



**Vice-presidency of Academic and Student Affairs  
School of Health**

***Occupational Therapy Assistant Associate Degree***

**Clinical Practice Handbook  
2019-2023**

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Huertas College does not discriminate against any person on account of race, color, gender, religion, age, political ideas or affiliation, ethnic origin, disabilities, pregnancy, or military or civil status.

## LICENSES AND ACCREDITATIONS

1. The Puerto Rico Council of Education has provided the Institution with the corresponding licenses to operate.
2. Huertas College is accredited by the Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104, (267) 284-5000. The Middle States Commission on Higher Education (MSCHE) is recognized by the Secretary of Education of the United States and the Council for Higher Education Accreditation.
3. The Technology in Health Information Management Associate Degree is accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM).
4. The Associate Degree in Occupational Therapy Assistant Program at Huertas College is currently from 2018 accreditation with the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA) by seven-year period. ACOTE is located at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. ACOTE'S telephone number is: (301)652-AOTA; email: [hstagliano@aota.org](mailto:hstagliano@aota.org); and website: <http://www.acoteonline.org>. If the institution obtains the accreditation, students admitted to the program will be able to take the National Board Examination of the U.S., otherwise they may take the Puerto Rico Board examination.

## **INTRODUCTION**

This handbook was created for the clinical practice of students in the program of studies conducive to the Occupational Therapy Assistant Associate Degree of Huertas College. The purpose of this handbook is to facilitate learning during the different clinical experiences of the students and to evaluate the achievement of the objectives of each of these experiences. It includes the rules and procedures that are required for the adequate performance of the practice experiences. The handbook also contains the Code of Ethics of the American Occupational Therapy Association (AOTA) and the Standards of Ethical Practice established by AOTA (2020).

The clinical practice experiences consist of a total of 730 hours of practice divided into two different levels. Specific objectives and expected outcomes are established for the students in each clinical experience; these are outlined in the syllabus of the corresponding course. Students are expected to perform in accordance with these standards so that they can always carry out a safe and ethical practice. During clinical practice, students are encouraged to integrate and apply their knowledge, skills, and ethical values learned in class since they are required for offering occupational therapy services. Through this process, students will develop the necessary skills to provide services in an integral manner to pediatric, adult, and/or geriatric patients in different clinical settings. Additionally, students will develop the ability to maintain good interpersonal relationships with peers and supervisors, conflict resolution and problem-solving skills, as well as acquire proficiency to communicate effectively with the multidisciplinary team and the patients. These clinical experiences will enable students to acquire the efficiency that is necessary for their personal and professional development.

We hope that the information contained in this handbook will be of great help during your clinical practice experiences. For specific details related to practice, students must refer to the syllabus of the course that the Clinical Education Coordinator will give them.

## **HUERTAS VISION, MISSION, AND PHILOSOPHY**

### **Vision**

To be an educational institution of excellence in teaching and service for the benefit of the community.

### **Mission**

Huertas College is a leading institution committed to excellence in postsecondary education and social responsibility. It develops among its constituents intellectual, technological, and human competencies to achieve an inclusive and self-sufficient society.

### **Philosophy**

Huertas College bases its existential purpose on teaching and preparing capable individuals who will be able to compete effectively in the occupational world and to contribute to society. The curricular offer of the College is in harmony with its principles; therefore, it is aimed at satisfying the needs of the occupational market.

Huertas College is committed to a quality teaching-learning process; consequently, it is wholeheartedly dedicated to the incorporation of new concepts and technologies in the daily activities taking place in the classrooms and Laboratories.

To sum it up, the Institution designates itself as a “community college” and, for that reason; its activities are geared to satisfy the needs of its community. The College exists as a living, dynamic, and innovative entity which inspires hope in a modern and competitive Puerto Rico.

## MISSION AND PHILOSOPHY OF THE PROGRAM

### PROGRAM MISSION

The mission of the Occupational Therapy Assistant Associate Degree Program is to train students to successfully practice the profession in many scenarios and with different populations and conditions. This under the direction and supervision of an occupational therapist through a varied program of studies, based on the standards of practice and the values and principles of the code of ethics of the Occupational Therapist profession.

According to the philosophy of Huertas College, the program is committed to excellence in education and social responsibility. The Program aims to develop professional Occupational Therapy Assistants dedicated to offering health services of the highest quality to the population with special needs under the supervision of a licensed Occupational Therapist to improve the quality of life of individuals through occupational rehabilitation.

### PROGRAM PHILOSOPHY

The philosophy of the Occupational Therapy Assistant Associate Degree Program (ATO by its Spanish acronym) at Huertas College is based on the seven core values of the Code of Ethics of the American Occupational Therapy Association (2020). **PROGRAM PHILOSOPHY**

The philosophy of the Occupational Therapy Assistant Associate Degree Program (ATO by its Spanish acronym) at Huertas College is based on the seven core values of the Code of Ethics of the American Occupational Therapy Association (2020).

- **Altruism** - involves demonstrating unselfish concern for the welfare of others.
- **Equality** - refers to treating all people impartially and free of bias. *Freedom* and personal choice are paramount in a profession in which the values and desires of the client guide our interventions.
- **Freedom** - Respect the value and the decisions of a consumer to choose when addressing interventions and respect their autonomy.
- **Justice** - expresses a state in which diverse communities are inclusive; diverse communities are organized and structured such that all members can function, flourish, and live a satisfactory life. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009).

- **Dignity - Truth - Prudence** - inherent in the practice of occupational therapy is the promotion and preservation of the individuality and *Dignity* of the client, by treating him or her with respect in all interactions. In all situations, occupational therapy personnel must provide accurate information in oral, written, and electronic forms (*Truth*). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions in professional and volunteer roles (*Prudence*).

These seven core values provide a basis for the Occupational Therapy professional to guide their interactions with others. These values also define the ethical principles to which the profession is committed and what the public can expect from a professional Occupational Therapy Assistant graduated from Huertas College. These core values contribute to the development of an integral and competent person who is conscientious, mindful of individual needs, and capable of fulfilling the expectations of the occupational therapy assistant's role.

The Occupational Therapy Assistant supports, restores, or modifies the environment of individuals with special needs by intervening in all areas of occupational performance and giving them the opportunity to carry out everyday living tasks that could be affected by any physical or emotional condition. The philosophy of the Occupational Therapy Assistant Associate Degree Program enables the student to implement treatment plans to rehabilitate people with special needs under the supervision of a Licensed Occupational Therapist. The Occupational Therapy Assistant works closely with occupational therapists to develop treatment plans and provided rehabilitation services for people with mental and physical challenges to have a better quality of live. The philosophy of the program is based on the science of human behavior and incorporates in its curriculum scientific and clinical evidence-based practices.

In every society, being able to work is synonymous of wellbeing. Participation or involvement in everyday occupations is vital for all humans. As described by the World Health Organization, participation in an occupation has a positive influence on health and well-being. As an academic facility, Huertas College incorporated in the educational philosophy of the Occupational Therapy Assistant Program the importance of being able to work and the potential of everyday living activities to promote health or maintain well-being.

The program aims to graduate Occupational Therapy Assistant professionals of the highest quality following the trends of the profession in different areas of competence in order to help them practice their profession in different work scenarios. The faculty of Huertas College will create an environment that encourages experimentation and practice under an atmosphere of respect, taking into consideration individual differences, and providing a variety of educational experiences that allow the graduate to practice the profession using purposeful activities as a base of the treatment while respecting cultural diversity.



To achieve the program's philosophy, we will have educators with the highest quality of teaching standards of higher education. It provides a varied, innovative, and technological curriculum to guide the patient intervention and educating the student on the importance of the use the occupation in the rehabilitation process and the importance to taking into consideration the patient's preferences.

The Philosophy of the Occupational Therapy Assistant Associate Degree (OTA) of Huertas College encourages the students to begin their preparation for the OTA program through a series of general education classes chosen specifically to give them a strong background in the concepts and language of the health professional. The OTA course sequence is fundamentally based on Bloom's Taxonomy of Learning Domains (Cognitive, Affective, and Psychomotor) and hierarchical levels of learning within each domain; guides decisions related to course sequence as well as the presentation of content within a course and course objectives. The Occupational Therapy Assistant curriculum at Huertas College includes both classroom education at the College and fieldwork (clinical) training in occupational therapy in community settings that foster critical thinking in the students. The Occupational Therapy Assistant Associate Degree prepares entry-level occupational therapy assistants to work in institutional health care programs and community service organizations. The learning model seeks that students integrate their experiences with different health professionals in order to develop a holistic human being perspective and to promote quality services by developing basic knowledge in the quality of treatment. In this program, the student receives theoretical instructions related to the practice of the occupational therapy assistant. Among the different methodologies of study used in the classroom, the students will have the opportunity to learn and integrate the importance of the client-centered approach, the importance of human occupation and evidence-based practice.

