adapt, change, and develop in one area will affect other areas. Because of this dynamic interrelationship, evaluation and intervention planning continue throughout the implementation process.

Intervention implementation includes the following steps:

1. Determining and carrying out the occupational therapy intervention or interventions to be used (see Table 6), which may include the following:
   • Therapeutic use of occupations and activities
   • Preparatory methods (e.g., splinting, assistive technology, wheeled mobility) and preparatory tasks
   • Education and training
   • Advocacy (e.g., advocacy, self-advocacy)
   • Group interventions.

2. Monitoring a client’s response to specific interventions on the basis of ongoing evaluation and reevaluation of his or her progress toward goals.
**Intervention Review**

**Intervention review** is the continuous process of reevaluating and reviewing the intervention plan, the effectiveness of its delivery, and progress toward outcomes. As during intervention planning, this process includes collaboration with the client on the basis of identified goals and progress toward the associated outcomes. Reevaluation and review may lead to change in the intervention plan.

The intervention review includes the following steps:
1. Reevaluating the plan and how it is implemented relative to achieving outcomes
2. Modifying the plan as needed
3. Determining the need for continuation or discontinuation of occupational therapy services and for referral to other services.

**Targeting of Outcomes**

**Outcomes** are the end result of the occupational therapy process; they describe what clients can achieve through occupational therapy intervention. The benefits of occupational therapy are multifaceted and may occur in all aspects of the domain of concern. Outcomes are directly related to the interventions provided and to the occupations, client factors, performance skills, performance patterns, and contexts and environments targeted. Outcomes may also be traced to the improved transactional relationship among the areas of the domain that result in clients’ ability to engage in desired occupations secondary to improved abilities at the client factor and performance skill level (Table 9).

In addition, outcomes may relate to clients’ subjective impressions regarding goal attainment, such as improved outlook, confidence, hope, playfulness, self-efficacy, sustainability of valued occupations, resilience, and perceived well-being. An example of a subjective outcome of intervention is parents’ greater perceived efficacy about their parenting through a new understanding of their child’s behavior after receiving occupational therapy services (Cohn, 2001; Cohn, Miller, & Tickle-Degnen, 2000; Graham, Rodger, & Ziviani, 2013).

Interventions can also be designed for caregivers of people with dementia to improve quality of life for both care recipient and caregiver. Caregivers who received intervention reported fewer declines in occupational performance, enhanced mastery and skill, improved sense of self-efficacy and well-being, and less need for help with care recipients (Gitlin & Corcoran, 2005; Gitlin, Corcoran, Winter, Boyce, & Hauck, 2001; Gitlin et al., 2003, 2008; Graff et al., 2007).

Outcomes for groups may include improved social interaction, increased self-awareness through peer support, a larger social network, or increased workplace productivity with fewer injuries. Outcomes for populations may include health promotion, occupational justice and self-advocacy, and access to services. The impact of outcomes and the way they are defined are specific to clients and to other stakeholders such as payers and regulators. Specific outcomes and documentation of those outcomes vary by practice setting and are influenced by the stakeholders in each setting.

The focus on outcomes is woven throughout the process of occupational therapy. Occupational therapists and clients collaborate during evaluation to identify initial client outcomes related to engagement in valued occupations or daily life activities. During intervention implementation and reevaluation, clients, occupational therapists, and, when appropriate, occupational therapy assistants may modify outcomes to accommodate changing needs, contexts, and performance abilities. As further analysis of occupational performance and the development of the intervention plan occur, therapists and clients may redefine the desired outcomes.

Implementation of the outcomes process includes the following steps:

1. Selecting types of outcomes and measures, including but not limited to occupational performance, prevention, health and wellness, quality of life, participation, role competence, well-being, and occupational justice (see Table 9). Outcome measures are
   - Selected early in the intervention process (see “Evaluation Process” section);
   - Valid, reliable, and appropriately sensitive to change in clients’ occupational performance;
   - Consistent with targeted outcomes;
   - Congruent with clients’ goals; and
   - Selected on the basis of their actual or purported ability to predict future outcomes.

2. Using outcomes to measure progress and adjust goals and interventions by
   - Comparing progress toward goal achievement to outcomes throughout the intervention process and
   - Assessing outcome use and results to make decisions about the future direction of intervention (e.g., continue intervention, modify intervention, discontinue intervention, provide follow-up, refer for other services).

Outcomes and the other aspects of the occupational therapy process are summarized in Exhibit 3.
Exhibit 3. Operationalizing the occupational therapy process.

| Exhibit 3. Operationalizing the occupational therapy process. |
|---|---|---|---|
| **Occupational Profile** | **Analysis of Occupational Performance** | **Intervention Plan** | **Intervention Implementation** | **Intervention Review** | **Outcomes** |
| Identify the following: | • Synthesize information from the occupational profile to focus on specific occupations and contexts. | 1. Develop the plan, which involves selecting | 1. Determine and carry out occupational therapy intervention or interventions, which may include the following: | 1. Reevaluate the plan and implementation relative to achieving outcomes. | 1. Early in the intervention process, select outcomes and measures that are: |
| • Why is the client seeking service, and what are the client's current concerns relative to engaging in activities and occupations? | • Observe the client's performance during activities relevant to desired occupations. | • Objective and measurable occupation-focused goals and related time frames; | • Therapeutic use of occupations and activities | • Valid, reliable, sensitive to change, and consistent with outcomes | • Valid, reliable, sensitive to change, and consistent with outcomes |
| • In what occupations does the client feel successful, and what barriers are affecting his or her success? | • Select and use specific assessments to identify and measure contexts or environments, activity and occupational demands, client factors, and performance skills and patterns. | • Occupational therapy intervention approach or approaches, such as create or promote, establish or restore, maintain, modify, or prevent; and | • Preparatory methods and tasks | • Congruent with client goals | • Based on their actual or purported ability to predict future outcomes |
| • What aspects of the contexts or environments does the client see as supporting and as inhibiting engagement in desired occupations? | • Select outcome measures. | • Methods for service delivery, including who will provide the intervention, types of intervention, and service delivery models. | • Education and training | • Apply outcomes to measure progress and adjust goals and interventions. | • Compare progress toward goal achievement to outcomes throughout the intervention process. |
| • What is the client's occupational history? | • Interpret assessment data to identify supports for and hindrances to performance. | 2. Consider potential discharge needs and plans. | • Advocacy | • Assess outcome use and results to make decisions about the future direction of intervention. | • Consider potential discharge needs and plans. |
| • What are the client's values and interests? | • Develop and refine hypotheses about the client's occupational performance strengths and limitations. | 3. Recommend or refer to other professionals as needed. | • Group interventions | • Identify the following: | • Apply outcomes to measure progress and adjust goals and interventions. |
| • What are the client's daily life roles? | • Create goals in collaboration with the client that address desired outcomes. | | | • Compare progress toward goal achievement to outcomes throughout the intervention process. | • Compare progress toward goal achievement to outcomes throughout the intervention process. |
| • What are the client's patterns of engagement in occupations, and how have they changed over time? | • Determine procedures to measure the outcomes of intervention. | | | • Assess outcome use and results to make decisions about the future direction of intervention. | • Assess outcome use and results to make decisions about the future direction of intervention. |
| • What are the client's priorities and desired targeted outcomes related to occupational performance, prevention, participation, role competence, health and wellness, quality of life, well-being, and occupational justice? | • Delineate a potential intervention based on best practices and available evidence. | | | • Synthesize information from the occupational profile to focus on specific occupations and contexts. | • Synthesize information from the occupational profile to focus on specific occupations and contexts. |

**Conclusion**

The Framework describes the central concepts that ground occupational therapy practice and builds a common understanding of the basic tenets and distinct contribution of the profession. The occupational therapy domain and process are linked inextricably in a transactional relationship, as illustrated in Figure 3. An understanding of this relationship supports and guides the complex decision making required in the daily practice of occupational therapy and enhances practitioners’ ability to define the reasons for and direct interventions to clients (persons, groups, and populations), family members, team members, payers, and policymakers. The Framework highlights the distinct value of occupation and occupational therapy in contributing to client health, well-being, and participation in life.
Figure 3. Occupational therapy domain and process.
### TABLE 1. OCCUPATIONS

Occupations are various kinds of life activities in which individuals, groups, or populations engage, including activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIVITIES OF DAILY LIVING (ADLs)</strong>—Activities oriented toward taking care of one’s own body (adapted from Rogers &amp; Holm, 1994). ADLs also are referred to as basic activities of daily living (BADLs) and personal activities of daily living (PADLs). These activities are “fundamental to living in a social world; they enable basic survival and well-being” (Christiansen &amp; Hammecker, 2001, p. 156).</td>
<td></td>
</tr>
<tr>
<td>Bathing, showering</td>
<td>Obtaining and using supplies; soaping, rinsing, and drying body parts; maintaining bathing position; and transferring to and from bathing positions</td>
</tr>
<tr>
<td>Toileting and toilet hygiene</td>
<td>Obtaining and using toileting supplies, managing clothing, maintaining toileting position, transferring to and from toileting position, cleaning body, and caring for menstrual and continence needs (including catheter, colostomy, and suppository management), as well as completing intentional control of bowel movements and urination and, if necessary, using equipment or agents for bladder control (Uniform Data System for Medical Rehabilitation, 1996, pp. III-20, III-24)</td>
</tr>
<tr>
<td>Dressing</td>
<td>Selecting clothing and accessories appropriate to time of day, weather, and occasion; obtaining clothing from storage area; dressing and undressing in a sequential fashion; fastening and adjusting clothing and shoes; and applying and removing personal devices, prosthetic devices, or splints</td>
</tr>
<tr>
<td>Swallowing/eating</td>
<td>Keeping and manipulating food or fluid in the mouth and swallowing it; swallowing is moving food from the mouth to the stomach</td>
</tr>
<tr>
<td>Feeding</td>
<td>Setting up, arranging, and bringing food [or fluid] from the plate or cup to the mouth; sometimes called self-feeding</td>
</tr>
<tr>
<td>Functional mobility</td>
<td>Moving from one position or place to another (during performance of everyday activities), such as in-bed mobility, wheelchair mobility, and transfers (e.g., wheelchair, bed, car, shower, tub, toilet, chair, floor). Includes functional ambulation and transportation of objects.</td>
</tr>
<tr>
<td>Personal device care</td>
<td>Using, cleaning, and maintaining personal care items, such as hearing aids, contact lenses, glasses, orthotics, prosthetics, adaptive equipment, glucometers, and contraceptive and sexual devices</td>
</tr>
<tr>
<td>Personal hygiene and grooming</td>
<td>Obtaining and using supplies; removing body hair (e.g., using razor, tweezers, lotion); applying and removing cosmetics; washing, drying, combing, styling, brushing, and trimming hair; caring for nails (hands and feet); caring for skin, ears, eyes, and nose; applying deodorant; cleaning mouth; brushing and flossing teeth; and removing, cleaning, and reinserting dental orthotics and prosthetics</td>
</tr>
<tr>
<td>Sexual activity</td>
<td>Engaging in activities that result in sexual satisfaction and/or meet relational or reproductive needs</td>
</tr>
<tr>
<td><strong>INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)</strong>—Activities to support daily life within the home and community that often require more complex interactions than those used in ADLs.</td>
<td></td>
</tr>
<tr>
<td>Care of others (including selecting and supervising caregivers)</td>
<td>Arranging, supervising, or providing care for others</td>
</tr>
<tr>
<td>Care of pets</td>
<td>Arranging, supervising, or providing care for pets and service animals</td>
</tr>
<tr>
<td>Child rearing</td>
<td>Providing care and supervision to support the developmental needs of a child</td>
</tr>
<tr>
<td>Communication management</td>
<td>Sending, receiving, and interpreting information using a variety of systems and equipment, including writing tools, telephones (cell phones or smartphones), keyboards, audiovisual recorders, computers or tablets, communication boards, call lights, emergency systems, Braille writers, telecommunication devices for deaf people, augmentative communication systems, and personal digital assistants</td>
</tr>
<tr>
<td>Driving and community mobility</td>
<td>Planning and moving around in the community and using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, or other transportation systems</td>
</tr>
<tr>
<td>Financial management</td>
<td>Using fiscal resources, including alternate methods of financial transaction, and planning and using finances with long-term and short-term goals</td>
</tr>
<tr>
<td>Health management and maintenance</td>
<td>Developing, managing, and maintaining routines for health and wellness promotion, such as physical fitness, nutrition, decreased health risk behaviors, and medication routines</td>
</tr>
<tr>
<td>Home establishment and management</td>
<td>Obtaining and maintaining personal and household possessions and environment (e.g., home, yard, garden, appliances, vehicles), including maintaining and repairing personal possessions (e.g., clothing, household items) and knowing how to seek help or whom to contact</td>
</tr>
</tbody>
</table>
TABLE 1. OCCUPATIONS

(Continued)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal preparation and cleanup</td>
<td>Participating in religion, “an organized system of beliefs, practices, rituals, and symbols designed to facilitate closeness to the sacred or transcendent” (Moreira-Almeida &amp; Koenig, 2006, p. 844), and engaging in activities that allow a sense of connectedness to something larger than oneself or that are especially meaningful, such as taking time out to play with a child, engaging in activities in nature, and helping others in need (Spencer, Davidson, &amp; White, 1997)</td>
</tr>
<tr>
<td>Religious and spiritual activities and expression</td>
<td>Knowing and performing preventive procedures to maintain a safe environment; recognizing sudden, unexpected hazardous situations; and initiating emergency action to reduce the threat to health and safety; examples include ensuring safety when entering and exiting the home, identifying emergency contact numbers, and replacing items such as batteries in smoke alarms and light bulbs</td>
</tr>
<tr>
<td>Safety and emergency maintenance</td>
<td>Preparing shopping lists (grocery and other); selecting, purchasing, and transporting items; selecting method of payment; and completing money transactions; included are Internet shopping and related use of electronic devices such as computers, cell phones, and tablets</td>
</tr>
<tr>
<td>Shopping</td>
<td>Identifying and selecting work opportunities based on assets, limitations, likes, and dislikes relative to work (adapted from Mosey, 1996, p. 342)</td>
</tr>
<tr>
<td>Employment interests and pursuits</td>
<td>Identifying aptitudes, developing interests and skills, selecting appropriate avocational pursuits, and adjusting lifestyle in the absence of the worker role</td>
</tr>
</tbody>
</table>

REST AND SLEEP—Activities related to obtaining restorative rest and sleep to support healthy, active engagement in other occupations.

Rest

Engaging in routines that prepare the self for a comfortable rest, such as grooming and undressing, reading or listening to music to fall asleep, saying goodnight to others, and engaging in meditation or prayers; determining the time of day and length of time desired for sleeping and the time needed to wake; and establishing sleep patterns that support growth and health (patterns are often personally and culturally determined).

(1) Preparing the physical environment for periods of unconsciousness, such as making the bed or space on which to sleep; ensuring warmth or coolness and protection; setting an alarm clock; securing the home, such as locking doors or closing windows or curtains; and turning off electronics or lights.

Sleep preparation

(1) Engaging in routines that prepare the self for a comfortable rest, such as grooming and undressing, reading or listening to music to fall asleep, saying goodnight to others, and engaging in meditation or prayers; determining the time of day and length of time desired for sleeping and the time needed to wake; and establishing sleep patterns that support growth and health (patterns are often personally and culturally determined). (2) Preparing the physical environment for periods of unconsciousness, such as making the bed or space on which to sleep; ensuring warmth or coolness and protection; setting an alarm clock; securing the home, such as locking doors or closing windows or curtains; and turning off electronics or lights.

Sleep participation

Taking care of personal needs for sleep, such as ceasing activities to ensure onset of sleep, napping, and dreaming; sustaining a sleep state without disruption; and performing nighttime care of toileting needs and hydration; also includes negotiating the needs and requirements of and interacting with others within the social environment such as children or partners, including providing nighttime caregiving such as breastfeeding and monitoring the comfort and safety of others who are sleeping.

EDUCATION—Activities needed for learning and participating in the educational environment.

Formal educational participation

Participating in academic (e.g., math, reading, degree coursework), nonacademic (e.g., recess, lunchroom, hallway), extracurricular (e.g., sports, band, cheerleading, dances), and vocational (prevocational and vocational) educational activities

Informal personal educational needs or interests exploration (beyond formal education)

Identifying topics and methods for obtaining topic-related information or skills

Informal personal education participation

Participating in informal classes, programs, and activities that provide instruction or training in identified areas of interest

WORK—“Labor or exertion; to make, construct, manufacture, form, fashion, or shape objects; to organize, plan, or evaluate services or processes of living or governing; committed occupations that are performed with or without financial reward” (Christiansen & Townsend, 2010, p. 423).

Employment interests and pursuits

Identifying and selecting work opportunities based on assets, limitations, likes, and dislikes relative to work (adapted from Mosey, 1996, p. 342)

Employment seeking and acquisition

Advocating for oneself; completing, submitting, and reviewing appropriate application materials; preparing for interviews; participating in interviews and following up afterward; discussing job benefits; and finalizing negotiations

Job performance

Performing the requirements of a job, including work skills and patterns; time management; relationships with coworkers, managers, and customers; leadership and supervision; creation, production, and distribution of products and services; initiation, sustained, and completion of work; and compliance with work norms and procedures

Retirement preparation and adjustment

Determining aptitudes, developing interests and skills, selecting appropriate avocational pursuits, and adjusting lifestyle in the absence of the worker role

(Continued)
### TABLE 1. OCCUPATIONS

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer exploration</td>
<td>Determining community causes, organizations, or opportunities for unpaid work in relationship to personal skills, interests, location, and time available</td>
</tr>
<tr>
<td>Volunteer participation</td>
<td>Performing unpaid work activities for the benefit of selected causes, organizations, or facilities</td>
</tr>
<tr>
<td>PLAY—“Any spontaneous or organized activity that provides enjoyment, entertainment, amusement, or diversion” (Parham &amp; Fazio, 1997, p. 252).</td>
<td></td>
</tr>
<tr>
<td>Play exploration</td>
<td>Identifying appropriate play activities, including exploration play, practice play, pretend play, games with rules, constructive play, and symbolic play (adapted from Bergen, 1988, pp. 64–65)</td>
</tr>
<tr>
<td>Play participation</td>
<td>Participating in play; maintaining a balance of play with other occupations; and obtaining, using, and maintaining toys, equipment, and supplies appropriately</td>
</tr>
<tr>
<td>LEISURE—“Nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep” (Parham &amp; Fazio, 1997, p. 250).</td>
<td></td>
</tr>
<tr>
<td>Leisure exploration</td>
<td>Identifying interests, skills, opportunities, and appropriate leisure activities</td>
</tr>
<tr>
<td>Leisure participation</td>
<td>Planning and participating in appropriate leisure activities; maintaining a balance of leisure activities with other occupations; and obtaining, using, and maintaining equipment and supplies as appropriate</td>
</tr>
<tr>
<td>SOCIAL PARTICIPATION—“The interweaving of occupations to support desired engagement in community and family activities as well as those involving peers and friends” (Gillen &amp; Boyt Schell, 2014, p. 607); involvement in a subset of activities that involve social situations with others (Bedell, 2012) and that support social interdependence (Magasi &amp; Hammel, 2004). Social participation can occur in person or through remote technologies such as telephone calls, computer interaction, and video conferencing.</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>Engaging in activities that result in successful interaction at the community level (e.g., neighborhood, organization, workplace, school, religious or spiritual group)</td>
</tr>
<tr>
<td>Family</td>
<td>Engaging in activities that result in “successful interaction in specific required and/or desired familial roles” (Mosey, 1996, p. 340)</td>
</tr>
<tr>
<td>Peer, friend</td>
<td>Engaging in activities at different levels of interaction and intimacy, including engaging in desired sexual activity</td>
</tr>
</tbody>
</table>
**TABLE 2. CLIENT FACTORS**

Client factors include (1) values, beliefs, and spirituality; (2) body functions; and (3) body structures that reside within the client that influence the client's performance in occupations.

■ **VALUES, BELIEFS, AND SPIRITUALITY**—Clients' perceptions, motivations, and related meaning that influence or are influenced by engagement in occupations.

<table>
<thead>
<tr>
<th>Category and Definition</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Values**—Acquired beliefs and commitments, derived from culture, about what is good, right, and important to do (Kielhofner, 2008) | Person:  
- Honesty with self and others  
- Commitment to family  
Group:  
- Obligation to provide a service  
- Fairness  
Population:  
- Freedom of speech  
- Equal opportunities for all  
- Tolerance toward others |
| **Beliefs**—Cognitive content held as true by or about the client | Person:  
- One is powerless to influence others.  
- Hard work pays off.  
Group and population:  
- Some personal rights are worth fighting for.  
- A new health care policy, as yet untried, will positively affect society |
| **Spirituality**—“The aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred” (Puchalski et al., 2009, p. 887) | Person:  
- Daily search for purpose and meaning in one's life  
- Guidance of actions by a sense of value beyond the personal acquisition of wealth or fame  
Group and population:  
- Common search for purpose and meaning in life  
- Guidance of actions by values agreed on by the collective |

■ **BODY FUNCTIONS**—“The physiological functions of body systems (including psychological functions)” (WHO, 2001, p. 10). This section of the table is organized according to the classifications of the International Classification of Functioning, Disability and Health (ICF); for fuller descriptions and definitions, refer to WHO (2001).

<table>
<thead>
<tr>
<th>Category</th>
<th>Description (not an all-inclusive list)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental functions</strong> (affective, cognitive, perceptual)</td>
<td></td>
</tr>
<tr>
<td><strong>Specific mental functions</strong></td>
<td></td>
</tr>
<tr>
<td>Higher-level cognitive</td>
<td>Judgment, concept formation, metacognition, executive functions, praxis, cognitive flexibility, insight</td>
</tr>
<tr>
<td>Attention</td>
<td>Sustained shifting and divided attention, concentration, distractibility</td>
</tr>
<tr>
<td>Memory</td>
<td>Short-term, long-term, and working memory</td>
</tr>
<tr>
<td>Perception</td>
<td>Discrimination of sensations (e.g., auditory, tactile, visual, olfactory, gustatory, vestibular, proprioceptive)</td>
</tr>
<tr>
<td>Thought</td>
<td>Control and content of thought, awareness of reality vs. delusions, logical and coherent thought</td>
</tr>
<tr>
<td>Mental functions of sequencing complex movement</td>
<td>Mental functions that regulate the speed, response, quality, and time of motor production, such as restlessness, toe tapping, or hand wringing, in response to inner tension</td>
</tr>
<tr>
<td>Emotional</td>
<td>Regulation and range of emotions; appropriateness of emotions, including anger, love, tension, and anxiety; liability of emotions</td>
</tr>
<tr>
<td>Experience of self and time</td>
<td>Awareness of one's identity, body, and position in the reality of one's environment and of time</td>
</tr>
<tr>
<td><strong>Global mental functions</strong></td>
<td></td>
</tr>
<tr>
<td>Consciousness</td>
<td>State of awareness and alertness, including the clarity and continuity of the wakeful state</td>
</tr>
<tr>
<td>Orientation</td>
<td>Orientation to person, place, time, self, and others</td>
</tr>
<tr>
<td>Temperament and personality</td>
<td>Extroversion, introversion, agreeableness, conscientiousness, emotional stability, openness to experience, self-control, self-expression, confidence, motivation, impulse control, appetite</td>
</tr>
</tbody>
</table>
TABLE 2. CLIENT FACTORS

(Continued)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description (not an all-inclusive list)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy and drive</td>
<td>Energy level, motivation, appetite, craving, impulse control</td>
</tr>
<tr>
<td>Sleep</td>
<td>Physiological process, quality of sleep</td>
</tr>
<tr>
<td><strong>Sensory functions</strong></td>
<td></td>
</tr>
<tr>
<td>Visual functions</td>
<td>Quality of vision, visual acuity, visual stability, and visual field functions to promote visual awareness of environment at various distances for functioning</td>
</tr>
<tr>
<td>Hearing functions</td>
<td>Sound detection and discrimination; awareness of location and distance of sounds</td>
</tr>
<tr>
<td>Vestibular functions</td>
<td>Sensation related to position, balance, and secure movement against gravity</td>
</tr>
<tr>
<td>Taste functions</td>
<td>Association of taste qualities of bitterness, sweetness, sourness, and saltiness</td>
</tr>
<tr>
<td>Smell functions</td>
<td>Sensing odors and smells</td>
</tr>
<tr>
<td>Proprioceptive functions</td>
<td>Awareness of body position and space</td>
</tr>
<tr>
<td>Touch functions</td>
<td>Feeling of being touched by others or touching various textures, such as those of food; presence of numbness, paresthesia, hyperesthesia</td>
</tr>
<tr>
<td>Pain (e.g., diffuse, dull, sharp, phantom)</td>
<td>Unpleasant feeling indicating potential or actual damage to some body structure; sensations of generalized or localized pain (e.g., diffuse, dull, sharp, phantom)</td>
</tr>
<tr>
<td>Sensitivity to temperature and pressure</td>
<td>Thermal awareness (hot and cold), sense of force applied to skin</td>
</tr>
<tr>
<td><strong>Neuromusculoskeletal and movement-related functions</strong></td>
<td></td>
</tr>
<tr>
<td>Functions of joints and bones</td>
<td></td>
</tr>
<tr>
<td>Joint mobility</td>
<td>Joint range of motion</td>
</tr>
<tr>
<td>Joint stability</td>
<td>Maintenance of structural integrity of joints throughout the body; physiological stability of joints related to structural integrity</td>
</tr>
<tr>
<td><strong>Muscle functions</strong></td>
<td></td>
</tr>
<tr>
<td>Muscle power</td>
<td>Strength</td>
</tr>
<tr>
<td>Muscle tone</td>
<td>Degree of muscle tension (e.g., flaccidity, spasticity, fluctuation)</td>
</tr>
<tr>
<td>Muscle endurance</td>
<td>Sustaining muscle contraction</td>
</tr>
<tr>
<td><strong>Movement functions</strong></td>
<td></td>
</tr>
<tr>
<td>Motor reflexes</td>
<td>Involuntary contraction of muscles automatically induced by specific stimuli (e.g., stretch, asymmetrical tonic neck, symmetrical tonic neck)</td>
</tr>
<tr>
<td>Involuntary movement reactions</td>
<td>Postural reactions, body adjustment reactions, supporting reactions</td>
</tr>
<tr>
<td>Control of voluntary movement</td>
<td>Eye–hand and eye–foot coordination, bilateral integration, crossing of the midline, fine and gross motor control, and oculomotor function (e.g., saccades, pursuits, accommodation, binocularity)</td>
</tr>
<tr>
<td>Gait patterns</td>
<td>Gait and mobility considered in relation to how they affect ability to engage in occupations in daily life activities; for example, walking patterns and impairments, asymmetric gait, stiff gait</td>
</tr>
<tr>
<td><strong>Cardiovascular, hematological, immunological, and respiratory system functions</strong></td>
<td>(Note. Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs among these functions to support health, well-being, and participation in life through engagement in occupation.)</td>
</tr>
<tr>
<td>Cardiovascular system functions</td>
<td>Maintenance of blood pressure functions (hypertension, hypotension, postural hypotension), heart rate and rhythm</td>
</tr>
<tr>
<td>Hematological and immunological system functions</td>
<td></td>
</tr>
<tr>
<td>Respiratory system functions</td>
<td>Rate, rhythm, and depth of respiration</td>
</tr>
<tr>
<td>Additional functions and sensations of the cardiovascular and respiratory systems</td>
<td>Physical endurance, aerobic capacity, stamina, fatigability</td>
</tr>
<tr>
<td><strong>Voice and speech functions; digestive, metabolic, and endocrine system functions; genitourinary and reproductive functions</strong></td>
<td>(Note. Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs among these functions to support health, well-being, and participation in life through engagement in occupation.)</td>
</tr>
<tr>
<td>Voice and speech functions</td>
<td>Fluency and rhythm, alternative vocalization functions</td>
</tr>
</tbody>
</table>
**TABLE 2. CLIENT FACTORS**

(Continued)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description (not an all-inclusive list)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digestive, metabolic, and endocrine system functions</td>
<td>Digestive system functions, metabolic system and endocrine system functions</td>
</tr>
<tr>
<td>Genitourinary and reproductive functions</td>
<td>Urinary functions, genital and reproductive functions</td>
</tr>
<tr>
<td><strong>Skin and related structure functions</strong></td>
<td>(Note. Occupational therapy practitioners have knowledge of these body functions and understand broadly the interaction that occurs among these functions to support health, well-being, and participation in life through engagement in occupation.)</td>
</tr>
<tr>
<td>Skin functions</td>
<td>Protection (presence or absence of wounds, cuts, or abrasions), repair (wound healing)</td>
</tr>
<tr>
<td>Hair and nail functions</td>
<td></td>
</tr>
</tbody>
</table>

**BODY STRUCTURES:** “Anatomical parts of the body, such as organs, limbs, and their components” that support body function (WHO, 2001, p. 10). The “Body Structures” section of the table is organized according to the ICF classifications; for fuller descriptions and definitions, refer to WHO (2001).

