

Rocky Mountain University of Health Professions
Master of Occupational Therapy Program
MOT 652 Fieldwork Level II B Educator Attestation Form

Fieldwork Site:

Per ACOTE Standards: C.1.1, C.1.3, C.1.7, C.1.8, and C.1.13: The Master of Occupational Therapy (MOT) Program must document that Academic Fieldwork Coordinators (AFWC) and Fieldwork Educators (FWEs) agree on established fieldwork objectives prior to the start of the fieldwork experience and are prepared for assuming the role of a Level II FWE for Rocky Mountain University of Health Professions (RMU) MOT student(s).

In preparation for assuming the role of a Level II Fieldwork Educator (FWE) for Rocky Mountain University of Health Profession (RMU) student(s), I attest that (initial):

_____ I have ≥ 1 year of experience in this fieldwork (FW) setting as an OTR following initial certification.

_____ I am a licensed OTR in the state where the FW level II experience will be occurring.

_____ I am willing to assist the fieldwork student in achieving all objectives of the fieldwork placement.

_____ I am willing to communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience.

_____ I have received RMU MOT program Level II FW objectives and have been given the opportunity to collaborate with RMU's academic fieldwork coordinator (AFWC) to implement mutually agreed upon FW objectives. (see attached)

_____ I have received, read, and understand the contents of RMU's Fieldwork Handbook for the Master of Occupational Therapy Program and acknowledge that I have access to the AFWC and the fieldwork educator resource page on the RMU MOT website.

I am prepared to supervise a Level II student based on my participation in the following (check all that apply):

_____ Communication with RMU's MOT program AFWC (emails, phone calls, site visits, etc.)

_____ Attended a Clinical Educator/FWE Workshop, such as one offered by APTA/AOTA or another entity.

_____ Previous role as a FWE. **Number of students supervised:** _____

_____ Individual research/self-study (journals, self-assessments, etc., on fieldwork and supervision)

_____ Completed facility-based clinical/fieldwork supervision training/mentoring programs.

_____ Attended AOTA Fieldwork Educator Certificate Program. **Date Attended:** _____

_____ Completed AOTA "Self-Assessment Tool for Fieldwork Educator Competency."

_____ Other (please specify) _____

Educator to Student Ratio: 1:1_____, 2:1_____, 3:1_____, other (ie.Shared Supervision)_____

Fieldwork Educator's Name and Credentials_____

License Number: _____ **Date Issued:** _____ **Expiration Date:** _____

Fieldwork Educator's Signature: _____ **Date:** _____

Level II B Fieldwork Objectives Agreement: Collaboration with Level II Fieldwork Educators

Suggested experiences for a student to experience over 12 weeks: Experiences may be provided as they arise in your facility, except orientation activities that should be provided in the first few days. Please review this form and complete the last page.

Recommended Experiences:

The student may participate in or be exposed to the following (if applicable):

- Orientation to this FW site facility, emergency procedures for fire, disaster, or patient emergency, etc.
- Orientation to the department
- Orientation to types of documentation required
- Review of patient/client chart(s)
- Attend and participate in Plan of Care meeting(s); Attend in-services on relevant topics
- Observe and/or participate in an initial OT evaluation, exposure to OT/OTA collaboration
- Perform and record goniometric measurements
- Psychosocial factors impacting clients
- Proper body mechanics and safety consciousness in all activities
- Transfers of all types (observe, assist, and perform independently where appropriate)
- Positioning for activity
- Self-care interventions (bathing, toileting, grooming, hygiene, feeding); Caregiver training
- Interventions focused on other functional activities, including academics, cooking, laundry, cleaning, leisure, work-related, school-related, etc.
- Fine motor skills interventions
- Functional mobility
- Training and use of adaptive equipment/DME
- Physical agent modalities as an adjunct to functional activities
- Fabrication of and patient education in splinting
- Sensory integration interventions
- Recording treatment time/Billing procedures; scheduling procedures
- Interprofessional/Intraprofessional interactions (physicians, physical therapy, COTA, speech, nursing, social work, recreation therapy)
- Co-treatment, group therapy
- Home evaluation/modification or home-based treatment
- Discharge planning, recommendations and presentation to team, family, caregiver and/or patient
- Referral to community resources/funding resources, etc.
- Patients with a variety of diagnoses/disabilities/deficits

Student-Specific Objectives- Documented by student using Level II B Objectives Tracking Form

1. Implement the basic tenets of occupational therapy.
2. Demonstrate competency in evaluation procedures designed to identify problems related to a client's satisfactory participation in meaningful occupations.
 - a. Appropriately select and utilize observation, interview, and data from other assessments routinely used by the fieldwork facility.
 - b. Accurately record evaluation results.

3. Accurately interpret evaluation data and use that information in developing appropriate goals and intervention plans to incorporate current knowledge about occupation-based interventions, consistent with the evidence of best practice, and respect client priorities.
 - a. Identify and define problems/barriers related to participation in occupations in a way that is relevant and meaningful to clients.
 - b. Identify factors from the social determinants of health that may impact a client's current or future functioning.
 - c. Develop specific therapy objectives that reflect a client's occupational priorities.
 - d. Collaborate with clients, caregivers, and clinical instructors in developing therapy intervention plans.
 - e. Articulate the clinical reasoning behind the selection of interventions used in the treatment plan.
4. Demonstrate proficiency in the analysis, adaptation, grading, and application of therapeutic activities in the evaluation and treatment of clients referred for occupational therapy.
5. Demonstrate effective oral and written communication skills as demonstrated by their documentation service provisions; interactions with clients, staff, and other professionals; and dissemination of information.
6. Demonstrate professional characteristics, including:
 - a. The ability to establish and sustain therapeutic relationships.
 - b. The ability to work as a member of the treatment team.
 - c. The ability to have respect for client confidentiality.
 - d. The ability to assume an active role in the student-supervisory relationship.
 - e. The ability to collaborate and engage in some supervisory activities with certified occupational therapy assistants through direct or simulated therapy activities.
 - f. The ability to self-reflect and adjust performance based on feedback from clients, fieldwork supervisors, or other members of the treatment team.
 - g. The ability to integrate evidence-based treatment and appropriate activities for client care.
7. Demonstrate the ability to identify psychosocial problems that are impacting a client's occupational performance and implement strategies/interventions for treatment.
8. Demonstrate sensitivity/value for diversity, equity, and inclusion as a part of the occupational therapy process and practice.
9. Demonstrate the ethical behavior expectations of the profession among all occupational therapy stakeholders in practice settings.
10. Identify and complete a site-specific project approved by the fieldwork educator to develop and enhance client care/intervention at the student's fieldwork site.
11. Complete a comprehensive case study of a current patient under the student's care. The student will document and analyze the patient's history, presenting conditions, evaluation findings, treatment plan, interventions, and outcomes.

FW Level II Site-Specific Objectives

Please list or attach any site-specific objectives that your facility uses/requires.

- 1.
- 2.
- 3.

Please check ALL of the following that apply:

_____ I will use RMU's MOT Program Level II Fieldwork Objectives only.

_____ I will use a combination of RMU's MOT Program Level II Fieldwork Objectives and our site-specific objectives, as listed above or attached.

_____ I will use only our site-specific objectives listed above or attached, if agreed upon by FWE and AFWC.

_____ I will assist the MOT student with their student-specific fieldwork objectives (see above).

Fieldwork Educator Signature: _____ Date: _____

Facility: _____

Academic Fieldwork Coordinator: _____