The philosophy of the program integrates the use of different educational strategies and teaching methods such as readings, active and social discussion, classroom demonstrations, portfolios, self-study, laboratories, clinical practice experience in both traditional and community-based centers. Self-study and case discussions are fostered in order to help students gain experiences and learning methods that encourage participation and rehabilitation in client's personal care, work, play/leisure, education, social and life skills according to how an occupational therapy assistant should practice.

According to the Huertas College philosophy, it is important for the program to influence the community. Therefore, the program has integrated in its fieldwork experiences community-based practices to promote in the students the ability to respond to the changes in health care services and environment. The students will be able to develop health care promotion through their experiences and this service learning can help students to have direct contact with social issues and public health concerns in the communities. According to the American Occupational Therapy Association, service learning can help students develop an increased cultural competency and increased efficacy with therapeutic use of self. (Maloney & Griffith, 2013).

## **CLINICAL PRACTICE RULES FOR OCCUPATIONAL THERAPY ASSISTANT STUDENTS**

To achieve the learning objectives of the clinical practices, these must be offered through coordination between Huertas College and the practice institution. That coordination must ensure compliance with acceptable rules by the College and the practice institution; meaning that students comply with the following duties and responsibilities:

### **Required documents for clinical practice:**

- a. Health Certificate
- b. Certificate of Negative Criminal Background
- c. Certification of Hepatitis B Immunity (3 doses)
- d. Certification of Measles Immunity (MMR)
- e. Certificate of Act 300
- f. Three 2x2 photographs
- g. Practice Insurance \$20.00
- h. Responsibility Release
- i. CPR Certification
- j. HIPAA Certification
- k. Rule regarding length of fingernails
- l. Some practice centers require drug testing.
- m. Other according to FW setting policies procedures.

**NOTE:** The student must submit original and three copies of these documents at the determined time. If the documents are not submitted by the required date, the student will not be able to participate in the clinical practice and will not pass the course.

### **Dress Code and Basic Equipment:**

- a. Students of the Program must attend clinical practice wearing a complete and clean uniform. The Institution will assign the uniform.
- b. Hair must be kept gathered up and be of a natural color. Male students must have a good haircut; hair that is more than shoulder length must be kept gathered up.
- c. Fingernails must be short and clean (see enclosed rule) and the use of jewelry is not allowed, except for wedding and engagement rings, watch, and small earrings (visible body piercings are not allowed). The use of earrings by male students is not allowed.
- d. Each student must carry photo identification that indicates last name, name and insignias (for example, COTAS – HC).
- e. Students are responsible for acquiring and carrying the necessary personal equipment according to the practice center.

### **Attendance**

Attendance is mandatory. Absenteeism is not acceptable; absences must be justified to the clinical instructor. In case of any absence, the student must contact the clinic during the first hour of the scheduled clinical practice. Each absence to the clinical

area will reduce the final grade by 10%. Students must remain in the designated area and not abandon the clinic under any circumstances without notifying the professor or instructor. Students will not pass the course if they incur in two absences and if not completed the practice hour requirements in the level I and Level II FW practice.

## **Tardiness**

Tardiness is unacceptable. Students are expected to be present at the clinic 15 minutes before the hour scheduled for the beginning of the clinical practice.

## **Breaks**

Two fifteen-minute breaks are authorized, one in the morning and other in the afternoon, if the circumstances allow. Eating is not allowed in treatment areas, medical offices, or documentation areas. Students will be allowed to eat in areas designated by the institution (cafeteria, rest area, etc.). The lunch period will be from 30 minutes to an hour, according to the clinical instructor and the institution.

## **Mobile Telephones**

The use of mobile telephones is not allowed in the clinical areas during practice hours, nor personal telephone calls through the institution's telephones. In case of emergency, the student must inform the clinical instructor.

## **Discipline**

The following acts or omissions constitute infractions of the basic rules of order and collegial coexistence and will result in disciplinary actions:

- a. Behaviors that disturb the peace and tranquility in practice areas and laboratories, such as screaming, offensive conduct, arguments, fights, insults, and provoking actions; vulgar, profane, or obscene language is prohibited.
- b. Lack of honesty regarding academic work.
- c. Stealing or causing malicious harm to institutional property, practice center, or internship.
- d. Use or possession of alcoholic beverages, firearms, narcotics, or drugs that have not been prescribed by an authorized physician.
- e. Physical confrontations, dishonest, or lewd acts within the facilities of the College, practice center, internships, or activities endorsed by the Institution.
- f. Use or possession of explosives, bombs, or any other combustible substances or materials forbidden by law.
- g. Noncompliance with orders received from officers of the institution.
- h. Assuming the representation of the College without written and official authorization of the Institution.
- i. Offering false information or omitting it intentionally in any document required by the institution.

- j. Altering or falsifying official documents, such as academic records, grade cards, letters, notifications, attendance reports, practice center evaluations, documents required to perform clinical practices, or any others.

**NOTE:** If any situation that arises in the practice centers with the students, the clinical instructor must immediately inform the Clinical Practice Coordinator, who will visit the center personally. This includes a situation in which the clinical instructor suspects that the student is having problems related to the use of illicit substances, alcohol, and/or medications. In such a situation, the Clinical Practice Coordinator will take note of the reasons that the Clinical Instructor has for the suspicion, will visit the center, and in a confidential manner will discuss the situation with the student. It is possible that a new drug test will be required before the student is allowed to continue the clinical practice. If the drug test is positive, the student will be immediately removed from the practice and the institutional rules and policies applicable to this situation will be followed. The AFWC will use the Incident Report Form to document the corrective action of the problem behaviors identified, or the reasons by which is required to withdraws the student, of the practice center.

## **Special Assignments**

During each clinical experience, students will be responsible for carrying out other assignments and projects that will be taken into consideration in the final evaluation. These assignments may include case studies, documentation work, analysis of settings, observations, assessment related of OTA knowledge etc. Students must refer to the syllabus of the course for details and instructions from the Clinical Practice Coordinator.

## **Work assigned by the Clinical Instructor.**

The Clinical Instructor is at liberty to assign special assignments to students in the clinical practice to promote learning and contribute to the students' growth in the clinical setting. Example of these assignments are searching for information about a particular condition, looking for research articles that support the offered interventions, oral presentations, or the preparation of educational material for patients, among others. Students will be responsible for submitting these assignments to the Clinical Instructor.

## **Record of Daily Activities**

Students must complete a daily activities sheet in which they will record the daily activities they carried out in their clinical practice and include an analysis and reflection of them. This record must be like a journal and will be considered in the final evaluation of students. For example, every day students may describe what they learned from the experiences, if they could have done anything differently, and suggestions for improvement, among other things.

## **Student Self-Assessment**

As part of the learning and assessment process of the students, reflection and analysis of their performance are encouraged through self-assessment. Students are expected to self-assess using the instrument that will be used for their final evaluation in the level I practice as well as the level II practice. Through this process, students will be able to identify those areas that they understand must be strengthened or improved as well as their strengths, doubts, confusion, etc. Students are expected to discuss their self-assessment with their Clinical Instructor and both of them should establish the weaknesses and areas to be strengthened, propose alternatives to improve, and establish a work plan if it is necessary. Students must participate actively in this process. Students are expected to complete their self-assessment for the midterm and final evaluations of the level I and level II practice levels.

## **Evaluation of the Students**

A different evaluation instrument will be used for each clinical experience. For the Level I Clinical Practice, the instrument that will be used is *Clinical Experience Level I for Occupational Therapy Assistants at the Community Level* (see the section of Appendixes for a copy of the instrument). For the evaluation of the Level II Clinical, Practice the Instrument of the American Occupational Therapy Association. The Clinical Instructor will complete it taking into consideration the input from the Academic Fieldwork Coordinator, the personnel of the enter where the student practiced, and the self-assessment of the students themselves. The assignments submitted at the time and in the format indicated by the instructor will be part of the students' file in the practice center and may be taken into consideration for the Clinical Instructor's final evaluation, as applicable.

