Carroll University
Master of Occupational Therapy Program

OTH 680 Clinical Internship II
Summer 2017

Course Offering 10 Credit Hours

Prerequisites Admission to the MOT Program.
OTH 670 -Clinical Internship I

Format Internship Experience
Class Day/Time Summer 2017
Class Location Off Campus at assigned location

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Course Description
This course is the second full-time, three-month clinical experience offered to students. Internships are designed to provide the opportunity to carry out professional responsibilities under supervision of an occupational therapist and to observe professional role models in the field. Students will achieve mastery of the occupational therapy process and foster a sensitivity to the human condition as a collective experience of culture, personhood, social and economic change, and other contexts and how this might affect access to and response to health care. In depth opportunities to develop competency in entry-level occupational therapy skills such as evaluation, goal setting, intervention planning and implementation, discharge planning, and termination of services are provided, which may take place in a variety of clinical or community settings. Level II Fieldwork experiences will vary from site to site.

Course Rationale
Level II fieldwork experiences are designed to promote best practice, enrich coursework, and provide an opportunity to participate in the occupational therapy process to develop the entry level skills expected of an emerging generalist. Students are expected to perform practice skills and apply knowledge of specific patient populations with a discernible viewpoint that generates cultural sensitivity and understanding of disparities that may alter practice. Students will achieve competence in basic entry-level occupational therapy skills including evaluation, goal setting, intervention planning and implementation, discharge planning, and termination of services.
Relationship to Curriculum Design
This second and final fieldwork experience offered to students is expected to promote best practice, and help students develop mastery of the occupational therapy process to achieve entry level skills expected of an emerging generalist. This in-depth experience affords a focus on the application of purposeful and meaningful occupation, and students are expected to progressively increase these skills at higher levels of performance and responsibility, using culturally appropriate evidence based interventions with diverse client populations. At this point, students are exposed to opportunities that promote interprofessional and collaborative care, lifelong learning and scholarship and reason and advocacy in practice. Students will achieve competence in basic entry-level occupational therapy skills including evaluation, goal setting, intervention planning and implementation, discharge planning, and termination of services, in a different clinical or community setting.

Student Learning Objectives:
These objectives correspond to the assessment areas of the AOTA Performance Evaluation. Upon the completion of this course the student will:

Fundamentals of Practice
1. Use sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice.
2. Use the American Occupational Therapy Association (AOTA) Occupational Therapy Code of Ethics and Ethics Standards and AOTA Standards of Practice, as a guide for ethical decision making in all professional interactions, client interventions, and employment settings.

Basic Tenets of Occupational Therapy
3. Model and uphold the ethical standards, values, and attitudes of the occupational therapy profession towards self, clients, and in interactions and communications with others.
4. Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support performance, participation, health, and well-being.
5. Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors.

Evaluation and Screening
6. Analyze, synthesize, and apply theories, models and frames of reference to guide and inform evaluation and intervention.
7. Demonstrate service competency in assessment methods through the selection and use of culturally appropriate evaluation tools to assess a client’s occupational profile and level of performance on the basis of client needs and contextual factors.
8. Apply clinical reasoning skills to analyze and gather data to establish clinically sound treatment plans of care based on evaluation results using standardized and non-standardized assessment tools and appropriate procedures and protocols.
9. Evaluate client(s)’ occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation.
10. Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.
11. Interpret the evaluation data to determine the need for occupational therapy intervention, and establish treatment priorities and goals using a client’s occupational profile which include participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
12. Document evaluation results to ensure effective communication for the need and rationale of occupational therapy services and demonstrate accountability of service provision to meet standards for reimbursement in accordance to facility, local, state, federal, and reimbursement agencies.