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples not delineated in the “Body Structure” section of this table</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure of the nervous system</td>
<td>(Note. Occupational therapy practitioners have knowledge of body structures and understand broadly the interaction that occurs between these structures to support health, well-being, and participation in life through engagement in occupation.)</td>
</tr>
<tr>
<td>Eyes, ear, and related structures</td>
<td></td>
</tr>
<tr>
<td>Structures involved in voice and speech</td>
<td></td>
</tr>
<tr>
<td>Structures of the cardiovascular, immunological, and respiratory systems</td>
<td></td>
</tr>
<tr>
<td>Structures related to the digestive, metabolic, and endocrine systems</td>
<td></td>
</tr>
<tr>
<td>Structures related to the genitourinary and reproductive systems</td>
<td></td>
</tr>
<tr>
<td>Structures related to movement</td>
<td></td>
</tr>
<tr>
<td>Skin and related structures</td>
<td></td>
</tr>
</tbody>
</table>

**Note.** The categorization of body function and body structure client factors outlined in Table 2 is based on the ICF proposed by WHO (2001). The classification was selected because it has received wide exposure and presents a language that is understood by external audiences. WHO = World Health Organization.
TABLE 3. PERFORMANCE SKILLS
Performance skills are observable elements of action that have an implicit functional purpose; skills are considered a classification of actions, encompassing multiple capacities (body functions and body structures) and, when combined, underlie the ability to participate in desired occupations and activities. This list is not all inclusive and may not include all possible skills addressed during occupational therapy interventions.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MOTOR SKILLS</strong>—“Occupational performance skills observed as the person interacts with and moves task objects and self around the task environment” (e.g., activity of daily living [ADL] motor skills, school motor skills; Boyt Schell, Gillen, &amp; Scaffa, 2014a, p. 1237).</td>
<td></td>
</tr>
<tr>
<td>Aligns</td>
<td>Interacts with task objects without evidence of persistent propping or persistent leaning</td>
</tr>
<tr>
<td>Stabilizes</td>
<td>Moves through task environment and interacts with task objects without momentary propping or loss of balance</td>
</tr>
<tr>
<td>Positions</td>
<td>Positions self an effective distance from task objects and without evidence of awkward body positioning</td>
</tr>
<tr>
<td>Reaches</td>
<td>Effectively extends the arm and, when appropriate, bends the trunk to effectively grasp or place task objects that are out of reach</td>
</tr>
<tr>
<td>Bends</td>
<td>Flexes or rotates the trunk as appropriate to the task to grasp or place task objects out of reach or when sitting down</td>
</tr>
<tr>
<td>Grips</td>
<td>Effectively pinches or grasps task objects such that the objects do not slip (e.g., from the person’s fingers, between teeth)</td>
</tr>
<tr>
<td>Manipulates</td>
<td>Uses dexterous finger movements, without evidence of fumbling, when manipulating task objects (e.g., manipulating buttons when buttoning)</td>
</tr>
<tr>
<td>Coordinates</td>
<td>Uses two or more body parts together to manipulate, hold, and/or stabilize task objects without evidence of fumbling task objects or slipping from one’s grasp</td>
</tr>
<tr>
<td>Moves</td>
<td>Effectively pushes or pulls task objects along a supporting surface, pulls to open or pushes to close doors and drawers, or pushes on wheels to propel a wheelchair</td>
</tr>
<tr>
<td>Lifts</td>
<td>Effectively raises or lifts task objects without evidence of increased effort</td>
</tr>
<tr>
<td>Walks</td>
<td>During task performance, ambulates on level surfaces without shuffling the feet, becoming unstable, propping, or using assistive devices</td>
</tr>
<tr>
<td>Transports</td>
<td>Carries task objects from one place to another while walking or moving in a wheelchair</td>
</tr>
<tr>
<td>Calibrates</td>
<td>Uses movements of appropriate force, speed, or extent when interacting with task objects (e.g., not crushing objects, pushing a door with enough force that it closes)</td>
</tr>
<tr>
<td>Flows</td>
<td>Uses smooth and fluid arm and wrist movements when interacting with task objects</td>
</tr>
<tr>
<td>Endures</td>
<td>Persists and completes the task without showing obvious evidence of physical fatigue, pausing to rest, or stopping to catch one’s breath</td>
</tr>
<tr>
<td>Paces</td>
<td>Maintains a consistent and effective rate or tempo of performance throughout the entire task</td>
</tr>
<tr>
<td><strong>PROCESS SKILLS</strong>—“Occupational performance skills (e.g., ADL process skills, school process skills) observed as a person (1) selects, interacts with, and uses task tools and materials; (2) carries out individual actions and steps; and (3) modifies performance when problems are encountered” (Boyt Schell et al., 2014a, p. 1239).</td>
<td></td>
</tr>
<tr>
<td>Paces</td>
<td>Maintains a consistent and effective rate or tempo of performance throughout the entire task</td>
</tr>
<tr>
<td>Attends</td>
<td>Does not look away from what he or she is doing, interrupting the ongoing task progression</td>
</tr>
<tr>
<td>Heeds</td>
<td>Carries out and completes the task originally agreed on or specified by another</td>
</tr>
<tr>
<td>Chooses</td>
<td>Selects necessary and appropriate type and number of tools and materials for the task, including the tools and materials that the person was directed to use or specified he or she would use</td>
</tr>
<tr>
<td>Uses</td>
<td>Applies tools and materials as they are intended (e.g., uses a pencil sharpener to sharpen a pencil but not to sharpen a crayon) and in a hygienic fashion</td>
</tr>
<tr>
<td>Handles</td>
<td>Supports or stabilizes tools and materials in an appropriate manner, protecting them from being damaged, slipping, moving, and falling</td>
</tr>
<tr>
<td>Inquires</td>
<td>(1) Seeks needed verbal or written information by asking questions or reading directions or labels and (2) does not ask for information when he or she was fully oriented to the task and environment and had immediate prior awareness of the answer</td>
</tr>
<tr>
<td>Initiates</td>
<td>Starts or begins the next action or step without hesitation</td>
</tr>
<tr>
<td>Continues</td>
<td>Performs single actions or steps without interruptions such that once an action or task is initiated, the person continues without pauses or delays until the action or step is completed</td>
</tr>
<tr>
<td>Sequences</td>
<td>Performs steps in an effective or logical order and with an absence of (1) randomness or lack of logic in the ordering and (2) inappropriate repetition of steps</td>
</tr>
<tr>
<td>Terminates</td>
<td>Brings to completion single actions or single steps without inappropriate persistence or premature cessation</td>
</tr>
<tr>
<td>Searches/locates</td>
<td>Looks for and locates tools and materials in a logical manner, both within and beyond the immediate environment</td>
</tr>
<tr>
<td>Gathers</td>
<td>Collects related tools and materials into the same work space and regathers tools or materials that have spilled, fallen, or been misplaced</td>
</tr>
</tbody>
</table>
### TABLE 3. PERFORMANCE SKILLS

(Continued)

<table>
<thead>
<tr>
<th>Skill</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizes</td>
<td>Logically positions or spatially arranges tools and materials in an orderly fashion within a single work space and between multiple appropriate work spaces such that the work space is not too spread out or too crowded.</td>
</tr>
<tr>
<td>Restores</td>
<td>Puts away tools and materials in appropriate places and ensures that the immediate work space is restored to its original condition.</td>
</tr>
<tr>
<td>Navigates</td>
<td>Moves the arm, body, or wheelchair without bumping into obstacles when moving in the task environment or interacting with task objects.</td>
</tr>
<tr>
<td>Notices/responds</td>
<td>Responds appropriately to (1) nonverbal task-related cues (e.g., heat, movement), (2) the spatial arrangement and alignment of task objects to one another, and (3) cupboard doors and drawers that have been left open during task performance.</td>
</tr>
<tr>
<td>Adjusts</td>
<td>Effectively (1) goes to new work spaces; (2) moves tools and materials out of the current work space; and (3) adjusts knobs, dials, or water taps to overcome problems with ongoing task performance.</td>
</tr>
<tr>
<td>Accommodates</td>
<td>Prevents ineffective task performance.</td>
</tr>
<tr>
<td>Benefits</td>
<td>Prevents problems with task performance from recurring or persisting.</td>
</tr>
<tr>
<td><strong>SOCIAL INTERACTION SKILLS</strong>—“Occupational performance skills observed during the ongoing stream of a social exchange” (Boyt Schell et al., 2014a, p. 1241).</td>
<td></td>
</tr>
<tr>
<td>Approaches/starts</td>
<td>Approaches or initiates interaction with the social partner in a manner that is socially appropriate.</td>
</tr>
<tr>
<td>Concludes/disengages</td>
<td>Effectively terminates the conversation or social interaction, brings to closure the topic under discussion, and disengages or says good-bye.</td>
</tr>
<tr>
<td>Produces speech</td>
<td>Produces spoken, signed, or augmentative (i.e., computer-generated) messages that are audible and clearly articulated.</td>
</tr>
<tr>
<td>Gesticulates</td>
<td>Uses socially appropriate gestures to communicate or support a message.</td>
</tr>
<tr>
<td>Speaks fluently</td>
<td>Speaks in a fluent and continuous manner, with an even pace (not too fast, not too slow) and without pauses or delays during the message being sent.</td>
</tr>
<tr>
<td>Turns toward</td>
<td>Actively positions or turns the body and face toward the social partner or person who is speaking.</td>
</tr>
<tr>
<td>Looks</td>
<td>Makes eye contact with the social partner.</td>
</tr>
<tr>
<td>Places self</td>
<td>Positions self at an appropriate distance from the social partner during the social interaction.</td>
</tr>
<tr>
<td>Touches</td>
<td>Responds to and uses touch bodily contact with the social partner in a manner that is socially appropriate.</td>
</tr>
<tr>
<td>Regulates</td>
<td>Does not demonstrate irrelevant, repetitive, or impulsive behaviors that are not part of social interaction.</td>
</tr>
<tr>
<td>Questions</td>
<td>Requests relevant facts and information and asks questions that support the intended purpose of the social interaction.</td>
</tr>
<tr>
<td>Replies</td>
<td>Keeps conversation going by replying appropriately to question and comments.</td>
</tr>
<tr>
<td>Discloses</td>
<td>Reveals opinions, feelings, and private information about self or others in a manner that is socially appropriate.</td>
</tr>
<tr>
<td>Expresses emotion</td>
<td>Displays affect and emotions in a way that is socially appropriate.</td>
</tr>
<tr>
<td>Disagrees</td>
<td>Expresses differences of opinion in a socially appropriate manner.</td>
</tr>
<tr>
<td>Thanks</td>
<td>Uses appropriate words and gestures to acknowledge receipt of services, gifts, or compliments.</td>
</tr>
<tr>
<td>Transitions</td>
<td>Handles transitions in the conversation smoothly or changes the topic without disrupting the ongoing conversation.</td>
</tr>
<tr>
<td>Times response</td>
<td>Replies to social messages without delay or hesitation and without interrupting the social partner.</td>
</tr>
<tr>
<td>Times duration</td>
<td>Speaks for reasonable periods given the complexity of the message sent.</td>
</tr>
<tr>
<td>Takes turns</td>
<td>Takes his or her turn and gives the social partner the freedom to take his or her turn.</td>
</tr>
<tr>
<td>Matches language</td>
<td>Uses a tone of voice, dialect, and level of language that are socially appropriate and matched to the social partner's abilities and level of understanding.</td>
</tr>
<tr>
<td>Clarifies</td>
<td>Responds to gestures or verbal messages signaling that the social partner does not comprehend or understand a message and ensures that the social partner is following the conversation.</td>
</tr>
<tr>
<td>Acknowledges and encourages</td>
<td>Acknowledges receipt of messages, encourages the social partner to continue interaction, and encourages all social partners to participate in social interaction.</td>
</tr>
<tr>
<td>Empathizes</td>
<td>Expresses a supportive attitude toward the social partner by agreeing with, empathizing with, or expressing understanding of the social partner's feelings and experiences.</td>
</tr>
<tr>
<td>Heeds</td>
<td>Uses goal-directed social interactions focused on carrying out and completing the intended purpose of the social interaction.</td>
</tr>
<tr>
<td>Accommodates</td>
<td>Prevents ineffective or socially inappropriate social interaction.</td>
</tr>
<tr>
<td>Benefits</td>
<td>Prevents problems with ineffective or socially inappropriate social interaction from recurring or persisting.</td>
</tr>
</tbody>
</table>

### TABLE 4. PERFORMANCE PATTERNS

Performance patterns are the habits, routines, roles, and rituals used in the process of engaging in occupations or activities; these patterns can support or hinder occupational performance.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSON</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Habits</td>
<td>“Acquired tendencies to respond and perform in certain consistent ways in familiar environments or situations; specific, automatic behaviors performed repeatedly, relatively automatically, and with little variation” (Boyt Schell, Gillen, &amp; Scafà, 2014a, p. 1234). Habits can be useful, dominating, or impoverished and can either support or interfere with performance in occupations (Dunn, 2000).</td>
<td>• Automatically puts car keys in the same place&lt;br&gt;• Spontaneously looks both ways before crossing the street&lt;br&gt;• Always turns off the stove burner before removing a cooking pot&lt;br&gt;• Activates the alarm system before leaving the home</td>
</tr>
<tr>
<td>Routines</td>
<td>Patterns of behavior that are observable, regular, and repetitive and that provide structure for daily life. They can be satisfying, promoting, or damaging. Routines require momentary time commitment and are embedded in cultural and ecological contexts (Fiese, 2007; Segal, 2004).</td>
<td>• Follows a morning sequence to complete toileting, bathing, hygiene, and dressing&lt;br&gt;• Follows the sequence of steps involved in meal preparation&lt;br&gt;• Follows a daily routine of dropping children off at school, going to work, picking children up from school, doing homework, and making dinner</td>
</tr>
<tr>
<td>Rituals</td>
<td>Symbolic actions with spiritual, cultural, or social meaning contributing to the client’s identity and reinforcing values and beliefs. Rituals have a strong affective component and consist of a collection of events (Fiese, 2007; Fiese et al., 2002; Segal, 2004).</td>
<td>• Uses an inherited antique hairbrush to brush hair 100 strokes nightly as her mother had done&lt;br&gt;• Prepares holiday meals with favorite or traditional accoutrements using designated dishware&lt;br&gt;• Kisses a sacred book before opening the pages to read&lt;br&gt;• Attends a spiritual gathering on a particular day</td>
</tr>
<tr>
<td>Roles</td>
<td>Sets of behaviors expected by society and shaped by culture and context that may be further conceptualized and defined by the client.</td>
<td>• Mother of an adolescent with developmental disabilities&lt;br&gt;• Student with a learning disability studying computer technology&lt;br&gt;• Corporate executive returning to work after a stroke</td>
</tr>
<tr>
<td><strong>GROUP OR POPULATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routines</td>
<td>Patterns of behavior that are observable, regular, and repetitive and that provide structure for daily life. They can be satisfying, promoting, or damaging. Routines require momentary time commitment and are embedded in cultural and ecological contexts (Segal, 2004).</td>
<td>• Follows health practices, such as scheduled immunizations for children and yearly health screenings for adults&lt;br&gt;• Follows business practices, such as provision of services for disadvantaged populations (e.g., loans to underrepresented groups)&lt;br&gt;• Follows legislative procedures, such as those associated with the Individuals With Disabilities Education Improvement Act of 2004 (Pub. L. 108–446) or Medicare&lt;br&gt;• Follows social customs for greeting</td>
</tr>
<tr>
<td>Rituals</td>
<td>Shared social actions with traditional, emotional, purposive, and technological meaning contributing to values and beliefs within the group or population.</td>
<td>• Holds cultural celebrations&lt;br&gt;• Has parades or demonstrations&lt;br&gt;• Shows national affiliations or allegiances&lt;br&gt;• Follows religious, spiritual, and cultural practices, such as touching the mezuzah or using holy water when leaving and entering or praying while facing Mecca</td>
</tr>
<tr>
<td>Roles</td>
<td>Sets of behaviors by the group or population expected by society and shaped by culture and context that may be further conceptualized and defined by the group or population.</td>
<td>• Nonprofit civic group providing housing for people with mental illness&lt;br&gt;• Humanitarian group distributing food and clothing donations to refugees&lt;br&gt;• Student organization in a university educating elementary school children about preventing bullying</td>
</tr>
</tbody>
</table>
TABLE 5. CONTEXT AND ENVIRONMENT

Context refers to a variety of interrelated conditions that are within and surrounding the client. Contexts include cultural, personal, temporal, and virtual. The term environment refers to the external physical and social conditions that surround the client and in which the client's daily life occupations occur.

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTEXTS</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Cultural | Customs, beliefs, activity patterns, behavioral standards, and expectations accepted by the society of which a client is a member. The cultural context influences the client's identity and activity choices. | • **Person:** A person delivering Thanksgiving meals to home-bound individuals  
• **Group:** Employees marking the end of the work week with casual dress on Friday  
• **Population:** People engaging in an afternoon siesta or high tea |
| Personal | “Features of the individual that are not part of a health condition or health status” (WHO, 2001, p. 17). The personal context includes age, gender, socioeconomic status, and educational status and can also include group membership (e.g., volunteers, employees) and population membership (e.g., members of society). | • **Person:** A 25-year-old unemployed man with a high school diploma  
• **Group:** Volunteers working in a homeless shelter  
• **Population:** Older drivers learning about community mobility options |
| Temporal | The experience of time as shaped by engagement in occupations; the temporal aspects of occupation that “contribute to the patterns of daily occupations” include “rhythm . . . tempo . . . synchronization . . . duration . . . and sequence” (Larson & Zemke, 2003, p. 82; Zemke, 2004, p. 610). The temporal context includes stage of life, time of day or year, duration and rhythm of activity, and history. | • **Person:** A person retired from work for 10 years  
• **Group:** A community organization's annual fundraising campaign  
• **Population:** People celebrating Independence Day on July 4 |
| Virtual | Environment in which communication occurs by means of airwaves or computers and in the absence of physical contact. The virtual context includes simulated, real-time, or near-time environments such as chat rooms, email, video conferencing, or radio transmissions; remote monitoring via wireless sensors; or computer-based data collection. | • **Person:** Friends who text message each other  
• **Group:** Members who participate in a video conference, telephone conference call, instant message, or interactive white board use  
• **Population:** Virtual community of gamers |
| **ENVIRONMENTS** | | |
| Physical | Natural and built nonhuman surroundings and the objects in them. The natural environment includes geographic terrain, plants, and animals, as well as the sensory qualities of the surroundings. The built environment includes buildings, furniture, tools, and devices. | • **Person:** Individual's house or apartment  
• **Group:** Office building or factory  
• **Population:** Transportation system |
| Social | Presence of, relationships with, and expectations of persons, groups, or populations with whom clients have contact. The social environment includes availability and expectations of significant individuals, such as spouse, friends, and caregivers; relationships with individuals, groups, or populations; and relationships with systems (e.g., political, legal, economic, institutional) that influence norms, role expectations, and social routines. | • **Person:** Friends, colleagues  
• **Group:** Occupational therapy students conducting a class get-together  
• **Population:** People influenced by a city government |

Note. WHO = World Health Organization.
TABLE 6. TYPES OF OCCUPATIONAL THERAPY INTERVENTIONS

Occupational therapy interventions include the use of occupations and activities, preparatory methods and tasks, education and training, advocacy, and group interventions to facilitate engagement in occupations to promote health and participation. The examples provided illustrate the types of interventions occupational therapy practitioners provide and are not intended to be all inclusive.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OCCUPATIONS AND ACTIVITIES</strong></td>
<td>Client-directed daily life activities that match and support or address identified participation goals.</td>
<td>The client&lt;br&gt;• Completes morning dressing and hygiene using adaptive devices&lt;br&gt;• Purchases groceries and prepares a meal&lt;br&gt;• Visits a friend using public transportation independently&lt;br&gt;• Applies for a job in the retail industry&lt;br&gt;• Plays on a playground with children and adults&lt;br&gt;• Participates in a community festival by setting up a booth to sell baked goods&lt;br&gt;• Engages in a pattern of self-care and relaxation activities in preparation for sleep&lt;br&gt;• Engages in a statewide advocacy program to improve services to people with mental illness</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement. Activities often are components of occupations and always hold meaning, relevance, and perceived utility for clients at their level of interest and motivation.</td>
<td>The client&lt;br&gt;• Selects clothing and manipulates clothing fasteners in advance of dressing&lt;br&gt;• Practices safe ways to get into and out of the bathtub&lt;br&gt;• Prepares a food list and practices using cooking appliances&lt;br&gt;• Reviews how to use a map and transportation schedule&lt;br&gt;• Writes answers on an application form&lt;br&gt;• Climbs on and off playground and recreation equipment&lt;br&gt;• Greets people and initiates conversation in a role-play situation&lt;br&gt;• Develops a weekly schedule to manage time and organize daily and weekly responsibilities required to live independently&lt;br&gt;• Uses adaptive switches to operate the home environmental control system&lt;br&gt;• Completes a desired expressive activity (e.g., art, craft, dance) that is not otherwise classified&lt;br&gt;• Plays a desired game either as a solo player or in competition with others</td>
</tr>
<tr>
<td><strong>PREPARATORY METHODS AND TASKS</strong></td>
<td>Methods and tasks that prepare the client for occupational performance, used as part of a treatment session in preparation for or concurrently with occupations and activities or provided to a client as a home-based engagement to support daily occupational performance.</td>
<td>The practitioner&lt;br&gt;• Administers physical agent modalities to decrease pain, assist with wound healing or edema control, or prepare muscles for movement&lt;br&gt;• Provides massage&lt;br&gt;• Performs manual lymphatic drainage techniques&lt;br&gt;• Performs wound care techniques, including dressing changes</td>
</tr>
<tr>
<td><strong>Preparatory methods</strong></td>
<td>Modalities, devices, and techniques to prepare the client for occupational performance. Often preparatory methods are interventions that are “done to” the client without the client's active participation.</td>
<td>The practitioner&lt;br&gt;• Administers physical agent modalities to decrease pain, assist with wound healing or edema control, or prepare muscles for movement&lt;br&gt;• Provides massage&lt;br&gt;• Performs manual lymphatic drainage techniques&lt;br&gt;• Performs wound care techniques, including dressing changes</td>
</tr>
<tr>
<td><strong>Splints</strong></td>
<td>Construction and use of devices to mobilize, immobilize, and support body structures to enhance participation in occupations.</td>
<td>The practitioner&lt;br&gt;• Fabricates and issues a splint or orthotic to support a weakened hand and decrease pain&lt;br&gt;• Fabricates and issues a wrist splint to facilitate movement and enhance participation in household activities</td>
</tr>
<tr>
<td><strong>Assistive technology and environmental modifications</strong></td>
<td>Identification and use of assistive technologies (high and low tech), application of universal design principles, and recommends changes to the environment or activity to support the client's ability to engage in occupations. This preparatory method includes assessment, selection, provision, and education and training in use of devices.</td>
<td>The practitioner&lt;br&gt;• Provides a pencil grip and slant board&lt;br&gt;• Provides electronic books with text-to-speech software&lt;br&gt;• Recommends visual supports (e.g., a social story) to guide behavior&lt;br&gt;• Recommends replacing steps with an appropriately graded ramp&lt;br&gt;• Recommends universally designed curriculum materials</td>
</tr>
<tr>
<td><strong>Wheeled mobility</strong></td>
<td>Use of products and technologies that facilitate a client's ability to maneuver through space, including seating and positioning, and that improve mobility, enhance participation in desired daily occupations, and reduce risk for complications such as skin breakdown or limb contractures.</td>
<td>The practitioner&lt;br&gt;• Recommends, in conjunction with the wheelchair team, a sip-and-puff switch to allow the client to maneuver the power wheelchair independently and interface with an environmental control unit in the home</td>
</tr>
</tbody>
</table>
TABLE 6. TYPES OF OCCUPATIONAL THERAPY INTERVENTIONS

(Continued)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Preparatory tasks | Actions selected and provided to the client to target specific client factors or performance skills. Tasks involve active participation of the client and sometimes comprise engagements that use various materials to simulate activities or components of occupations. Preparatory tasks themselves may not hold inherent meaning, relevance, or perceived utility as stand-alone entities. | The client:  
- Refolds towels taken from a clean linen cart to address shoulder range of motion  
- Participates in fabricated sensory environment (e.g., through movement, tactile sensations, scents) to promote alertness  
- Uses visual imagery and rhythmic breathing to promote rest and relaxation  
- Performs a home-based conditioning regimen using free weights  
- Does hand-strengthening exercises using therapy putty, exercise bands, grippers, and clothespins  
- Participates in an assertiveness training program to prepare for self-advocacy |

EDUCATION AND TRAINING

Education | Imparting of knowledge and information about occupation, health, well-being, and participation that enables the client to acquire helpful behaviors, habits, and routines that may or may not require application at the time of the intervention session | The practitioner:  
- Provides education regarding home and activity modifications to the spouse or family member of a person with dementia to support maximum independence  
- Educates town officials about the value of and strategies for making walking and biking paths accessible for all community members  
- Educates providers of care for people who have experienced trauma on the use of sensory strategies  
- Provides education to people with mental health issues and their families on the psychological and social factors that influence engagement in occupation |

Training | Facilitation of the acquisition of concrete skills for meeting specific goals in a real-life, applied situation. In this case, skills refers to measurable components of function that enable mastery. Training is differentiated from education by its goal of enhanced performance as opposed to enhanced understanding, although these goals often go hand in hand (Collins & O’Brien, 2003). | The practitioner:  
- Instructs the client in how to operate a universal control device to manage household appliances  
- Instructs family members in the use and maintenance of the father’s power wheelchair  
- Instructs the client in the use of self range of motion as a preparatory technique to avoid joint contracture of wrist  
- Instructs the client in the use of a handheld electronic device and applications to recall and manage weekly activities and medications  
- Instructs the client in how to direct a personal care attendant in assisting with self-care activities  
- Trains parents and teachers to focus on a child’s strengths to foster positive behaviors |

ADVOCACY—Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in daily life occupations. The outcomes of advocacy and self-advocacy support health, well-being, and occupational participation at the individual or systems level.