## **Grades**

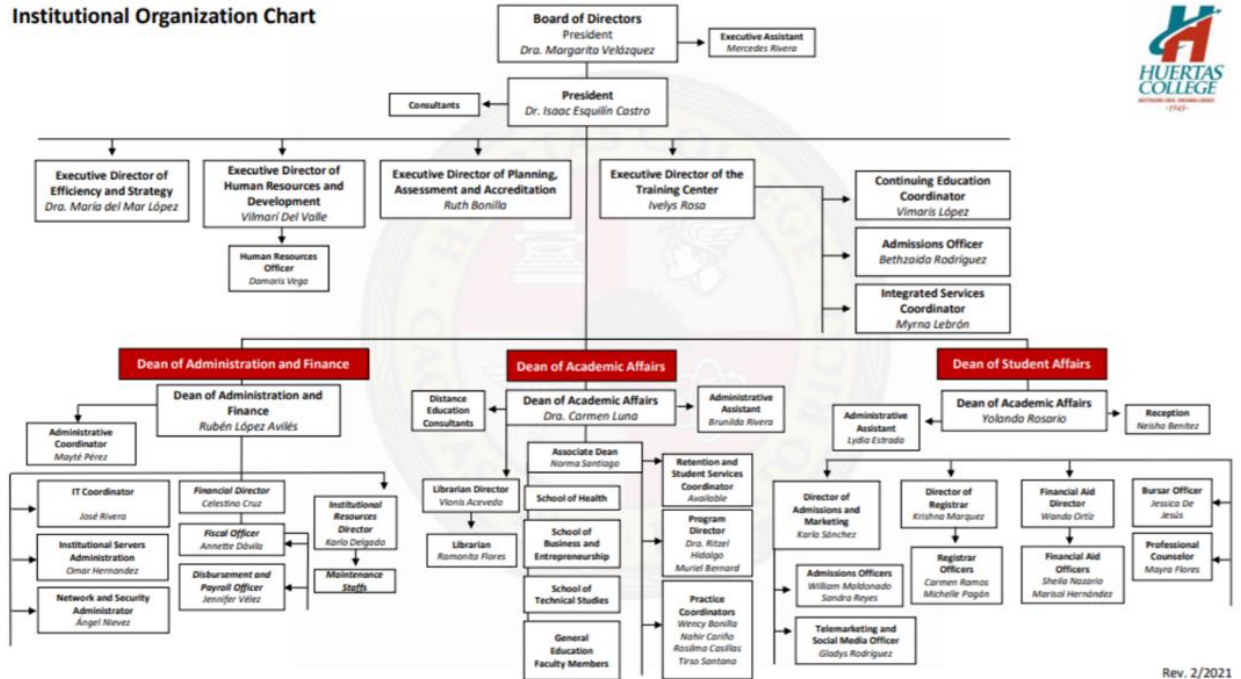
The clinical experiences will be graded as Approved (AP) or Not Approved (NP). The final determination of whether a student passes or does not pass the clinical practice will depend on the student's performance evaluation completed by the Clinical Instructor, but it will be the Clinical Practice Coordinator who will determine if the student passes or does not pass. The Academic Fieldwork Coordinator will take into consideration other criteria, such as attendance, punctuality, professionalism, on-time submission of assignments and oral reports, among others.

## **Gifts and Donations**

Accepting money or another type of gift from patients or their families is prohibited.

# CHAIN OF COMMAND IN THE ACADEMIC PROGRAM

Institutional Organization Chart



Rev. 2/2021

## GENERAL RULES AND PROCEDURES

Rule: Students and professors must comply with the rules and procedures established by the Institution.

Purpose: Maintain a discipline that allows a safe and effective clinical practice that ensures the achievement of student's academic goals while watching for the wellbeing and rights of the patients.

Procedure:

1. At the beginning of their clinical practice, students will receive orientation and information about the center where they will carry it out from the Academic Fieldwork Coordinator (AFWC).
2. The Clinical Instructor (CI) assigned will receive demographic information of the student, and information regarding his skills, abilities, and weaknesses. Additionally, the CI will receive the rubrics of completed skills up to that moment.
3. The students will receive an orientation about the rules and procedures of the institution.
4. They will supervise the students' compliance with the rules and procedures of the institution.
5. The AFWC will carry out a minimum of one visit to the student at the practice center for monitoring and follow-up during his clinical practice. During these visits, the AFWC will discuss with the CI the student's performance during that period and will confirm his compliance with the rules and procedures of the clinical practice and the institution. The CI will also meet privately with the student to discuss any matter related to the experience, including difficulties and situations. The Program Director may also participate in these visits.
6. The educational institution will reimburse all expenses incurred due to damage to equipment resulting from negligence or carelessness of the students or the professor. This is a stipulation on the written contract.
7. The student will wear the required garments for specialized areas such as operating rooms, intensive care, recovery rooms, nursery, and areas for the care of burn patients, among others.
8. Transportation, parking, and food expenses are the responsibility of the student.
9. Students will not receive any type of financial compensation for their clinical practices.
10. Students must be committed to not divulge information entrusted to them or to which they have access during the clinical practice and to respect the privacy and confidentiality rights of the patients (HIPAA).

11. Students must have a copy of the signed consent form for the courses, laboratories, and clinical practices.
12. Students must complete the evaluation of the clinical education center and the CI at the end of the practice.

## **INCIDENTS IN CLINICAL PRACTICE**

The professors and the students must comply with the rules and procedures established in the practice center and carry out a safe practice minimizing risks. Nevertheless, accidents may occur. If there is an accident or incident that affects a student physically, the following steps must be followed, according to the Emergency Management Plan of Huertas College (April 2016).

### **Emergency Protocol at Practice Centers**

If a student who is carrying out his practice has an accident or emergency in the practice center or clinical areas, he must go immediately to the close medical facility. The student must present his medical insurance card and a letter issued by the Institution through the Reception Assistants (day or evening) or the Associate Vice-Presidency of Student Success. If the student does not have medical insurance, Huertas College will assume the total cost of the Emergency Room. This must be requested within 24 hours of the accident, except when the student is carrying out the practice and the unforeseen event occurs during a weekend. The student must submit copy of the invoice to the Office of Institutional Resources within 48 hours of having visited the ER. The emergency system (911) will be activated if the accident does not occur in a medical facility.

### **Injuries or accidents in Practice Centers:**

Students must be seen IMMEDIATELY at the Emergency Room if

1. The student sticks himself with a contaminated needle or object.
2. The student suffers burns (superficial or severe).
3. The student suffers cuts (superficial or severe).
4. The student has accidentally ingested or inhaled toxic chemicals.
5. The student falls or suffers an injury in the practice area (whether he has a fracture or not).

**Note:** The student must immediately notify the CI, the CPC and/or the Program Director regarding any incident or accident that occurs at the practice center.



## GENERAL PURPOSES OF THE CLINICAL EXPERIENCE

Supervised practice is an integral part of the Occupational Therapy Assistant Program along with academic learning in the classrooms. It is one of the experiences that has greater impact in the life of practicing students. It helps to strengthen the technical and clinical knowledge and skills acquired in class. Through this experience, students will be able to apply all the knowledge they acquired in a clinical setting.

During the clinical experience, students

- Will be exposed to a real setting to apply what they have learned.
- Will obtain experiences of personal and professional growth.
- Will be able to apply the technical skills and knowledge acquired in the classroom under the supervision of Occupational Therapists.
- Will be able to develop a sense of responsibility as if they were in regular jobs.
- Will be able to establish contact with patients of different ages and needs and provide them special attention.
- Will be able to bolster the patients/clients' confidence and safety while providing services.

## DESCRIPTION OF THE PROGRAM'S CLINICAL PRACTICES

### A. Level I Clinical Experience

**Pre-Requisites:** ATOC 4301, ATOC 4302/4302L, ATOC 4303, ATOC 4304, ATOC 4305/4305L, ATOC 4306/4306L, BIOL 1124R, BIOL 1125, BIOL 1135, SOC 1015, REME 2201, ING 1032

**Description:** This course has been created to promote an entry-level model for OTA students and the integration to community programs. At present, OTA students learn about the profession and correlate what they learn in class to fieldwork experiences. Traditionally, fieldwork has been produced in those who follow a medical field but may now be as variable as practice in community-based organizations. To recognize the importance of providing assistance in this type of setting and to respond to the changes occurring in the service lending systems, students should have experience in this type of field.

The practice experience at level I is not intended to develop a student's independent performance, but to include experiences designed to enrich academic courses through observation and participation aimed at several aspects of the OT process in a different setting and with different population. Experiences may include those causally related to OT as well as other situations to improve understanding of the stages of development, the impact of psychological and psychosocial factors, including sociocultural, socioeconomic and diversity aspects to the occupational performance of individual roles, throughout a lifetime. Daycare centers, schools, community centers, hospices, shelters, community mental health centers, and therapeutic work centers are some of the many possible sites. Level I fieldwork may also include management and administrative experiences of services, community agencies, or environmental analysis experiences. Additionally, the students will participate in the development, marketing,

and management of service delivery options of Occupational Therapy services. Populations may include disabled persons and specific age groups, with or without specific diagnoses. **The Fieldwork Level I not substituted for any part of the Fieldwork Level II.**

The concepts used to frame level I fieldwork will be occupational performance. This was chosen because all OT services models and the Occupational Therapy Practice Framework, Domain and Process, 4<sup>th</sup> Edition, are built on the concepts of occupation, client and environment factors. Students will attend a non-profit community base center 7 hours per week until they complete 75 hours.

The course will be complemented with readings and classroom assignments. This course is based on Bloom's Taxonomy of Learning Domains (Cognitive, Affective and Psychomotor) and hierarchical levels of learning in which each domain guide decisions related to course sequence as well as the presentation of content, course objectives and faculty approach. It is part of training to promote different areas in student's formation.