**Intervention**

13. Use clear and logical rationale for treatment implementation using appropriate models of practice, frames of reference and scholarly literature to make evidence-based intervention decisions.
14. Use evaluation findings based on culturally appropriate theoretical approaches, models of practice, and frames of reference to develop evidence based occupation-based intervention plans and strategies with the collaboration of client, family, and other allied health professionals.
15. Evaluate and adapt processes or environments (e.g., home, work, school, community), tools, materials, occupations, and interventions to reflect the changing needs of the client, the sociocultural context, and technological advances.
16. Demonstrate task analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to formulate and implement an intervention plan, modifying task approach and intervention methods based on the client’s progress and occupational needs.
17. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention based on client’s needs, behaviors, and culture.
18. Terminate occupational therapy services in collaboration with the client, caregiver, family, and significant others, associated agencies or services, appropriate recommendations, referrals and discussion of post-discharge needs for continuity of care as needed.
19. Document the client’s response to treatment in a manner that reflects progress and/or demonstrates the continuing need for services, to ensure accountability of service provision and in compliance with third party reimbursement standards.
Management of Occupational Therapy Services
20. Use managerial roles for effective, competency-based legal and ethical supervision of occupational therapy and non–occupational therapy personnel.
21. Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third party, private payer), appeals mechanisms, and documentation requirements that affect the practice of occupational therapy.
22. Demonstrate through practice or discussion, the ability to develop a collaborative professional relationship with the occupational therapy assistant and aide, assigning appropriate tasks throughout the occupational therapy process.
23. Demonstrate knowledge of and compliance with various reimbursement systems (e.g., federal, state, third party, private payer), appeals mechanisms, documentation requirements, procedures, and guidelines related to occupational therapy services at the specific fieldwork facility.
24. Produce the volume of work required in the expected time frame as determined by the fieldwork facility.

Communication
25. Effectively communicate and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member’s responsibility.
26. Demonstrate the ability to communicate clearly and effectively verbally and nonverbally with clients, families, significant others, colleagues, other service providers, and the public using a level of language that is appropriate to the listener.
27. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
28. Demonstrate the ability to produce clear, legible, and accurate documentation that contains proper spelling, punctuation, and grammar and is completed in accordance with the fieldwork facility’s policies.

Professional Behaviors
29. Demonstrate the ability to collaborate with the Fieldwork Educator to maximize the learning experience, by taking responsibility for attaining professional competence, demonstrating professional initiative, and seeking out additional learning opportunities and interactions with Fieldwork Educators and others.
30. Demonstrate effective time management.
31. Demonstrate the ability work as individual researchers/scholars as well as in collaboration with others.
32. Demonstrate consistent work behaviors including but not limited to initiative, preparedness, dependability, and work site maintenance.
33. Share perceptions and opinions using nonjudgmental language clearly and concisely, and responding constructively to feedback.
34. Demonstrate a sensitivity to and respect for dignity and confidentiality in all professional interactions, and the ability to apply a humanistic perspective to practice.
35. Demonstrate the ability to apply effective therapeutic use of self to evaluate, establish and sustain therapeutic relationships.
36. Demonstrate the ability to use self-reflection, supervision and service learning as a tool to improve self-competency and self-awareness, build cultural competence, and foster broad sense of professional responsibility to the community at large.

**ACOTE Standards Relating to Course Objectives**

*This course meets or partially meets the following standards of education for the Accreditation Council for Occupational Therapy Education (ACOTE). The student will:*

**B.1.5.** Demonstrate an understanding of the ethical and practical considerations that affect the health and wellness needs of those who are experiencing or are at risk for social injustice, occupational deprivation, and disparity in the receipt of services.

**B.2.2.** Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors.

**B.2.3.** Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support performance, participation, health, and well-being.

**B.2.7.** Demonstrate task analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to formulate an intervention plan.

**B.2.8.** Use sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice.

**B.2.9.** Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).

**B.2.10.** Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed.

**B.2.11.** Analyze, synthesize, and apply models of occupational performance and theories of occupation.

**B.3.1** Apply Theories that underlie the practice of occupational therapy

**B.3.3** Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention

**B.3.5.** Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments to analyze and effect meaningful occupation outcomes.

**B.4.1.** Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These include, but are not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.

**B.4.2.** Select appropriate assessment tools based on client needs, contextual factors, and psychometric properties of tests. These must be relevant to a variety of populations across the life span, culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process.

**B.4.3.** Use appropriate procedures and protocols (including standardized formats) when administering assessments.

**B.4.4.** Evaluate client(s)’ occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social
participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
- Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
- Performance patterns (e.g., habits, routines, roles) and behavior patterns.
- Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
- Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).

B.4.6. Interpret criterion-referenced and norm-referenced standardized test scores based on an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.

B.4.7. Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.

B.4.8. Interpret the evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks.

B.4.9. Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.

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

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

- The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments.
- Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).
- Performance patterns (e.g., habits, routines, roles) and behavior patterns.
- Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance.
- Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).
B.5.2. Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.

B.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).

B.5.5. Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.

B.5.6. Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).

B.5.7. Demonstrate therapeutic use of self, including one’s personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.

B.5.8. Develop and implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance.

B.5.9. Evaluate and adapt processes or environments (e.g., home, work, school, community) applying ergonomic principles and principles of environmental modification.

B.5.13. Provide recommendations and training in techniques to enhance community mobility, including public transportation, community access, and issues related to driver rehabilitation.