Advocacy | Advocacy efforts undertaken by the practitioner. | The practitioner:  
- Collaborates with a person to procure reasonable accommodations at a work site  
- Serves on the policy board of an organization to procure supportive housing accommodations for people with disabilities  
- Serves on the board of a local park district to encourage inclusion of children with disabilities in mainstream district sports programs when possible  
- Collaborates with adults who have serious mental illness to raise public awareness of the impact of stigma  
- Collaborates with and educates staff at federal funding sources for persons with disabling conditions |

Self-advocacy | Advocacy efforts undertaken by the client, which the practitioner can promote and support. |  
- A student with a learning disability requests and receives reasonable accommodations such as textbooks on tape  
- A grassroots employee committee requests and procures ergonomically designed keyboards for their work computers  
- People with disabilities advocate for the use of universal design principles with all new public construction  
- Young adults contact their Internet service provider to request support for cyberbullying prevention. |
### TABLE 6. TYPES OF OCCUPATIONAL THERAPY INTERVENTIONS

(Continued)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GROUP INTERVENTIONS</strong>—Use of distinct knowledge and leadership techniques to facilitate learning and skill acquisition across the lifespan through the dynamics of group and social interaction. Groups may also be used as a method of service delivery.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups</td>
<td>Functional groups, activity groups, task groups, social groups, and other groups used on inpatient units, within the community, or in schools that allow clients to explore and develop skills for participation, including basic social interaction skills, tools for self-regulation, goal setting, and positive choice making.</td>
<td>A group for older adults focuses on maintaining participation despite increasing disability, such as exploring alternative transportation if driving is no longer an option and participating in volunteer and social opportunities after retirement. A community group addresses issues of self-efficacy and self-esteem as the basis for creating resiliency in preadolescent children at risk for being bullied. A group in a mental health program addresses establishment of social connections in the community.</td>
</tr>
</tbody>
</table>
### TABLE 7. ACTIVITY AND OCCUPATIONAL DEMANDS

Activity and occupational demands are the components of activities and occupations that occupational therapy practitioners consider during the clinical reasoning process. Depending on the context and needs of the client, these demands can be deemed barriers to or supports for participation. Specific knowledge about the demands of activities and occupations assists practitioners in selecting activities for therapeutic purposes. Demands of the activity or occupation include the relevance and importance to the client, objects used and their properties, space demands, social demands, sequencing and timing, required actions and performance skills, and required underlying body functions and body structures.

<table>
<thead>
<tr>
<th>Type of Demand</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance and importance to client</td>
<td>Alignment with the client's goals, values, beliefs, and needs and perceived utility</td>
<td>• Driving a car equates with independence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Preparing a holiday meal connects with family tradition.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Voting is a rite of passage to adulthood.</td>
</tr>
<tr>
<td>Objects used and their properties</td>
<td>Tools, supplies, and equipment required in the process of carrying out the activity</td>
<td>• Tools (e.g., scissors, dishes, shoes, volleyball)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Supplies (e.g., paints, milk, lipstick)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Equipment (e.g., workbench, stove, basketball hoop)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inherent properties (e.g., heavy, rough, sharp, colorful, loud, bitter tasting)</td>
</tr>
<tr>
<td>Space demands (related to the physical environment)</td>
<td>Physical environmental requirements of the activity (e.g., size, arrangement, surface, lighting, temperature, noise, humidity, ventilation)</td>
<td>• Large, open space outdoors for a baseball game</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bathroom door and stall width to accommodate wheelchair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Noise, lighting, and temperature controls for a library</td>
</tr>
<tr>
<td>Social demands (related to the social environment and virtual and cultural contexts)</td>
<td>Elements of the social environment and virtual and cultural contexts that may be required by the activity</td>
<td>• Rules of the game</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Expectations of other participants in the activity (e.g., sharing supplies, using language appropriate for the meeting, appropriate virtual decorum)</td>
</tr>
<tr>
<td>Sequencing and timing</td>
<td>Process required to carry out the activity (e.g., specific steps, sequence of steps, timing requirements)</td>
<td>• Steps to make tea: Gather cup and tea bag, heat water, pour water into cup, let steep, add sugar.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sequence: Heat water before placing tea bag in water.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Timing: Leave tea bag to steep for 2 minutes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Steps to conduct a meeting: Establish goals for meeting, arrange time and location, prepare agenda, call meeting to order.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sequence: Have people introduce themselves before beginning discussion of topic.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Timing: Allot sufficient time for discussion of topic and determination of action items.</td>
</tr>
<tr>
<td>Required actions and performance skills</td>
<td>Actions (performance skills—motor, process, and social interaction) required by the client that are an inherent part of the activity</td>
<td>• Feeling the heat of the stove</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Gripping a handlebar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Choosing ceremonial clothes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Determining how to move limbs to control the car</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adjusting the tone of voice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Answering a question</td>
</tr>
<tr>
<td>Required body functions</td>
<td>“Physiological functions of body systems (including psychological functions)” (WHO, 2001, p. 10) required to support the actions used to perform the activity</td>
<td>• Mobility of joints</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Level of consciousness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cognitive level</td>
</tr>
<tr>
<td>Required body structures</td>
<td>“Anatomical parts of the body such as organs, limbs, and their components” that support body functions (WHO, 2001, p. 10) and are required to perform the activity</td>
<td>• Number of hands or feet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Olfactory or taste organs</td>
</tr>
</tbody>
</table>
## Table 8. Approaches to Intervention

Approaches to intervention are specific strategies selected to direct the process of evaluation and intervention planning, selection, and implementation on the basis of the client's desired outcomes, evaluation data, and evidence. Approaches inform the selection of practice models, frames of references, or treatment theories.

<table>
<thead>
<tr>
<th>Approach</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Create, promote (health promotion) | An intervention approach that does not assume a disability is present or that any aspect would interfere with performance. This approach is designed to provide enriched contextual and activity experiences that will enhance performance for all people in the natural contexts of life (adapted from Dunn, McClain, Brown, & Youngstrom, 1998, p. 534). | • Create a parenting class to help first-time parents engage their children in developmentally appropriate play  
• Provide a falls prevention class to a group of older adults at the local senior center to encourage safe mobility throughout the home |
| Establish, restore (remediation, restoration) | An intervention approach designed to change client variables to establish a skill or ability that has not yet developed or to restore a skill or ability that has been impaired (adapted from Dunn et al., 1998, p. 533). | • Restore a client's upper-extremity movement to enable transfer of dishes from the dishwasher into the upper kitchen cabinets  
• Develop a structured schedule, chunking tasks to decrease the risk of being overwhelmed when faced with the many responsibilities of daily life roles  
• Collaborate with a client to help establish morning routines needed to arrive at school or work on time |
| Maintain | An intervention approach designed to provide the supports that will allow clients to preserve the performance capabilities they have regained, that continue to meet their occupational needs, or both. The assumption is that without continued maintenance intervention, performance would decrease, occupational needs would not be met, or both, thereby affecting health, well-being, and quality of life. | • Provide ongoing intervention for a client with amyotrophic lateral sclerosis to address participation in desired occupations through provision of assistive technology  
• Maintain independent gardening for people with arthritis by recommending tools with modified grips, long-handled tools, seating alternatives, and raised gardens  
• Maintain safe and independent access for people with low vision by increasing hallway lighting in the home |
| Modify (compensation, adaptation) | An intervention approach directed at “finding ways to revise the current context or activity demands to support performance in the natural setting, [including] compensatory techniques . . . [such as] enhancing some features to provide cues or reducing other features to reduce distractibility” (Dunn et al., 1998, p. 533). | • Simplify task sequence to help a person with cognitive impairments complete a morning self-care routine  
• Consult with builders to design homes that will allow families to provide living space for aging parents (e.g., bedroom and full bath on the main floor of a multilevel dwelling)  
• Modify the clutter in a room to decrease a client's distractibility |
| Prevent (disability prevention) | An intervention approach designed to address the needs of clients with or without a disability who are at risk for occupational performance problems. This approach is designed to prevent the occurrence or evolution of barriers to performance in context. Interventions may be directed at client, context, or activity variables (adapted from Dunn et al., 1998, p. 534). | • Aid in the prevention of illicit chemical substance use by introducing self-initiated routine strategies that support drug-free behavior  
• Prevent social isolation of employees by promoting participation in after-work group activities  
• Consult with a hotel chain to provide an ergonomics educational program designed to prevent back injuries in housekeepers |
TABLE 9. OUTCOMES

Outcomes are the end result of the occupational therapy process; they describe what clients can achieve through occupational therapy intervention. The outcomes of occupational therapy can be described in two ways. Some outcomes are measurable and are used for intervention planning, monitoring, and discharge planning. These outcomes reflect the attainment of treatment goals that relate to engagement in occupation. Other outcomes are experienced by clients when they have realized the effects of engagement in occupation and are able to return to desired habits, routines, roles, and rituals. The examples listed specify how the broad outcome of health and participation in life may be operationalized and are not intended to be all inclusive.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational performance</td>
<td>Act of doing and accomplishing a selected action (performance skill), activity, or occupation (Fisher, 2009; Fisher &amp; Griswold, 2014; Kielhofner, 2008) and results from the dynamic transaction among the client, the context, and the activity. Improving or enabling skills and patterns in occupational performance leads to engagement in occupations or activities (adapted in part from Law et al., 1996, p. 16).</td>
<td>See “Improvement” and “Enhancement,” below.</td>
</tr>
<tr>
<td>Improvement</td>
<td>Outcomes targeted when a performance limitation is present. These outcomes reflect increased occupational performance for the person, group, or population.</td>
<td>• A child with autism playing interactively with a peer (person) • An older adult returning to a desired living situation in the home from a skilled nursing facility (person) • Decreased incidence of back strain in nursing personnel as a result of an in-service education program in body mechanics for carrying out job duties that require bending, lifting, and so forth (group) • Construction of accessible playground facilities for all children in local city parks (population)</td>
</tr>
<tr>
<td>Enhancement</td>
<td>Outcomes targeted when a performance limitation is not currently present. These outcomes reflect the development of performance skills and performance patterns that augment existing performance in life occupations.</td>
<td>• Increased confidence and competence of teenage mothers in parenting their children as a result of structured social groups and child development classes (person) • Increased membership in the local senior citizen center as a result of expanding social wellness and exercise programs (group) • Increased ability of school staff to address and manage school-age youth violence as a result of conflict resolution training to address bullying (group) • Increased opportunities for older adults to participate in community activities through ride-share programs (population)</td>
</tr>
<tr>
<td>Prevention</td>
<td>Education or health promotion efforts designed to identify, reduce, or prevent the onset and reduce the incidence of unhealthy conditions, risk factors, diseases, or injuries (AOTA, 2013b). Occupational therapy promotes a healthy lifestyle at the individual, group, community (societal), and governmental or policy level (adapted from AOTA, 2001).</td>
<td>• Appropriate seating and play area for a child with orthopedic impairments (person) • Implementation of a program of leisure and educational activities for a drop-in center for adults with severe mental illness (group) • Access to occupational therapy services in underserved areas regardless of cultural or ethnic background (population)</td>
</tr>
<tr>
<td>Health and wellness</td>
<td>Resources for everyday life, not the objective of living. For individuals, health is a state of physical, mental, and social well-being, as well as a positive concept emphasizing social and personal resources and physical capacities (WHO, 1986). Health for groups and populations includes these individual aspects but also includes social responsibility of members to the group or population as a whole. Wellness is “an active process through which individuals [or groups or populations] become aware of and make choices toward a more successful existence” (Hettler, 1984, p. 1117). Wellness is more than a lack of disease symptoms; it is a state of mental and physical balance and fitness (adapted from Taber's Cyclopedic Medical Dictionary, 1997, p. 2110).</td>
<td>• Participation by a person with a psychiatric disability in an empowerment and advocacy group to improve services in the community (person) • Implementation of a company-wide program for employees to identify problems and solutions regarding the balance among work, leisure, and family life (group) • Decreased incidence of childhood obesity (population)</td>
</tr>
</tbody>
</table>

(Continued)
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Quality of life   | Dynamic appraisal of the client’s life satisfaction (perceptions of progress toward goals), hope (real or perceived belief that one can move toward a goal through selected pathways), self-concept (the composite of beliefs and feelings about oneself), health and functioning (e.g., health status, self-care capabilities), and socioeconomic factors (e.g., vocation, education, income; adapted from Radomski, 1995). | • Full and active participation of a deaf child from a hearing family during a recreational activity (person)  
• Residents being able to prepare for outings and travel independently as a result of independent living skills training for care providers (group)  
• Formation of a lobby to support opportunities for social networking, advocacy activities, and sharing of scientific information for stroke survivors and their families (population) |
| Participation     | Engagement in desired occupations in ways that are personally satisfying and congruent with expectations within the culture.                                                                                                                                          | • A person recovering the ability to perform the essential duties of his or her job after a flexor tendon laceration (person)  
• A family enjoying a vacation while traveling cross-country in their adapted van (group)  
• All children within a state having access to school sports programs (population) |
| Role competence   | Ability to effectively meet the demands of roles in which the client engages.                                                                                                                             | • An individual with cerebral palsy being able to take notes or type papers to meet the demands of the student role (person)  
• Implementation of job rotation at a factory that allows sharing of higher demand tasks to meet the demands of the worker role (group)  
• Improved accessibility of polling places to all people with disabilities to meet the demands of the citizen role (population) |
| Well-being        | Contentment with one’s health, self-esteem, sense of belonging, security, and opportunities for self-determination, meaning, roles, and helping others (Hammell, 2009). **Well-being** is “a general term encompassing the total universe of human life domains, including physical, mental, and social aspects” (WHO, 2006, p. 211). | • A person with amyotrophic lateral sclerosis being content with his ability to find meaning in fulfilling the role of father through compensatory strategies and environmental modifications (person)  
• Members of an outpatient depression and anxiety support group feeling secure in their sense of group belonging and ability to help other members (group)  
• Residents of a town celebrating the groundbreaking of a school during reconstruction after a natural disaster (population) |
| Occupational justice | Access to and participation in the full range of meaningful and enriching occupations afforded to others, including opportunities for social inclusion and the resources to participate in occupations to satisfy personal, health, and societal needs (adapted from Townsend & Wilcock, 2004). | • An individual with an intellectual disability serving on an advisory board to establish programs offered by a community recreation center (person)  
• Workers having enough break time to have lunch with their young children in their day care center (group)  
• Increased sense of empowerment and self-advocacy skills for people with persistent mental illness, enabling them to develop an antistigma campaign promoting engagement in the civic arena (group) and alternative adapted housing options for older adults to age in place (population) |
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Appendix A. Glossary

A

Activities
Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement.

Activities of daily living (ADLs)
Activities oriented toward taking care of one's own body (adapted from Rogers & Holm, 1994). ADLs also are referred to as basic activities of daily living (BADLs) and personal activities of daily living (PADLs). These activities are “fundamental to living in a social world; they enable basic survival and well-being” (Christiansen & Hammmecker, 2001, p. 156; see Table 1).

Activity analysis
Analysis of “the typical demands of an activity, the range of skills involved in its performance, and the various cultural meanings that might be ascribed to it” (Crepeau, 2003, p. 192).

Activity demands
Aspects of an activity or occupation needed to carry it out, including relevance and importance to the client, objects used and their properties, space demands, social demands, sequencing and timing, required actions and performance skills, and required underlying body functions and body structures (see Table 7).

Adaptation
Occupational therapy practitioners enable participation by modifying a task, the method of accomplishing the task, and the environment to promote engagement in occupation (James, 2008).

Advocacy
Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their daily life occupations. Efforts undertaken by the practitioner are considered advocacy, and those undertaken by the client are considered self-advocacy and can be promoted and supported by the practitioner (see Table 6).

Analysis of occupational performance
The step in the evaluation process in which the client’s assets and problems or potential problems are more specifically identified through assessment tools designed to observe, measure, and inquire about factors that support or hinder occupational performance and in which targeted outcomes are identified (see Exhibit 2).

Assessments
“Specific tools or instruments that are used during the evaluation process” (American Occupational Therapy Association [AOTA], 2010, p. S107).

B

Body functions
“Physiological functions of body systems (including psychological functions)” (World Health Organization [WHO], 2001, p. 10; see Table 2).

Body structures
“Anatomical parts of the body, such as organs, limbs, and their components” that support body functions (WHO, 2001, p. 10; see Table 2).

C

Client
Person or persons (including those involved in the care of a client), group (collective of individuals, e.g., families, workers, students, or community members), or population (collective of groups or individuals living in a similar locale—e.g., city, state, or country—or sharing the same or like concerns).

Client-centered care (client-centered practice)
Approach to service that incorporates respect for and partnership with clients as active participants in the therapy process. This approach emphasizes clients’ knowledge and experience, strengths, capacity for choice, and overall autonomy (Boyt Schell et al., 2014a, p. 1230).

Client factors
Specific capacities, characteristics, or beliefs that reside within the person and that influence performance in occupations. Client factors include values, beliefs, and spirituality; body functions; and body structures (see Table 2).

Clinical reasoning
“Process used by practitioners to plan, direct, perform, and reflect on client care” (Boyt Schell et al., 2014a, p. 1231). The term professional reasoning is sometimes used and is considered to be a broader term.

Collaborative approach
Orientation in which the occupational therapy practitioner and client work in the spirit of egalitarianism and mutual participation. Collaboration involves encouraging clients to describe their therapeutic concerns, identify their own goals, and contribute to decisions regarding therapeutic interventions (Boyt Schell et al., 2014a).
Context
Variety of interrelated conditions within and surrounding the client that influence performance, including cultural, personal, temporal, and virtual contexts (see Table 5).

Co-occupation
Occupation that implicitly involves two or more people (Boyt Schell et al., 2014a, p. 1232).

Cultural context
Customs, beliefs, activity patterns, behavioral standards, and expectations accepted by the society of which a client is a member. The cultural context influences the client’s identity and activity choices (see Table 5).

D
Domain
Profession’s purview and areas in which its members have an established body of knowledge and expertise.

E
Education
• As an occupation: Activities involved in learning and participating in the educational environment (see Table 1).
• As an intervention: Activities that impart knowledge and information about occupation, health, well-being, and participation, resulting in acquisition by the client of helpful behaviors, habits, and routines that may or may not require application at the time of the intervention session (see Table 6).

Engagement in occupation
Performance of occupations as the result of choice, motivation, and meaning within a supportive context and environment.

Environment
External physical and social conditions that surround the client and in which the client’s daily life occupations occur (see Table 5).

Evaluation
“Process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results” (AOTA, 2010, p. S107).

G
Goal
Measurable and meaningful, occupation-based, long-term or short-term aim directly related to the client’s ability and need to engage in desired occupations (AOTA, 2013a, p. S35).

Group
Collective of individuals (e.g., family members, workers, students, community members).

Group intervention
Skilled knowledge and use of leadership techniques in various settings to facilitate learning and acquisition by clients across the lifespan of skills for participation, including basic social interaction skills, tools for self-regulation, goal setting, and positive choice making, through the dynamics of group and social interaction. Groups may be used as a method of service delivery (see Table 6).

H
Habilitation
Health care services designed to assist people in acquiring, improving, minimizing the deterioration of, compensating for an impairment of, or maintaining (partially or fully) skills, function, or performance for participation in occupation and daily life activities (AOTA policy staff, personal communication, December 17, 2013).

Habits
“Acquired tendencies to respond and perform in certain consistent ways in familiar environments or situations; specific, automatic behaviors performed repeatedly, relatively automatically, and with little variation” (Boyt Schell et al., 2014a, p. 1234). Habits can be useful, dominating, or impoverished and can either support or interfere with performance in areas of occupation (Dunn, 2000; see Table 4).

Health
“State of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity” (WHO, 2006, p. 1).

Health promotion
“Process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental, and social well-being, an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment” (WHO, 1986).

Hope
“Perceived ability to produce pathways to achieve desired goals and to motivate oneself to use those pathways” (Rand & Cheavens, 2009, p. 323).
**Independence**

“Self-directed state of being characterized by an individual’s ability to participate in necessary and preferred occupations in a satisfying manner irrespective of the amount or kind of external assistance desired or required” (AOTA, 2002a, p. 660).

**Instrumental activities of daily living (IADLs)**

Activities that support daily life within the home and community and that often require more complex interactions than those used in ADLs (see Table 1).

**Interdependence**

“Reliance that people have on one another as a natural consequence of group living” (Christiansen & Townsend, 2010, p. 419). “Interdependence engenders a spirit of social inclusion, mutual aid, and a moral commitment and responsibility to recognize and support difference” (Christiansen & Townsend, 2010, p. 187).

**Interests**

“What one finds enjoyable or satisfying to do” (Kielhofner, 2008, p. 42).

**Intervention**

“Process and skilled actions taken by occupational therapy practitioners in collaboration with the client to facilitate engagement in occupation related to health and participation. The intervention process includes the plan, implementation, and review” (AOTA, 2010, p. S107; see Table 6).

**Intervention approaches**

Specific strategies selected to direct the process of interventions on the basis of the client’s desired outcomes, evaluation data, and evidence (see Table 8).

**Leisure**

“Nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep” (Parham & Fazio, 1997, p. 250; see Table 1).

**Motor skills**

“Occupational performance skills observed as the person interacts with and moves task objects and self around the task environment” (e.g., activity of daily living [ADL] motor skills, school motor skills; Boyt Schell et al., 2014a, p. 1237; see Table 3).

**Occupation**

Daily life activities in which people engage. Occupations occur in context and are influenced by the interplay among client factors, performance skills, and performance patterns. Occupations occur over time; have purpose, meaning, and perceived utility to the client; and can be observed by others (e.g., preparing a meal) or be known only to the person involved (e.g., learning through reading a textbook). Occupations can involve the execution of multiple activities for completion and can result in various outcomes. The Framework identifies a broad range of occupations categorized as activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation (see Table 1).

**Occupational analysis**

See activity analysis.

**Occupational demands**

See activity demands.

**Occupational identity**

“Composite sense of who one is and wishes to become as an occupational being generated from one’s history of occupational participation” (Boyt Schell et al., 2014a, p. 1238).

**Occupational justice**

“A justice that recognizes occupational rights to inclusive participation in everyday occupations for all persons in society, regardless of age, ability, gender, social class, or other differences” (Nilsson & Townsend, 2010, p. 58). Access to and participation in the full range of meaningful and enriching occupations afforded to others, including opportunities for social inclusion and the resources to participate in occupations to satisfy personal, health, and societal needs (adapted from Townsend & Wilcock, 2004).

**Occupational performance**

Act of doing and accomplishing a selected action (performance skill), activity, or occupation (Fisher, 2009; Fisher & Griswold, 2014; Kielhofner, 2008) that results from the dynamic transaction among the client, the context, and the activity. Improving or enabling skills and patterns in occupational performance leads to engagement in occupations or activities (adapted in part from Law et al., 1996, p. 16).
**Occupational profile**
Summary of the client’s occupational history and experiences, patterns of daily living, interests, values, and needs (see Exhibit 2).

**Occupational therapy**
Therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, routines, and rituals in home, school, workplace, community, and other settings. Occupational therapy practitioners use their knowledge of the transactional relationship among the person, his or her engagement in valued occupations, and the context to design occupation-based intervention plans that facilitate change or growth in client factors (values, beliefs, and spirituality; body functions, body structures) and performance skills (motor, process, and social interaction) needed for successful participation. Occupational therapy practitioners are concerned with the end result of participation and thus enable engagement through adaptations and modifications to the environment or objects within the environment when needed. Occupational therapy services are provided for habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non-disability-related needs. These services include acquisition and preservation of occupational identity for those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction (adapted from AOTA, 2011).