In cognitive domain, they have an opportunity to confirm the knowledge that received in the last courses about the OT professional practice, explain the main aspect of the social issue that represent risk to wellness and develop their critical thinking of community field. All this through different learning activities, geared to facilitate reflexive practice and the development of skills and knowledge. In the affective domain, in fieldwork level, it offers the opportunity to make decisions based in the professional values and ethical principles of the ethics code of the profession. Also, the students have the opportunity to serve professionally to participants with a cultural diversity. In other hand, the course also has a psychomotor aspect in which the OTAS can implement the service model to know the population that they will serve and his occupational needs, the planning and the realization of activities that attends these needs. Also include the participation in assessment and evaluation process with participants, the integrant team, the fieldwork educator and the academic fieldwork coordinator.

#### **Goals of the clinical experience:**

1. Introduce students to the practice setting through a variety of experiences aimed at the community and based on the theoretical frameworks of the profession and social commitment.
2. Provide students the opportunity to begin to develop effective professional relationships and communication skills with health professionals and members of the community in general.

3. Encourage students to integrate ethical conduct standards and professional commitment in a community setting.
4. Guide students to acquire the necessary skills to provide community services according to identified needs and the development of activities focused on the profession.
5. Promote the development of leadership skills, initiative, teamwork, and values, such as empathy, discernment, and altruism, among others.

## **B. ATOC 4314 – Level II Clinical Experience**

**Pre-Requisites:** ATOC 4301, ATOC 4302/4302L, ATOC 4303, ATOC 4304, ATOC 4305/4305L, ATOC 4306/4306L, ATOC 4307/4307L, ATOC 4308/4308L, ATOC 4309, ATOC 4310, ATOC 4311/4311L, ATOC 4312, ATOC 4313, BIOL 1124R, BIOL 1134, BIOL 1125, BIOL 1135, SOC 1015, REME 2201, MAT 1041, ESP 1022

**Description:** During this course, students will have the opportunity to practice in two different settings that offer OT services and complete 640 hours of supervised practice. Students will be assigned to two different practice settings selected among the following: physical dysfunction and **mental health centers**. Clinical practice helps students integrate and apply theoretic concepts and techniques learned in academic courses. Students will be able to demonstrate OT processes and practice the abilities that OTAs must have at entry level. Experienced and duly certified OT professionals will supervise the students. Students are expected, among other things, to develop professional identities as practicing OTAs, aligning their professional judgement and decisions with AOTA, practice regulations, and the OT code of ethics. The practice period will be divided so that students may practice in at least two different practice settings, according to the availability of centers and/or the interests of the students. This practice periods will be divided into two eight-week periods by practice setting.

This course is based on Bloom's Taxonomy of Learning Domains (Cognitive, Affective and Psychomotor) and hierarchical levels of learning in which each domain guide decisions related to course sequence as well as the presentation of content, course objectives and faculty approach. It is part of training to promote different areas in student's formation.

In cognitive domain the student has the opportunity to demonstrate the knowledge that they received in the program course in different activities or task as part of fieldwork practice and develop information that be needed in education patient process of intervention to different (clients and professional). In the affective domain, the students should take all decision based in the values and ethics principles of the profession. In other hand, in the psychomotor domain the students should apply the technics and strategies in intervention of one psychosocial and one physical dysfunction settings.

**Goals of the clinical experience:**

1. Provide students the opportunity to demonstrate their competency in the performance of the different roles and responsibilities of occupational therapy assistants in an ethical, legal, and safe manner.
2. Provide students the opportunity of implementing care plans in occupational therapy, of measuring and documenting the client's progress toward the established goals and discuss changes with the Occupational Therapist.
3. Give students the opportunity to handle a regular load and itinerary of clients under the direction and supervision of the Occupational Therapist.
4. Provide students the opportunity to perform in accordance with the conduct and ethical practice standards and the policies and procedures of the clinical facility.
5. Provide students the opportunity to participate and collaborate in other activities related with occupational therapy services appropriate for an occupational therapy assistant, such as: case discussions, discharge planning, quality control activities, equipment requisitions, and supervision of support personnel, among others.
6. Provide students the opportunity to collaborate in other areas related to patient management such as talks, presentations, assistance in community activities, and others.
7. Provide students the opportunity to practice in two different settings of physical dysfunction and mental health considering the strengths and personal interests of the students and the availability of resources.

### **EXPLANATORY NOTE:**

Prior to beginning the Level II clinical experience, students must have successfully completed all courses in the program's curriculum, including general education courses. Students must master **all** laboratory skills. Students who are having difficulties in any skill or competence will not proceed to clinical practice until they demonstrate proficiency through additional tutoring. The program requires students to engage in an intensive three-day test preparation course at the end of the semester prior to completed program requirement to graduation and take the Occupational Therapy Knowledge Examination (OTKE). Student required to approved Departmental Exam before completed program requirement to pass FW level II (ATOC 4314). The student needs approve the departmental exam with 70% or more to completed program requirements.

## **CRITERIA FOR SELECTING CLINICAL PRACTICE CENTERS**

Clinical education is an essential and significant component in the education of occupational therapy assistants. The clinical experience integrates all the concepts, techniques, and skills acquired during the courses of the Occupational Therapy Assistant Program. For this reason, Huertas College is committed to offer students a complete and high-quality clinical experience so that the objectives established for each experience are met and they become competent professionals. To ensure that the clinical experience of each student is of high quality, the guidelines and criteria established by the American Occupational Therapy Association will be followed to select adequate practice centers. The AFWC will be in charge of identifying and evaluating the clinical practice centers, using the following criteria as a guideline. Students may also collaborate in this process by identifying a center of their preference or that they know about and notifying the AFWC so, that he can visit it and determine if it meets the requirements. The following criteria will be used as a guideline. Possibly, some centers will partially meet these criteria. Some of the criteria are compulsory; others may be met during the process, especially if they are new centers that have never received students. The AFWC will be responsible for offering

orientation and presenting alternatives to promote the progress and improvement of the practice center so that it may serve as a clinical practice setting. The AFWC will be responsible for making the final decision regarding the occupational therapy center or facility and of all the paperwork related to contracts, arrangements, and orientation workshops to clinical instructors.

1. The philosophy of the practice center must be compatible with the philosophy of the academic institution. The philosophy of the practice center may include aspects such as responsibility for the care of patient/client, community services, and/or educational or school activities.
2. The institution or occupational therapy facility should meet all existing local, state, and/or federal safety and health requirements.
3. The facility must have at least one Occupational Therapist in its staff and the necessary support personnel, so that clinical education may proceed effectively.
  - The direct supervision of the student must be assigned to an occupational therapist or an occupational therapy assistant who works under the supervision of an occupational therapist.
  - Clinical Instructors will be selected following the American Occupational Therapy Association Guidelines for Clinical Instructors. They must have a minimum of one year of clinical experience during which they demonstrated competency in the area. Their ability to carry out the responsibilities of a Clinical Instructor according to these guidelines will also be evaluated.
  - The roles and responsibilities of the occupational therapy staff must be clearly defined.
  - The description of the positions must comply with state and federal regulations.
  - It must have a handbook of policies and procedures that includes an organizational chart for the occupational therapy staff related to the clinical education center.
4. The institution or practice center must have other support services for the students, such as: parking, emergency care services, pharmaceutical supplies, equipment for educational activities, a space for the discussion and documentation of cases, access to computers, rest area, and recreational areas, among others.
5. It must have evidence of the credentials of its professional employees, such as copies of the licenses, health certificates, criminal background certificates, CPR certifications, etc.
6. Preferably, it must have an organizational plan for the clinical education in that center and the adequate personnel to organize and coordinate the clinical education activities in the facility.

7. The occupational therapy staff must provide services in an ethical and legal manner, according to the practice standards of the profession, state and federal laws and regulations and follow the policies of the practice center.
8. The institution must have handbooks of the policies, procedures, regulations, rules of conduct, dress code, code of ethics of the profession, as well as the guidelines of professional conduct for occupational therapy assistants and occupational therapists.
9. It may also have guidelines or handbooks of the occupational therapy procedures provided in the facility and these must be available to the personnel, students, and patients/clients.
10. It must have, in writing, the mechanisms and procedures for reporting anti-ethical, illegal, or unskilled incidents in the practice of occupational therapy.
11. It must have, in writing, the policies regarding the rights of the patients, protection of confidential information, informed consent, safety rules, and infection controls, among others.
12. The center must have the required space to provide occupational therapy interventions adequately and clinical education effectively.
13. It may have some of the following: conference room, available private office, lockers, and an area for studying or discussing cases.
14. The treatment area must have enough space to accommodate the patient/client, the occupational therapist, the student, and necessary equipment. This area must be clean and organized.
15. The center must provide a variety of appropriate clinical experiences for the level of education of the student that includes an adequate number of patients and diversity of conditions and cases.
  - The clinical experiences for an occupational therapy assistant may include providing occupational therapy interventions, participating in case discussions, discharge planning, observation of other professional and medical procedures, and participation in prevention and health promotion programs.
  - Other educational experiences may be: exposure to supervision experiences, using support personnel as appropriate, quality control, invoicing, conferences, workshops, and patient/client and family education.
  - The facility must have the necessary equipment to provide occupational therapy services according to the needs of the patients/clients and consistent with advances in technology.