B.5.15. Demonstrate safe and effective application of superficial thermal and mechanical modalities as a preparatory measure to manage pain and improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions.

B.5.17. Develop and promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client.

B.5.18. Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, family and significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety.

B.5.19. Apply the principles of the teaching–learning process using educational methods to design experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public.

B.5.20. Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.

B.5.21. Effectively communicate and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member’s responsibility in executing an intervention plan.

B.5.22. Refer to specialists (both internal and external to the profession) for consultation and intervention.

B.5.23. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, the sociocultural context, and technological advances.

B.5.24. Select and teach compensatory strategies, such as use of technology and adaptations to the environment that support performance, participation, and well-being.

B.5.28. Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention.
B.5.29. Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. This process includes, but is not limited to, identification of client’s current status within the continuum of care; identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client’s progression along the continuum toward outcome goals.

B.5.30. Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes. Report evaluation results and modify practice as needed to improve client outcomes.

B.5.32. Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.

B.6.1. Evaluate and address the various contexts of health care, education, community, political, and social systems as they relate to the practice of occupational therapy.

B.9.1. Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) Occupational Therapy Code of Ethics and Ethics Standards and AOTA Standards of Practice and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.

B.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.

Required Text
- Cheryl is offering our students $30 off the print book.
  The code is H5W8K2
  The book can be ordered from www.ottoolkit.com/printbook

- Student Fieldwork Manual

Course Policy:

Clinical Fieldwork Attendance
Promptness and attendance are mandatory during clinical internships. Absences for communicable illness, health emergencies, family emergencies and presentations at program-approved professional conferences are allowed during clinical internships, however, the site’s clinical coordinator and instructor must be notified immediately. In the event of any absence, the clinical facility must be notified in a timely manner and the absence must be accounted for and made up. Make-up time is dependent upon clinical faculty and facility/fieldwork educator availability. The student will not be allowed to progress or graduate until the make-up time has
been satisfactorily completed. Unexcused absences are not acceptable and subject to disciplinary action as determined by the Director of the MOT program.

Students are expected to follow attendance requirements specific to the placement site, including punctual arrival at clinical sites. Students are expected to stay until released by the clinical instructor. Any tardiness or early departure from a clinical site will be reported to the Academic Fieldwork Coordinator (AFWC) at the discretion of the fieldwork educator.

Any expected absences must be submitted in writing, and approved by the Academic Fieldwork Coordinator and Clinical Instructor. Students are responsible for determining in collaboration with the Fieldwork Coordinator and Clinical Instructor how the absence will be made up. The plan for making up the time must be in writing and submitted to the AFWC and fieldwork educator. In all cases, make-up time is dependent upon clinical faculty and facility availability and must be approved by the AFWC and program director.

Make up time for Unexcused Absences
Generally, make up time for unexcused absences from a fieldwork experience will occur at a 2:1 ratio. For example, if you were unable to attend your regular 8 hour scheduled fieldwork rotation, make up time (which is at the discretion of the Academic Fieldwork Coordinator) may result in a 16 hour make up requirement.

Conflict Management
During the course of a practicum or clinical internship experience, concerns, issues or problems may arise at any time relative to supervision, student performance and/or the student/FWEd relationship. In all cases the AFWC should be contacted by the FWEd and/or the student in a timely manner. The FWEd is responsible for notifying the student and AFWC BEFORE failure is a high probability, and both the student and FWEd are expected to maintain open communication with the AFWC throughout the duration of the situation. Please refer to pg. 25 of the Student Fieldwork Manual for the appropriate protocol.

Student Removal from Fieldwork Experience
In any situation in which, a patient's welfare may be adversely affected, the clinical site may take immediate corrective action, including removing a student from a clinical assignment, and/or requesting that a student leave a patient care area without prior consultation of the Academic Fieldwork Coordinator. The fieldwork site is expected to notify the CEC immediately after the removal of the student and communicate the reasons for the action(s) taken.

In any situation not involving patient welfare in which a student is not performing satisfactorily, or is in violation of the MOT Program and/or clinical site’s policy or procedure, removal of the student is at the discretion of the AFWC in collaboration with the fieldwork supervisor.