**Organization**
Entity composed of individuals with a common purpose or enterprise, such as a business, industry, or agency.

**Outcome**
End result of the occupational therapy process; what clients can achieve through occupational therapy intervention (see Table 9).

**P**

**Participation**

**Performance patterns**
Habits, routines, roles, and rituals used in the process of engaging in occupations or activities; these patterns can support or hinder occupational performance (see Table 4).

**Performance skills**
Goal-directed actions that are observable as small units of engagement in daily life occupations. They are learned and developed over time and are situated in specific contexts and environments (Fisher & Griswold, 2014; see Table 3).

**Person**
Individual, including family member, caregiver, teacher, employee, or relevant other.

**Personal context**
“Features of the individual that are not part of a health condition or health status” (WHO, 2001, p. 17). The personal context includes age, gender, socioeconomic and educational status and may also include membership in a group (i.e., volunteers, employees) or population (i.e., members of a society; see Table 5).

**Physical environment**
Natural and built nonhuman surroundings and the objects in them. The natural environment includes geographic terrain, plants, and animals, as well as the sensory qualities of the natural surroundings. The built environment includes buildings, furniture, tools, and devices (see Table 5).

**Play**
“Any spontaneous or organized activity that provides enjoyment, entertainment, amusement, or diversion” (Parham & Fazio, 1997, p. 252; see Table 1).

**Population**
Collective of groups of individuals living in a similar locale (e.g., city, state, country) or sharing the same or like characteristics or concerns.

**Preparatory methods and tasks**
Methods and tasks that prepare the client for occupational performance, used either as part of a treatment session in preparation for or concurrently with occupations and activities or as a home-based engagement to support daily occupational performance. Often preparatory methods are interventions that are done to clients without their active participation and involve modalities, devices, or techniques.

**Prevention**
Education or health promotion efforts designed to identify, reduce, or prevent the onset and reduce the incidence of unhealthy conditions, risk factors, diseases, or injuries (AOTA, 2013b).

**Process**
Way in which occupational therapy practitioners operationalize their expertise to provide services to clients. The occupational therapy process includes evaluation, intervention, and targeted outcomes; occurs within the
purview of the occupational therapy domain; and involves collaboration among the occupational therapist, occupational therapy assistant, and client.

**Process skills**

“Occupational performance skills [e.g., ADL process skills, school process skills] observed as a person (1) selects, interacts with, and uses task tools and materials; (2) carries out individual actions and steps; and (3) modifies performance when problems are encountered” (Boyt Schell et al., 2014a, p. 1239; see Table 3).

**Quality of life**

Dynamic appraisal of life satisfaction (perception of progress toward identified goals), self-concept (beliefs and feelings about oneself), health and functioning (e.g., health status, self-care capabilities), and socioeconomic factors (e.g., vocation, education, income; adapted from Radomski, 1995).

**Reevaluation**

Reappraisal of the client’s performance and goals to determine the type and amount of change that has taken place.

**Rehabilitation**

Rehabilitation services are provided to persons experiencing deficits in key areas of physical and other types of function or limitations in participation in daily life activities. Interventions are designed to enable the achievement and maintenance of optimal physical, sensory, intellectual, psychological, and social functional levels. Rehabilitation services provide tools and techniques needed to attain desired levels of independence and self-determination.

**Rituals**

Sets of symbolic actions with spiritual, cultural, or social meaning contributing to the client’s identity and reinforcing values and beliefs. Rituals have a strong affective component (Fiese, 2007; Fiese et al., 2002; Segal, 2004; see Table 4).

**Roles**

Sets of behaviors expected by society and shaped by culture and context that may be further conceptualized and defined by the client (see Table 4).

**Routines**

Patterns of behavior that are observable, regular, and repetitive and that provide structure for daily life. They can be satisfying and promoting or damaging. Routines require momentary time commitment and are embedded in cultural and ecological contexts (Fiese et al., 2002; Segal, 2004; see Table 4).

**Self-Advocacy**

Advocating for oneself, including making one’s own decisions about life, learning how to obtain information to gain an understanding about issues of personal interest or importance, developing a network of support, knowing one’s rights and responsibilities, reaching out to others when in need of assistance, and learning about self-determination.

**Service delivery model**

Set of methods for providing services to or on behalf of clients.

**Social environment**

Presence of, relationships with, and expectations of persons, groups, and populations with whom clients have contact (e.g., availability and expectations of significant individuals, such as spouse, friends, and caregivers; see Table 5).

**Social interaction skills**

“Occupational performance skills observed during the ongoing stream of a social exchange” (Boyt Schell et al., 2014a, p. 1241; see Table 3).

**Social participation**

“Interweaving of occupations to support desired engagement in community and family activities as well as those involving peers and friends” (Gillen & Boyt Schell, 2014, p. 607) or involvement in a subset of activities that involve social situations with others (Bedell, 2012) and that support social interdependence (Magasi & Hammel, 2004). Social participation can occur in person or through remote technologies such as telephone calls, computer interaction, and video conferencing (see Table 1).

**Spirituality**

“Aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred” (Puchalski et al., 2009, p. 887; see Table 2).

**Task**

What individuals do or have done (e.g., drive, bake a cake, dress, make a bed; A. Fisher, personal communication, December 16, 2013).
Temporal context
Experience of time as shaped by engagement in occupations. The temporal aspects of occupations that “contribute to the patterns of daily occupations” include “rhythm . . . tempo . . . synchronization . . . duration . . . and sequence” (Larson & Zemke, 2003, p. 82; Zemke, 2004, p. 610). The temporal context includes stage of life, time of day, duration and rhythm of activity, and history (see Table 5).

Transaction
Process that involves two or more individuals or elements that reciprocally and continually influence and affect one another through the ongoing relationship (Dickie, Cutchin, & Humphry, 2006).

V
Values
Acquired beliefs and commitments, derived from culture, about what is good, right, and important to do (Kielhofner, 2008); principles, standards, or qualities considered worthwhile or desirable by the client who holds them (Moyers & Dale, 2007).

Virtual context
Environment in which communication occurs by means of airwaves or computers in the absence of physical contact. The virtual context includes simulated, real-time, or near-time environments such as chat rooms, email, video conferencing, and radio transmissions; remote monitoring via wireless sensors; and computer-based data collection (see Table 5).

W
Well-being
“General term encompassing the total universe of human life domains, including physical, mental, and social aspects” (WHO, 2006, p. 211).

Wellness
“Perception of and responsibility for psychological and physical well-being as these contribute to overall satisfaction with one’s life situation” (Boyt Schell et al., 2014a, p. 1243).

Work
“Labor or exertion; to make, construct, manufacture, form, fashion, or shape objects; to organize, plan, or evaluate services or processes of living or governing; committed occupations that are performed with or without financial reward” (Christiansen & Townsend, 2010, p. 423).
Appendix B. Preparation and Qualifications of Occupational Therapists and Occupational Therapy Assistants

Who Are Occupational Therapists?

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

- Has graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®) or predecessor organizations;
- Has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapists that is accredited by ACOTE or predecessor organizations;
- Has passed a nationally recognized entry-level examination for occupational therapists; and
- Fulfills state requirements for licensure, certification, or registration.

Educational Programs for the Occupational Therapist

These include the following:

- Biological, physical, social, and behavioral sciences
- Basic tenets of occupational therapy
- Occupational therapy theoretical perspectives
- Screening, evaluation, and referral
- Formulation and implementation of an intervention plan
- Context of service delivery
- Management of occupational therapy services (master’s level)
- Leadership and management (doctoral level)
- Scholarship
- Professional ethics, values, and responsibilities.

The fieldwork component of the program is designed to develop competent, entry-level, generalist occupational therapists by providing experience with a variety of clients across the lifespan and in a variety of settings. Fieldwork is integral to the program’s curriculum design and includes an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and/or research, administration, and management of occupational therapy services. 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. Doctoral-level students also must complete a doctoral experiential component designed to develop advanced skills beyond a generalist level.

Who Are Occupational Therapy Assistants?

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

- Has graduated from an occupational therapy assistant program accredited by ACOTE or predecessor organizations;
- Has successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapy assistants that is accredited by ACOTE or predecessor organizations;
- Has passed a nationally recognized entry-level examination for occupational therapy assistants; and
- Fulfills state requirements for licensure, certification, or registration.

Educational Programs for the Occupational Therapy Assistant

These include the following:

- Biological, physical, social, and behavioral sciences
- Basic tenets of occupational therapy
- Screening and assessment
- Intervention and implementation
- Context of service delivery
- Assistance in management of occupational therapy services
- Scholarship
- Professional ethics, values, and responsibilities.

The fieldwork component of the program is designed to develop competent, entry-level, generalist occupational therapy assistants by providing experience with a variety of clients across the lifespan and in a variety of settings. Fieldwork is integral to the program’s curriculum design and includes an in-depth experience in...
delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. The fieldwork experience is designed to promote clinical reasoning appropriate to the occupational therapy assistant role, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.

Regulation of Occupational Therapy Practice

All occupational therapists and occupational therapy assistants must practice under federal and state law. Currently, 50 states, the District of Columbia, Puerto Rico, and Guam have enacted laws regulating the practice of occupational therapy.
In many ways, the future for occupational therapy should look very rosy. Now as never before, societal and professional values are aligned. Consumers are demanding meaning in their lives and independent activities of daily living are not enough. Elders want to do more than play with their grandchildren—they want to build a legacy. Parents demand that children don't just have nice handwriting but recognize and achieve their potential. Policymakers and scientists beyond occupational therapy talk about social participation and civic engagement. Simultaneously, resources continue to shrink and consumers want assurances that the services received are effective and efficient. The result has been that, in the midst of this sea of change in which occupational therapy should be in high demand, the profession continues to struggle for recognition of our potential contribution to the health of society. One solution to this problem is a rapid escalation in our ability to generate and use evidence.

Evidence-based practice is not a new topic for this editorial space and the American Journal of Occupational Therapy (AJOT) in general. The former editor, Betty Hasselkus, wrote a number of editorials and initiated an Evidence-Based Practice Forum to help the profession embrace this approach. However, progress has been slow. Therefore, this editorial is intended to address one of the barriers to clinician use of research in practice identified by Dysart and Tomlin (2002)—lack of time on the job. Specifically, the topic of this editorial is How can a busy practitioner incorporate evidence in everyday practice?

Making positive changes requires attitude, knowledge, and skills. First, in regard to attitude—think hard about why it is important to implement an evidence-based practice despite the substantial barriers. Do your clients deserve the best treatment you can offer? Is it your ethical and professional responsibility to stay current with the literature and transfer new information to practice? Wendy Wood (2004) offered one of the best reasons for an attitude adjustment when she noted that occupational therapists have big caring hearts and want to do right by clients, but often do not engage a critical mind. She paraphrases the respected educator Parker Palmer, and adds:

. . . caring hearts unguided by critically thinking and informed minds are just as problematic as are critically thinking and informed minds unguided by caring hearts. Yet it seems to me that occupational therapists are far more tolerant of the former imbalance than the latter. (p. 249)

As a profession, we cannot afford to tolerate “decapitated” occupational therapy, treating with your heart separated from the logic and scholarship of occupational therapy (Wood, 2004). Are you a decapitated occupational therapist?

Second, a busy practitioner who engages in evidence-based practice has devoted some time to gaining knowledge about what comprises evidence and how to use it in everyday practice. This does not necessitate a large investment in time—just an hour to get started. In a series of five Evidence-Based Practice Forums published in AJOT in 1999 and 2000, Tickle-Degnan proposed five easy steps for implementing an evidence-based practice. They are (Tickle-Degnan, 2000, p. 102):

1. Write a clinical question
2. Gather current evidence that might answer the question
3. Evaluate the gathered evidence to determine what is the “best” evidence for answering the question
4. Communicate with clients, family members, and clinical colleagues about the evidence as assessment and intervention decisions are being made

FROM THE DESK OF THE EDITOR

A Busy Practitioner’s Approach to Evidence-Based Practice

Mary Corcoran
5. Evaluate evidence-based assessment and intervention procedures as they are implemented and revise and individualize those procedures as appropriate.

I highly recommend finding an hour and reading all five of these short, informative, and pragmatic articles (listed at the end of this editorial). If you no longer have the original issue, go online and download the articles in PDF format for free from an American Occupational Therapy Association (AOTA) member benefit (www.aota.org). In the time it takes to read less than 20 pages, you will gain the knowledge needed to become an evidence-based practitioner. Like any topic, you can pursue knowledge beyond this basic level, but the payoff is immediate in terms of possessing the information necessary to use evidence in your practice tomorrow.

Third, you will need to develop skills that make using evidence a vital part of everyday clinical reasoning. Here is where many professionals claim that the barriers of time and access to information are simply insurmountable. Time certainly is limited and we are continuously asked to do more in fewer hours while the workday grows longer. However, access to information is not a barrier if you have relevant skills; and furthermore, the ability to quickly find and use evidence does not need to be time-consuming. Here are my suggestions for building your informatics skills if you are a busy clinical scholar:

1. Begin by getting a birds-eye view of the resources available via the Internet. There are a number of resources, including an Evidence-Based Practice Resource Directory available on the AOTA Web site (www.aota.org). Find the Web sites that are free (or available to you as a member benefit), easily searchable, and provide access to the type of information you need. For example, OTSeeker (www.otseeker.com) (Bennett et al., 2003) is free and provides a searchable database of published literature reporting Level 1 and 2 evidence (see Holm, 2000, for a review of levels of evidence). Levels 1 and 2 include systematic critical reviews of the literature and randomized controlled trials. If you're in a hurry, these are the types of studies that offer the strongest evidence. That is not to say that evidence cannot be derived from Level 3, 4, and 5 studies, but if you are pressed for time, consider beginning with the strongest evidence and working your way through the literature over time.

2. Make a list or bookmark the Web sites that you believe will yield the highest quality and quantity of information in the shortest amount of time. At first, all the information will be new, but as you return to the site you only need to search for literature that has been published since the last time you searched. How often can you visit a given site is dependent on your schedule, but even if you can only manage to update your understanding of the evidence every 6 months, it may be sufficient.

3. Learn to search efficiently and effectively by using relevant key words to search your favorite databases. For example, I searched OTSeeker using the key word “dementia” and got 93 results. I could have refined my search in several ways (i.e., limiting to certain years of publication or interventions), but that was a good first look. I chose the articles I was interested in reading and had them e-mailed to myself. Of course, I cannot read all 93 at once, but a quick look at the abstracts will help me to decide between the must-read-now articles and those that can wait. I have a folder with subfolders on my computer so the information is available when I am.

4. Look for services that find information for you, like a personal shopper. For example, the Gerontological Society of America (GSA) will alert me to publication of articles that match key words or authors I’ve identified. When an article matching my key words is published, an e-mail is sent to me with an embedded hyperlink to the article. I can either read the article then or save it until I have more time. Sometimes these “personal readers” are associated with a small fee, but they are often a good value.

In conclusion, if you develop the attitude that you want to treat with your head as well as your heart (Wood, 2004), gain a fundamental knowledge of evidence-based practice, and take a little time to develop this skill, you’ll someday wonder how anyone can practice without being fully connected to the literature. ▲

References


Articles Elucidating Five Steps of Evidence-Based Practice


The Acquisition and Integration of Evidence-Based Practice Concepts by Occupational Therapy Students

Jan E. Stube, Janet S. Jedlicka

This article describes the ways in which master's of occupational therapy students across one professional curriculum expressed their learning of evidence-based practice (EBP). Through qualitative case methodology and focus group interviews, the student participants’ perceptions of EBP were examined across varying levels of academic and clinical experiences. The present findings support the relevance of clinically based activity, particularly fieldwork experiences, along with discussion-based learning for developing a discerning viewpoint of EBP. The outcomes of this exploratory study yield an initial view of EBP through the eyes of students approaching novice practitioner status. This preliminary study provides awareness for occupational therapy education and research to further the development of EBP within occupational therapy practice.


During the past 15 to 20 years, evidence-based practice (EBP) in health care has been increasingly influenced by the amount of research and clinical practice information available and accessible to the practitioner. The need to search out and find evidence to support the efficacy of occupational therapy interventions has been driven in part by the rising costs of health care, shortened hospital stays, prospective payment systems, and the increased accountability of all health care professionals in providing clients with the most efficient and effective services. There is strong advocacy in the existing literature for the use of EBP as an integral aspect of practice in occupational therapy and an essential requirement in meeting the accountability challenge (Accreditation Council for Occupational Therapy Education, 1999; Holm, 2000; Hammon Kellegrew, 2005; Law, 2000, 2002; Law & Baum, 1998; Lieberman & Scheer, 2002; Ottenbacher, Tickle-Degnen, & Hasselkus, 2002; Taylor, 1997; Tickle-Degnen, 1999, 2000a, 2000b, 2000d, 2002).

The literature is abundant with information to educate and guide the practicing therapist with specific strategies to use evidence along with clinical reasoning in planning intervention with occupational therapy clients (Coster & Vergara, 2004; Holm, 2000; Law, 2002; Rappolt, 2003; Taylor, 2000; Tickle-Degnen, 1999, 2000a, 2000b, 2000d, 2002). Equally, there is a growing body of literature on occupational therapy clinical viewpoints regarding the use of evidence in practice, often stating the barriers to current usage (Bennett et al., 2003; Dubouloz, Egan, Vallerand, & von Zweck, 1999; Dysart & Tomlin, 2002; Gervais, Poirier, Van Iterson, Egan, & Tickle-Degnen, 2002; Rappolt, 2003; Rappolt & Tassone, 2002). More recently, there are descriptions emphasizing the practitioner viewpoint not only in guiding future research but in models for the clinical application and sharing of the evidence with individual clients receiving occupational therapy (Hammon Kellegrew, 2005; Kielhofner, 2005; Sudsawad, 2005). The meaning of evidence to our profession and how we incorporate it into our clinical practice is evolving.

As occupational therapy educators in a professional master's-degree program, we have been interested in the issues related to EBP and how we can best prepare...

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our students to become scholarly consumers of evidence in their clinical futures. To that end, we discovered limited evidence regarding how occupational therapy students learn about the value of EBP, understand it, and experience it within the clinical world of fieldwork education (Coster & Vergara, 2004; Stern, 2005; Tickle-Degnen, 2000c). The discovery of how our occupational therapy students define, value, and incorporate EBP into their fieldwork educational experiences was important to us. Our hope was that the foundational preparation provided to students within our academic program would be an impetus to merging evidence into their clinical learning.

Law and Baum (1998) and Law (2002) provided a foundational EBP model that has shaped the coursework within our master’s of occupational therapy (MOT) curriculum. This model of EBP incorporates (a) client choice and expectations for their outcomes, (b) practice evidence, and (c) active engagement of clinician judgment and dialogue, forming a triad that has been beneficial to the explanation of EBP for first-year through third-year MOT students. The EBP triad of client engagement and research evidence, combined with clinician knowledge and critical thinking, was further conceptualized by Stoffel (2001), making EBP more visual and interactive as a construct for educational purposes (Figure 1). Collectively, the work of Law and Baum (1998), Law (2002), and Stoffel (2001) strongly provided the EBP foundation and underpinning for planning and implementation of this project.

The purpose of this qualitative research study was to investigate student perceptions and understanding of EBP as presented within one MOT curriculum. Through a better understanding of the student viewpoint, the intent was to uncover those educational methods that best promote an understanding of EBP and its meaning for the students, including clinical representations.

### Method

#### Design

To provide a context conducive to describing student perspectives, case study qualitative methodology was used for this project, with semi-structured questioning within focus groups as a method of data collection (Berg, 2004; Creswell, 1998; Krueger & Casey, 2000; Patton, 2002). Specifically, focus groups were selected as a means to elicit lively discussion in a group context that can be perceived as less threatening to individual participants. Focus groups provided an opportunity to obtain multiple perspectives on the topic of EBP. In this study, focus groups were formed with students from the first, second, and third academic years of the MOT program. Each focus group was composed of the same level of students and was considered as an individual “case.” Institutional Review Board approval was obtained, and all participants gave written informed consent before their focus group participation. The students were assured by the occupational therapy faculty researchers of confidentiality and the voluntary nature of their participation.

#### Participants and Context

At the time of this study, 83 students were enrolled in this accredited MOT program, first through third years of study within the program. All of the students were older than age 18 years. All students were invited by e-mail, verbal announcement, or both to participate in the study. A total of 27 students volunteered, approximately one-third of the occupational therapy student body. Of these volunteers, 11 participants were in their third year of study, 8 in the second year, and 8 in the first year. Participants were 26 women and 1 man. There were two third-year student focus groups because of the timing of fieldwork experiences; third-year students participated when they returned to campus from their off-campus fieldwork requirement.

All students enrolled in this MOT program participate in 100 volunteer hours across at least three clinical occupational therapy settings before entering the program. In addition and at the time of this study, all first-year students had participated in one week-long Level I fieldwork; all second-year students had completed four separate week-long Level I fieldwork experiences; and all third-year students had completed five separate week-long fieldwork experiences and at least one 12-week Level II fieldwork.

Students are admitted to the program before the summer session of each year. During the session, students are required to take anatomy and a personal and professional development course. The students are introduced to evidence-based practice in the fall semester of their first year during the first of two research courses in the curriculum.
Using the work of Law and Baum (1998), Law (2002), and Stoffel (2001), the EBP model and triad is introduced at that time. Subsequently, the concepts of EBP are emphasized in classroom assignments and activities throughout the curriculum as students complete practice courses in pediatrics, mental health, and physical disabilities. In addition, students complete two theory courses emphasizing the theoretical underpinnings of occupational therapy.

**Data Collection and Procedure**

To gather participant viewpoints, focus groups were scheduled at a convenient time for each student group. Focus groups were held in small classrooms or a conference room in the occupational therapy department, in which participants and the faculty researchers sat in comfortable chairs around a large table. The rooms were private, and no interruptions occurred. Consistent with the focus group size recommended by experts in the qualitative methodology, 5 to 8 students participated in each group (Krueger & Casey, 2000; Stewart & Shamdasani, 1990). Each session lasted approximately 1 hour and was moderated by the principal researcher and audiotaped. The audiotapes were transcribed verbatim by an outside third-party person and checked by the primary researcher for accuracy and anonymity of the participants. In addition, the second researcher took written notes during the sessions and transcribed them after each focus group. Both occupational therapy faculty researchers had background experience in academic teaching, clinical occupational therapy practice, and qualitative research methods. Due to the small number of faculty members teaching in our program, it was not possible to have a completely neutral third party facilitate the focus groups. For each group facilitated, one of the researchers was not involved in teaching the specific group of students that semester.

Care was taken by the researchers to make the atmosphere nonthreatening and conducive to open discussion. All focus groups began with a reflective “icebreaker” activity that involved a schematic representation of the EBP triad, based on the work by Law and Baum (1998), Law (2002), and Stoffel (2001) (Figure 1). Because the EBP schema was familiar to the students from earlier course work, it provided a mechanism to refocus the students on the components of EBP. All participants were given the schema and approximately 3 minutes to think and write a “single idea that comes to mind” on a 3-x-5-inch notecard. Participants were asked to verbally share their ideas with others in their focus group. Responses included the following:

- It supports OT [occupational therapy] and what we do. It helps us communicate with our clients, showing the efficacy of our interventions. (Year 3 student)

- It increases our credibility with other professions. (Year 2 student)

- To give the client the best treatment, you must have EBP. (Year 1 student)

The icebreaker activity set the stage for the focus group; the responses provided by the participants served as a springboard for the focus group process.

After the opening activity, the semistructured “core questions” (Patron, 2002), with probing questions interspersed as necessary, were used as an interviewing technique within each focus group (Appendix). These open-ended questions and semistructured interviewing format were used for reliability purposes across participant focus groups. The core questions were initially designed by the principal researcher with refinement by faculty fellowship colleagues.

The core questions were intentionally designed by the principal researcher to incorporate the EBP triad components (i.e., the client, the research evidence, and the occupational therapy critical thinking/knowledge base) as outlined by Law and Baum (1998), Law (2002), and Stoffel (2001) and as depicted in Figure 1. Student participants were asked to describe and synthesize the EBP triad components into those that seemed most important to them, those that connected EBP with their clinical experiences, and, further, what they recommended to advance EBP within occupational therapy practice. The core questions were intended to seek participants’ opinions relating the EBP knowledge gained in occupational therapy higher education to the clinical world as the students experienced it. Fundamentally, the core questions were phrased in a nonthreatening manner to gather student understanding of EBP, connections to clinical practice, and EBP learning experiences valuable either in academic or in clinical contexts.

The second researcher verbally summarized the key points described by the participants at the close of each focus group session; each group was asked to clarify and expand on the discussion content, correcting any misconceptions in the summary. Following each focus group, the researchers met and discussed the focus group in depth. Using the process of peer debriefing, notes were made on emerging themes, ongoing issues, and potential areas of bias (Newman & Benz, 1998). This process provided a mechanism for the researchers to discuss the information from the focus group and provide feedback to one another objectively.

**Analysis**

The researchers met to develop a framework for coding using the transcribed data. After this, data analysis was first performed separately; second, researchers met to clarify the coding process and expand on the initial codes. A content analysis approach was used to code the sets of focus group
data, noting comparisons, contrasts, and emerging themes (Berg, 2004; Creswell, 1998; Patton, 2002; Rubin & Rubin, 1995). Each researcher returned to the data and coded it a third time using the expanded coding framework. Triangulation methods were used to compare the individual coding of each of the focus group transcripts and in the theme development. The researchers compared the verbatim transcripts of the focus group sessions with the notes written during each group. In addition, the coding and data analysis of each researcher were closely compared to ensure consistency. When differences were noted, the researchers discussed the findings and reached consensus on the data analysis. The data from each group were first analyzed as an individual “case” and then analyzed for cross-case comparisons.

Content analysis began with initial coding of each separate case of data by each researcher separately. After the initial coding, the researchers contributed separately, then jointly, toward the development of a coding frame to track data instances, organize the categories, and provide structure for the overall inductive and deductive processes of developing the themes and assertions (Berg, 2004). The initial categories included the EBP triad components reflected in the theoretical foundational framework provided by Law and Baum (1998), Law (2002), and Stoffel (2001), yet were quickly integrated into broader, more integrative themes.