16. The center must have, in writing, a non-discrimination policy (due to race, sex, gender, age, color, or health conditions).
  - The practice center must not discriminate in the selection and assignment of students to clinical experiences; this condition will be part of the contract.
  - The practice center must provide reasonable accommodation to students and staff with physical disabilities in accordance with ADA.
17. The practice center must show support to clinical education in occupational therapy. This can be demonstrated by providing professional development activities such as presentations, continued education, supporting attendance to clinical education conferences provided by the educational institution or other organizations, and the acquisition of clinical education certifications.
18. The practice center must encourage the professional growth and development of the staff.
  - Promoting participation in professional activities by allowing staff to attend without charging the time to vacation or any other leave or offering financial assistance for seminars, conventions, association memberships, the acquisition of certifications, or completing post-graduate studies.
  - The policies and procedures regarding professional development activities must be in writing.
19. The practice center must regularly carry out a process of internal evaluations of occupational therapy staff and others.
  - The evaluation of the occupational therapy staff must include feedback.
  - The methods of evaluation may include quality of service, records audit, patient/client satisfaction form, and review by other agencies, and medical insurance audits, among others.
  - The evaluations must be completed regularly and comply with the requirements of external agencies.

## CODE OF ETHICS FOR THE OCCUPATIONAL THERAPY ASSISTANT

The Code of Ethics for the Occupational Therapy Assistant describe the ethical obligations as established by the American Occupational Therapy Association (2020). The Practice Standards of Occupational Therapy provide the foundation to which all Occupational Therapy Assistants must adhere. They must help patients/clients to achieve greater independence, health, wellbeing, and quality of life. The practice of occupational therapy is the therapeutic use of the occupation (everyday activities) with persons, groups, and populations for a purposeful participation in their roles and situations at home, school, work, community, and other settings.

The profession is grounded in seven long-standing Core Values:

- Altruism: involves demonstrating concern for the welfare of others.
- Equality: refers to treating all people impartially and free of bias.
- Freedom: and personal choice are paramount in a profession in which the values and desires of the client guide our interventions.
- Justice: expresses a state in which diverse communities are inclusive; diverse communities are organized and structured such that all members can function, flourish, and live a satisfactory life. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009).
- Dignity, Truth, Prudence: Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and dignity of the client, by treating him or her with respect in all interactions. In all situations, occupational therapy personnel must provide accurate information in oral, written, and electronic forms (Truth). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions in professional and volunteer roles (Prudence).

The seven Core Values provide a foundation to guide occupational therapy personnel in their interactions with others. Although the Core Values are not themselves enforceable standards, they should be considered when determining the most ethical course of action.

The Code is meant to be a guide to ethical dimensions of professional behavior, responsibility, practice, and decision-making. This Code is not exhaustive; that is, the Principles and Standards of Conduct cannot address every possible situation. Therefore, before making complex ethical decisions that require further expertise, Occupational therapy personnel should seek out resources to assist in resolving ethical issues not addressed in this Code.



The following definitions must be considered to fully understand this Code:

- Occupational Therapist: the licensed, certified, and recertified professional who practices occupational therapy in Puerto Rico. They are autonomous professionals able to offer services independently.
- Occupational Therapist Assistant: the licensed, certified, and recertified professional who practices occupational therapy in Puerto Rico. They work under the supervision of occupational therapists.
- Recipient of service: Individuals or groups receiving occupational therapy.
- Caregiver: person who is in charge of helping the recipient of service with his everyday activities; it may be a relative, a friend, or a person who is paid for these services.
- Student: A person who is enrolled in an accredited occupational therapy education program.
- Research participant: A prospective participant or one who has agreed to participate in an approved research project.
- Employee: A person who is hired by a business (facility or organization) to provide occupational therapy services.
- Colleague: A person who provides services in the same or different business (facility or organization) to which a professional relationship exists or may exist.
- Public: The community of people at large.
- Community: group of individuals that share common elements, such as a language, customs, values, geographic area, social status, etc.
- Professional Conduct: set of behaviors that the occupational therapy professional assumes and shows in his work setting and in representing his profession. It must be geared toward complying with the Code, the regulations of CPTOPR, and the rules established in his work setting and in society.

The Code defines a series of principles that apply to Occupational Therapy professionals at all levels. To see the Occupational Therapy Code of Ethics (2020) and the Practice Standards for Occupational Therapy, consult the reference documents included in this handbook. They will be discussed in several core courses and emphasized in each related activity in which students participate.

## **OTHER RULES AND PROCEDURES**

### **HIPAA and Health Professionals, by Miriam Troche-Arce, RHIA**

Public Act 104-191 of August 26 1996, also known as HIPAA (Health Insurance Portability and Accountability Act of 1996) was approved as an amendment to the federal Internal Revenue Code. Its purpose is to provide data privacy and security provisions for safeguarding medical information.

In essence, this act ensures continued coverage for patients with pre-existing conditions that were previously refused coverage by health insurance companies and prevents health care fraud and abuse. It also gives patients more control over their information and establishes limits regarding the use and dissemination of patients' information. This last provision has the greatest effect on direct care professionals.

However, since 1996 many changes have transformed the way in which direct care professionals handle patients' information. The reason for this is that said information is protected by the Privacy and Security regulations in Title II: Administrative Simplification.

The direct care professional and all others who while carrying out their duties are exposed to protected information must comply with the following:

- Respect the confidentiality policy for handling patient information established by the institution and/or medical office.
- Know the notification practices to inform patients about their rights regarding their information.
- Protect the use of the patient's information in electronic, paper, or oral form.
- Recognize and categorize protected information.
- Ensure a claims procedure regarding breaches of this policy.
- Keep a record of the use of the patient's information.
- Revise authorization forms to add clauses regarding protected information.
- Revise the contracts with partners, businesses, billers, and any other party that due to its relationship with the services provider has contact with patients' information.

It is important that everyone who has to comply with this legislation in one way or another is informed regarding its compliance and to seek assistance if necessary.

## How long are your fingernails?

The Health Department has issued Administrative Order No. 163 to establish a policy regarding the use of jewelry and the length of real and artificial fingernails for all health professionals who provide direct care to patients. Below is the official text of said order as published on July 26, 2001.

WHEREAS: This regulation will be applicable as stated below:

### PURPOSE:

1. To reduce the risk of transferring bacteria from fingernails and jewelry to patients.
2. To reduce the possibility of tearing gloves when medical or surgical asepsis is required.
3. To reduce the colonization of bacteria in patients and employees.

### APPLICABILITY:

All personnel indicated below, without ruling out any other health professional who offers direct services to patients:

- Nurses
- Dentists
- Nursing Assistants
- Doctors
- Medical Technologists
- Inhalation Therapists
- Phlebotomists
- Physical Therapists
- Sonographers
- Physical Therapy Assistants
- Dental Technicians
- EKG and EEG Technicians
- Radiology Technicians
- Pharmacists
- Pharmacy Assistants
- Dietitians
- Orthopedic Technicians
- Occupational Therapists
- Occupational Therapy Assistants

## GENERAL RULES:

1. Personnel will receive orientation regarding the necessity of keeping nails short and not using artificial nails.
2. Natural nails must keep short (not longer than an 1/8 of an inch over the fingertips).
3. Nail polish must be changed frequently; it must not be cracked because the cracks are a breeding ground for microorganisms.
4. Nail polish must be light colored to see any dirt on the surface of the fingernails.
5. Jewelry must be limited to a watch and one ring.
6. These rules will be notified to all parties involved and published in a general circulation newspaper to reach all the population.

This Administrative Order will be effective immediately, and to make it so, it was signed and stamped with the seal of the Puerto Rico Department of Health on July 12, 2001 by the Health Secretary, Johnny Rullán, MD, FACPM.

## DOCUMENTATION ON THE CLINICAL RECORD

### RULE:

For documentation on the clinical record of the patient, the OTA student will be guided by the rules of the institution and its occupational therapy department.

### PURPOSE:

To document on the medical record in a uniform, consistent, legible, significant, and effective manner according to established rules and procedures.

### PROCEDURE:

1. Documentation on the medical record in a uniform, consistent, legible, significant, and effective manner. Black ink will be used according to the rules and procedures of the institution.
2. The only abbreviations that will be used will be those accepted by the institution and by the Clinical Record Committee.
3. If the student makes a mistake, the error will be enclosed within parentheses, the word error will be written, and the student will write the initials of his name.
4. The student must sign in a clear and legible manner his documentation, including complete name, initials, and the countersignature of the CI (if the CI is an occupational therapy assistant, the supervising occupational therapist must countersign).
5. The rules and procedures established by the institution for documentation format must be followed.

## BRIEF DESCRIPTION OF OCCUPATIONAL THERAPY DOCUMENTATION:

Documentation is a fundamental aspect for health professionals who have direct contact with patients. The medical record is a legal document; therefore, clinical documentation must be clear, precise, and legible. The different documentation methods in occupational therapy are based on the general principle that documentation must be geared toward results or functional outcomes. *Results* refer to the effects of the occupational therapy interventions and *functional outcomes* refer to the extent to which the effect of the treatment resulted in the ability of the individual to perform a significant task by himself.