In alignment with MOT Program Academic Progression Standards, removal from any fieldwork practicum or clinical internship experience must be remediated and reassessed to ensure competence. In the event that a student is removed from the fieldwork experience any make-up time is dependent upon clinical faculty, facility availability, and is at the discretion of the AFWC.
Health History, Immunizations and Vaccinations
To meet clinical and program standards, the following forms must be completed prior to the fieldwork experience and must be maintained throughout the course of study.
• Health History and Physical Exam Form
• Immunization Status Report:
  • TB skin test
  • Influenza vaccination

It is each student’s responsibility to stay current in all requirements and vaccinations. Failure to comply with this policy will prevent students from participating in courses that incorporate interaction, examination and/or intervention with patients/clients external to the Occupational Therapy program, student body, and from progressing to fieldwork internships thereby preventing progression in the program. Please refer to pg. 26 of the Student Fieldwork Manual for specifics.

Caregiver Background and Criminal History Check
On October 1, 1998, the State of Wisconsin, Department of Health and Family Services mandated that all persons who seek to be employed and/or licensed in the caregiver industry must fulfill the Caregiver and Background Check requirements in Section 50.065 of the Wisconsin statute. All Occupational Therapy students are require to complete a background and criminal history check, as required by clinical education sites.

Clinical rotations are a standard requirement of the accrediting body for occupational therapy education (ACOTE), and are mandatory to take the board certification exam. Failure to complete this requirement would render the student unable fulfill requirements for graduation from the MOT program. All healthcare facilities will require background checks. Use of this information will be at the discretion of the university and of all clinical sites affiliated with the University.

Informed Consent and Release of Liability
Students are required to meet the technical standards criteria throughout the duration of the MOT Program curriculum. The form must be updated immediately if the student has a significant change in their ability to meet technical standards at any point within the program. This includes surgery, time missed > two days, or decreased ability to perform critical functional demands associated with courses including clinical education. Students must initial the updated form and may be required to obtain the signature of an appropriate professional qualified to judge the student’s ability to meet or exceed the requirements of the MOT Program.

MOT Program Technical Standards
In preparation for professional roles occupational therapy students are expected to demonstrate the ability to meet the demands encountered in an occupational therapy career. Certain functional abilities are essential for the delivery of safe and effective care. An applicant to the MOT Program must meet and maintain the following technical standards for progression throughout the program. Students unable to meet these technical standards will not be able to complete the program. Students shall notify the program in a timely manner of any change in their ability to
meet technical standards. Please refer to the MOT Program student handbook for further details regarding technical standards.

**Pregnancy and Change in Medical Status**
The AFWC requires written permission from a student to disclose disability-related information to fieldwork educators. In the event of a change in medical status, it is highly advised that you notify the AFWC for a discussion as soon as possible. Students who experience a change of medical status such as pregnancy while attending courses in the MOT Program should notify the Clinical Education Coordinator, Academic Fieldwork Coordinator, and Program Director as soon as possible. A note from your physician stating that you are able to continue attending fieldwork practicum and/or clinical internship experiences is a MANDATORY requirement to progress through the clinical education component of the MOT Program. Please include in the physician note any needs such as leave of absence, required accommodations and/or physical restrictions. Any time off due to pregnancy and/or post-partum recovery will need to be made up. Make-up time is dependent upon clinical faculty, facility availability and depending on the duration of the absence, may result in deceleration to the next cohort or a delay in graduation.

**Illness**
If you are ill and unable to attend a fieldwork experience, it is your responsibility to notify your fieldwork educator AND AFWC in a timely fashion. In order to make up the missed day you must provide documentation of that illness. Make-up time is dependent upon clinical faculty and facility availability and must be approved by the AFWC. Please refer to pg. 24 of the Student Fieldwork Manual for MOT Program policy for clinical fieldwork attendance and make-up time for unexcused absences.

**Extended illness may make it impossible for you to complete the fieldwork practicum requirements.**

**Accommodating Disability**
Any student who feels that she/he may need an accommodation based on the impact of how a disability may affect their performance during fieldwork should contact the Clinical Education Coordinator/Academic Fieldwork Coordinator to discuss specific need(s). Students with documented disabilities should in addition, contact the Office of Services for Students with Disabilities at 262-524-7335 in the Walter Young Center to coordinate accommodations within reason.

**Social Media**
The following pertains to the use of social media. Carroll University Occupational Therapy Program reserves the right to interview a student in violation of this policy for disciplinary action or dismissal from the program pending a review by the program and the university faculty. Social media includes, but is not limited to: use of cell phones, Facebook, Twitter, Instagram, YouTube, LinkedIn, MySpace, multimedia sites etc. These guidelines apply to the use of all forms of social media, including postings on personal blogsites or posting comments on other sites.