The categories were refined by the two researchers into broader themes that were counted and cross-case analyzed. A coding frame was used to visualize the data, noting multiple instances to substantiate and validate the emergent themes. To be included in the final data analysis, each theme had to be confirmed by a minimum of three quotes from each case (Berg, 2004). For the purposes of this article, however, the most salient quotes from each group of students were used to describe the findings. Before the final consensus on the five themes, the researchers made a last search, returning to the data for substantiating participant quotes across the groups. After researchers agreed on the themes, a final case summary was developed to provide overarching description and capture assertions from the collective student perspective.

Issues of trustworthiness were considered throughout the data gathering and analysis process to ensure that the emerging themes and findings were based in the data and to strengthen the rigor of the project. Detailed notes were taken during each focus group and transcribed within 24 hours by the second researcher after completion of the sessions. Audiotaped transcriptions were completed by an external party; all names and other identifying features were deleted from the transcripts.

The researchers were conscious of the need to verify the findings of the study with the participant data collected. During the analysis, the researchers returned to the data repeatedly to confirm the emerging categories, patterns, and themes to minimize bias and ensure authenticity and accuracy. In addition, the findings were later shared through member checking with the participants by e-mail to ensure accuracy of the data and interpretation of the findings.

Findings and Interpretation

The participants in each focus group described their perceptions and experiences with EBP in academic and fieldwork settings. All participants generated supporting statements derived from their direct experience in fieldwork or clinical contexts or both. Based on analyses of the transcripts using the process described earlier, five themes emerged: (1) the students’ perceptions that led to defining EBP for themselves; (2) the hidden nature or initial invisibility of EBP; (3) the students’ identification of barriers and solutions to the use of EBP in occupational therapy; (4) the reciprocal nature of fieldwork via mutual student and fieldwork educator contributions; and (5) the global role of academic and classroom learning toward understanding EBP. Each theme is described and illustrated using quotes from participants of the focus groups.

Theme 1: Students’ Perceptions of EBP

Students formed their own definitions of EBP to include client-centered practice and best practice. These definitions reflected a synthesis of textbook knowledge into an individualized interpretation of EBP. The following participant quotes illustrate the students’ excitement and enthusiasm to expand the role of occupational therapy in providing the best care possible for clients:

[EBP] allows therapists to use updated, new research along with the knowledge that they learned in school to give clients the best care possible. (Year 3 student)

It’s the future of the OT profession. It provides a basis and rationale for treatment, and it offers avenues of continued research to expand the profession. (Year 3 student)

The client should know just as much as the OT can share so that [the client] can be responsible for their own treatment and know what’s going on. (Year 2 student)

[EBP] allows you to have the OT knowledge and the clinical reasoning to work with your clients. It’s having the book knowledge, but also the street smarts. (Year 1 student)

These student statements are infused with the language of hope for their profession and their clients’ participation. Other illustrative words also were included in their statements: new, best, expand, know, and future. For the students,
a sense of potentiality seems to unite EBP with client-centeredness and best practice. This link between EBP and client-centered practice is supported by a survey of occupational therapists practicing in Australia. Bennett and colleagues (2003) found that 57.5% of the Australian practitioners surveyed agreed that EBP was client-centered. The present study’s interpretation of the clinical bond among EBP, the client, and the occupational therapist has the potential to bring a renewed energy and strengthened rationale for the relevance of evidence in fostering the client–therapist collaboration.

**Theme 2: The Initial Invisibility of EBP**

EBP, as applied in occupational therapy clinical settings, was initially invisible or “hidden” to students. Although the students consistently stated that the practitioners used experience and clinical reasoning when providing intervention for clients, this observation initially was not perceived as EBP by the students. The visibility of EBP did not appear to the students until further processing occurred within the focus groups. The following quotes exemplify the initial “invisibility” of EBP:

The only thing that I could see that they [i.e., fieldwork educators] used was their own knowledge and critical thinking. (Year 3 student)

I didn’t see as much evidence of it [i.e., EBP] being used as I would have hoped. (Year 3 student)

The examples of EBP “in action,” however, became more apparent to the students through the process of reflection, which was facilitated by the focus group discussion itself. The heightened awareness and visibility of EBP after further discussion is exemplified by this statement by a third-year student:

As [the therapist] was treating a patient, she’d just throw things out, like, “Well, research shows that gentle stretch combined with this modality is more effective than the modality alone” . . . and the patient was really impressed with that. (Year 3 student)

Further, third-year students could recount their own use of EBP within the client–therapist clinical context as the focus group discussion ensued. The following is an example of how third-year students recounted their own participation in EBP:

I was basically teaching a class on neuroscience and how their medications were used in the brain—the effect it had. And since so many [clients] did not believe they had a psychiatric disorder . . . I had to bring new research every day, show them examples and graphs and MRI scans . . . and [the clients] became so much more accepting. . . . (Year 3 student)

As consistently illustrated across the focus groups, the students initially did not perceive EBP being used within the clinical setting. This perception may be reflective of the early professional development level of the students, it may indicate the overall subtle nature of EBP, or it may support the literature findings about barriers to occupational therapy practitioners using the evidence along with their clinical knowledge in collaboration with the client (Bennett et al., 2003; Coster & Vergara, 2004; Holm, 2000; Law & Baum, 1998; Rappolt, 2003). In the survey of Australian occupational therapists by Bennett et al. (2003), reliance on clinical experience was reported as the primary mode for clinical decision making regarding client intervention. Having previous EBP training or postgraduate education was significantly associated with use of current research evidence in addition to experience for clinical decision-making (Bennett et al., 2003).

The possibility of EBP as a hidden or behind-the-scenes concept, as raised by the participants in this study, has implications for how our practice is viewed by others. If EBP is initially not observable to the occupational therapy student, perhaps it is equally invisible to various consumer populations—clients, families, other health care providers, administrators, and reimbursers. For occupational therapy educators, an additional implication is to facilitate connections emphasizing the application of evidence through structured group discussions and debriefings after fieldwork experiences and other educational experiences.

**Theme 3: Identification of EBP Barriers and Solutions**

Students are capable observers and readily identified barriers to EBP within occupational therapy practice. The following quotes are illustrative of the consistency of participants’ identification of barriers:

They [i.e., the therapists] weren’t allowed to [use the Internet at work], so I think everything had to be done at home. (Year 3 student)

It’s all so overwhelming to me, too, how many journal articles there are on certain topics—where do you begin? (Year 3 student)

Finding current research is something that will have to be deliberate because we’re probably not going to be next to a med school library where we can just walk in. (Year 2 student)

The money to get new technology . . . or the new things that are coming out—some facilities don’t have it. (Year 1 student)

In the preceding quotes, the students began to enumerate the barriers to EBP that also have been documented in the professional literature, such as varying amounts of
Based on evidence to the practice setting:

Although able to discuss the barriers almost immediately, participants in the groups had difficulty identifying solutions to the clinical challenges to application of EBP in the workplace. With encouragement or prompting they were able to specify beginning approaches to the process:

In order for someone to use it [i.e., EBP], they have to be very open-minded and want to learn more and keep updated. (Year 3 student)

Doing something with the information that you find out so that other people can benefit from it. (Year 2 student)

You have to justify to your client that the treatment you are giving them actually is going to work and it’s not just what you think is going to work, because there is research behind it. (Year 1 student)

**Theme 4: The Reciprocal Nature of Fieldwork**

The participants in the focus groups identified that the relationship they had with their fieldwork educator or supervisor was critical to their clinical learning and application of EBP (i.e., building clinical reasoning, knowledge, and skills and sharing EBP resources). The students viewed practice as evolving and changing and recognized the need for lifelong learning and positive role models to support the use of EBP to further the profession. The participants felt camaraderie with supervising therapists and pride in relationships that were reciprocal in identifying and applying evidence to occupational therapy practice. The students learned from their supervisors, but they also contributed to the partnership by bringing in journal articles and clinical methods based on evidence to the practice setting:

> My supervisor often asked if I had learned anything new about certain things or if I had any new ideas to give her. . . . She was really open to feedback from me. (Year 3 student)

> We’re learning along with our [supervising] therapists. (Year 3 student)

> The facilities are excited to have students and new grads because they do bring in new information. (Year 2 student)

> I think we’re all lucky to go to a practicum site because we’re all [saying], “We don’t know anything! How are we going to do this? We don’t know anything!” And then you go there and it’s like, “I knew that!” (Year 1 student)

The quotes illustrated different types of reciprocity involved in fieldwork relationships. Reciprocity included probing for additional information, sharing information and resources, and validation of knowledge. Occupational therapy students appreciate and learn countless valuable lessons regarding EBP through their fieldwork in clinical contexts. These lessons include applying their academic knowledge, becoming client-centered, gaining intervention and technical skills, and developing the clinical reasoning and judgment that is so crucial for EBP. In addition, occupational therapy students are validated for their existing knowledge, skills, and judgment. Because clinical reasoning, additional clinical knowledge, and client-centered practice are learned within the clinical context, the contributions of fieldwork to EBP skill building among occupational therapy students cannot be underestimated.

**Theme 5: Academic Learning of EBP Makes a Global Contribution**

Academic learning experiences were not initially emphasized by students in connection with EBP and best practice; these experiences almost were seen as an afterthought. When discussed further within the focus groups, students viewed their education as a global contribution to their knowledge of EBP. The following participant statements illustrate this theme:

> Teaching me how to really interpret [research evidence] and how to read it/what it means is really the big thing that I got out of research [classes]. (Year 3 student)

> [We] have learned skills through "group class," like being more assertive. (Year 3 student)

> Doing the class presentations—that was probably the biggest thing that helped me understand research. (Year 3 student)

> We learned a lot about the psychiatric and the phys dys [physical dysfunction] aspects [this year]. Having that background will . . . back up both aspects. (Year 2 student)

> I think we’re at the point where we’re just learning most of the evidence and research. We don’t have the real OT experience yet. (Year 1 student)

A wide variety of academic experiences were cited by the students as helpful to their learning the fundamentals of EBP. Understanding research, having good verbal communication skills, and gaining the occupational therapy knowledge and skills to practice in various client settings were emphasized in response to the focus group question, “What experiences have contributed to your ability to become an evidence-based practitioner?” It is important to note that in response to this question, students first spoke of their clinical experiences—such as volunteering and fieldwork—as paramount to learning EBP. In contrast, in the case of the Year 1 student quote, there is a perception that pertinent learning had occurred, but in the absence of
clinical experience. To quote one participant who echoed the sentiment of the students, “I would say that you need the experience with the knowledge, the research, and the client because you have to have all those things to make it [EBP] all work together.” Clinical experience achieved through the fieldwork setting is the ultimate learning context for evidence-based practice, according to the MOT participants in this study.

**Summary**

To capture and summarize the collective student perspective on learning about EBP within this MOT program, a final case summary was developed by the researchers. The final case is descriptive of all student comments across the focus groups and concludes with naturalistic assertions from the combined study data and themes. Staying true to the methodology, the final case summary provides an overarching theme of this study.

**Continual Reflection and Clinical Application Builds EBP Knowledge**

Based on the findings from the focus group sessions, the students in this study viewed evidence-based practice as being client-centered. EBP was defined by the participants as current, innovative, and embodying best practice. From the student perspective, EBP holds promise to support the future of occupational therapy. EBP was viewed as being integral to all specialty settings, not just a few. EBP begins with the learning of foundational occupational therapy knowledge and skills; it continues to build and take on meaning as the participants incorporate and discuss their clinical fieldwork experiences.

As described within the foundational work by Law and Baum (1998), Law (2002), and Stoffel (2001), the triad of EBP components serves as an important jumping-off point to the students’ understanding of research evidence combined with thoughtful consideration of the client’s viewpoint along with other integrative, reflective thinking by the therapist. Through ongoing reflection, discussion, and clinical application, EBP becomes the embodiment of best practice in occupational therapy for the students.

**Conclusion and Recommendations**

Many insights provided by the MOT students in this exploratory study using qualitative methodology have implications for current and future professional practice, academic and fieldwork education, and research activity. The limited sample and exploratory nature of this study will preclude transferring to all occupational therapy education and clinical practice. Additional interviews from other educational programs or longitudinal study will further contribute to the transference of these findings into practice, education, and research. The findings, however, do add to the limited body of knowledge from the student perspective regarding the parameters of EBP and how it is experienced and perceived by students. Future study is necessary as we continue to define and embrace evidence-based practice for our profession. Best practice and client-centeredness, as identified by the participants, denote a positive and energetic viewpoint of EBP that may be incorporated in the future direction of our own evidence and subsequent application within the profession of occupational therapy.

The initial hidden nature of EBP, described by study participants, is compounded by the finding that students immediately identified barriers to using EBP rather than solutions to increase the application and understanding of EBP. Through discussion with respected professionals, however, students recognized and learned effective strategies to use research evidence clinically. Through the process of member checking, participants continued to identify ways in which EBP is part of reality in a clinical context, including decision making about purchasing new technology or in developing new programs for clients.

As evidence continues to have an effect on reimbursement and clinical practice (Hammon Kellegrew, 2005; Lieberman & Scheer, 2002; Metzler, 2005; Sandhu, 2005), findings from this study imply the need not only for clinically relevant evidence but also for further investigation into the communication of the evidence within practice contexts. Not only is the open discussion of evidence necessary among health care professionals, but communication of evidence with our clients, administrators, and reimbursers is a necessity. New strategies are needed to make the evidence more overt in education and clinical practice, such as the use of portable technology to make the evidence more accessible, visible, and available for dialogue.

An equally important finding is that clinically relevant experiences are the foremost means to effective learning about EBP. Students overwhelmingly value learning from their supervisors but also appreciate the chance to share their knowledge. The encouragement of reciprocal and collaborative partnerships, as feasible, among students and occupational therapy professionals is a message for academic and fieldwork educators. EBP has been described by Law (2002) as involving a critical and humble approach to evaluating the clinical techniques and literature across a professional lifetime, continually assessing the value of one’s work. Fieldwork educators are encouraged to discuss with students how they developed knowledge and skills in incorporation of evidence and in clinical reasoning and what it is
like to practice in today’s environment, be a lifelong learner, and provide leadership for change in a clinical context (Brookfield & Preskill, 1999; Sladyk & Sheckley, 2000).

Academic educators of occupational therapy may wish to structure the teaching of fundamentals of occupational therapy knowledge and skills with a clinical application to strengthen EBP learning. Case-based, service learning, or problem-based learning well placed in the curriculum may enhance this process (Baptiste, 2003; Hammel, et al., 1999; Jacoby & Associates, 2003; McKeachie, 2002; Neistadt, Wight, & Mulligan, 1998; Nolinske & Millis, 1999; Sadlo & Piper, 1994; Stern, 1998). Although secondarily recognized as having an effect on understanding of EBP, students reported that fundamental academic learning is indeed valuable, such as learning to interpret research studies. Other more traditional learning activities, such as class presentations, were perceived as helpful because the students learned how to synthesize evidence with clinical thinking in addition to learning about organization and presentation of relevant information. Communication skills such as listening and assertiveness also were seen as making a valuable contribution to being able to connect with clients and impart information in many clinical contexts. It well may be that a variety of academic experiences builds EBP skills and confidence among occupational therapy students, but the more clinically relevant experiences, particularly fieldwork, have the greatest effect as reported by the participants of this study. One finding that is important to note is that the participants found that, through the process of discussion and reflection, they were able to identify and voice connections. This information has implications for occupational therapy educators in structuring opportunities for processing fieldwork experiences and helping students identify and label key components of practice, including EBP.

In summary, occupational therapy students learn about EBP in many ways; however, the best, most memorable learning occurs in an active engagement context with clinically relevant situations. The clinical fieldwork experiences help students make meaning of the nuances of EBP and develop their own applications with clients, thus further developing their clinical reasoning. Experiences in the clinical fieldwork setting that are most beneficial are those that are observed, instructive, guided, reflective, and mentored in a collaborative, realistic way. Barriers and challenges exist to the use of evidence in today’s clinical situations; however, the students can share their energies and skills to work collaboratively toward the incorporation of evidence into a lifelong learning about best practice in occupational therapy.

Appendix. Core Questions Asked Within Each Focus Group

1. In thinking about evidence-based practice (EBP) as involving the client, the evidence, and the OTs (occupational therapist’s) knowledge/critical thinking, what single idea comes to mind for you? (Perhaps it is something that you relate to the most).
2. Please tell me about how EBP connects with experiences you have had clinically or as an OT student so far.
3. You have experienced many types of preparation for clinical practice as an OT. What experiences have contributed to your ability to become an evidence-based practitioner?
4. What barriers might there be to an OT student learning about EBP while in their academic program?
5. If you had a “crystal ball,” where do you think OT will venture next in the realm of EBP?
6. Have we missed anything that you would like to add?

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References


Introduction to the Fieldwork Performance Evaluations for the Occupational Therapy Student and the Occupational Therapy Assistant Student

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Abstract
The American Occupational Therapy Association (AOTA) Commission on Education adopted the Fieldwork Performance Evaluation for the Occupational Therapy Student (PWPS-OTS) and Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student (PWPS-OTA) in August 2002, replacing the AOTA Fieldwork Evaluation for the Occupational Therapist (FWEOT) (1987) and the Fieldwork Evaluation Form for Occupational Therapy Assistant Students (1993). This article provides an overview of the development and underlying concepts of the new Fieldwork Performance Evaluations (FWEots) for both occupational therapy and occupational therapy assistant students and introduces the forms’ items, rating scale, and scoring system.

Learning Objectives
After reading this article, you should be able to:
1. Identify entry-level, practice competencies for occupational therapy and occupational therapy assistant students.
2. Identify the purpose and content of the companion evaluation forms.
3. Recognize how items and scoring on the evaluation forms have changed from the previous evaluation forms.

Introduction
Fieldwork is one of the most influential learning experiences for students of occupational therapy (Bovilla, 2002), providing them the opportunity to demonstrate their ability to integrate and apply academic knowledge in practice settings over an extended period. Because the primary purpose of fieldwork is to promote students’ clinical reasoning and develop competent, generalist, entry-level occupational therapy practitioners (Accreditation Council for Occupational Therapy Education [ACOTE], 1996a, 1996b), a valid measurement of a student’s competence for entry-level practice is critical for both consumers of occupational therapy services and the profession. Underlying the development of the new PWPS-OTS was the need to more accurately measure a student’s level of competence for entry-level practice.

In 1996, the Commission on Education (COE) appointed and charged the Fieldwork Evaluation Revision Task Force to revise and develop new fieldwork evaluations to measure assistant and professional Level II fieldwork student performance. The expectations were: (a) to design the evaluations to be companion documents, (b) to conduct a literature review across disciplines, (c) to synthesize information on the AOTA Fieldwork Evaluation for the technical and professional level, and (d) to incorporate the 1997 National Board for Certification in Occupational Therapy (NBCOT) practice analysis results. Additionally, the COE identified the following specific characteristics to include in the evaluations: (a) measurement of entry-level competence, (b) focus on occupation-based practice, (c) reflection of current and future practice, (d) application across all practice settings, (e) inclusion of objective feedback to students, and (f) timely scoring.

Fieldwork Performance Evaluation Development
Development of the companion PWPS-OTS began with a review of the literature and a critique of fieldwork evaluations within and outside the occupational therapy profession. Only one study was found that had examined the validity or reliability of fieldwork evaluations for the occupational therapy or occupational therapy assistant student (Stute-Tanenbaum, Gaffney, Bundy & Fisher, 1993). The authors examined the appropriateness of the Fieldwork Evaluation for the Occupational Therapist (FWEOT) items, investigated the relevance of the FWEOT items across fieldwork sites and practice areas, analyzed the FWEOT grading system, and made recommendations for changes. Results indicated that the FWEOT did not readily differentiate levels of competence due to repetition of concepts across all three categories of performance, judgment, and attitude, and the scoring scale tended to equate with academic grades, resulting in inflated scores. The authors recommended that (a) the rating be changed from a 6-point scale to a 2-point scale, (b) the number of items be reduced to eliminate overlap, and (c) the terminology that was not compatible with settings outside the medical model be reconsidered.

Additionally, feedback was gathered from a variety of occupational therapy constituencies, including fieldwork educators, academic fieldwork coordinators, recent graduates, and occu-
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occupational therapy and occupational therapy assistant students. Their feedback was consistent with the desired COE characteristics: (a) ease of scoring, (b) reflection of current practice, and (c) use across all practice settings.

Three major documents were used to guide the development of the PWPs: (a) the 1997 NBCTO practice analysis results, (b) the AOTA Standards of Practice for Occupational Therapy (AOTA, 1988), and (c) the AOTCE Standards for an Accredited Educational Program for the Occupational Therapist (1999b). All three documents address professional expectations for entry-level practice.

The NBCTO practice analysis results identified the major functions of occupational therapy (the occupational therapy process) and the specific tasks to carry out these functions performed by occupational therapists and occupational therapy assistants in practice settings. The practice analysis also identified the specific knowledge and skills required to perform these functions and tasks (see Figure 1). This document became important when identifying how the occupational therapy process is accomplished across practice settings for both occupational therapy and occupational therapy assistants.

The AOTA Standards of Practice for Occupational Therapy (1998b) identified the minimum or entry-level roles and responsibilities for the occupational therapists and occupational therapy assistant outlined by the key performance areas of (a) professional standards and regulations, (b) referral, (c) screening, (d) evaluation, (e) intervention plan, (f) intervention, (g) communication, and (h) documentation. All areas are aspects of the occupational therapy process used in all practice settings. The professional standards and responsibilities subset addresses ethical practice and professional behaviors. For a complete review of all key performance areas, refer to the Standards of Practice for Occupational Therapy on the AOTA Web site at www.aota.org/general/step.asp.

The AOTCE sets the minimum standards for education, including fieldwork education, to develop the basic skills needed for entry-level competence for the occupational therapist and occupational therapy assistant (AOTCE, 1999a, 1999b). These standards identify what an entry-level occupational therapist and occupational therapy assistant must be prepared to do. Figure 3 captures the similarities and differences between these two levels of occupational therapy practitioners. The Standards also delineate specific skills for the occupational therapist and occupational therapy assistant: Basic skills for the occupational therapist are (a) direct care provider, (b) educator, (c) advocate, (d) counselor, (e) manager, and (f) researcher. Basic skills for the occupational therapy assistant are (a) direct care provider, (b) educator, and (c) advocate.

In addition to these documents, all of which address aspects of the occupational therapy process or the necessary knowledge and skills to perform the occupational therapy process, the task force closely followed the development of the Occupational Therapy Practice Framework: Domain and Process (AOTA, 2008) in order to incorporate key concepts from this document into the fieldwork performance evaluation forms. The process of occupational therapy, as described in the Framework (AOTA), includes evaluating, intervening, and targeting intervention outcomes, all with a primary focus on engagement in occupation. Although practitioners in various settings where occupational therapy is practiced may use different terminology to describe the process (e.g., intervention planning in schools = IEP, individualized education program) and in hospitals = treatment plan
or care plan), the process of delivering occupational therapy services is the same. After evaluating, intervening, and targeting intervention outcomes, the result always focuses on assisting clients to engage in occupations in order to support participation in a variety of contexts (ACTA, 2002). Therefore, the Fieldwork Evaluation Revision Task Force used the occupational therapy process as the conceptual model for the FWPE forms. The FWPEs were designed to reflect the occupational therapy process and the student’s ability to implement this process across practice settings over time.

COMPANION DOCUMENTS
Each of the key professional documents used to guide the development of the FWPEs addresses the roles and responsibilities of the occupational therapist and occupational therapy assistant in delivering occupational therapy practice. The Occupational Therapy Practice Framework: Domain and Process (ACTA, 2002) describes this process as collaborative between occupational therapists and occupational therapy assistants and clients throughout evaluating, intervening, and targeting outcomes. The ACTA Standards of Practice for Occupational Therapy (1985) also identified the roles of each of the occupational therapy practitioners in every step of the occupational therapy process. Because of the collaborative nature of the occupational therapy process, the new occupational therapy and occupational therapy assistant FWPE forms were designed as companion documents, similar in structure with the same layout and rating system used in each.

PILOT STUDIES
Initial drafts of the new evaluation forms attempted to capture (a) key concepts of the occupational therapy process and professional behaviors expected across a variety of settings; (b) the format best suited for meeting entry-level performance, while keeping in mind the importance of having an evaluation that is easy to score; and (c) a way to provide students with feedback to promote their development over time.

Responses from fieldwork educators and students involved in the pilot tests not only indicated their preference for the new form, but the majority of the fieldwork educators agreed that (a) the evaluations measure entry-level competence, (b) the scale is simple and differentiates students’ levels of performance, and (c) the evaluations can be used in a variety of settings, including typical and emerging practice settings. Rauch statistical analysis (Bond & Fox, 2001) of the final pilot studies indicated that the new FWPE forms appear to differentiate levels of fieldwork student performance. The greatest challenge, however, in creating a valid and reliable evaluation is accounting for the differences among the fieldwork educators who rate student performance. Results of the pilot studies indicated that education and training in using the new evaluations is critical to ensure proper use. Fieldwork educators are strongly encouraged to pursue further education to use the new FWPEs accurately.

THE FIELDWORK PERFORMANCE EVALUATIONS
The FWPEs were designed to measure student performance during the occupational therapy process across practice settings over time. Thus, the primary purpose is to determine whether a student is competent for entry-level occupational therapy practice.

DESIGN
In order for the FWPEs to be applicable across a variety of typical and emerging practice areas, the major steps of the occupational therapy process have been identified in the evaluation items, rather than in individual tasks. The FWPEs are to be augmented with site-specific objectives to individualize the forms to each setting in order to clearly identify the tasks required to meet the major steps of the occupational therapy process. For example, for the FWPE-OTAS item “Administrators Assessments,” specific objectives may be written to reflect each unique setting. If one works in a hospital setting where administering the Functional Independence Measurement™ (FIM™ Hamilton, Granger, Ettersen, Zabary, & Thashman, 1987) is an essential component of the occupational therapist’s role, one would create a specific objective to reflect the student’s proficiency in administering this specific assessment.

Site-specific objectives also address those tasks that may not be a part of the daily activities in the setting. For example, in a school setting where the opportunity to contribute to updating the IEP in writing does not occur frequently compared with the occupational therapy assistant student’s time in the school setting, a specific objective may be written for the FWPE-OTAS item “Written Communication” to clarify what the student would be expected to do in this item.