Types of notes in occupational therapy:

1. Initial evaluation: written by an occupational therapist.
2. Daily progress notes: written by an occupational therapist or occupational therapy assistant.
3. Re-evaluation note: written by an occupational therapist.
4. Discharge summary: written by an occupational therapy assistant and countersigned by the occupational therapist.

## DOCUMENTATION FORMATS:

1. Narrative: It is considered the simplest form of documentation. It summarizes what occurred during the occupational therapy session. In this format, the therapist may develop his own style when summarizing the information that he will include. The information may be detailed or a little more general; the professional decides what information to describe in each area. However, the clinical institution establishes guidelines about the information to be included. The disadvantage of this format is that valuable information about the intervention may be excluded (by omission or carelessness). On the other hand, the lack of structure results in an elevated level of inconsistency and occasionally it may be dense and difficult to understand. This is one of the least used methods in occupational therapy.
2. SOAP: This documentation method, in contrast to the narrative, is well structured. This is the most utilized method in the different settings of occupational therapy. It will be discussed further on.
3. Functional Outcome Report Format: this is a relatively new documentation format. It was developed in the 1990s as changes in the economics of health care led to increased emphasis on functional outcomes. The FOR format focuses on documenting the ability to perform meaningful activities rather than isolated musculoskeletal, neuromuscular, cardiopulmonary, or integumentary impairments. When the format is implemented correctly, FOR documentation establishes the rationale for therapy by indicating the links between such impairments and the participation restrictions to which they are related. FOR documentation also emphasizes readability by health care personnel not familiar with OT terminology.

(at the cost of increased time to write the documentation). This is an uncommon format since it is highly structured. However, it is of vital importance to document clearly the functional level of the patient and his progress, regardless of the format being used, because this establishes the basis and justification of the services for billing purposes.

**PROGRESS REPORT/NOTE:** The most commonly used format to document daily notes is SOAP (Subjective, Objective, Assessment, and Plan). With some modifications, SOAP establishes the fundament for an effective documentation of the functional progress of the patient. OT documentation must occur every time there is an encounter or intervention with the patient/client. Usually, each institution has its own format to document. Regardless of the institutions format, each progress report must contain the following elements:

1. Patient's report
2. Description of the interventions, including frequency, intensity, and duration, as appropriate.
3. Changes in the condition of the patient.
4. Adverse reactions, if any.
5. Factors that contributed to the modification of the frequency or intensity of the treatment, if there are changes.
6. Progress toward the established goals.
7. Education offered to the patient, relatives, or consultations with other professionals, such as the patient's primary care physician.

### **STRUCTURE OF THE PROGRESS REPORT/NOTE:**

S = Subjective

This component is in a detailed, narrative format and describes the patients self-report of their status in terms of their function, disability, symptoms and history. It may also include information from the family or caregivers and if exact phrasing is used, should be enclosed in quotation marks. It allows the therapist to document the patient's perception of their condition as it relates to their progress in rehabilitation, functional performance or quality of life.

O = Objective

This section outlines the objective results of the re-assessment, the progress towards functional goals and the treatments performed. It should include details of the interventions, including frequency, duration and equipment used. The therapist should indicate changes in the patient's status, as well as communication with colleagues, family, or caregivers.

## A = Assessment

This is potentially the most important legal note because this is the therapist's professional opinion in light of the subjective and objective findings. It should explain the reasoning behind the decisions taken, clarify, and support the analytical thinking behind the problem-solving process. Progress towards the stated goals are indicated, as well as any factors affecting it that may require modification of the frequency, duration or intervention itself. Adverse, as well as positive responses should be documented.

## P = Plan

The final component of the note is used to outline the plan for future sessions. The therapist should report on what the patient's home exercise program (HEP) will consist of, as well as the steps to take in order to reach the functional goals. Changes to the intervention strategy are documented in this section.

## ¡Remember!

Clinical documentation is essential for legal purposes. The occupational therapist or occupational therapy assistant must dedicate the necessary time to document in a clear and effective manner. Poor documentation may constitute enough evidence to support a lawsuit against you, even if the accusations are frivolous.

## EVALUATION OF CLINICAL EXPERIENCE AND CLINICAL INSTRUCTOR BY THE STUDENT OF THE OCCUPATIONAL THERAPY ASSISTANT PROGRAM

### Brief Description

As part of the assessment process of the academic program and clinical education component, students must complete an evaluation of the clinical experience as a whole and the CI as the facilitator of that experience. The clinical experience evaluation consists of two instruments: one to evaluate the performance of the student in the Level I practice, and another provided by the American Occupational Therapy Association for the Level II practice. The CPC will discuss the instruments with the students and provide them. Below are brief descriptions of the instruments.

The evaluation instrument to evaluate the level I clinical experience was developed using the instruments provided by the American Occupational Therapy Association of the Washington School of Medicine Occupational Therapy Department. AOTA developed the evaluation for the level II clinical experience evaluation.

The instrument for the evaluation of the level I clinical experience is divided into sections and measures professional competencies and behaviors during the clinical experience (refer to the document *Level I Clinical Experience for Occupational Assistants* in the Appendixes section). Another document: *STUDENT EVALUATION OF THE FIELDWORK EXPERIENCE (SEFWE;)* provided by AOTA will be used by the student to evaluate his experience in the practice center. The main purpose of the evaluation of the clinical instruction by the student is to involve him actively in his learning experiences by providing sincere feedback, formal as well as summative, regarding the experience. Summative feedback will be given at the midterm and final evaluations. One of the benefits of completing the clinical experience evaluation is that it enables the CI as well as the student to modify the learning experiences and make the necessary adjustments and changes conducive to the achievement of the goals of the clinical experience.

The evaluation instrument for the Level II clinical experience developed by AOTA is titled *Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student*; the CPC will explain how to use each document and will offer the required training to ensure that they are fully understood. The CPC will give these documents to students and faculty.



## **APPENDIXES**



**Dean of Student Affairs**  
**Associate Degree in Occupational Therapy**

**Student Name:** \_\_\_\_\_ **Student No.** \_\_\_\_\_

**Student consent for course labs, field experiences, and clinical practices**

As a student of the Occupational Therapy Assistant program, you must formally learn to manage a variety of medical conditions and problems in the field. The variety of techniques that an Occupational Therapy Assistant (ATO) must perform involves occasional physical contact with the patient / client. To ensure an adequate level of competence upon completion of the program, the practice of these techniques and the use of some of the equipment used for occupational therapy in a safe and appropriate manner will be required. You will practice these techniques with other students and vice versa; that means that students will play the roles of patient and therapist. For this, adequate and comfortable clothing will be required; please refer to the General Rules and Regulations section of this manual.

**Activities that students are expected to perform during laboratory sessions, field experiences, and clinical practices:**

Some treatment and evaluation techniques may require you to palpate anatomical structures, application of resistance to a muscle contraction, stretching and compression of anatomical structures, assisted exercises, positioning techniques, mobility and bandaging, transfers, training in daily activities and preparatory activities. among others. Students should be aware that some of the techniques practiced require manual physical contact with peers, as well as the use of force and physical activity. In addition to the activities mentioned above, other types of dynamic activities will be carried out that do not necessarily involve physical contact with colleagues and clients.

**Potential risks:**

Although the main objective of the laboratory is to minimize risks during practice, the following risks are rare, but can occur during practice of techniques on other students or on yourself: muscle aches, strains, sprains, connective tissue tears, falls, dizziness, allergic reactions, burns and low impact electric shocks.

**Potential benefits:**

Practice the techniques and skills required for an ATO in the academic setting. Field experiences or clinical practice will prepare you to intervene with clients efficiently, safely, and effectively. Allowing the skills to be practiced will help you appreciate real patient experiences. This will help you to have a better perception of the effects and benefits of the treatment, and you will be able to offer a clear and real explanation of what the patient will feel and what to expect from specific interventions.

**Strategies to minimize risks:**

In each practice and laboratory environment there will be a faculty member or clinical instructor who will guide, supervise and correct you in the performance of the required skills. The teacher's instructions will include precautions, contraindications, and safe application measures for the technique being taught. In all cases, the practice will be carried out in a conscious way, minimizing risks at all times. The professor will give instructions for the use of the protective equipment as necessary, and the faculty will be in charge of following the emergency protocols. If a student decides to practice techniques in the laboratory or practice setting without the permission and supervision of the teacher or instructor, the risk of injury increases and is their responsibility.

You will be asked confidentially to specify if you have any medical conditions that increase your risks or that constitute a contraindication to your participation in intervention techniques and educational experiences as a provider or recipient.

During clinical laboratory sessions, interventional techniques will not be allowed to be practiced on a partner who has a condition for which occupational therapy may be a recommended treatment.