1. Students will not share confidential information about Carroll University, the Occupational Therapy Program, Faculty or staff, clinical sites, clinical fieldwork instructors, or clinical staff.
2. Students will not use any instance or application of social media to engage in
unprofessional or unethical behavior that violates the integrity of the program, profession, and humanistic perspective of the university. Students are encouraged to use good judgement so as to not reflect poorly on themselves and the university.

3. Students will maintain patient privacy and confidentiality at all times, refraining from sharing images and identifying information about health, finances, age, race, culture, religion, and socioeconomic status.

4. Personal use of social media should not interfere with program requirements or patient care.

5. Use of Carroll University’s name or logo in any social media activity is restricted. Any affiliation to Carroll University or the Occupational Therapy Program must be consistent with the university’s standards of professional conduct. Activity should clearly illustrate that the views are not Carroll University’s or The Occupational Therapy Program.

Fieldwork policies as outlined in the MOT fieldwork manual, and all MOT program policies apply. It is expected that students will refer to handbooks for review all policies pertaining to course of study and program expectations.

Late Submission of Assignments: course assignments are expected to be submitted on time as specified by the syllabus. Late assignments will be subject to a -20% per day late penalty. Work submitted more than one week late will not be graded.

Course Assessment (course is pass/fail):
This is a pass/fail course. Students will be awarded a “Satisfactory” or “Unsatisfactory” grade. Students must pass both the experiential section and the 3 assignments to receive an “S” grade for the course. A letter grade of a “U” requires the student to repeat the course to successfully complete the practicum and validate theoretical knowledge, before progressing to Clinical Internship II. A course may be repeated only one time.

In alignment with ACOTE and MOT Program Academic Progression Standards, grading for this course will be based on a total possible accumulation of 1040 points, with an “S” being the equivalent of greater or equal to minimum passing scores on the AOTA Fieldwork Performance Evaluation for the experiential component, and an “S” being the equivalent of greater or equal to 70% for the didactic component. Letter grades applied to a percentage of this total is as follows:

<table>
<thead>
<tr>
<th>Experiential Component</th>
<th>Didactic Component</th>
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<tbody>
<tr>
<td>(as specified by minimum passing scores on the AOTA Fieldwork Performance Evaluation)</td>
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<tr>
<td>90 points at Midterm = S</td>
<td>≥ 70% = S</td>
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<tr>
<td>Less than 90 points at Midterm = U</td>
<td>≤ 70% = U</td>
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<tr>
<td>122 points at Final = S</td>
<td></td>
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<tr>
<td>Less than 122 points at Final = U</td>
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Grades will be evaluated by the following means:

<table>
<thead>
<tr>
<th>EVALUATION</th>
<th>POINTS OF GRADE</th>
<th>LINKED TO MOT PROGRAM STUDENT LEARNING OBJECTIVES</th>
<th>ACOTE STANDARDS RELATING TO COURSE OBJECTIVES</th>
<th>Instructional Methods: The following instructional methods will be utilized throughout the course:</th>
<th>Assessment Methods: The following assessment methods will be utilized throughout the course:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiential Requirement</td>
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<tr>
<td>AOTA Fieldwork Performance</td>
<td>Pass/Fail</td>
<td>1-36</td>
<td>B.1.5, B.2.2, B.2.3 B.2.7, B.2.8 B.2.9, B.2.10 B.2.11, B.3.1, B.3.3, B.3.5, B.4.1, B.4.2, B.4.3, B.4.4, B.4.6 B.4.7, B.4.8, B.4.9, B.4.10, B.5.1, B.5.2, B.5.3, B.5.5, B.5.6, B.5.7, B.5.8 B.5.9, B.5.13, B.5.15, B.5.17, B.5.18, B.5.19, B.5.20, B.5.21, B.5.22, B.5.23, B.5.24, B.5.28, B.5.29, B.5.30, B.5.32, B.6.1, B.9.1, B.9.3</td>
<td>Clinical/Field • Problem-based Learning • Self-directed Learning • Experiential teaching • Structured Feedback</td>
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<td>Evaluation Score</td>
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<tr>
<td>At Midterm</td>
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<tr>
<td>AOTA Fieldwork Performance</td>
<td>Pass/Fail</td>
<td>25-36</td>
<td>B.2.8, B.5.7, B.5.20, B.5.21, B.9.1</td>
<td>Clinical/Field • Self-directed Learning • Structured Feedback</td>
<td>Self-Evaluation • Fieldwork II Performance Evaluation • Verbal and Written Feedback</td>
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<tr>
<td>At Final</td>
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<td>At Final</td>
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<tr>
<td>Midterm Student Self Evaluation</td>
<td>Pass/Fail</td>
<td>35, 36</td>
<td>B.5.20, B.5.21</td>
<td>Clinical/Field • Problem-based Learning</td>
<td>Verbal and Written Feedback</td>
</tr>
<tr>
<td>Midterm Student Evaluation of</td>
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<tr>
<td>Fieldwork (FEAT)</td>
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</table>
| **Student Evaluation of the Fieldwork Experience (SEFWE) (completed at final)** | Pass/Fail | 3-6, 8 | B.2.3, B.2.10, B.2.11, B.3.1, B.3.3, B.3.5, B.5.20, B.5.21, B.9.3 | • Clinical/Field  
• Self-directed Learning  
• Verbal and Written Feedback |
| Academic Requirement | | | | |
| **HIPAA/OSHA Certification** | 100 | 1, 2 | B.2.8, B.9.1 | • Online learning  
• Exams |
| **Curriculum Review Assignment** | 200 | 3-6 | B.2.11, B.3.1, B.3.3, B.3.5 | • Clinical/Field  
• Self-directed Learning  
• Structured Feedback  
• Verbal and Written Feedback |
| **Weekly Supervision Review** | 240 | 3-36 | B.1.5, B.1.7, B.2.2, B.2.3 B.2.7, B.2.8 B.2.9, B.2.10, B.2.11, B.3.1, B.3.3, B.3.5, B.4.1, B.4.2, B.4.3, B.4.4, B.4.6 B.4.7, B.4.8, B.4.9, B.4.10, B.5.1, B.5.2, B.5.3, B.5.5, B.5.6, B.5.7, B.5.8 B.5.9, B.5.13, B.5.15, B.5.17, B.5.18, B.5.19, B.5.20, B.5.21, B.5.22, B.5.23, B.5.24, B.5.28, B.5.29, B.5.30, B.5.32, B.6.1, B.9.1, B.9.3 | • Clinical/Field  
• Self-directed Learning  
• Structured Feedback  
• Verbal and Written Feedback |
• Problem-based Learning  
• Self-directed Learning  
• Experiential teaching  
• Structured Feedback  
• Verbal and Written Feedback |
| **Total** | 1140 | | | |
The following fieldwork forms are required to pass the experiential requirements of this course: These include The AOTA Fieldwork Performance Evaluation (FWPE), a midterm self-evaluation of interpersonal skills and professional behaviors, midterm feedback of the fieldwork experience, and the final Student evaluation of the Fieldwork Experience. These forms are designed to guide the development of a student’s role of ownership and responsibility in the profession, foster a sense of professional responsibility and identity, and enhance professional behaviors.

1. **AOTA Fieldwork Performance Evaluation (FWPE)** – Evaluation tool designed to measure entry-level competence of the student. Completed by the Fieldwork Educator at mid-term (6 weeks) and at end of level II experience (12 weeks). Performance scores on the FWPE are based on a total score of 168 points
   
   a. **At Mid-term (6 Weeks)**
      
      - Mid-term evaluation scores must be promptly sent to the Academic Fieldwork Coordinator by the Fieldwork Educator via mail or email. This must occur promptly to assess and monitor student progress and assess the quality of the fieldwork experience at mid-term.
      - Students must demonstrate satisfactory performance by achieving a score of **90 points at mid-term to continue the course**
      - Students who receive less than 90 points at mid-term will receive a “U” grade and be required to repeat the course. Students will also be required to complete a Fieldwork Success Plan which may include additional work at the discretion of the program director, with input from the AFWC.
   
   b. **At Final (12 weeks)**
      
      - At the end of the Level II experience, final performance evaluation scores must be promptly sent to the Academic Fieldwork Coordinator by the Fieldwork Educator via mail or email. This must occur promptly because the student must pass OTH 670 - Clinical Internship I prior to starting OTH 680 Clinical Internship II. The student is required to turn in the original FWPE by mail or in person at the end of the clinical internship.
      - Students must receive a minimum score of **122 on the FWPE to pass the experiential component of this course.** This score is an AOTA published standard.
      - Students scoring below 122 points will receive a “U” grade, and will be required to repeat the course and successfully complete the internship to validate theoretical knowledge, before progressing to OTH 680 Clinical Internship II. This means that a student will be placed on academic probation and will repeat the course. A course may be repeated only once. A student receiving a U in the same course twice, or in two Clinical Internship courses is dismissed by the program. (Please refer to Progression Standards in the MOT student handbook).