The specific objective might be that the occupational therapy assistant student submit a written summary of the student’s response to intervention with recommendations for updating the IEP in relation to occupational therapy services.

In addition to establishing a student’s performance competency during the occupational therapy process, the evaluations were designed with the belief that competency during fieldwork develops over time. Competency over time is accomplished in two ways using the FWPEs through use of the rating scale and through use of mid-term and final scores.

The Rasch measurement model (Bond & Fox, 2001) was used to develop and analyze the FWPEs. A key assumption from this model is that a construct—in the case of the FWPEs, entry-level competency—can be measured along one continuum with a range of competencies being reflected from basic (simple, concrete) to difficult (abstract, requiring greater integration of concepts). For example, implementing intervention is a basic competency that students generally achieve before being able to clearly articulate the rationale for selecting the intervention (a more complex competency). Evaluating the results of the pilot studies against the two basic beliefs from the Rasch model provided a pattern of performance that determined...
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analyzed that the evaluations are differentiating student ability across item difficulty. The two beliefs that explain the expected pattern of performance are: (a) the less able student has less probability of scoring well as the item difficulty increases and (b) the more able student has a higher probability of scoring well on all items. Because the FWPEs were developed using the Rasch measurement model, one would not expect all students to score equally well across all items.

Content

The content of the FWPE forms was constructed using key concepts from the ACCTD Standards (1996, 1999), the AOTA Standards of Practice for Occupational Therapy (1998) and the Occupational Therapy Practice Framework: Domain and Process (AOTA, 2002). See Figure 3 for the content sections (the number in parentheses is the number of items contained in each section). Following an overview of the major sections is a brief description of each.

The Fundamentals of Practice section contains items addressing ethical and safe practice. Ethical practice includes adherence to the AOTA Occupational Therapy Code of Ethics (2000) (AOTA, 2000) and the fieldwork site's policies and procedures. Safe practice involves adhering to safety regulations and adopting sound judgment when implementing the occupational therapy process. These items will require site-specific objectives to clearly identify the key ethical and safety issues unique to the practice setting. For example, “safe limits to prevent undesirable client behavior” may be the specific objective in a mental health setting, whereas in an acute physical disability setting the specific objective might be “consistently uses a transfer belt during all transfers.” Every student must pass all items in this section. Items on evaluation forms for both the occupational therapy student and the occupational therapy assistant student are identical, except the Ethics section for the occupational therapy student includes issues related to human subject research when relevant.

The Basic Tenets section contains items addressing the philosophical concepts of the profession, including occupation, client-centered practice, collaboration, and unique roles. Items in this section on the FWPEs for the occupational therapy student and the occupational therapy assistant student are similar and require students to be able to articulate the values and beliefs of our profession and the roles of the occupational therapist and occupational therapy assistant to others. These items require site-specific objectives. Two examples are: (a) explains the uniqueness of occupational therapy services when defining occupational therapy to clients and families, and (b) presents results of occupational therapy services during team rounds using language that clearly reflects the domain of occupational therapy.

The Evaluation section contains items addressing the process used in gathering and interpreting information related to the domain of occupational therapy practice. This process includes identifying the client's occupational profile, analyzing occupational performance, and determining the factors (client and context) that support or hinder engagement in occupations. Figure 4 (see p. CE-5) provides an overview of evaluation items for both the occupational therapy and the occupational therapy assistant student. The occupational therapy assistant student needs to establish service competency and work in collaboration with the occupational therapist when performing screening and evaluation tasks. State licensure laws dictate the roles and responsibilities of the occupational therapist and occupational therapy assistant in practice, which always supersedes AOTA guidelines.

The Intervention section contains items addressing the process used in delivering occupational therapy services. This includes (a) planning interventions where the client's needs and desires are identified and prioritized in relation to the engagement in occupations, (b) implementing strategies to achieve the client's desired goals, and (c) reviewing intervention effectiveness on a continual basis. Figure 5 on page CE-5 provides an overview of intervention items for both the occupational therapy and the occupational therapy assistant student.

Site-specific objectives for the Evaluation and Intervention sections will clarify the type and method of assessment and intervention, as well as indicate the quantity and quality of performance of each competency. An example illustrating quality is, "The student articulates clear, logical rationale for intervention using the Model of Human Occupation and the Cognitive Disability frames of reference." The Management of OT Services section (for the occupational therapy student only) contains items addressing entry-level knowledge, skills, or both related to funding and cost issues, supervision of occupational therapy and non-occupational therapy personnel, and timeliness and volume of work.

The Communication section contains items addressing verbal and nonverbal communication and documentation required for effective and efficient performance across practice settings.

The Professional Behavior section contains items addressing the basic work skills and behaviors required of any professional, such as time management, respect for diversity, and interpersonal responsibilities.

FWPE Rating Scale's Scoring

The difficulty of items varies from basic (simple, concrete) to
difficult (abstract, requiring greater integration of concepts) a test, students are not expected to score the same on all items. In addition, a student would be expected to show progress over time, and so his or her score at midterm and final would be different. Both midterm and final cut-off scores are provided on the evaluations to assist both the student and the fieldwork educator in assessing the student’s progress toward entry-level competence.

Midterm and final cut-off scores were determined by Rasch analysis of student performance and fieldwork educators’ perspective from the last two pilot studies.

The items on the FWPE for the Occupational Therapy Student and the FWPE for the Occupational Therapy Assistant Student are different and delineate the difference between the roles and responsibilities of the occupational therapist and the occupational therapy assistant. The rating scales on the FWPEs are exactly the same, because the forms are designed to be comparable documents. The rating scale is designed to measure entry-level competence.

The purpose of evaluating student performance is to provide feedback on entry-level competence rather than evaluating the degree of performance above entry level. This is a new concept for both fieldwork educators and students. Educating students regarding this type of rating scale will be an essential role of the academic fieldwork coordinator to assist them in transitioning into a different “evaluation method” from the traditional “A, B, C” grading system found in the college or university system. Fieldwork educators are also encouraged to review the FWPE items, rating scale (see Figure 8 on p. CE-6), and the specific objectives unique to their setting with students when they first come to the Level II fieldwork site.

Definitions of the rating scale include a descriptor of the quality of the student’s performance on the items and a description of when or how often the rating might be used.

The rating scale descriptions were developed to provide the fieldwork educator with a point of reference when determining a student’s score. This was done to assist the fieldwork educator in rating the competencies required for entry-level practice versus performance above entry-level practice. It may appear that the “bar for performance” has been raised; in fact, the evaluation forms are designed to measure entry-level competence and not levels above entry-level competence. This is a critical and essential difference of the new evaluations compared with the previous evaluations.

Another key feature of the rating scale and scoring on the FWPEs that makes these forms different from the previous forms is that students must “Meet Standards” on all items under the “Fundamentals of Practice” section upon final evaluation in order to pass the fieldwork rotation. This means that a student must score a “3” or above on the ethics and safety items in order to pass the rotation. It is essential that occupational therapy practitioners practice in a safe and ethical manner.

It is also important to recognize that each item on the evaluations must be scored—there are NO “not applicable” items. If a fieldwork educator determines that an item does not apply to the student on the basis of the course and clinical experience, it is their responsibility to clearly document these omissions or undeveloped areas. It is not possible to “skip” an item for which the student has not demonstrated the ability to perform. It is also important to recognize that these evaluations are designed to be used in conjunction with the student’s academic program and clinical education process. The evaluations are not intended to be used as the sole criterion for determining the student’s readiness to graduate and enter practice.

MARCH 2003 • CE-6
Figure 6. Rating Scale for FWPE
for the OT and OTA Student

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

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

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

1: Unsatisfactory: Performance is below standard and requires development for entry-level practice. This rating is given when there is concern about performance.

not "fit" in his or her particular setting, specific objectives need to be developed to indicate how a student will demonstrate his or her abilities related to that item. For example, to address items mentioning "CBOT responsibilities" in settings that do not have an occupational therapy assistant, the fieldwork educator could have the student present an in-service to staff describing the potential role of the occupational therapy assistant in that setting.

The following example illustrates how to use the rating scale. It is essential to consider the context of the fieldwork rotation when determining how to rate entry-level competency. The context of the fieldwork rotation can affect the specific knowledge, skills, and abilities required for entry-level competency at that site. It is important to realize that the fieldwork educator scores student performance of each item over time, rather than according to a single incident in time.

**Occupational Therapy Student—Evaluation**

John is in his 8th week of his 12-week fieldwork in a skilled nursing unit. He has been working with several clients from his fieldwork educator's caseload who are being seen because of difficulties in self-care due to primarily orthopedic conditions. John has had the opportunity to complete several evaluations with guidance from his fieldwork educator. A new client has been referred, and his fieldwork educator asks him to complete the evaluation on his own. Before interviewing Mrs. Erwin, John gathers information from her chart, her daughter, and her primary nurse and certified nursing assistant. John then meets with Mrs. Erwin, an 89-year-old homecare woman, who has been referred in occupational therapy following a total hip replacement due to significant arthritic changes. Mrs. Erwin has a long history of osteoarthritis in her lower extremities and back. After introducing himself, John asks Mrs. Erwin a few questions. He learns that she has lived by herself without assistance from others since her husband's passing 10 years ago. Mrs. Erwin really wants to continue to live and care for herself in her own home. "I love my home, it is all I know," she says. Following the initial interview, John decides to observe Mrs. Erwin getting dressed from her wheelchair. As John is writing up the evaluation, his fieldwork educator asks him to share what he has done and why. John reports that he completed a self-care assessment through observation following an initial interview because this is what he has done in the past and observed her (his fieldwork educator) doing each time. He tells his fieldwork educator that he believes that Mrs. Erwin will only need a few days of intervention because "she only requires minimal assist for safety with dressing." When his fieldwork evaluator asks him what his goals are for Mrs. Erwin, John states, "independence in her morning routine, including taking a shower." His fieldwork educator then asks John what Mrs. Erwin identified as her goals. John replies, "living at home independently." When asked if he considered assessing instrumental activities of daily living (IADLs) or establishing IADL goals, he states that Mrs. Erwin was so tired after dressing that he did not see how this would be possible. When asked what he thinks might be interfering with Mrs. Erwin's ability to engage in activities over time, John responds, "she is just older than most of the other clients I have seen."

Referring to the evaluation items listed in Figure 4 and the rating scale in Figure 6, one would score John in the following manner:

**Score 1. Item:** Articulates a clear and logical rationale. **Support from scenario:** States that what he has done in the past, and what he has observed his supervisor doing, though this does not match the client's desired goals. The rationale is not logical.

**Score 2. Item:** Selects relevant screening and assessment methods. **Support from scenario:** He selected methods based on his past experiences and the typical assessments used in the setting, but did not select an assessment based on the client's priorities; therefore, the methods are not relevant.

**Score 3. Item:** Determines client's occupational profile and performance. **Support from scenario:** Obtains partial information to determine client's occupational profile, obtains information about client's self-care needs though does not obtain information about client's performance in areas that are important to her.

**Score 1. Item:** Assesses client factors & context. **Support from scenario:** Based on the information given, one would score this section a "1" because he has not assessed all client or context factors. When asked what is interfering with the client's ability to engage in activities, he stated, "she just older than most clients I've seen." Did not assess home environment. Need further information to completely score this item.

**Score 2. Item:** Obtains sufficient and necessary information from relevant resources. **Support from scenario:**
Gathers information from a variety of sources including client, medical record, family member, and service providers. However, it is unclear if he gained sufficient information related to client's home.

**Item:** Administrates assessment. Support from scenario: Unable to score with given information in the case scenario. Would require the fieldwork educator to observe John administering the assessment.

**Score:** 1. **Item:** Adjusts/modifies assessment procedures. Support from scenario: Based on the information given, one would score this section a "1" because John quit the evaluation process when the client became too tired following dressing. Additional information is needed to accurately score this item and would be gathered through information or further questioning.

**Score:** 1. **Item:** Interprets evaluation results. Support from scenario: Interpretation of "independent in morning routine" is not related to client's priorities of returning home to live by herself.

**Score:** 1. **Item:** Establishes an accurate and appropriate plan based on evaluation results and integrating multiple factors. Support from scenario: Plan is based on what John has seen in the past and therefore fits the context of the skilled nursing facility. Plan does not incorporate client's activities, and there is no evidence of John applying any model of practice or any evidence from the literature to support his plan.

**Item:** Documents results of the evaluation. Support from scenario: Unable to score with given information in the case example.

John is having difficulty on the Evaluation section at midterm. One would expect that John's performance would improve over the next 6 weeks of the fieldwork experience; however, if his performance does not improve from midterm, he will not pass the Evaluation section on final evaluation.

**CONCLUSION**

Practice and education standards identify the key performance areas for a student who is ready to enter practice. The PWSs incorporate concepts from key professional documents that guide occupational therapy practice, integrating principles from practice and education. Evaluation of the process requires the fieldwork educator to determine the student's ability to integrate and apply knowledge and skills — the ability to do tasks and justify the reason for doing them. The purpose of Level II fieldwork is to prepare entry-level occupational therapy practitioners to practice in a safe and ethical manner while advancing the profession of occupational therapy. The Fieldwork Performance Evaluation for the Occupational Therapy Student and the Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student measure entry-level competence of the performance of the occupational therapy process across practice settings.

**How To Apply for Continuing Education Credit:**

1. After reading the article, introduce it to the Fieldwork Performance Evaluation for the Occupational Therapy Student and the Occupational Therapy Assistant Student, answer the questions to the final exam found on p. 93-95 by donating the appropriate boxes in Section B of the Registration and Answer Card, which is bound into this issue of OT Practice following the last page. Each question has only one answer.

2. Complete Sections A through D of the Registration and Answer Card. If the Answer Card is missing from your issue, you may obtain a form online at www.aota.org under Continuing Ed CE articles.

3. There is a nonrefundable processing fee to score the exam, and continuing education credit will only be issued for a passing score of at least 70%.

4. Send the card with a check for the appropriate amount (payable to AOTA) or credit card information to:
   American Occupational Therapy Association (CME)
   PO Box 6400
   Baltimore, MD 21204-4000

5. Registration and Answer Cards for Introduction to the Fieldwork Performance Evaluations for the Occupational Therapy Student and the Occupational Therapy Assistant Student, must be received on or before March 31, 2010.

**REFERENCES**


Final Exam

Introduction to the Fieldwork Performance Evaluations for the Occupational Therapy Student and the Occupational Therapy Assistant Student

March 24, 2003

Learning Level: Intermediate
Target Audience: OT, OTA, and Students
Content Focus: Category 3: Professional Issues, OT Education

The Registration and Answer Card can be found bound into this issue of OT Practice following the test page, or on our Web site at www.aota.org under Continuing Ed.

1. The fieldwork performance evaluations were designed to meet all of the following characteristics EXCEPT:
A. Focus on occupation-based practice
B. Provide objective feedback to students
C. Reflect competence
D. Reflect concepts from previous fieldwork evaluations

2. The primary purpose of the fieldwork performance evaluations is to:
A. Determine whether students are ready to enter entry-level practice
B. Provide fieldwork students with specific ways in which they exceed the standards
C. Assist in developing the academic grade for the fieldwork experience
D. Provide ongoing feedback regarding students’ progression toward competency

3. The conceptual model used to design the fieldwork performance evaluations is:
A. The ACOTE Standards
B. The past fieldwork evaluations
C. The occupational therapy process
D. The NABCOT practice analysis

4. The fieldwork performance evaluations for the OT and OTA were designed using the same supporting documents:
A. True
B. False

5. According to the ACOTE Standards, all of the following are considered basic skills needed for entry-level competence of the occupational therapist EXCEPT:
A. Providing justification for the use of occupation-based intervention
B. Collaborating with the occupational therapy assistant
C. Using research to support occupational therapy interventions
D. Collaborating with local agencies providing community services

6. The major difference in roles and responsibilities between the OT and the CTA is most predominate in the following section of the fieldwork performance evaluations:
A. "Fundamentals of Practice" section
B. "Basic Tenets" section
C. "Intervention" section
D. "Professional Behavior" section

7. All of the following features of the fieldwork performance evaluations for the OT and CTA student are the same EXCEPT for:
A. Content of Items
B. Layout of content
C. Rating scale
D. Conceptual model

8. An item can be scored "not applicable" on the fieldwork performance evaluations when it is not a part of the daily activities at the fieldwork site.
A. True
B. False

9. All of the following are reasons to augment the fieldwork performance evaluations with site-specific objectives EXCEPT:
A. To create extra work for the fieldwork educator
B. To delineate specific requirements to successfully pass fieldwork
C. To develop expectations for items that are not part of the daily activities within the fieldwork site
D. To individualize the evaluation forms to the fieldwork site

10. The “Basic Tenets” section contains issues that address the:
A. Standards of Practice for Occupational Therapy
B. Philosophical construct of the occupational therapy profession
C. Advancement of the profession
D. ACOTE Standards for Education Programs

11. The commonality of all the key documents used to develop the evaluation forms is:
A. Collaboration between the OT and the CTA
B. The occupational therapy process
C. Identification of minimum standards for education, including fieldwork
D. Key knowledge, skills, and performance areas for entry-level competency

12. The rating scale descriptors were developed to:
A. Raise the bar for performance
B. Measure performance levels above entry level
C. Provide a point of reference when determining a student’s score
D. Have more items be designated as "not applicable"
PERFORMANCE EVALUATION PREPARATION CHECKLIST

Preparation for evaluation performance review:

- Familiarize self with Fieldwork Performance Evaluation (FWPE) Form
- Examine own attitude toward student
- Differentiate between issues related to student's knowledge base/attributes, skills, behaviors and attitude
- Review supervisory records and data on student (isolated examples of performance are usually not highlighted in evaluation)
- Remind student re: need to complete self-evaluation
- Solicit written and/or verbal input from colleagues
- Discuss evaluation meeting procedures in advance

For Written Evaluation:

- Be clear/factual
- Complete all items; scoring and comments sections
- Substantiate comments with specific examples
- Ensure congruence between comments/rating scores

During Evaluation Conference:

- Provide overview of purpose of meeting and anticipated timeline
- Review all evaluation procedures to reduce student's anxiety
- Recognize that student may require time to reflect on and process feedback
- Present overview of student performance
- Compare/contrast FWPE scores with student's version done as self-evaluation
- Provide specific feedback to student
- Highlight patterns of behavior
- Review, discuss and co-sign:
  - Fieldwork Performance Evaluation (FWPE)
  - Student Evaluation of Fieldwork Experience (SEFWE)
- Evaluation process may require additional meeting time (beyond regularly scheduled supervision time) and/or follow-up meeting
FIELDWORK EXPERIENCE ASSESSMENT TOOL (FEAT)

Student’s name:  
Supervisor(s) names:  

Facility name:  

Fieldwork experience type (setting, population, level):  
Date:  
Week #:  

Context:  
The Fieldwork Experience Assessment Tool (FEAT) is the result of an American Occupational Therapy Foundation qualitative study completed by six occupational therapy programs across the United States and Puerto Rico. Data were collected from fieldwork students and fieldwork educators. In their interviews, students and fieldwork educators described fieldwork education in terms of a dynamic triad of interaction among the environment, the fieldwork educator, and the student. Interviewees indicated that a positive educational experience occurred when a balance existed among these three key components.

Purpose:  
The FEAT identifies essential characteristics for each of the three key components. By providing a framework to explore the fieldwork experience, the FEAT can help students and fieldwork educators consider how to promote the best possible learning experience.

The purpose of the FEAT is to contribute to student and fieldwork educator discussions, so that reflection and problem solving can occur to enhance the fieldwork experience. The tool is designed to both assess the balance of the three key components, and to facilitate discussion about student and fieldwork educator behaviors and attitudes, and environmental resources and challenges. By mutually identifying issues present during fieldwork, the fieldwork educator and student can use the FEAT as a tool to promote dialogue, and foster the identification of strategies to facilitate the just-right challenge. The FEAT may be used early in fieldwork as a tool to promote dialogue, or at anytime throughout fieldwork as the need for problem solving emerges.

Directions:  
In the Assessment Section, the FEAT is organized according to the three key components: environment, fieldwork educator, and student. Under each component, essential characteristics and examples are listed. These examples are not all inclusive, and new descriptors may be added to individualize the tool for different settings. The fieldwork educator and student, either individually or together, should complete the FEAT by describing each component using the continuum provided at the top of each section (limited → just right challenge → excessive).

Following the assessment portion of the FEAT, questions are provided to guide student and fieldwork educator discussion and problem solving. Collaboratively reflect upon the student and fieldwork educator descriptions on the FEAT to identify commonalities and differences between the two perspectives, and identify patterns across the key components. Based on these discussions, develop strategies for a more balanced fieldwork experience. Consider environmental experiences and resources; fieldwork educator attitudes, behaviors and professional attributes; and/or student attitudes and behaviors that could enhance the experience. The examples listed within each section are intended to guide discussion between the fieldwork educator and student in an effort to create a successful fieldwork experience. Additional elements may be identified and included according to the nature of the setting or the fieldwork process.
### A. Assessment Section

#### ENVIRONMENT

<table>
<thead>
<tr>
<th>I. VARIETY OF EXPERIENCES</th>
<th>Descriptions (Limited ↔ Just right challenge ↔ Excessive)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Patients/Clients/Diagnoses</strong></td>
<td></td>
</tr>
<tr>
<td>- Different diagnoses</td>
<td></td>
</tr>
<tr>
<td>- Range of abilities for given diagnosis (complexity, function-dysfunction)</td>
<td></td>
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<tr>
<td>- Diversity of clients, including socioeconomic &amp; lifestyle</td>
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<tr>
<td><strong>B. Therapy approaches</strong></td>
<td></td>
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<tr>
<td>- Engage in the entire therapy process (evaluation, planning, intervention, documentation)</td>
<td></td>
</tr>
<tr>
<td>- Learn about different roles of therapist (direct service, consultation, education &amp; administration)</td>
<td></td>
</tr>
<tr>
<td>- Use variety of activities with clients</td>
<td></td>
</tr>
<tr>
<td>- Observe and use different frames of reference/theoretical approaches</td>
<td></td>
</tr>
<tr>
<td>- Use occupation vs. exercise</td>
<td></td>
</tr>
<tr>
<td><strong>C. Setting characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>- Pace (setting demands; caseload quantity)</td>
<td></td>
</tr>
<tr>
<td>- Delivery system</td>
<td></td>
</tr>
</tbody>
</table>

#### II. RESOURCES

| A. OT Staff | | |
| - See others' strengths and styles | | |
| - Have multiple role models, resources and support | | |
| **B. Professional Staff** | | |
| - Observe and hear a different perspective on clients | | |
| - See/experience co-treatments and team work to get whole person perspective | | |
| - Have others to share ideas and frustrations | | |
| **C. OT Students** | | |
| - Able to compare observations & experiences | | |
| - Exchange ideas | | |

### FIELDWORK EDUCATOR

<table>
<thead>
<tr>
<th>I. ATTITUDE</th>
<th>Descriptions (Limited ↔ Just right challenge ↔ Excessive)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Likes Teaching/Supervising Students</strong></td>
<td></td>
</tr>
<tr>
<td>- Devote time, invests in students</td>
<td></td>
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<tr>
<td>- Enjoy mental workout, student enthusiasm</td>
<td></td>
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<tr>
<td><strong>B. Available/Accessible</strong></td>
<td></td>
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<tr>
<td>- Take time</td>
<td></td>
</tr>
<tr>
<td><strong>C. Supportive</strong></td>
<td></td>
</tr>
<tr>
<td>- Patient</td>
<td></td>
</tr>
<tr>
<td>- Positive and caring</td>
<td></td>
</tr>
<tr>
<td>- Encourages questions</td>
<td></td>
</tr>
<tr>
<td>- Encourages development of individual style</td>
<td></td>
</tr>
</tbody>
</table>
### FIELDWORK EDUCATOR (continued)

**D. Open**
- Accepting
- Alternative methods
- To student requests
- Communication

**E. Mutual Respect**

### II. TEACHING STRATEGIES

**A. Structure**
- Organize information (set learning objectives, regular meetings)
- Introduce treatment (dialogue, observation, treatment, dialogue)
- Base structure on student need
- Identify strategies for adjusting to treatment environment

**B. Graded Learning**
- Expose to practice (observe, model)
- Challenge student gradually (reduce direction, probing questions, independence)
- Base approach on student learning style
- Individualize based on student’s needs
- Promote independence (trial & error)

**C. Feedback/ Processing**
- Timely, confirming
- Positive and constructive (balance)
- Guide thinking
- Promote clinical reasoning

**D. Teaching**
- Share resources and knowledge

**E. Team Skills**
- Include student as part of team

### III. PROFESSIONAL ATTRIBUTES

**A. Role Model**
- Set good example
- Enthusiasm for OT
- Real person
- Lifelong learning

**B. Teacher**
- Able to share resources and knowledge

**Descriptions** (Limited ↔ Just right challenge ↔ Excessive)
# FIELDWORK STUDENT

## I. ATTITUDE Descriptions

### A. Responsible for Learning
- Active learner (ask questions, consult)
- Prepare (review, read and research materials)
- Self-direct (show initiative, is assertive)
- Learns from mistakes (self-correct and grow)

### B. Open/ Flexible
- Sensitive to diversity (non-judgmental)
- Responsive to client/consumer needs
- Flexible in thinking (make adjustments, try alternate approaches)

### C. Confident
- Comfort in knowledge and abilities
- Comfort with making and learning from mistakes (take risks, branch out)
- Comfort with independent practice (take responsibility)
- Comfort in receiving feedback

### D. Responsive to Supervision
- Receptive to feedback (open-minded, accept criticism)
- Open communication (two-way)

## II. LEARNING BEHAVIORS Descriptions

### A. Independent
- Have and use knowledge and skills
- Assume responsibility of OT without needing direction
- Incorporate feedback into behavioral changes
- Use “down time” productively
- Become part of team

### B. Reflection
- Self (processes feelings, actions and feedback)
- With others (supervisor, peers others)

### C. Active in Supervision
- Communicate needs to supervisor (seek supervision for guidance and processing; express needs)
- Ask questions
B. Discussion Section: Questions to Facilitate Dialogue and Problem Solving

1. A positive fieldwork experience includes a balance between the environment, fieldwork educator and student components. Collaboratively reflect upon the descriptions outlined by the student and fieldwork educator and identify perceptions below.