### **Clinical education:**

I understand and am aware that to obtain an Associate Degree as an Occupational Therapy Assistant I must complete 630 hours of Level II clinical practice on a daily schedule at a practice center based on availability. The Clinical Practice Coordinator of the program will be in charge of making the final assignment of the students according to the learning needs of each one. I agree to participate in the clinical experience to which I am assigned, and it is my responsibility to have the necessary materials for the center and to follow the rules and regulations of the clinical facility, which may include drug tests, vaccinations, certifications, and others.

Whenever possible, the internship centers to be selected will be located within one hour from the student's home to the center. However, the student may have to travel longer distances to participate in the clinical experience or need accommodation. I understand that I am responsible for the lodging and transportation expenses that I must incur to participate in the clinical experiences.

### **Student confidentiality:**

I understand that, as part of the clinical practice requirements, my personal information, including health certificate, vaccination certificate and any other information related to my health will be shared with the clinical instructor and / or administrator of the practice center. The practice center requires this information to avoid any type of risk for the student and patients. This information will be handled confidentially, as established by HIPAA. I understand that I have the right not to authorize, in writing, that my information be released to the practice center, but this may affect my progress in clinical practice.

I understand that in clinical education and in some concentration courses during which visits to practice centers will be arranged, I will meet real patients and, according to the skills and competencies acquired at that time and under the supervision of the licensed occupational therapist, to be able to intervene in the treatment of the patient and observe the processes to which they will be subjected. Therefore, I agree to keep the patient's name, condition, and treatment procedures confidential as established by HIPAA. I will only be able to discuss the information with my clinical instructor as part of my learning process.

I am aware that the patient will know that I am a student and will have consented to my participation in their treatment as part of my educational experience, as long as I am supervised by a licensed occupational therapist.

**Student rights:**

I understand that I have the right to refuse to participate in any situation in which I do not feel safe or in which my health, my religious values and beliefs are at risk. I understand that if the environment is not safe, I may ask the faculty to make any necessary adjustments to improve security. I also understand that the requirements for completing a course and earning a grade require specific intervention and assessment competencies. If I do not have any condition that prevents me from participating in the lab sessions, I understand that I will not receive any credit if I choose not to participate in the experiences.

I am aware that I can ask questions about the program activities at any time and if I have additional questions about my participation in the laboratory sessions and clinical practices, I can contact the professor, the Program Director, the Academic Fieldwork Coordinator, or the Dean of the School of Health. I receive a copy of this consent as part of the initial orientation process, and it is also included in the Laboratory Policies and Procedures Manual.

**Injury or damage:**

I understand that if I sustain an injury or injury during educational activities, I will receive guidance in seeking appropriate medical care and the institution will cover medical expenses if I have paid for the student's medical insurance.

**Statement:**

I, \_\_\_\_\_, declare and certify that I suffer from a medical condition that places me at high risk by practicing and receiving different intervention techniques performed during educational experiences. I have discussed the information included in this document with \_\_\_\_\_, who has answered my questions and cleared my doubts. A meeting minute is included as part of this document. An Academic Counselor must be included in the process for the procedure to be followed, according to the institutional policies for information management and reasonable accommodations.

\_\_\_\_\_  
Program Director / Clinical Practice Coordinator / Program Faculty      Date

**I understand my responsibilities and potential risks and agree to participate in the program's learning experiences as described above. I understand that by signing this consent I am not giving up my legal rights.**

**Health information:**

\_\_\_\_\_ I give my consent to share my medical information with the practice center.

\_\_\_\_\_ I do not give my consent to share my medical information with the practice center.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## INFORMED CONSENT

I, \_\_\_\_\_ authorized the following student(s)  
\_\_\_\_\_ to observe  
or participate in the therapeutic procedures to which I will be submitted, as long as a  
licensed Occupational Therapist supervises. I understand that this observation is for  
entirely for educational purposes and is part of the academic progress of the student. I  
also understand that I have the right to refuse to receive treatment from students at any  
time without any repercussions. I am aware that both the academic institution and the  
occupational therapy facility will use my personal information following HIPAA  
procedures. In general terms, this law establishes that sharing the information of the  
patient or subjects of study is allowed only to manage and coordinate health services. I  
understand that if I have any doubts, I can request detailed information regarding HIPAA  
regulations.

Date \_\_\_\_\_ Patient's Signature \_\_\_\_\_

If the patient is under 18 years of age, the parent or legal guardian must sign this consent.

Legal Guardian's Signature \_\_\_\_\_





## Clinical Practice Itinerary

Name of the student: \_\_\_\_\_ Date: \_\_\_\_\_

Student number: \_\_\_\_\_ Fieldwork site: \_\_\_\_\_

Clinical Practice Days	Schedule
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

- This scheduled must be followed as indicated since the CI and the AFWC will know the days and times that the student will be in the practice center for visiting and work purposes.
- If the student does not follow the itinerary, lateness and absenteeism rules may be applied, as explained in the guidelines.
- A copy of the itinerary will be kept in the student's clinical facility record and both the CI and the AFWC will have copies.

I certify that I have read the clinical practice itinerary and I am committed to follow it as indicated. If a change in the itinerary arises, I must inform my CI and the AFWC immediately.

Student's signature \_\_\_\_\_ Professor's signature \_\_\_\_\_







## Incident Report and Student Learning Contract Template

Name of the student: \_\_\_\_\_ Student number: \_\_\_\_\_

Clinical facility: \_\_\_\_\_ Tel: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

**1. Description of the incident: (Identify problem/s with specific examples; relate it to site specific objectives)**

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**Action taken: (Contract for competencies)**

**Expected behavior**

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**Steps to achieve behavior**

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**Resources to assist:**

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**2. Description of the incident: (Identify problem/s with specific examples; relate it to site specific objectives)**

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---

**Action taken: (Contract for competencies)**

**Expected behavior**

---

**Steps to achieve behavior**

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**Resources to assist:**

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**3. Description of the incident: (Identify problem/s with specific examples; relate it to site specific objectives)**

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**Action taken: (Contract for competencies)**

**Expected behavior**

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**Steps to achieve behavior**

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**Resources to assist:**

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**Date to be achieved:** \_\_\_\_\_

**Consequence/s if not achieved; Failure to achieve these goals by the date established may result in failure of the fieldwork experience.**

**CI's name and signature:** \_\_\_\_\_

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AFWC's name and signature:** \_\_\_\_\_



## Professional Competencies and Behaviors Assessment for Occupational Therapy Assistant Students in Community Settings Level I Fieldwork Experience

Practice Center: \_\_\_\_\_

Name of the student: \_\_\_\_\_

Contact hours completed \_\_\_\_\_ Client age range: \_\_\_\_\_ FW dates from \_\_\_\_\_ to \_\_\_\_\_

Name of the CI: \_\_\_\_\_  Midterm evaluation  Final evaluation

Position of the CI: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

OT/R or OT/L     COTA / OTA     NO OT

Professional Competencies or Behaviors	Low Proficient		Proficient	High Proficient		N/A
	1	2	3	4	5	
<b>Professional and Positive Behavior</b>						
1. Positive attitude	1	2	3	4	5	
2. Positive communication	1	2	3	4	5	
3. Accepts changes	1	2	3	4	5	
4. Handles stressors in a positive and constructive manner	1	2	3	4	5	
5. Ethical behavior	1	2	3	4	5	
Specific Observations:						
<b>Evidence Based Practice</b>						
6. Makes informed decisions based in evidence based practices, demonstrating clinical reasoning for entry level student	1	2	3	4	5	n/a
Specific Observations:						
<b>Flexibility</b>						
7. Can Adapt and cope with change	1	2	3	4	5	n/a
8. Modify her/ his behavior after receiving feedback	1	2	3	4	5	
Specific Observations						

	Low Proficient		Proficient	High Proficient		
Professional Competencies or Behaviors	1	2	3	4	5	N/A
Specific Observations						
<b>Respect of others</b>						
9. Follows the chain of command	1	2	3	4	5	
10. Supports others	1	2	3	4	5	
11. Listens to other points of view whether he agrees or not	1	2	3	4	5	
12. Respects diversity	1	2	3	4	5	
13. Attentive to clients/patients' needs	1	2	3	4	5	
14. Respects the time of others	1	2	3	4	5	
15. Meets deadlines and if he is unable to, he informs involved parties and coordinates a new time limit.	1	2	3	4	5	
Specific Observations						
<b>Teamwork</b>						
16. Works towards the objectives of the group	1	2	3	4	5	
17. Is proactive and anticipates the needs of others	1	2	3	4	5	
18. Seeks support resources and works efficiently within a group	1	2	3	4	5	
19. Helps with the problem solving development once the problem is identified	1	2	3	4	5	
Specific Observations						
<b>Personal Responsibility</b>						
20. Is aware of his strengths and weaknesses seeks a variety of resources to solve problems related to fieldwork performance and professional behavior.	1	2	3	4	5	
21. Is punctual	1	2	3	4	5	
22. Identifies own learning needs, then initiates actions, including the pursuit and use of resources as needed.	1	2	3	4	5	
23. Shows initiative	1	2	3	4	5	
24. Follows safety precautions	1	2	3	4	5	
25. Respects and maintains confidentiality	1	2	3	4	5	
26. Demonstrates ethical conduct and follows the profession's code of ethic	1	2	3	4	5	
Specific Observations						
<b>Written and Oral Communication</b>						
27. Communicates in writing using correct grammar and punctuation signs	1	2	3	4	5	
28. Uses professional language, such as consistent terminology, acronyms, abbreviations, etc. in assignments and written reports.	1	2	3	4	5	
29. Is able to professionally explain OT terminology and activities in oral communication	1	2	3	4	5	
30. Demonstrates assertive communication abilities	1	2	3	4	5	
31. Communicates in a general manner the responsibilities of the occupational therapist and the occupational therapy assistant to clients, relatives, service providers, and any other related personnel in the community setting	1	2	3	4	5	