2. **Midterm Student Evaluation of Fieldwork (FEAT)** – utilized as a midterm review to assist the student in identifying personal strengths and areas of growth. This form is
intended for use as a collaborative tool for fieldwork educator and student to discuss performance to date.

3. **Mid-Term Self Evaluation** - students are expected to submit a mid-term self-assessment at week 6 of the fieldwork experience to reflect on the professional/personal development made thus far.

4. **Student Evaluation of Fieldwork Performance (SEFWE)** – required to be completed by the student at the end of each level II fieldwork experiences. Student evaluations provide feedback to the fieldwork supervisor and fieldwork setting regarding the experience to ensure quality clinical education. Also provides future MOT students at Carroll information regarding your experience at the facility to help determine selection choice.

The following Assignments are required to pass the didactic requirements of this course: These include HIPAA/OSHA certification, curriculum review, weekly supervision review, and a case study report. Assignments are designed to facilitate introspection and self-reflection, and integration of core values and concepts of occupational therapy as well demonstrate ability to use scholarly evidence to support health and wellness benefits of occupational therapy.

1. **HIPAA/OSHA Certification**: Certification is mandatory prior to attending any fieldwork experience. Instructions on how to complete online training for HIPAA/OSHA certification will be provided to students on the first day of class. Students will have three weeks to complete online training and receive documentation of certification.

2. **Curriculum Review Assignment** – the purpose of this assignment is to assist the fieldwork educator to understand the MOT Program curricular threads and course sequence. This information should be used to structure the student’s learning experience. Specific Instructions on how to complete the assignment are included on the form.

3. **Weekly Supervision Review** – students are expected to complete a weekly review form with their fieldwork supervisor to review performance and set proactive goals while on fieldwork. Weekly review forms must be sent to the Academic Fieldwork Coordinator via email or eLearning website to keep the AFWC updated on student progress. If problems develop, please contact the Academic Fieldwork Coordinator Immediately.

4. **Online Discussion Board**: The online discussion board is an open forum available throughout the duration of the semester. The purpose of this board is to provide a modality for students to post questions, maintain communication, form discussions and receive support from peers and faculty while out on clinical. The academic fieldwork coordinator is primarily responsible for monitoring the activity on this board, however all faculty have access for the purposes of supporting student’s learning needs.
5. **Assessment Report**: the final assignment will be due for submission after the midterm evaluation (week 9). The assessment report is used to assist the student’s clinical reasoning and guide the process of designing a culturally comprehensive and inclusive Assessment Tool required for the group project in OTH 601.

From this project report students will:
- Collect information about the fieldwork facility, surrounding community, services provided for specific diagnostic populations, and cultural backgrounds commonly treated at the facility.
- Identify a specific patient problem or population in the current fieldwork setting in collaboration with the fieldwork educator.
- Analyze the effects of disease, genetic condition, disability, trauma or injury to the physical, mental health of the specific patient or population you have chosen.
- Briefly describe the therapeutic process in that setting, including evaluation, identification of the client’s goals, and intervention process.
- Perform an evidence based literature review.
- Describe the idea for the assessment tool, explaining the rationale behind the concept.

**Course Overview**: (Dates are in ranges due to different facility needs. Highlighted due dates are final unless otherwise arranged according to facility.)

<table>
<thead>
<tr>
<th>Fieldwork Assignment/Forms</th>
<th>Due Date</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum Review Assignment</td>
<td>End of Week 1 - Friday 5/19/17 4pm</td>
<td>Email/fax</td>
</tr>
<tr>
<td>Weekly Supervision Review Form</td>
<td>Starting week 1 - Every Sunday By 2:00pm First form DUE 5/21/17 -8/4/17</td>
<td>Upload to Canvas</td>
</tr>
<tr>
<td>Midterm AOTA Fieldwork Performance Evaluation Score</td>
<td>Monday after Mid-term DUE 6/26/17</td>
<td>Must have a 90 or above to continue course</td>
</tr>
<tr>
<td>Midterm Student Self Evaluation</td>
<td>Monday after Mid-term – 4pm DUE 6/26/17</td>
<td>Completed through course Canvas website</td>
</tr>
<tr>
<td>Midterm Student Evaluation of Fieldwork (FEAT)</td>
<td>Monday after Mid-term – 4pm DUE 6/26/17</td>
<td>Uploaded through course Canvas website</td>
</tr>
<tr>
<td><strong>Midterm online check in</strong></td>
<td>Week 6 - Sunday by 4pm</td>
<td>Post to online discussion Board on course Canvas website</td>
</tr>
<tr>
<td><strong>Assessment Report</strong></td>
<td>Week 9 – by 4pm</td>
<td><strong>Upload to Canvas</strong></td>
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<tr>
<td><strong>AOTA Fieldwork Performance Evaluation Final Score</strong></td>
<td>One week after last day of FW Friday, 4pm</td>
<td><strong>students must receive a minimum score of 122</strong></td>
</tr>
<tr>
<td><strong>Student Evaluation of Fieldwork Performance (SEFWE)</strong></td>
<td>One week after last day of FW Friday, 4pm</td>
<td>Submitted by email, fax, mail, or in person</td>
</tr>
<tr>
<td><strong>DUE 7/16/17</strong></td>
<td><strong>DUE 8/11/17</strong></td>
<td><strong>DUE 8/11/17</strong></td>
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**requirement not included in the course evaluation assessments**