<table>
<thead>
<tr>
<th>Common perspectives between student and fieldwork educator</th>
<th>Different perspectives between student and fieldwork educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td></td>
</tr>
<tr>
<td>Fieldwork Educator</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td></td>
</tr>
</tbody>
</table>

2. What patterns are emerging across the three key components?

3. What strategies or changes can be implemented to promote a successful fieldwork experience? Describe below:

<table>
<thead>
<tr>
<th>Components of a Successful Fieldwork</th>
<th>Environment, Fieldwork Educator and/or Student Strategies and Changes to Promote Successful Fieldwork Experience at this Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td></td>
</tr>
<tr>
<td>Experiences</td>
<td></td>
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<tr>
<td>Resources</td>
<td></td>
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<tr>
<td>Fieldwork Educator</td>
<td></td>
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<tr>
<td>Attitudes</td>
<td></td>
</tr>
<tr>
<td>Behaviors</td>
<td></td>
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<tr>
<td>Professional attributes</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td></td>
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<tr>
<td>Attitudes</td>
<td></td>
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<tr>
<td>Behaviors</td>
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</table>
THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

SELF-ASSESSMENT TOOL FOR FIELDWORK EDUCATOR COMPETENCY

Fieldwork education is a vital component in preparing students for entry-level occupational therapy practice. This voluntary self-assessment tool supports the development of skills necessary to be an effective fieldwork educator (FWE) whose role is to facilitate the progression from student to entry-level practitioner. This tool was designed to provide a structure for fieldwork educators to assess their own level of competence and to identify areas for further development and improvement of their skills. Competency as a fieldwork educator promotes the practitioner’s pursuit of excellence in working with students and ensures the advancement of the profession.

PURPOSE

Both novice and experienced OTA and OT fieldwork educators can use this tool as a guide for self-reflection to target areas for professional growth. Proficiency as a fieldwork educator is an ongoing process of assessment, education, and practice. It is essential for fieldwork educators to continually work toward improving their proficiency in all competency areas as they supervise OTA/OT students. Use of this assessment tool is intended to be the foundation from which each fieldwork educator will create a professional growth plan with specific improvement strategies and measurable outcomes to advance development in this area of practice.

CONTENT

The self-assessment tool includes the following features:

1) Addresses fieldwork educator competencies in the areas of professional practice, education, supervision, evaluation, and administration.
2) Uses a numerical rating (Likert) scale from 1 (Low Proficiency) to 5 (High Proficiency) to aid in self-assessment.
3) Includes a “Comment Section” intended to be used by the fieldwork educator in identifying aspects of competency for self-improvement.
4) Results in a “Fieldwork Educator Professional Development Plan.” Fieldwork educators can use the suggested format for recording a professional development plan of action. The suggested format or chart may be copied for additional space. Such a plan helps fieldwork educators meet the standards established for FWEs as stated in the Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guidelines (2006).
5) Explains terminology, which is based on the Practice Framework 2nd Edition.

WHO SHOULD USE THE TOOL

This self-assessment tool is designed to be used by OTA and OT fieldwork educators at all levels of expertise in supervising students. While the tool is primarily oriented toward OTA/OT practitioners who directly supervise OTA and/or OT Level II fieldwork, it can easily be applied to Level I fieldwork and to non-OT supervisors.
DIRECTIONS

Fieldwork educators should determine the relevance of each competency to the role of the OTA/OT in their setting. Some competency statements may not be applicable in their setting and/or in their state (refer to the appropriate OTA/OT role delineation documents). In addition, the “Self-Assessment Tool for Fieldwork Educator Competency” is to be used for professional development only. It is not intended to be used as a performance appraisal. However, the fieldwork educator may certainly include goals articulated in the “Fieldwork Educator Professional Development Plan” in their annual professional goals.

Self-Assessment Tool:

Circle the number that correlates with your level of competence for each item. The “Comments” section can be used to highlight strengths, areas that need improvement, etc.

Development Plan:

It is helpful to prioritize the competency areas that need improvement and to select only a few areas that can realistically be accomplished. Write goals for each of the selected areas and identify strategies to meet the goals at the same time as establishing a deadline for meeting the goals. OT practitioners are adept in assessing, planning, and implementing practical and meaningful continuous quality improvement plans. It is this attribute, plus a desire to support the growth of future practitioners, that motivates OTAs and OTs to seek methods for gaining and maintaining their competence as fieldwork educators. We hope this tool is helpful in guiding fieldwork educators on a journey of self-appraisal and professional development. It meets the immediate need of defining basic competencies of fieldwork educators. It is in this spirit that the "Self-Assessment Tool" was drafted and offered as a means for better serving the needs of individuals and the future of occupational therapy.

Originally developed in 1997 by the COE Fieldwork Issues Committee.

Revised in 2009 by the Commission on Education:

René Padilla, PhD, OTR/L, FAOTA, Chairperson
Andrea Billics, PhD, OTR/L
Judith Blum, MS, OTR/L
Paula Bohr, PhD, OTR/L, FAOTA
Jennifer Coyne, COTA/L
Jyothi Gupta, PhD, OTR/L
Linda Musselman, PhD, OTR, FAOTA
Linda Orr, MPA, OTR/L
Abbey Sipp, OTS
Patricia Stutz-Tanenbaum, MS, OTR
Neil Harvison, PhD, OTR/L (AOTA Liaison)
**KEY DEFINITION STATEMENT:** The fieldwork educator demonstrates competencies in professional knowledge, skills, and judgment in occupational therapy practice that supports the client's engagement in meaningful occupation.

<table>
<thead>
<tr>
<th>The fieldwork educator:</th>
<th>CIRCLE ONE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses a systematic approach to evaluation and intervention that is science-driven and focused on clients' occupational performance needs.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. Skillfully collects and analyzes clients’ occupational profile and performance in order to develop and implement OT services.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. Considers context, activity demands, and client factors when determining feasibility and appropriateness of interventions.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. Understands clients’ concerns, occupational performance issues, and safety factors for participation in intervention.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5. Articulates the rationale and theoretical model, frame of reference and/or therapeutic approach for OT services.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>6. Incorporates evidence based research into occupational therapy practice.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>7. Collaborates with the OT/OTA to provide evaluation, interpretation of data, intervention planning, intervention, discharge planning, and documentation.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>8. Collaborates with individuals, colleagues, family/support system, and other staff or professionals with respect, sensitivity, and professional judgment.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>9. Works to establish a collaborative relationship that values the client perspective including diversity, values, beliefs, health, and well-being as defined by the client.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>10. Addresses psychosocial factors across the OT practice setting as a reflection of a client-centered approach.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>11. Effectively manages and prioritizes client-centered services (e.g., intervention, documentation, team meetings, etc.) that support occupation-based outcomes.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>12. Incorporates legal, ethical, and professional issues that influence practice (e.g., reimbursement, confidentiality, role delineation, etc.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>13. Articulates and implements OTA/OT role delineations as relevant to the practice setting.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>14. Adheres to professional standards of practice and code of ethics as identified by AOTA and state regulatory boards.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>15. Assumes responsibility for and pursues professional development to expand knowledge and skills (e.g., understands own strengths and limitations, etc.).</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>16. Is knowledgeable regarding entry-level practice skills for the OT and OTA.</td>
<td>Low Proficient: 1 2 3 4 5 High Proficient: 1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
B. EDUCATION COMPETENCIES

<table>
<thead>
<tr>
<th>The fieldwork educator:</th>
<th>CIRCLE ONE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provides ongoing assessment of a student's individual learning needs based on review</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>of academic curriculum design, OTA and OT roles, prior experiences, and current</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>performance level.</td>
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</tr>
<tr>
<td>2. Collaboratively develops student and fieldwork learning contracts to support</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>occupation-based fieldwork experience (develop outcome-based measurable learning</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>objectives).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sequences learning experiences to grade progression toward entry-level practice.</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. Facilitates student-directed learning within the parameters of the fieldwork</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>environment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Maximizes opportunities for learning by using planned and unplanned experiences</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>within the fieldwork environment.</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>6. Uses a variety of instructional strategies to facilitate the learning process</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>(e.g., role modeling, co-intervention, videotaping, etc.).</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>7. Adapts approach to work effectively with all students, including those who have</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>physical and/or psychosocial impairment(s).</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>8. Demonstrates sensitivity to student learning style to adapt teaching approach for</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>diverse student populations.</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>9. Guides student integration of therapeutic concepts and skills (e.g., facilitates</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>discussions to elicit clinical/professional reasoning, convert practice situations</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>into learning experiences, and/or to process personal feelings/values that interface</td>
<td></td>
<td></td>
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<tr>
<td>with practice.</td>
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<tr>
<td>10. Reflects upon educator role as complimentary to OT practitioner role.</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. Self-identifies and implements a Fieldwork Educator Professional Development Plan.</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>(See page 8 for suggested plan.)</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>12. Identifies resources to promote student and fieldwork educator professional</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>development (e.g., academic program, student and supervisor mentors, AOTA,</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>Commission on Education, Education Special Interest Section, workshops, in-services,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>etc.).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Provides reference materials to promote student and fieldwork educator professional</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>development and use of EBP (e.g., publications, texts, videos, internet, etc.).</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>14. Uses evidence-based research to guide student performance and learning for</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>effective teaching strategies.</td>
<td>High Proficient</td>
<td></td>
</tr>
</tbody>
</table>

KEY DEFINITION STATEMENT: The fieldwork educator facilitates the student’s development of professional clinical reasoning and its application to entry-level practice. The fieldwork educator assumes responsibility for ensuring her or his own competence as a fieldwork educator.
## C. SUPERVISION COMPETENCIES

**KEY DEFINITION STATEMENT:** The fieldwork educator facilitates student achievement of entry-level practice through a student-centered approach.

<table>
<thead>
<tr>
<th>The fieldwork educator:</th>
<th><strong>CIRCLE ONE</strong></th>
<th><strong>COMMENTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses current supervision models and theories to facilitate student performance and</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>professional behavior</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>2. Presents clear expectations of performance throughout the fieldwork experience,</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>appropriate to entry level OT practice (e.g., student OTA/OT role delineation, Level I/II</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>fieldwork, practice environment, etc.).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Anticipates and prepares student for challenging situations.</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. Provides activities to challenge student's optimal performance.</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>5. Provides the student with prompt, direct, specific, and constructive feedback</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>throughout the fieldwork experience.</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>6. Uses a progression of supervisory approaches throughout the student learning cycle</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>(adapts the amount and type of supervision, changes approach to support student</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>learning, challenges student at current level of performance) to facilitate student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Uses a variety of strategies to provide communication and feedback to promote</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>student professional development (verbal, non-verbal, group, direct, indirect).</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>8. Is aware of his or her own personal style of supervision and is able to adapt the</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>approach in response to student performance.</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>9. Initiates interaction to resolve conflict and to raise issues of concern.</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. Elicits and responds to student's feedback and concerns.</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>11. Collaborates with the student and academic fieldwork coordinator to identify and</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>modify learning environments when student experiences difficulty.</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>12. Models appropriate professional behaviors when interacting with students, clients,</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>and peers.</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>13. Consults with other FW educators and sites to develop creative learning</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>experiences for the student.</td>
<td>High Proficient</td>
<td></td>
</tr>
<tr>
<td>14. Uses innovation within own fieldwork setting to enhance the student learning</td>
<td>Low Proficient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>experience during fieldwork.</td>
<td>High Proficient</td>
<td></td>
</tr>
</tbody>
</table>
### D. EVALUATION COMPETENCIES

**KEY DEFINITION STATEMENT:** The fieldwork educator evaluates student performance to achieve entry-level practice in the fieldwork setting.

<table>
<thead>
<tr>
<th>The fieldwork educator:</th>
<th>CIRCLE ONE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low Proficient</td>
<td>High Proficient</td>
</tr>
<tr>
<td>1. Reviews the evaluation tool and expected entry-level expectations (e.g., behavioral objectives, weekly objectives, etc.) with student prior to mid-term and final.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Assesses student according to performance standards based on objective information (e.g., direct observation, discussion with student, review of student's documentation, observation by others, etc.).</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Assesses student's performance based on appropriate OTA/OT entry-level roles of the fieldwork practice setting.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Facilitates student self-reflection and self-assessment throughout the fieldwork and evaluation process.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. Uses an evaluation process to advise and guide the student regarding strengths and opportunities for growth based on site-specific objectives.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. Uses fieldwork evaluation tools to accurately measure student performance and provide feedback.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. Completes and distributes in a timely manner all evaluations regarding student performance, including but not limited to the midterm and final evaluation (e.g., AOTA Fieldwork Performance Evaluation, Fieldwork Experience Assessment Tool [FEAT], etc.).</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. Guides the student in the use of the Fieldwork Performance Evaluation as a method of promoting continued professional growth and development.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9. Documents student's fieldwork performance recognizing ethical and legal rights (e.g., due process, confidentiality, ADA, integrity).</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### E. ADMINISTRATION COMPETENCIES

**KEY DEFINITION STATEMENT:** The fieldwork educator develops and/or implements an organized fieldwork program in keeping with
The fieldwork educator:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Low Proficient</th>
<th>High Proficient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communicates and collaborates with academic programs to integrate the academic curriculum design during fieldwork.</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Implements a model FW program that supports the curriculum of the academic program.</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Seeks support from fieldwork site administration and staff to develop and implement the student fieldwork program.</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Designs and implements the fieldwork program in collaboration with the academic programs served and in accordance to ACOTE standards for Level I and Level II fieldwork (2008) (e.g., academic and fieldwork setting requirements, Standards of Practice, Code of Ethics, etc.).</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>5. Ensures that the fieldwork program is sensitive to diversity and multi-cultural issues.</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>6. Documents an organized, systematic fieldwork program (e.g., fieldwork manual, student expectations, weekly sequence of expectations, etc.).</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
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<tr>
<td>7. Schedules formal and informal meetings with the student to guide the fieldwork experience.</td>
<td></td>
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<td>1 2 3 4 5</td>
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<tr>
<td>8. Collaborates with the student to develop student learning objectives.</td>
<td></td>
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<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>9. Documents behavioral objectives to achieve fieldwork objectives and learning experiences appropriate for entry-level practice.</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>10. Is knowledgeable in legal and HC policies that directly influence FW.</td>
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<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>11. Defines essential functions and roles of a fieldwork student, in compliance with legal and accreditation standards (e.g., ADA, Family Education Rights and Privacy Act, Joint Commission, fieldwork agreement, reimbursement mechanism, state regulations, etc.).</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
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</tr>
<tr>
<td>12. Provides student work areas appropriate to fieldwork site (e.g., student safety, accessibility, supplies, etc.).</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Provides a complete orientation for student to fieldwork site (e.g., policies, procedures, student expectations, and responsibilities, etc.).</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
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<tr>
<td>14. Requires student compliance with the fieldwork site policies and procedures (HIPAA, OSHA regulations), mission, goals, philosophy, and safety standards.</td>
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<tr>
<td>15. Submits required fieldwork documents to academic program in a timely manner to ensure current data is available (e.g., fieldwork evaluation, fieldwork agreements, fieldwork data form, etc.).</td>
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<td></td>
<td>1 2 3 4 5</td>
<td></td>
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</tr>
<tr>
<td>16. Conducts ongoing fieldwork program evaluations and monitors changes in the program with student and staff input (e.g., Student Evaluation of Fieldwork Experience, Self-Assessment Tool for Fieldwork Competencies, etc.).</td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
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</tbody>
</table>
FIELDWORK EDUCATOR PROFESSIONAL DEVELOPMENT PLAN

NAME: ________________________________________________________________________________

DATE:  _____________________________________

Strengths:
_______________________________________________________
_______________________________________________________
_______________________________________________________

Areas to Develop:
_______________________________________________________
_______________________________________________________
_______________________________________________________

<table>
<thead>
<tr>
<th>Competency Areas to Address</th>
<th>Goals</th>
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</tr>
</tbody>
</table>

Indepdenent Study | Academic Coursework | Workshops / Continuing Ed. | Student Feedback | Consult with Academic FW Coordinator | Presentations | Publications | Research Activities | Mentorship | Peer Review | Shared Supervision of Student | Target Date | Competed Date |
|------------------|--------------------|--------------------------|-----------------|--------------------------------------|---------------|--------------|---------------------|------------|-------------|-------------------------------|-------------|--------------|
AMERICAN OCCUPATIONAL THERAPY ASSOCIATION RESOURCE LIST


RECOMMENDATIONS FOR OCCUPATIONAL THERAPY FIELDWORK EXPERIENCES

Preamble and History

The American Occupational Therapy Association’s (AOTA) Centennial Vision (2006) challenges all occupational therapy (OT) practitioners, including academic fieldwork coordinators (AFWCs), fieldwork educators (FWEs) and faculty to move beyond the present scope of OT practice. This represents in part a call to prepare students for an exciting future as together “We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with globally connected and diverse workforce meeting society’s occupational needs.”

The intent of this document is to describe a process for developing learning experiences in fieldwork for occupational therapy (OT) and occupational therapy assistant (OTA) students. It is not intended as a standard of performance or a requirement of a program. Rather, it is a reference for providing positive opportunities and learning experiences for students. This document is intended for use by OT/OTA academic programs, fieldwork educators, and students.

A collaborative team should shape, develop and implement the fieldwork process. This team should include the student, fieldwork educator (FWE), academic fieldwork coordinator (AFWC), and program faculty. Each member of the team contributes toward the integration of fieldwork into the curriculum by ensuring the fieldwork process enables the student to reach the goal of entry-level practice by the conclusion of a program’s fieldwork continuum.

In this document, the Accreditation Council of Occupational Therapy Education (ACOTE) Standards (which appear in bold font at the end of each section) are used to structure recommendations. The ACOTE Standards serve as the minimum expectation for OT/OTA academic programs guiding curricula development including fieldwork education. Note that some standards differ between OT and OTA programs. Such differences are identified and the specific program indicated. The complete ACOTE Standards are available on the AOTA (http://aota.org) along with an Interpretive Guide which is updated regularly with the most current information.

Academic programs strive to meet and exceed the ACOTE Standards in ways that uniquely reflect their curriculum design. This document in no way diminishes nor replaces the ACOTE Standards and the Interpretive Guide. The purpose of this document is to enhance the unique fieldwork education features of each program as it develops a new curriculum or renovates an existing one. The recommended strategies serve as a starting point for building a fieldwork program of high quality.

An Appendix is included at the end of this document, which contains the Excellence in Fieldwork Criteria for a Fieldwork Site, and the Excellence in Fieldwork Criteria for a Fieldwork Educator. Both of these sets of criteria provide ideas for ways in which fieldwork educators can expand their role beyond its traditional scope.
**Recommended Strategies for a Fieldwork Program**

The 2006 Accreditation Council for Occupational Therapy Education (ACOTE) Accreditation Standards are utilized as a framework for describing a fieldwork experience of high quality. Strategies for implementation of each ACOTE Standard are identified as an enhancement. Relevant standards appear following the recommended strategies.

1. The person identified as the AFWC can be hired to either a faculty or professional staff position.

2. It is recommended that students complete the fieldwork portion within 18-24 months of completion of the didactic portion of the curriculum to ensure retention and successful application of knowledge obtained in academic program during fieldwork.

3. The following documents are resources available for purchase from AOTA or on the AOTA website (http://aota.org):
   - AOTA Fieldwork Performance Evaluation (FWPE)
   - Student Evaluation of Fieldwork Experience (SEFWE)
   - Fieldwork Experience Assessment Tool (FEAT)

4. Academic program curricular content should explicitly lay the groundwork for graduates to become competent fieldwork educators’ one year post graduation.

5. The fieldwork experience should meet requirements in accordance with the ACOTE Standards for an Accredited Educational Program for the Occupational Therapist and/ or the Occupational Therapy Assistant. Fieldwork experiences should be integrated into the curriculum so that the didactic and fieldwork portions together form a coherent whole. This includes the need to educate fieldwork educators about the academic program’s curriculum design and to discuss with them potential coursework applications in fieldwork practice settings.

6. Academic Program faculty meetings should include frequent opportunities to discuss and brainstorm strategies to strengthen ties between the didactic and fieldwork portions of the educational program. Both formal and informal opportunities for collaboration between AFWC and faculty should be intentionally created to bridge any gap between coursework and application during fieldwork.

7. Fieldwork is an integral part of the academic program’s curriculum and philosophy, and therefore explicit links between coursework and fieldwork should be articulated. Curricular content areas to be enhanced by the fieldwork experiences should continually be identified. Fieldwork education should be provided in settings that are equipped to meet curricular goals. As stated earlier, fieldwork settings should be educated about the academic program’s curriculum design. Staff of the fieldwork site should be conversant about the didactic coursework and curriculum design of the academic program to ensure their site reflects its sequence, depth, focus and scope. The inverse is also needed: educational experiences during fieldwork should be if are applicable to and/or inform the didactic program preparation. This requires that fieldwork administrator and staff responsibilities be clearly...
defined to support the educational experiences offered at the fieldwork site.

8. The AFWC should initiate collaboration between academic faculty and fieldwork educators to develop links for communication and reciprocal understanding of the academic curriculum and curriculum design and the fieldwork site. The AFWC should track fieldwork contracts and fieldwork data forms to ensure they are current. The AFWC should communicate current information about the fieldwork site to students.

9. The AFWC should consult and educate fieldwork educators regarding development of fieldwork objectives, and support the supervisory process for student learning experiences that reflect the academic curricular design and the student’s didactic preparation. The AFWC should provide resources to fieldwork educators to support the development of supervisory skills, such as continuing education opportunities, articles on supervisory theory and practice, and so on. The fieldwork educator, the AFWC and the student should communicate and collaborate regarding student learning objectives, site prerequisites and/or requirements prior to the start and during the placement. The AFWC should communicate via telephone, electronically and/or visit the potential fieldwork site to ensure that the site is able to comply with ACOTE Standards, and can offer supervision and learning experiences consistent with the curricular design. Likewise, the AFWC should communicate with fieldwork educators and students via telephone, electronically and/or fieldwork site visit during a student’s placement to ensure student objectives are being met and entry-level performance is being achieved. Further, the AFWC should ensure students conform to established fieldwork site prerequisites in compliance with regulatory boards for health immunization, universal precaution standards, criminal background checks, etc.

10. The academic program should develop policies and procedures for handling student confidential records, and ensure that records and data are stored in a secured location. Student confidential records should be archived &/or destroyed after graduation from the academic program in accordance with institutional policy.

11. The AFWC should educate and consult with fieldwork educators regarding options to ensure appropriate ratio of fieldwork educators to students. The fieldwork education site should articulate a clear supervisory process that enables an adequate ratio of supervision between fieldwork educators and students including but not limited to the following options: 1:1 supervisory model, multiple students supervised by one fieldwork educator, collaborative supervision model. Fieldwork student supervision should ensure the protection of recipients of OT services through adequate safeguards. There should be a supervisor on the premises at all times who is immediately available to provide the student with guidance in all contexts for service delivery. Student supervision should be reduced as the student demonstrates increased competence and performance in the role as an entry-level practitioner. Supervisors should provide students opportunities to demonstrate competence in the OT process before they permit them greater independence.

12. The fieldwork educator should develop a system of record keeping of the student supervisory process including but not limited to: orientation procedures, weekly fieldwork meetings, midterm evaluation and final evaluation process. If the student’s performance is not satisfactory at mid-term or at any point in the Level II fieldwork experience, both the student
and the AFWC should be notified immediately to develop a collaborative intervention process and document the student’s plan of action, progress and outcomes of interventions.

13. The AFWC, in collaboration with the program director and faculty, should review opportunities for providing adequate scope and number of fieldwork agreements and fieldwork sites to allow timely completion of the academic curriculum.

14. Any learning activity that takes place outside of the academic institution and is counted as part of the fieldwork requirement during the academic program, should be addressed in a current fieldwork agreement. Responsibilities of each sponsoring institution and fieldwork site should be clearly delineated through a memorandum of understanding or fieldwork agreement. A process to review and obtain necessary signatures to develop memoranda of understanding or fieldwork agreements should be designed and documented. A system, such as a database, for tracking active fieldwork sites should be established to ensure fieldwork agreements or memoranda of understanding are current.

### Level I Fieldwork

The 2006 ACOTE Standards note that “The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice and to develop understanding of the needs of clients.” Therefore:

1. The Academic program should provide fieldwork educators with information regarding the specific didactic coursework and curriculum design, and information on expectations and learning objectives for the Level I fieldwork experience. The program should ensure that the fieldwork site is equipped to meet the curriculum goals and provide educational experiences applicable to the academic program. The AFWC should evaluate the fieldwork site’s program to confirm the feasibility of providing high quality educational experiences that maintain the effectiveness of the site’s services. In this evaluation, the AFWC should assess staff attitudes and supervisory capability for educating students at the fieldwork site. The AFWC should collaborate to develop site-specific fieldwork objectives and identify the site requirements.

Level I fieldwork objectives should reflect the role delineation between OT and OTA level students as specified in the Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services (AOTA, 2004). In the event a fieldwork site provides Level I fieldwork experiences to both OT and OTA level students, objectives and learning experiences should reflect the academic preparation and capabilities of each type of student. Level I fieldwork objectives should advance along a developmental learning continuum from concrete to conceptual and from simple to more complex learning activities as the student progresses through the academic curriculum and prepares for the expectations of Level II fieldwork. The AFWC and fieldwork educator should collaborate to develop general and site-specific objectives that clearly reflect the purpose of the fieldwork experience and professional behaviors to be achieved by the student. The fieldwork educator should create learning experiences for students to observe and participate in selected aspects of the occupational therapy process.
The AFWC and fieldwork educator should collaborate to schedule fieldwork placements. The scheduling design of Level I fieldwork will depend on the type of practice setting and the curriculum of the academic institution. Options include, but are not limited to, full days for one-half a semester, half-days for one semester, or one full week during the semester.

2. The academic program should ensure that the fieldwork program has qualified personnel to serve as fieldwork educators who are able to effectively meet the learning needs of students.