	Low Proficient		Proficient	High Proficient		
Professional Competencies or Behaviors	1	2	3	4	5	N/A
Specific Observation						
<b>Interpersonal Skills</b>						
32. Shows ability to establish empathy, limits, respect, appropriate use of authority, etc.; quality and degree of verbal interactions; uses body language and nonverbal communication responsibly and effectively	1	2	3	4	5	
33. Demonstrates aptitude in oral communication and interpersonal skills with the patient/ client, team members, caregivers, community team, etc.	1	2	3	4	5	
Specific Observations						
<b>Additional Work ("extra mile")</b>						
34. Seeks way to improve	1	2	3	4	5	n/a
35. Volunteers to accept additional responsibilities	1	2	3	4	5	
36. Assumes additional responsibilities	1	2	3	4	5	
Specific Observations						
<b>Appropriate Dress and Hygiene</b>						
37. Follows institutional policies	1	2	3	4	5	n/a
Specific Observations						
<b>Time Management Skills</b>						
38. Ability to be on time and work promptly	1	2	3	4	5	n/a
Specific observations						
<b>Organization</b>						
39. Comes to fieldwork site fully prepared. Makes sure to have all necessary materials for required observations/interventions or activities	1	2	3	4	5	
40. Respects and maintains confidentiality	1	2	3	4	5	
41. Demonstrates an ethical conduct and follows the profession's code of ethics	1	2	3	4	5	
Specific Observations						
<b>B. Participation in Fieldwork</b>						
42. Shows ability to interact in the setting and demonstrates interest	1	2	3	4	5	n/a
Specific Observation						
<b>Self-Learning</b>						
43. Has the ability to take responsibility for his own learning and shows motivation	1	2	3	4	5	
44. Handles personal/ professional frustrations appropriately	1	2	3	4	5	

	Low Proficient		Proficient	High Proficient		
Professional Competencies or Behaviors	1	2	3	4	5	N/A
45. Discuss and share hypothesis about the impact of client's psychological and social factors on occupational engagement.	1	2	3	4	5	
46. Discuss and share hypothesis about the impact of client's physical factors on occupational engagement	1	2	3	4	5	
47. Discuss and share hypothesis about the impact of environmental factors on occupational engagement.	1	2	3	4	5	
Specific Observations						
<b>Reasoning and Problem Solving</b>						n/a
48. Consider the disposition of the student to ask questions and the capacity to analyze and understand the discussion process.	1	2	3	4	5	
Specific Observations						
<b>Ability to Observe.</b>						n/a
49. Shows capacity to observe relevant behaviors for intervention areas in the community setting and to verbalize perceptions and observations related to the practice framework.	1	2	3	4	5	
Specific Observations						
<b>Participation in the Supervision Process</b>						n/a
50. Has the ability to give, receive, and respond to feedback; seeks orientation when necessary; follows adequate communication channel.	1	2	3	4	5	
Specific Observations						
<b>Verbal and Nonverbal Communication and Interpersonal Skills with Patients/Clients, Members of the Community Team, and/or Caregivers</b>						n/a
51. Abilities to interact appropriately with individuals, such as: eye contact, empathy, determination of limits, respect, appropriate use of authority, etc.; quality and degree of verbal interactions; uses body language and nonverbal communication responsibly and effectively.	1	2	3	4	5	
Specific Observations						
<b>Professional and Personal Limits</b>						
52. Capacity to recognize and handle personal and professional frustrations; balance between personal and professional responsibilities; handles responsibilities appropriately; works collaboratively with others; shows consideration, efficiency, and awareness of social signals.	1	2	3	4	5	

Professional Competencies or Behaviors	Low Proficient		Proficient	High Proficient		N/A
	1	2	3	4	5	
Specific Observations						

### Scale interpretation:

**5- Exceed expectative** Student exceptionally (demonstrate refinement of additional qualities beyond required in the curriculum) carries out required task and activities. This rating represents exceed expectative, solid performance expected from a level I fieldwork student, ready to progress to additional practice level I fieldwork in practice setting with other populations.

**4- Meets expectative-** Student carries out required task and activities as expected. This rating represents good, solid performance expected from a level I fieldwork student, ready to progress to additional practice level I fieldwork in practice setting with other populations.

**3- Meets expectative but need to improve.** Student carries out required task and activities, as required with direct guidance and feedback from the CE more than half (50 %) of the time. This rating represents good, solid performance expected from a level I fieldwork student, ready to progress to additional practice level I fieldwork in practice setting with other populations

**2- Needs improvement** - Student carries out the required task and activities, with direct guidance and feedback from the CE more than 75 % of the time. This rating represents poor performance expected from a level I fieldwork student, ready to progress to additional practice level I fieldwork in practice setting with other populations.

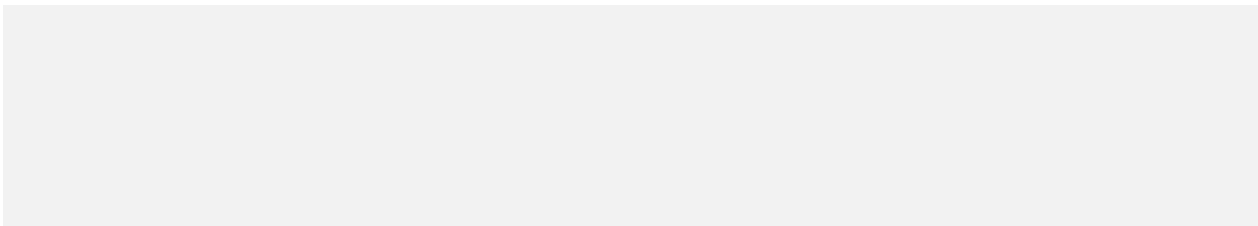
**1-Unsatisfactory-** Student performance is inadequate and requires more experiences before progressing to additional level I fieldwork. This rating is given when there is a concern about performance.

Maximum Score Midterm evaluation \_\_\_\_\_ (265 points)

Maximum Score Final evaluation \_\_\_\_\_ (265 points)

Midterm evaluation: 208 – 237: 80% to 89%  
238 – 265: 90% to 100%

Final evaluation: 238 – 265: 90% to 100%



Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and signature of the Clinical Instructor: \_\_\_\_\_

Name and signature of the student: \_\_\_\_\_

Date of discussion with the student: \_\_\_\_\_

Date received by the Academic Fieldwork Coordinator: \_\_\_\_\_

Signature of the Academic Fieldwork Coordinator: \_\_\_\_\_

Adapted from: Whitehouse, D., Ahr, C., Dinzebach, D., & Duchek, J. (2013). AOTA. Retrieved: March 15, 2015, from AOTA.org: <http://www.aota.org>

[Revisado por MCR DIC. 2018 Aprobado por M. Bernard 2018./2020/2021](#)





## Fieldwork Level \_\_\_\_ Documentation Form

Student's name: \_\_\_\_\_ Student's number \_\_\_\_\_

Date of visit: \_\_\_\_\_ Begin time: \_\_\_\_\_ End time \_\_\_\_\_

Facility Name: \_\_\_\_\_ Supervisor name \_\_\_\_\_

Fieldwork Level: 1 2 3      Check one: On site visit phone conference Email

Describe the supervision provided to the student:

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Describe present clients (diagnoses, age ranges, etc...):

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Describe the interactions with disciplines (intra/ inter-professional), caregivers, and others:

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Describe unique /special learning opportunities:

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Fieldwork Educator Comments:

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Student comments:

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Fieldwork Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OTA student: \_\_\_\_\_ Date: \_\_\_\_\_

AFWC \_\_\_\_\_ Date: \_\_\_\_\_

Note: The following documents will be used as parts of the practice procedures. They will be available in PDF for the benefit of all students and will be distributed during the Level I Clinical Experience orientation:

- AOTA Student Evaluation of the Fieldwork Experience (SEFWE)
- Standards of Practice for Occupational Therapy
- AOTA Occupational Therapy Code of Ethics 2015
- AOTA Fieldwork Data Form
- The America Occupational Therapy Association Self-Assessment Tool for Fieldwork Educator Competency
- Personal Data Sheet

**The information in this document will be valid at the moment of its publication; however, Huertas College reserves the right to amend any of its information.**

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