**Statement on Academic Integrity**

The Carroll University Academic Integrity Policy is located in your student handbook on the University website. http://www.carrollu.edu/campuslife/. Please familiarize yourself with it. **If a student is found in violation of the Carroll University Academic Integrity Policy, I reserve the right to fail the student on the assignment/exam or even FAIL the student in the course.**

Some examples of violations include:

(1) **Plagiarism**
   - Must use OWN words
   - If you copy more than two or three consecutive words from an author, then you are plagiarizing that author.
   - A student who uses an author’s words as her/his own will receive 0 points for that assignment. A second offense will result in failure in the course.

(2) Failure to return or removal of an exam

(3) Submitting work completed by another individual
   - A student who copies another student’s work and the student who allowed the other student to copy her/his work will each receive 0 points for that assignment. A second offense will result in failure in the course.

(4) Discussing quiz/exam questions with students who have not yet taken the quiz/exam.

(5) Any other forms of cheating

**Core Professional Behaviors**

1. **PERSONAL RESPONSIBILITY**
   - Student is punctual
   - Student completes assignments and tasks on time
   - Student attends all lecture and laboratory sessions
2. PERSONAL HONESTY & INTEGRITY
   • Student is honest in word and actions and is accurate in reporting all information
   • Student maintains positive learning environment
   • Student follows the University policies regarding academic integrity (i.e., cheating on exams, removal of an exam, passing exam information to peers)

3. RESPECT
   • Student gives full attention to lecturer, does not talk in class, treats others with dignity
   • Student refrains from the use of technology during class (cell phones, headphones, “surfing” the web on laptops)

4. TEACHABILITY/ADAPTABILITY
   • Student takes responsibility for own actions and understands consequences of inappropriate actions
   • Student behavior is appropriate during times of high stress

5. COMMUNICATION
   • Student properly formats emails to instructors and with respect (i.e., correct punctuation and salutations)
   • Student refrains from spreading rumors regarding instructors and course assessments
   • Student follows appropriate procedures for discussion of course issues and concerns
     - 1st → Student contacts their lecture or laboratory instructor
     - 2nd → Student communicates concerns to course coordinator
       (should the need arise, the coordinator will direct the student to the Departmental Chair)

6. RELATIONSHIP WITH PEERS
   • Student participates in class and small group discussions
   • Student demonstrates ability to function within a group (i.e. student respects the opinions of others and can work collaboratively to solve problems).

7. PERSONAL APPEARANCE
   • Student dresses appropriately for presentations and palpation

CONSEQUENCES (SHOULD STUDENT NOT MEET EXPECTATIONS)
*At the discretion of the Instructor:
   - A deduction in course points (i.e., -10 pts for cell phone use)
   - Removal from class
   - Multiple offenses may result in a full letter grade deduction
   - Tardiness of assignments is 20% per day late deduction.

Courtesy:
Course faculty will treat you with respect, while expecting the same in return. You are also expected to respect your fellow students. Therefore, please do the following:
1. Turn off your cell phone, beeper, or anything else that might make noise.
2. Do not converse while the teacher or a fellow student is speaking in class.
3. You are expected to arrive on time. If, because of some problem, you are forced to come in late, do come in. However, do so quietly and do not walk in front of the instructor while s/he is lecturing. There is no excuse for chronic lateness. Those who are routinely late will be invited to withdraw from the class and have points deducted from their class participation grade. If you have an emergency, please let me know.
4. Computer use policy: If you use a computer, it must be used ONLY for taking notes UNLESS specifically given permission otherwise. If you use a computer for any other purpose, you will permanently lose computer use privileges in the classroom.

Statement of the Right to Modify Course Content
The instructor and the University reserve the right to modify, amend, or change the syllabus (course requirements, grading policy, etc.) as the curriculum and/or program require(s).