3. The AFWC and fieldwork educator should communicate with the student about progress and performance during the placement. The AFWC should coordinate fieldwork administration

Level II Fieldwork

According to the 2006 ACOTE Standards, “The goal of Level II fieldwork [for the OT student] is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program’s curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the life span and to a variety of settings.” The 2006 ACOTE Standards also state that, “The goal of Level II fieldwork [for the OTA student] is to develop competent, entry-level, generalist occupational therapy assistants. Level II fieldwork must be integral to the program’s curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. It is recommended that the student be exposed to a variety of clients across the life span and to a variety of settings.”

1. In order for fieldwork educators to remain abreast of advances in the profession, it is recommended that they be members of professional associations including but not limited to AOTA, state OT association, and specialty professional organizations. It is important to document that AFWC, fieldwork educators and students are all aware of and adhere to the AOTA Code of Ethics.

The academic program should ensure that fieldwork educators and students have current professional resources to promote clinical reasoning and reflective practice, including but not limited to AOTA Commission on Practice information, Special Interest Section newsletters, and internet access to expand the professional dialogue about the OT process.

During the fieldwork experience, the fieldwork educator should structure opportunities for informal and formal reflection with the student regarding the OT process in action with the client population.

2. The faculty and AFWC should conduct continuous program evaluation to determine sufficiency of scope and variety of fieldwork opportunities. In addition, the AFWC should conduct a review with fieldwork educators and students to ensure student exposure to psychosocial factors, occupation-based outcomes, and evidence-based practice during their fieldwork experience. The fieldwork educator should structure opportunities for reflection and application of psychosocial factors in psychosocial and non-psychosocial settings during
the OT Process. Further, the AFCW and student should monitor the fieldwork practice experiences to ensure exposure to traditional and/or emerging settings reflecting the curriculum design as well as to ensure a range of exposure to multiple practice areas to a maximum of 4 (OT) / 3 (OTA).

3. The AFWC and academic faculty should advise students to explore options available to fulfill the expectation for Level II fieldwork as well as to support the interests and career aspirations of each student. The AFWC, fieldwork educator and student should collaborate to schedule sufficient time for successful completion of the minimum expectations for Level II fieldwork objectives. As appropriate, hours and days of student attendance should be tracked to ensure accomplishment of the minimum requirement for fieldwork while supporting the institutional personnel policies. Beforehand, the AFWC should develop a student fieldwork attendance and absence policy reflecting expectations of the academic program, compliance with ACOTE Standards and institutional personnel policies. Further, the AFWC and fieldwork educator should provide students, who need accommodation and accessibility as ensured through the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973, are able to take advantage of all learning opportunities and fulfill all fieldwork expectations.

4. AFWC should recruit fieldwork educators who have adequate professional qualifications to meet ACOTE Standards. The AFWC should continually monitors compliance with standards, and communicate with the fieldwork educator to ensure the supervisory background of the fieldwork educator is sufficient for the level of responsibility.

5. The AFWC should provide materials for fieldwork educators to support their development of supervisory skills. This may include, for example, providing resources for continuing education opportunities, and recommending articles on supervision theory and best practice, among others. The AFWC should be available to consult and educate fieldwork educators to support the supervisory process of student learning experiences. Further, the AFWC should provide students and fieldwork educators with an evaluation tool that offers opportunities for discussion and feedback regarding effectiveness of supervision and learning during the placement.

6. The fieldwork site should provide documentation of the most recent review conducted by the appropriate governing entity, such as the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities and/or a state regulatory board. In addition, it is important that both students and fieldwork educators be conversant about and in compliance with the AOTA Code of Ethics, applicable practice guidelines articulated by AOTA Commission on Practice, reimbursement standards for federal agencies (Centers for Medicare Medicaid Services), state and local agencies, and third party reimbursement as it relates to the fieldwork education program.

The fieldwork educator should develop student fieldwork objectives in collaboration with the student. These objectives should clearly reflect the purpose of the fieldwork experience, expected professional behaviors, and the technical expertise and capabilities to be achieved in order to be evaluated at entry-level competence by the conclusion of the placement. In this process, it is important to ensure that student fieldwork objectives appropriately reflect the roles of an OT or OTA student. Objectives and expectations should be sequenced from
concrete to conceptual and from simple to increasing complexity.

The fieldwork institution should not expand services offered by the site through the placement of fieldwork students, whose primary purpose for being at the site is engaging in learning opportunities to acquire entry-level competence. The fieldwork site should provide adequate physical space for client-related services including direct intervention and indirect consultation. In addition, the fieldwork site should maintain complete client and administrative documentation, provide in-service education for its staff and, whenever possible, support research activities on the part of occupational therapy staff and students. Further, the fieldwork site should provide adequate professional resources to support the OT process and fieldwork placement, including but not limited to: current professional publications, texts, and internet resources.

A collaborative system for communication between the AFWC, the fieldwork educator and student should be established before any placement. Such system should include, but not be limited to initial communication to establish a fieldwork program, weekly progress review, ongoing communication, consultation and education to support learning opportunities for the student. The academic program and the fieldwork site should work collaboratively to develop clearly defined fieldwork objectives that are compatible with those of the academic program. The objectives should be reviewed regularly to maximize the effectiveness of the fieldwork experience and create new opportunities.

The student should have the opportunity to develop increased clinical reasoning and reflective practice through involvement in research projects and attendance to administrative/staff/team meetings. The student should also have experience in the collaboration between the occupational therapist and occupational therapy assistant, other staff and students, clients, family members, and/or significant others. Whenever possible, the student should also have the opportunity to experience the role of supervisor to support staff, volunteers, or Level I Fieldwork students in appropriate tasks or work assignments. In settings where there are no opportunities for the student to observe collaboration between the OT and OTA, the fieldwork educator should include learning experiences designed to expose the student to this area of practice in order to measure the student’s level of competency.

Client records in the fieldwork site should be available to the OT staff and students for intervention planning and implementation and educational and research purposes. The fieldwork site should be in full compliance with HIPAA regulations, and students should be trained to comply with all HIPAA regulations to guarantee the confidentiality of client’s records.

The academic program should ensure that students are advised regarding prerequisites for fieldwork site compliance with Joint Commission, Centers for Medicare and Medicaid Services, state and local health standards. In addition, the academic program should ensure that there will be no language barrier (either verbal or written) between the student, client population, fieldwork educator and AFWC.

7. The AFWC should ensure compliance with ACOTE Standards through careful review and ongoing communication with fieldwork site program and fieldwork educators in employment settings where there is no occupational therapist. In such cases, the AFWC should
collaborate with fieldwork educator and fieldwork site staff to create a plan for the provision of OT services. In addition, the AFWC, fieldwork educator and fieldwork site staff should ensure that adequate supervision of the student by non-OT staff will take place on a daily basis and by an occupational therapists for a minimum of 8 hours/ week to support student development and acquisition of entry-level competence in this practice setting.

8. The AFWC should ensure that both student and fieldwork educator are conversant about the formal student performance evaluation form, the items it contains, and the procedures for review in order to provide timely and constructive feedback of entry-level performance at midterm and at the conclusion of the placement. If the student’s performance is not satisfactory at mid-term or at any point during the Level II fieldwork experience, both the student and the AFWC should be notified immediately. A plan should be developed to support entry-level performance. Such plan should include, but not be limited to the development of a student’s plan of action, monitoring student progress and ensuring the student meets the expected outcomes for successful completion.

If a student is to participate in an international fieldwork experience, the AFWC should ensure that the fieldwork educator and fieldwork site staff are conversant with and in compliance with current ACOTE Standards. It is critical that the AFWC, fieldwork educator and student maintain regular formal and informal communication during fieldwork experience. In addition, the academic program should ensure that there will be no language barrier (either verbal or written) between the student, client population, fieldwork educator and AFWC.

References:


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Appendix

Excellence in Fieldwork Criteria

March 4, 2008

The AOTA Commission on Education (COE) developed and approved the attached lists of recommended criteria for fieldwork educators and fieldwork sites of excellence. In April 2007 the Representative Assembly charged COE to develop and disseminate criteria as a resource for affiliated state associations. The criteria were developed through the work of an AOTA ad hoc committee with the goal to highlight exemplars of fieldwork that could be emulated by other sites.

COE acknowledges that many states have already established awards for fieldwork. These lists were developed for use at your discretion in your state. They may assist you in developing new ideas for recognitions, identifying and recognizing exemplary fieldwork, or starting a discussion within your state about fieldwork.

The criteria are designed to fit the ideal type in current practice as well as prepare fieldwork for the future as the profession moves towards realizing the Centennial Vision. COE is engaged in a number of actions to advance fieldwork as a critical portion of our professional education. The rationale for the development of these criteria lists include:

¾ These awards will motivate fieldwork educators and fieldwork sites to model exemplary practices and demonstrate support of our core professional values related to fieldwork.
¾ Fieldwork is acknowledged as the bridge between education and practice.
¾ Fieldwork has the greatest potential to change practice.
¾ Recognizing outstanding fieldwork educators and sites will raise awareness and respect for this area of professional responsibility.

If you use any additional criteria to recognize excellence in fieldwork educators or fieldwork sites in your state, COE is very interested in adding the criteria to this recommended list. Please send your recommended criteria to me via e-mail at your convenience.

Thank you for your time and please feel free to contact me if I can be of any assistance.

René Padilla, PhD, OTR/L, FAOTA
Chairperson, AOTA Commission on Education
E-mail: rpadilla@creighton.edu
Excellence in Fieldwork Criteria

Fieldwork Site

The following criteria are designed for recognition of current practice as well as preparing fieldwork for the future as the profession moves to realize the Centennial Vision. An exemplar of a fieldwork site of excellence demonstrates:

- 100% occupational therapy staff has AOTA membership
- 100% occupational therapy staff has state occupational therapy association membership
- inclusion of the clinical educator role as a job expectation and performance standards for advancement include effective functioning as fieldwork clinical educator
- an exemplary fieldwork manual for occupational therapists and occupational therapy assistants with an ongoing review process
- quality assurance monitoring on some aspect of providing fieldwork education
- a reputation for exceptional occupational therapy practice in their practice area
- the delivery of ethical, evidence-based, and occupation-centered practice
- staff with working knowledge and use of the *Occupational Therapy Practice Framework* (*OTPF*)
- a 5-year history of providing consistent fieldwork education to occupational therapy and occupational therapy assistant students
- good collaboration with academic institutions (e.g., site visits, participation in fieldwork-related educational activities at the academic institution, and so on.)
- staff development in the areas of teaching, assessment of learning, and supervisory skills
- commitment to manage and adapt to challenging student placements (i.e., find alternative supervisor, assignments, and so on)
- acceptance of both occupational therapy and occupational therapy assistant students in Level I and Level II placements
- consistent positive evaluations from Level I and Level II students
- institutional commitment to the occupational therapy fieldwork program and meeting students’ needs for accommodations under the Americans with Disabilities Act
- creative and innovative supervision models
Excellence in Fieldwork Criteria
Fieldwork Educator

The following criteria are designed for recognition of current practice as well as preparing fieldwork for the future as the profession moves to realize the Centennial Vision. An exemplar of an excellent clinical educator demonstrates:

- AOTA and occupational therapy state association membership
- participation in continuing education related to supervision, teaching, and evaluation of learning or mentoring
- active engagement in ethical, evidence-based, and occupation-centered practice
- positive evaluations from students who completed their fieldwork experiences with this clinical educator
- a 5-year history of providing consistent fieldwork education to students
- proactive collaboration with other professionals, serving as a team member role model
- skills at the master clinician level and serves as a role model for students
- awareness of where his or her practice fits within the profession
- recognition of the uniqueness of each student and adapts his or her supervisory style accordingly
- active engagement in evaluation of his or her own effectiveness as a supervisor in addition to evaluation of the fieldwork program
- contributions to occupational therapy education beyond the fieldwork site (i.e., provides in-services, is a guest lecturer at a college, speaks at a community center, assists with admission interviews at local occupational therapy or occupational therapy assistant education program, serves on committees at local OT/OTA education program, and so on)
- leadership within a professional association that promotes the values of the profession.
Introduction:

The purpose of the Fieldwork Data Form is to facilitate communication between occupational therapy (OT) and occupational therapy assistant (OTA) academic programs, OT/OTA students, and fieldwork educators. Fieldwork Educators and Academic Fieldwork Coordinators (AFWC) jointly complete the Fieldwork Data Form to describe the fieldwork setting where students may have placements. While much of the information may be completed by the Fieldwork Educator, there will be additional information best obtained through AFWC interview of the fieldwork education coordinator at the site. The AFWC will find opportunity to document fieldwork related Accreditation Council for Occupational Therapy (ACOTE) Standards that support the ACOTE on-site accreditation review process. In addition, OT/OTA students will find valuable information describing the characteristics of the fieldwork setting, the client population, commonly used assessments, interventions, and expectations and opportunities for students. The Fieldwork Data Form has been developed to reflect the Occupational Therapy Practice Framework terminology and best practice in occupational therapy to promote quality fieldwork experiences. It was developed through the joint efforts of the Commission on Education (COE) and Education Special Interest Section (EDSIS) Fieldwork Subsection with input from many dedicated AFWCs and fieldwork educators.
AOTA FIELDWORK DATA FORM

Date: 
Name of Facility: 
Address: Street City State Zip: 

<table>
<thead>
<tr>
<th>FW I</th>
<th>FW II</th>
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<tbody>
<tr>
<td>Contact Person:</td>
<td>Contact Person:</td>
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<tr>
<td>Credentials:</td>
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<td>Phone:</td>
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<td>E-mail:</td>
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Initiation Source: 
Corporate Status: 
Preferred Sequence of FW: ACOTE Standards B.10.6
- For Profit
- Non-Profit
- State Gov’t
- Federal Gov’t
- Any
- Second/Third only; 1st must be in:
- Full-time only
- Part-time option
- Prefer Full-time

Director:
Phone: 
Fax: 
Web site address: 

OT Fieldwork Practice Settings (ACOTE Form A #s noted):

**Hospital-based settings**
- In-Patient Acute 1.1
- SNF/ Sub-Acute/ Acute
- Long-Term Care 1.3
- General Rehab Outpatient 1.4
- Outpatient Hands 1.5
- Pediatric Hospital/Unit 1.6
- Peds Hospital Outpatient 1.7
- In-Patient Psych 1.8

**Community-based settings**
- Peds Community 2.1
- Behavioral Health Community 2.2
- Older Adult Community Living 2.3
- Older Adult Day Program 2.4
- Outpatient/hand private practice 2.5
- Adult Day Program for DD 2.6
- Home Health 2.7
- Peds Outpatient Clinic 2.8

**School-based settings**
- Early Intervention 3.1
- School 3.2
- Other area(s) please specify:

**Age Groups:**
- 0-5
- 6-12
- 13-21
- 22-64
- 65+

**Number of Staff:**
- OTRs:
- OT:
- PT:
- Speech:
- Resource Teacher:
- Counselor/Psychologist:
- Other:

**Student Prerequisites** (check all that apply) ACOTE Standard B.10.6
- CPR
- Medicare / Medicaid Fraud Check
- Criminal Background Check
- Child Protection/abuse check
- Adult abuse check
- Fingerprinting
- First Aid
- Infection Control training
- HIPAA Training
- Prof. Liability Ins.
- Own transportation
- Interview
- HepB
- MMR
- Tetanus
- Chest x-ray
- Drug screening
- TB/Mantoux
- Physical Check up
- Varicella
- Influenza

**Health requirements:**
- Please list any other requirements:

**Performance skills, patterns, contexts and client factors addressed in this setting** (check all that apply)

**Performance Skills:**
- Motor Skills
  - Posture
  - Mobility
  - Coordination
  - Strength & effort
  - Energy
- Process Skills
  - Energy
  - Knowledge
  - Temporal organization
  - Organizing space & objects
  - Adaptation
- Communication/ Interaction Skills
  - Physicality- non verbal
  - Information exchange
  - Relations

**Client Factors:**
- Body functions/structures
  - Mental functions- affective
  - Mental functions-cognitive
  - Mental functions- perceptual
  - Sensory functions & pain
  - Voice & speech functions
  - Major organ systems: heart, lungs, blood, immune
  - Digestion/ metabolic/ endocrine systems
  - Reproductive functions
  - Neuromusculoskeletal & movement functions
  - Skin

**Context(s):**
- Cultural- ethnic beliefs & values
- Physical environment
- Social Relationships
- Personal- age, gender, etc.
- Spiritual
- Temporal- life stages, etc.
- Virtual- simulation of env, chat room, etc.

**Performance Patterns/Habits**
- Impoverished habits
- Useful habits
- Dominating habits
- Routine sequences
- Roles

**Most common services priorities** (check all that apply)
- Direct service
- Meetings(team, department, family)
- Consultation
- In-service training
- Discharge planning
- Client education
- Billing
- Evaluation
- Intervention
- Documentation
Types of OT Interventions addressed in this setting (check all that apply): *ACOTE Standards A.5.3, B.10.1, B.10.3, B.10.11, B.10.13, B.10.15, B.10.19, B.10.20

<table>
<thead>
<tr>
<th>Occupation-based activity - within client’s own environmental context; based on their goals addressed in this setting (check all that apply): *ACOTE Standards A.5.3, B.10.1, B.10.3, B.10.11, B.10.13, B.10.15, B.10.19, B.10.20</th>
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<tr>
<td><strong>Activities of Daily Living (ADL)</strong></td>
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<tr>
<td>□ Bathing/showering</td>
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<td>□ Bowel and bladder mgmt</td>
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<tr>
<td>□ Dressing</td>
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<td>□ Eating</td>
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<td>□ Feeding</td>
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<td>□ Functional mobility</td>
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<td>□ Personal device care</td>
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<td>□ Personal hygiene &amp; grooming</td>
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<td>□ Sexual activity</td>
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<tr>
<td>□ Sleep/rest</td>
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<td>□ Toilet hygiene</td>
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<tr>
<th><strong>Play</strong></th>
<th><strong>Leisure</strong></th>
<th><strong>Preparatory Methods - preparation for purposeful &amp; occupation-based activity</strong></th>
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<tbody>
<tr>
<td>□ Play exploration</td>
<td>□ Leisure exploration</td>
<td>□ Sensory-Stimulation</td>
</tr>
<tr>
<td>□ Play participation</td>
<td>□ Leisure participation</td>
<td>□ Physical agent modalities</td>
</tr>
</tbody>
</table>

| **Purposeful Activity - therapeutic context leading to occupation, practice in preparation for natural context** | **Examples:** |
|-----------------------------------------------|
| □ Practicing an activity | |
| □ Simulation of activity | |
| □ Role Play | |

**Method of Intervention**

Direct Services/case load for entry-level OT
- □ One-to-one:
- □ Small group(s):
- □ Large group:

**Discharge Outcomes of clients (% clients)**
- □ Home
- □ Another medical facility
- □ Home Health

**Outcomes of Intervention**
- □ Occupational performance- improve &/or enhance
- □ Client Satisfaction
- □ Role Competence
- □ Adaptation
- □ Health & Wellness
- □ Prevention
- □ Quality of Life

**OT Intervention Approaches**
- □ Create, promote (health promotion)
- □ Establish, restore, remediation
- □ Maintain
- □ Modify, compensation, adaptation
- □ Prevent, disability prevention

**Theory/ Frames of Reference/ Models of Practice**
- □ Acquisitional
- □ Biomechanical
- □ Cognitive- Behavioral
- □ Coping
- □ Developmental
- □ Ecology of Human Performance
- □ Model of Human Occupation (MOHO)
- □ Occupational Adaptation
- □ Occupational Performance Model
- □ Person/ Environment/ Occupation (P-E-O)
- □ Person-Environment-Occupational Performance
- □ Psychosocial
- □ Rehabilitation frames of reference
- □ Sensory Integration
- □ Other (please list):

Please list most common screenings and evaluations used in your setting:
- □ Medications
- □ Post-surgical (list procedures)
- □ Contact guard for ambulation
- □ Fall risk
- □ Other (describe):

- □ Swallowing/ choking risks
- □ Behavioral system/ privilege level (locked areas, grounds)
- □ Sharps count
- □ 1:1 safety/ suicide precautions

Please list how students should prepare for a FW II placement such as doing readings, learn specific evaluations and interventions used in your setting:
### Target caseload/ productivity for fieldwork students:

<table>
<thead>
<tr>
<th>Productivity % per 40 hour work week:</th>
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<tbody>
<tr>
<td>Caseload expectation at end of FW:</td>
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<tr>
<td>Productivity % per 8 hour day:</td>
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<tr>
<td># Groups per day expectation at end of FW:</td>
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### Documentation: Frequency/ Format (briefly describe):

- Hand-written documentation:
- Computerized Medical Records:

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<tr>
<th>Time frame requirements to complete documentation:</th>
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### Administrative/ Management duties or responsibilities of the OT/ OTA student:

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

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

| Research/ EBP/ Literature review | In-service | Case study | Participate in in-services/ grand rounds | Fieldwork Project (describe): | Field visits/ rotations to other areas of service | Observation of other units/ disciplines | Other assignments (please list):
|---------------------------------|------------|------------|-----------------------------------------|-----------------------------|-------------------------------------------|--------------------------------|----------------|

### Student work schedule & outside study expected:

<table>
<thead>
<tr>
<th>Schedule hrs/ week/ day:</th>
<th>Room provided</th>
<th>Yes</th>
<th>No</th>
<th>Meals</th>
<th>Yes</th>
<th>No</th>
<th>Stipend amount:</th>
<th>Describe level of structure for student?</th>
<th>Describe level of supervisory support for student?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do students work weekends?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do students work evenings?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Describe the FW environment/ atmosphere for student learning:

### Describe public transportation available:

### ACOTE Standards Documentation for Fieldwork (may be completed by AFWC interview of FW Educator)

1. The fieldwork agency must be in compliance with standards by external review bodies. Please identify external review agencies involved with this FW setting and year of accreditation (JCAHO, CARF, Department of Health, etc.). ACOTE on-site review

   **Name of Agency for External Review:**
   **Year of most recent review:**
   **Summary of outcomes of OT Department review:**

2. Describe the fieldwork site agency stated mission or purpose (can be attached). *ACOTE Standards B.10.1, B.10.2, B.10.3, B.10.4, B.10.14, B.10.15*

3. OT Curriculum Design integrated with Fieldwork Site (insert key OT academic curricular themes here): *ACOTE Standards B.10.1, B.10.2, B.10.3, B.10.4, B.10.11, B.10.15*
   
   a. How are occupation-based needs evaluated and addressed in your OT program? How do you incorporate the client’s ‘meaningful’ doing in this setting?

   b. Describe how you seek to include client-centered OT practice? How do clients participate in goal setting and intervention activities?

   c. Describe how psychosocial factors influence engagement in occupational therapy services?

   d. Describe how you address clients’ community-based needs in your setting?
4. How do you incorporate evidence-based practice into interventions and decision-making? Are FW students encouraged to provide evidence for their practice? ACOTE Standards B.10.1, B.10.3, B.10.4, B.10.11, B.10.15

5. Please describe FW Program & how students fit into the program. Describe the progression of student supervision from novice to entry-level practitioner using direct supervision, co-treatment, monitoring, as well as regular formal and informal supervisory meetings. Describe the fieldwork objectives, weekly fieldwork expectations, and record keeping of supervisory sessions conducted with student. Please mail a copy of the FW student objectives, weekly expectations for the Level II FW placement, dress code, and copy of entry-level job description with essential job functions to the AFWC. ACOTE Standards B.10.2, B.10.3, B.10.5, B.10.7, B.10.13, B.10.19, B.10.20, b.10.21

6. Please describe the background of supervisors (please attach list of practitioners who are FW Educators including academic program, degree, years of experience since initial certification, years of experience supervising students) ACOTE Standards B.7.10, B.10.12, B.10.17 (provide a template)

7. Describe the training provided for OT staff for effective supervision of students (check all that apply). ACOTE Standards B.7.10, B.10.1, B.10.3, B.10.12, B.10.13, B.10.17, B.10.18, B.10.19, B.10.20, B.10.21
   - Supervisory models
   - Training on use of FW assessment tools (such as the AOTA Fieldwork Performance Evaluation- FWPE, Student Evaluation of Fieldwork Experience–SEFWE, and the Fieldwork Experience Assessment Tool–FEAT)
   - Clinical reasoning
   - Reflective practice
   Comments:

8. Please describe the process for record keeping supervisory sessions with a student, and the student orientation process to the agency, OT services and the fieldwork experience. ACOTE Standards B.7.10, B.10.1, B.10.3, B.10.12, B.10.13, B.10.17, B.10.18, B.10.19, B.10.20, B.10.21
   Supervisory patterns–Description (respond to all that apply)
   - 1:1 Supervision Model:
   - Multiple students supervised by one supervisor:
   - Collaborative Supervision Model:
   - Multiple supervisors share supervision of one student, # supervisors per student:
   - Non-OT supervisors:


Status/Tracking Information Sent to Facility

To be used by OT Academic Program
ACOTE Standards B.10.4, B.10.8, B.10.9, B.10.10

Date:

Which Documentation Does The Fieldwork Site Need?
- A Fieldwork Agreement/ Contract?
- OR
- A Memorandum of Understanding?

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

Title of Parent Corporation (if different from facility name):
Type of Business Organization (Corporation, partnership, sole proprietor, etc.):
<table>
<thead>
<tr>
<th>State of Incorporation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fieldwork Site agreement negotiator:</td>
</tr>
<tr>
<td>Address (if different from facility):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of student:</th>
<th>Potential start date for fieldwork:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Any notation or changes that you want to include in the initial contact letter:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>New general facility letter sent:</td>
</tr>
<tr>
<td>Level I Information Packet sent:</td>
</tr>
<tr>
<td>Level II Information Packet sent:</td>
</tr>
<tr>
<td>Mail contract with intro letter (sent):</td>
</tr>
<tr>
<td>Confirmation sent:</td>
</tr>
<tr>
<td>Model Behavioral Objectives:</td>
</tr>
<tr>
<td>Week-by-Week Outline:</td>
</tr>
<tr>
<td>Other Information:</td>
</tr>
<tr>
<td>Database entry:</td>
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<tr>
<td>Facility Information:</td>
</tr>
<tr>
<td>Student fieldwork information:</td>
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<tr>
<td>Make facility folder:</td>
</tr>
<tr>
<td>Print facility sheet:</td>
</tr>
</tbody>
</table>

Revised 5/22/2013